

Post-Roe PA: Pittsburgh Passes Legislation to Protect Abortion Access

by Tara Murtha | Jul 20, 2022 | Abortion Access, Pittsburgh | 0 comments



In a seven to zero unanimous vote, Pittsburgh’s City Council has approved legislation to ensure abortion rights. “Pittsburgh is truly out in front of the pack by adopting these bills,” says interim Co-Executive Director of the Women’s Law Project Sue Frietsche.

The three bills were sponsored by Councilmembers Bobby Wilson and Erika Strassburger, and former Councilmember Corey O’Connor. Frietsche and WLP board member attorney Greer Donley testified in support of the legislation and offered feedback on early drafts. The proactive package features three bills.

The first bill seeks to shield abortion providers in Pittsburgh from out-of-state investigations or prosecutions regarding healthcare they may provide to out-of-state patients. Such efforts are critical as some states that banned abortion are threatening to reach beyond their borders to punish residents who travel to find

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abortion and related reproductive healthcare they have been unjustly deprived of in their home state.

“I have doctors calling me saying, ‘Am I going to go to jail for practicing legal medicine under the laws of our state?’ That cannot happen in this city,” Frietsche, recently told PublicSourcePA.

Abortion is still legal in Pennsylvania, but anti-abortion state lawmakers are aggressively moving to try to ban abortion in Pennsylvania as early as next year. (Our fact sheet on the No Right to Abortion constitutional amendment SB106 is available here.)

The second provision in the Pittsburgh legislative package lays a foundation in case they are successful. If abortion is banned in Pennsylvania, this bill would direct law enforcement officials to deprioritize abortion-related crimes. Pennsylvania township **Radnor recently passed a similar provision.**

The third element seeks to hold crisis pregnancy centers (CPCs), anti-abortion organizations repeatedly found to spread false and misleading information about abortion and contraception, accountable for spreading medical misinformation.

Designed to Deceive, the national CPC accountability report we published with our partners in the Alliance, found that 65% of CPCs in Pennsylvania promote false and misleading information, and 32% provide or promote “abortion pill reversal,” a fake medical “treatment” that medical experts have called “unproven,” “experimental,” and “not based on science.”

You can download a fact sheet on CPCs in Pennsylvania here and a fact sheet on Abortion Pill Reversal here.

Women’s Law Project is a public interest law center in Pennsylvania devoted to advancing and defending the rights of women, girls, and LGBTQ+ people in Pennsylvania and beyond. As a non-profit organization, we can not do this work without you. Please consider supporting our work.

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“No Right to Abortion” constitutional amendment (PA SB 106)

The United States is in a public health crisis due to politically imposed barriers and bans on access to abortion and reproductive healthcare in the wake of the U.S. Supreme Court's decision to overturn *Roe v. Wade*, which eliminated our federal right to abortion.

Abortion is still legal in Pennsylvania. Pennsylvania law has not changed since the decision because Pennsylvanians still have reproductive rights protected by our state constitution. Pennsylvanians have long enjoyed state constitutional protections that are broader than, and independent of, the U.S. constitution.

This is why Pennsylvania’s anti-abortion state lawmakers launched a hostile post-*Roe* effort to advance the No Right to Abortion constitutional amendment: To ban abortion in Pennsylvania, they first need to eliminate our state constitutional rights.

The No Right to Abortion constitutional amendment is now in SB 106

The Pennsylvania No Right to Abortion constitutional amendment was initially introduced as Senate Bill 956. In July 2022, anti-abortion state lawmakers convened in the middle of the night, edited the amendment, slipped it into an unrelated omnibus bill (a term for legislation that contains several provisions) called Senate Bill 106, and pushed it through both chambers in back-to-back late-night sessions with no input from medical experts or the public. During the debate, they refused to answer questions about it on the record.

SB 106 contains other provisions including a voter suppression initiative and another power-grab effort that would essentially give themselves veto power over the Governor’s executive orders. SB 106 makes one thing clear: Pennsylvania’s anti-abortion lawmakers have launched a full-scale effort to give themselves nearly limitless power to control our personal lives without the checks and balances of the Executive and Judicial branches.

If SB 106 is implemented, this language will be anchored into the Pennsylvania constitution: “This constitution does not grant the right to taxpayer-funded abortion or any other right relating to abortion.”

The No Right to Abortion amendment:

- **Would open the door to complete criminalization, Texas-style citizen vigilante bans, and criminalizing alleged behavior by pregnant people perceived to potentially harm the zygote, embryo, or fetus. Such laws also interfere with miscarriage management, treatment for ectopic pregnancy, and reproductive technologies such as IVF. People experiencing a miscarriage or other adverse pregnancy outcomes could be forced to face investigation, punishment and/or prosecution. Politically imposed restrictions on healthcare directly and disproportionately harm women of color, immigrant communities, and young people.**

- **Would allow laws that would bring the post-Roe experiences of people living in states that banned or criminalized abortion – forcing children impregnated from rape to travel for medical care, denying chronically ill women lifesaving medication when they're not even pregnant, endangering the lives of pregnant patients in medical crisis by denying lifesaving treatment – to Pennsylvania.**
- **Is anti-democratic. The Judicial branch is a check on the Legislative and Executive branches of government. It's the Judicial branch's job to interpret the constitution, not legislators. Anti-abortion legislators have defended this anti-democratic attempt to nullify the judicial branch by repeatedly accusing Pennsylvania state judges, who are also elected, as "unaccountable."**

In addition to immediately eliminating our state-based rights, this amendment would make it nearly impossible to challenge future legislative over-reach into our lives by curtailing the power of state courts.

