OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 11 – 2024

Introduced by: Medical Student Section

Subject: Transparency in Pregnancy Counseling

Referred to: Resolutions Committee No. 1

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WHEREAS, Crisis Pregnancy Centers (CPCs), sometimes known as “pregnancy resource centers,” “pregnancy care centers,” “pregnancy support centers,” or simply “pregnancy centers,” are defined by the American Medical Association (AMA) as organizations that seek to intercept patients with unintended or “crisis” pregnancies who might be considering abortion[1]; and

WHEREAS, CPC’s were established in the 1960’s by advocates of the anti-abortion movement who wanted to discourage and limit access to abortion[2]; and

WHEREAS, there are 175 CPCs in Ohio[3]; and

WHEREAS, temporary Assistance to Needy Families (TANF) is a federal program which provides states and territories with funds to help low-income families with children achieve economic self-sufficiency through the disbursement of monthly cash assistance payments as well as funding support services[4]; and

WHEREAS, the Parenting and Pregnancy Program is an Ohio government program which disburses state funds to organizations whose services promote childbirth, parenting, and alternatives to abortion, including CPC’s, and specifically excludes funding for any institutions which provide abortion care, counseling, or referrals[5]; and

WHEREAS, in 2023, Governor Mike DeWine pulled $1.7 million of TANF funding towards the Parenting and Pregnancy Program, in addition to pre-allocated funds from the state budget[6]; and

WHEREAS, the Parenting and Pregnancy Program, which funds CPCs, received $14 million from the 2024-2025 state budget, a 133% increase from the previous state budget[7]; and

WHEREAS, a study of 607 CPCs operating in the US found that greater than 80% of CPC staff and volunteers are not licensed medical professionals, allowing for unlicensed, untrained individuals to provide “non-diagnostic” ultrasounds that may misidentify a positive pregnancy, incorrectly estimate gestational age, or fail to

47 recognize any medical anomalies in the location of implantation, placenta, amniotic
48 fluid, and fetus[8]; and
49
50 **WHEREAS**, CPCs provide misinformation about the efficacy of contraception
51 and the failure rates of condoms as well as fail to provide comprehensive sex education,
52 referrals for contraceptives, or pregnancy termination options despite advertisements
53 suggesting otherwise[8,9]; and
54
55 **WHEREAS**, state-funded CPCs promote dangerous, unfounded medication
56 regimens such as "abortion pill reversal" at significantly higher rates and offer prenatal
57 care and referral less often than CPCs without state funding[8]; and
58
59 **WHEREAS**; CPCs assert false risks of abortion such as links between abortion
60 and breast cancer, infertility, mental illness, preterm birth, high rates of complications,
61 and the assertion that abortion is more dangerous than childbirth[8,10]; and
62
63 **WHEREAS**, because many CPCs are unregulated and unlicensed, their
64 disinfection protocols are unknown, predisposing people to exposure to Human
65 Papilloma Virus (HPV) and other infectious diseases during regular use of vaginal
66 probes and other medical equipment[11]; and
67
68 **WHEREAS**, despite giving the impression of medical expertise, the majority of
69 CPCs are not licensed medical clinics and therefore cannot legally be held to the
70 privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA),
71 and research has found that only 14% of CPCs disclose their non-medical status and
72 only 42% disclose after direct questioning[1, 12]; and
73
74 **WHEREAS**, national, international and regional anti-abortion steering
75 organizations, which are affiliated with nearly half of CPC's, have been found to develop
76 "digital dossiers" of those seeking counseling at their centers, including identifiable data
77 such as names, addresses, medical history, pregnancy history, and ultrasound
78 photos[13]; and
79
80 **WHEREAS**, CPCs target those who they believe are "abortion-minded", mainly
81 women of color and those of lower socioeconomic classes, in their messaging and
82 advertising[14]; and
83
84 **WHEREAS**, CPC misinformation and deception often intentionally create delays
85 which leave people unable to access abortion care due to gestational age cutoffs,
86 forcing them to continue their pregnancies or increasing the health risks of those using
87 their services[15]; and
88
89 **WHEREAS**, individuals who seek care at CPCs who plan to continue their
90 desired pregnancies experience delayed entry to prenatal care or delayed recognition of
91 pregnancy complications or medical conditions as a result of visiting a non-licensed
92 clinic[16,17]; and

93
94 **WHEREAS**, by impeding access to health care from real medical facilities, CPCs
95 may propagate racial, ethnic, and socioeconomic inequalities[14,18]; and
96
97 **WHEREAS**, the OSMA supports individuals' rights to information, education and
98 evidence-based reproductive health care services; and
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100 **WHEREAS**, the OSMA emphasizes the importance of physician oversight of
101 non-physicians who are providing medical services and transparency in credentials of
102 non-physicians who are providing medical services; and
103
104 **WHEREAS**, the OSMA, the AMA, the American Academy of Family Physicians
105 (AAFP), the American Academy of Pediatrics (AAP), the American College of
106 Physicians (ACP), the American College of Obstetricians and Gynecologists (ACOG)
107 emphasize the sanctity of the patient-physician relationship, and that healthcare
108 decisions should be made by patients in consultation with their healthcare providers
109 without interference from outside parties[19,20]; and
110
111 **WHEREAS**, the AMA Code of Medical Ethics indicates patient safety, privacy,
112 autonomy and informed consent as core values of healthcare and that physicians as a
113 collective should strive to advocate for patients in these areas[18]; and
114
115 **WHEREAS,** neighboring state medical groups have policy opposing CPCs[21]; and
116 therefore
117
118 **BE IT RESOLVED**, our OSMA advocates that any entity offering pregnancy
119 counseling services:
120 1. Truthfully describe the services they offer or for which they refer—
121 including prenatal care, family planning, termination, or adoption
122 services—in communications on site and in their advertising, and before
123 any services are provided to an individual; and
124 2. Disclose and display the credentials of the individuals who are on staff or
125 conducting services on site; and
126 3. Be transparent with respect to their funding and sponsorship relationships;
127 and be it further
128
129 **RESOLVED**, That our OSMA educate and encourage physicians to NOT
130 recommend crisis pregnancy centers to patients without ensuring the qualifications of
131 individuals on staff, transparency regarding services provided, and credentials of those
132 conducting these services on site; and be it further
133
134 **RESOLVED**, OSMA urges that public funding only support programs that provide
135 complete, non-directive, medically-accurate health information to support patients'
136 informed, voluntary family planning decisions.
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139 **Fiscal Note:** $ (Sponsor)

