Testimony of Planned Parenthood of New York City

before
The New York City Council
Committee on Consumer Affairs

regarding
Enforcement of Local Law 17 of 2011 and the Regulation of Pregnancy Services Centers

November 15, 2017

Good morning, my name is Christina Chang, Vice President of Public Affairs at Planned Parenthood of New York City. PPNYC is grateful for the opportunity to provide testimony to the New York City Council’s Committee on Consumer Affairs in support of enforcing Local Law 17 of 2011. Thank you to Committee Chair Rafael Espinal and Speaker Melissa Mark-Viverito for convening this hearing, and to the committee for your commitment to ensuring New Yorkers have informed access to quality medical care.

For over 100 years, Planned Parenthood has been a leading provider of reproductive and sexual health services in New York City. We are a trusted name in health care because of our commitment to comprehensive, inclusive care. Our doors are open to all New Yorkers regardless of income, gender, insurance, or immigration status and we believe that high quality health care is a human right every person deserves. Our staff provide a complete range of reproductive services; every pregnant individual who walks into our health centers undergoes full options counseling and is provided with culturally competent, non-judgmental, and accurate medical information in a confidential setting so that they can decide what is right for them.

Local Law 17 (LL17) provides important protections to inform New Yorkers about the services they can expect that they will and will not receive at a pregnancy services center. Pregnancy services centers (PSCs), also known as crisis pregnancy centers (CPCs), are anti-choice organizations that appear to be legitimate reproductive health care providers, but are not licensed medical facilities. CPCs frequently use tools of deception and misinformation to mislead individuals about their reproductive health options. Our staff hear from patients about unsettling and harmful encounters at nearby CPCs, many times when they were under the impression they were at one of our health centers.

These tactics are designed to give the appearance of a qualified medical facility even though the center is not subject to medical regulatory oversight and does not have a licensed medical provider on site directly providing or supervising all services. Consumers are led to believe CPCs provide abortion services or referrals for care, often unaware of the center’s implicit anti-abortion and anti-birth control position. In contrast to PPNYC, pregnant individuals who walk into CPCs are not told or informed about the full range of their pregnancy options and aren’t offered information or access to methods of contraception.

These deceptive tactics take several forms.
1. CPCs frequently use misleading physical signage to give the impression they are legitimate health centers, at times using language, fonts, and colors similar to those used by Planned Parenthood. The CPC across from PPNYC’s Bronx health center displays a large banner
across several storefront windows stating, "Plan Your Parenthood" and distributes materials that say, “Unplanned pregnancy?”

2. CPCs often post manipulative information on their websites to give the impression they provide the full range reproductive health services. EMC Frontline’s website includes pages that say “I want an abortion,” “What are my options?” and “Abortion information” despite the fact that they do not offer these services. Several CPCs post images of individuals wearing scrubs and lab coats, further giving the appearance of a licensed medical facility.

3. Some CPCs locate near reproductive health centers to confuse and intercept individuals seeking out medical care. One CPC is located directly across the street from PPNYC’s Bronx health center and another is located in the same building as our Brooklyn health center. The Queens CPC, the Bridge to Life, has sent out multiple newsletters this past year stating they purchased a billboard and subway ad in Long Island City, and were looking for location space next to our Queens health center, in order “to reach abortion-minded women before they enter PP.” The Bridge to Life is now looking to place their billboard nearby CHOICES’ health center in Jamaica.

The impact these tactics have on New Yorkers looking for reproductive care is significant.

1. These deceptive tactics can delay time-sensitive medical care and prevent individuals from accessing critical reproductive services. Just last week, a PPNYC staff member shared that a patient with limited English proficiency was looking to have an IUD inserted at EMC, believing it was a health center, but was instead subjected to a sonogram. After they confirmed she was not pregnant, the representative told her ‘we’re not Planned Parenthood’ and told her to leave. These anti-abortion facilities do not provide health services and deter individuals seeking care in an effort to block access to abortion and the full range of reproductive and sexual health care.

2. The tactics used by CPCs often lead individuals to believe they are receiving accurate medical information from a source they can trust. PPNYC staff have received multiple reports from patients that CPC staff provide false and often upsetting information, showing disturbing images and videos, and falsely stating that emergency contraception is ineffective. This summer, a PPNYC patient was told by an EMC Bronx facility representative that having an abortion would cause her to “bleed out and fall into a coma.” According to the patient, when she asked if she was at Planned Parenthood she was told that she was.

3. Once inside the facility, clients can face harassment and intimidation in addition to false medical information. A patient previously reported to our staff they visited a CPC twice believing she had been seen by a medical professional at Planned Parenthood. After being subjected to shaming and false information, she was given a referral for what she thought was an abortion, but which was to a separate center that did not provide any such procedures. After feeling confused and hurt, she went to a pregnant mothers’ support group, where she was finally provided with correct information about accessing care at PPNYC. Cases such as these underscore the importance of holding crisis pregnancy centers accountable to explicitly disclosing what services they do and do not provide.

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1 See image 1, Appendix.
2 See image 2, Appendix.
3 See image 3, Appendix.
4 See image 4, Appendix.
5 See image 5, Appendix.
4. Lastly, while PPNYC staff hear from patients often about their experiences at CPCs, we recognize there are likely many more women who were never connected to the compassionate health care they were looking for after going to a CPC. New York City should do more to inform New Yorkers of the health care options before they reach a CPC.