Process, Next Steps, and Timeline

Constitutional amendments cannot be vetoed by the governor. In Pennsylvania, amendments must pass by a simple majority in two consecutive sessions and then be approved by a majority of voters via a ballot question in a primary or general election.

SB 106 passed both the House and Senate in the midnight raid on our rights in July 2022. That means it's already halfway through the process of going on the ballot. If we do not successfully intervene, SB106 could go on the ballot as early as May 2023 and could be enacted by next year.

Myth v. Reality

Supporters of the No Right to Abortion amendment refused to answer a single question about the amendment on record. Instead, they repeatedly recited two misleading talking points.

Misleading talking point #1: Amendment supporters assert the No Right to Abortion constitutional amendment would merely maintain current law. First, lawmakers do not meet in the middle of the night scheming to rewrite the constitution to maintain the status quo. While it's true No Right to Abortion would not *automatically* ban abortion in Pennsylvania, its purpose is to *enable* the Legislature to pass more severe abortion restrictions, including a total ban, by eliminating our relevant state-based rights. Supporters of the amendment are simultaneously sponsoring and supporting extreme abortion restrictions including a six-week ban, have expressed support for citizen vigilante bans, and publicly stated their goal is to ban abortion in Pennsylvania.

Misleading talking point #2: Amendment supporters repeatedly claim they chose this radical step because they want to leave this issue to the voters. First, fundamental rights protected by constitutions should not be put to a vote. Second, we already know the vast majority of Pennsylvanians support legal abortion and believe a person's income should not determine their access to abortion. Pennsylvania voters have expressed no desire to be forced to vote to retain rights we already have, thereby risking losing them. Third, many of the same lawmakers using this talking point also support voter suppression efforts. In fact, the No Right to Abortion amendment is bundled into SB106 alongside a voting restriction.

DESIGNED to DECEIVE

A STUDY OF THE **CRISIS PREGNANCY CENTER INDUSTRY** IN NINE STATES

Pennsylvania State Findings

- ▶ The Alliance Study identified **156 crisis pregnancy centers** in Pennsylvania.
- ▶ There are currently **17 abortion care clinics** left in the state; five provide only medication abortion.

Pennsylvania Directly Funds CPCs

Twenty-seven (17.3%) of the state's 156 crisis pregnancy centers are publicly funded through Real Alternatives, an organization plagued by allegations of misuse of public funds, waste, and lack of transparency. So far, Pennsylvania has diverted more than \$100 million into CPCs.

Pennsylvania is also one of a handful of states that double-funds CPCs by diverting Temporary Assistance for Needy Families (TANF), safety-net funds earmarked for pregnant people and children in poverty, to Real Alternatives.¹ In 2021, Pennsylvania siphoned these funds away from children and gave it instead to anti-abortion activists, despite stashing away billions of dollars from relief funds related to the pandemic, which exacerbated children's poverty.² Thanks in part to public funding, the disparity between the number of CPCs and abortion providers in Pennsylvania is significantly higher than the national average.

Most Common Services Offered by CPCs in Pennsylvania

The services provided by Pennsylvania CPCs align with data from other states. The most common services are free/earned goods (92.3%), pregnancy testing (88.5%), and "counseling" (82.1%). Among entities that receive public funding via Real Alternatives, 100% offer pregnancy testing, 96.3% offer free/earned goods, and 96.3% offer "counseling."

CPCs in Pennsylvania Promote False & Biased Medical Claims

Most CPCs in Pennsylvania (64.7%) make false and biased claims, a rate that aligns with CPCs in other states examined in the Alliance Study. The Study defined as false or biased any medical claim that was untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. Most (63%) of CPCs in the Real Alternatives network make false and biased medical claims.

Pennsylvania CPCs make deceptive and misleading claims on their websites, including that they have no agenda and provide full and unbiased information to support a pregnant person's choice. Some CPCs in Pennsylvania deceptively use the word "choice" or "options" in their name, and many falsely claim to be the only resource that will provide unbiased information to pregnant people about all their options.

CPCs in Pennsylvania Promote "Abortion Pill Reversal"

In Pennsylvania, 32.0% of CPCs provide, refer for, or promote "abortion pill reversal" (APR). APR is the unrecognized practice of injecting or prescribing high-dose progesterone for pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop ("reverse") the abortion. The American College of Obstetricians and Gynecologists calls APR "unethical" and "not based on science."³ This rogue practice has been called "unproven and experimental" in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinical trials.⁴

IN PENNSYLVANIA, CPCs
OUTNUMBER ABORTION
CARE CLINICS BY

9:1



"We are just beginning to reckon with our country's long, shameful history of racist and sexist medical abuse. And now we're seeing a coordinated effort to promote a new form of racist and sexist experimentation on pregnant people."