140 $ 50,000 (Staff)
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OSMA Policy:

Policy 37-2021 – Patients' Right to Know

1. OSMA affirms that in the state of Ohio, a physician is an individual who is authorized to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery in Ohio as defined in the Ohio Revised Code.

2. OSMA strongly recommends medical facilities to require medical personnel in direct contact with patients to wear or display notification to patients disclosing their specific professional qualifications, and when possible, to encourage verbal disclosure to patients of the same information before delivery of health care services.

3. OSMA will pursue legislation that will require medical facilities that employ personnel, whom are required by law to engage in a collaboration or supervisory agreement with a physician, to publicly display the name of the collaborating or supervising physician in a common area of the medical facility, such as a waiting room or lobby.

4. OSMA will pursue legislation that will require that, in the event that collaboration or supervision by a physician is no longer required by state law for specific medical personnel, the facility must inform patients that there is not a collaborating physician overseeing or otherwise involved in their care.

Policy 07-2022- Addressing the Roles of licensed Health Professionals in Preventing Public Health Misinformation

1. The OSMA opposes legislation that mandates licensed healthcare professionals provide non-evidence-based healthcare information to patients.

2. The OSMA: 1) Will continue to support the dissemination of accurate medical and public health information by public health organizations and health policy experts; and 2) will work with public health agencies and professional societies in an effort to establish relationships with journalists and news agencies to enhance the public reach in disseminating accurate medical and public health information and address misinformation that undermines public health initiatives.

Policy 07 – 2020 – Legislative or Regulatory Interference in the Practice of Medicine in the State of Ohio

1. The OSMA actively works to ensure that the sanctity of the physician-patient relationship is protected in all legislative and regulatory matters.

2. Current OSMA Policy 18 - 2012 (Criminalization of Medical Care) be amended to read as follows:

The OSMA opposes any portion of proposed legislation or rule that criminalizes clinical practice that is the standard of care.

1. That current OSMA Policy 10 – 1990 (Policy on Abortion) be amended as follows:
1) It is the position of the OSMA that the issue of support of or opposition to abortion is a matter for members of the OSMA to decide individually, based on personal values or beliefs.

2) The OSMA shall take no action which may be construed as an attempt to alter or influence the personal views of individual physicians regarding abortion procedures.

3) Items 1 and 2 notwithstanding, the OSMA shall take a position of opposition to any proposed OSMA legislation or rule that would:

- Require or compel Ohio physicians to perform treatment actions, investigative tests, or questioning of a patient which are not consistent with the medical standard of care; or,

- Require or compel Ohio physicians to discuss treatment options that are not within the standard of care and/or omit discussion of treatment options that are within the standard of care.

Policy 09-2022 – Access to Standard Care for Nonviable Pregnancy

1. The Ohio State Medical Association (OSMA) supports patients' timely access to standard treatment of nonviable pregnancy, including but not limited to miscarriage, molar pregnancy, and ectopic pregnancy, in both emergent and non-emergent circumstances.

2. The OSMA opposes any hospital directive, policy, or legislation that may hinder patients' timely access to the accepted standard of care in both emergent and non-emergent cases of nonviable pregnancy.

Policy 15 – 2023 -- Strengthening the OSMA Stance on Abortion Policy in Ohio

1. The OSMA amend OSMA Policy 10-1990- Policy on Abortion by addition and deletion as follows:

    Policy 10 – 1990 – Policy on Abortion
    ~~1. It is the position of the OSMA that the issue of support of or opposition to abortion is a matter for members of the OSMA to decide individually, based on personal values or beliefs.~~
    1~~2~~. The OSMA shall take no action which may be construed as an attempt to alter or influence the personal views of individual physicians regarding abortion procedures.
    2~~3~~. Items~~s~~ 1 ~~and 2~~ notwithstanding, the OSMA shall take a position of opposition to any proposed ~~OSMA~~Ohio legislation or rule that would:
    - Require or compel Ohio physicians to perform treatment actions, investigative tests, ~~or~~ questioning ~~and~~ OR education of a patient which are not consistent with the medical standard of care; or,
    - Require or compel Ohio physicians to discuss treatment options that are not within the standard of care and/or omit discussion of treatment options that are within the standard of care; and be it further

2. The OSMA supports an individual's right to decide whether to have children, the number and spacing of children, as well as the right to have the information, education, and access to evidence-based reproductive health care services to make these decisions.

3. The OSMA opposes non-evidence based limitations on access to evidence-based reproductive health care services, including fertility treatments, contraception, and abortion.

4. The OSMA opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing evidence-based reproductive health care services within the medical standard of care.

5. The OSMA collaborates with relevant stakeholders to educate legislators and amend existing state laws so that the term "fetal heartbeat" is not used to inaccurately represent physiological electrical activity.