Local law 17 (LL17) was enacted on May 27, 2016 to address the significant harm caused by CPCs’ misleading and deceptive practices. However, despite the passage of the Department of Consumer Affairs’ regulations, enforcement remains a major concern.

In order to strengthen enforcement of Local Law 17, PPNYC recommends the following measures be taken.

1. **Create a simple and systematic way to identify CPCs.** One of the challenges of identifying CPCs is the fact that they are often defined by the information they withhold or the services that they do NOT provide. LL17 lists six specific characteristics or factors to look out for and states that the presence of two or more of those factors would create the appearance of a licensed medical facility and would be enough to assume that a facility is a CPC and subject to LL17’s disclosure requirements.\(^6\) Posting these six factors as a “checklist” can help consumers determine if they encountered a CPC and whether their experience warrants filing a complaint against the facility for providing misleading information.

2. **Create and maintain an easily accessible complaint process to report suspected violations of LL17.** DCA’s enforcement of CPCs relies in part on consumer complaints to identify CPCs and conduct investigations. A distinct CPC complaint form that is tailored to the specific requirements of the law would support the Department’s efforts to effectively identify and inspect CPCs. Therefore, the complaint line should include questions that enable community members to provide the most relevant information to these considerations.

3. **Provide meaningful training for DCA inspectors charged with enforcement of the law and 311 operators who may receive CPC complaints.** Because of the unique nature of CPCs, it is critical that individuals enforcing the law understand how to identify a CPC, the purposes behind the law, and the legal requirements that CPCs must comply with in advertising, written and oral disclosures, and consumer confidentiality protections. This will help ensure frontline staff conduct effective and appropriate investigations that are sensitive to communities most impacted.

4. **The City should undertake a public education campaign to inform New Yorkers of available comprehensive reproductive and sexual health services citywide.** The Department of Health and Mental Hygiene recommends all pregnant individuals meet with a licensed medical practitioner, and a public education campaign would help more New Yorkers.

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\(^6\) N.Y.C. Admin. Code § 20-815; 6 R.C.N.Y. § 5-271. To determine whether a facility has the appearance of a licensed medical facility, the Department of Consumer Affairs (DCA) considers whether the facility: 1) offers pregnancy testing and/or pregnancy diagnosis; 2) has staff or volunteers who wear medical attire or uniforms; 3) contains one or more examination tables; 4) contains a private or semi-private room or area containing medical supplies and/or medical instruments; 5) has staff or volunteers who collect health insurance information from clients; and 6) is located on the same premises as a licensed medical facility or provider or shares facility space with a licensed medical provider. If two or more of these factors are present, then the facility is assumed to be a PSC and falls within LL17’s requirements.
Yorkers to be informed on their options and affordable services available. We also recognize that an individual may overlook posted signage and so New York City should do more to inform individuals before they mistakenly enter a crisis pregnancy center.

5. **New York City should invest in comprehensive investigative research of New York City’s crisis pregnancy center landscape.** CPCs often operate under the radar and may shift tactics in their attempts to circumvent the law. As such, we do not have a complete list of CPCs in New York City. The Department could use more resources to systematically identify and track CPCs throughout the city so that they can conduct thorough investigations and periodically document and update their practices. We recommend the City consider an RFP process for research organizations to conduct this work.

The need to improve enforcement of Local Law 17 is urgent. Despite the law’s enactment over a year ago, PPNYC staff continue to hear concerning stories from patients about their experiences with CPCs. We have also heard reports of CPCs growing their presence and attempting to evade LL17’s requirements by contracting with medical professionals. It is important to note that in order to be exempted from LL17’s requirements, a CPC would have to have a licensed medical professional on site providing or directly supervising the provision of all services at the facility. However, not all medical providers offer non-judgmental, complete information by virtue of their licenses. We have begun to learn that some CPCs are attempting to circumvent the law by nominally hiring a licensed provider. If this practice takes hold, we encourage consumer rights and public health leaders to assess potential deceptive practices by licensed medical providers who fall outside the purview of the current law.

We have seen anti-abortion protesters and organizations become emboldened in New York City and across the country in the past year, and with the election of Donald Trump, we anticipate more CPCs may open in the city. Of particular concern is the recent U.S. Department of Health and Human Services’ decision to shorten the current Title X family planning grant period and set a new grant cycle in 2018. We anticipate the administration may enact a ‘domestic gag rule’ for Title X grantees, making access to abortion more restrictive, and for the first time, potentially broadening eligibility criteria to allow crisis pregnancy centers to apply for Title X funding. CPCs are fundamentally opposed to sexual and reproductive health care, including contraception. If this measure advances, CPCs would be legitimized as a health care provider, representing a major setback in advancing public health. New York City has an opportunity to take stronger steps to hold crisis pregnancy centers accountable and protect New Yorkers’ access to health care. We urge the Department and administration to adopt the aforementioned proposals.

Thank you for the opportunity to testify, I would be happy to take any questions.
Appendix

1. Image 1: "Plan Your Parenthood,” Expectant Mother Care (EMC) Frontline

2. Image 2: “Abortion Alternatives website, Expectant Mother Care (EMC) Frontline

3. Image 3: “Abortion Alternatives website, Expectant Mother Care (EMC) Frontline
4. Image 4: The Bridge to Life Newsletter, 2016, The Bridge to Life

5. Image 5: The Bridge to Life Newsletter, 2017, The Bridge to Life