—CHRISTINE CASTRO,
Women's Law Project

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OPTION ULTRASOUND APR: ABORTION PILL REVERSAL LIFE SUPPORT BREATHE, AFTER ABORTION CARE

MEN'S PROGRAMMING

PITTSBURGH ESSENTIAL SPEAKERS

STD AWARENESS

After you take the first pill, it's like the lights go out and Satan says, "Gotcha!"

Many women immediately regret their abortion decision. Within a three-day window of time, women can reverse their abortion pill affects with this safe, simple protocol.

▶ Screenshot from Women's Choice Network CPC, Pittsburgh: <https://mypregnancycenter.org/our-programs/>



Publicly Funded CPCs in Pennsylvania Promote "Abortion Pill Reversal" at Higher Rates

Many CPCs in Pennsylvania promote unethical experimentation on vulnerable pregnant people in collusion with state government. Among CPCs supported with public funding via Real Alternatives, 40.7% refer for APR.

Most CPCs in Pennsylvania Do Not Provide Medical Care

The vast majority of CPCs in Pennsylvania (98.7%) provide no prenatal care; only 29% even make referrals for prenatal care. Most Pennsylvania CPCs provide no well-person care (99.4%) or referrals (87.2%). None of the CPCs in Pennsylvania provides contraception.

Publicly Funded CPCs in Pennsylvania Provide No Prenatal Care

None of the publicly funded CPCs in Pennsylvania provides prenatal care. Forty-eight percent of publicly funded CPCs refer for prenatal care.

CPCs & the Maternal Mortality Crisis in Pennsylvania

Pennsylvania's maternal mortality rate skyrocketed 21.4% between 2013 and 2018. Black people accounted for 126 (23%) of pregnancy-associated deaths in Pennsylvania from 2013 to 2018 while only accounting for 14% of births in Pennsylvania during this time period. Nearly half of the women that experienced a pregnancy-associated death from 2013–2018 did not receive adequate prenatal care.⁵ In 2019, one in six infants born in Pennsylvania were born to a parent who received inadequate prenatal care.⁶

IN PA:



1 IN 6

INFANTS WERE BORN TO A PARENT WHO RECEIVED INADEQUATE PRENATAL CARE



0%

OF PUBLICLY FUNDED CPCs PROVIDE PRENATAL CARE

Extensive Allegations of Misuse of Public Funds by CPCs

In 2017, a Pennsylvania official denounced Real Alternatives for "skimming" public funds.⁷ In July 2020, a watchdog group called Campaign for Accountability filed a 27-page public complaint alleging widespread misuse of public funds, waste, and lack of transparency by Real Alternatives, the organization that has received over \$100 million in public funding to oversee a network of Pennsylvania-based CPCs since the 1990s.⁸

In 2019, Real Alternatives was defunded in Michigan in the wake of a similar public complaint. They continue to operate in Indiana as well as Pennsylvania. Pennsylvania refunded Real Alternatives in FY 2020–2021.

Recommendations

- Stop funding crisis pregnancy centers with public dollars.
- Invest in evidence-based programs that promote healthy pregnancies, childbirths, and postpartum periods.
- Pass the Patient Trust Act to prevent the Commonwealth from forcing health care practitioners to provide medically inaccurate and/or medically inappropriate information.
- Require all schools to provide inclusive, medically accurate, and evidence-based sex education.
- Pass legislation promoting equitable access to contraception.
- Pass legislation disallowing CPCs from teaching "sexuality education" in public schools.
- Amend the Pennsylvania Unfair Trade Practices and Consumer Protection Law to permit private enforcement even when no commercial transaction is involved.

1. Emily Crockett, "States are Using Welfare Money to Fund Anti-Abortion Propaganda," *Vox*, October 3, 2016. <https://www.vox.com/identities/2016/10/3/13147836/states-tanf-welfare-crisis-pregnancy-centers-wormer>. "Mapping Deception."

2. For more information, contact info@womenslawproject.org.

3. "Facts Are Important: Medication Abortion 'Reversal' Is Not Supported by Science," *American College of Obstetricians and Gynecologists*, accessed September 29, 2021. <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science>.

4. Daniel Grossman and Kari White, "Abortion 'Reversal'—Legislating without Evidence," *The New England Journal of Medicine* 379, no. 16, October 2018: 1491. <https://www.nejm.org/doi/full/10.1056/nejmp1805927>.

5. "Pregnancy Associated Deaths in Pennsylvania, 2013–2020," Pennsylvania Department of Health, December 2020. 5 Pregnancy Associated Deaths 2013–2018 FINAL.pdf (pa.gov).

6. "Pennsylvania Quick Facts: Prenatal Care," March of Dimes, accessed September 29, 2021. <https://www.marchofdimes.org/peristats/ViewTopic.aspx?reg=42&top=5&lev=0&slev=4#:~:text=Quick%20Facts%3A%20Prenatal%20Care&text=In%20Pennsylvania%20in%202019%2C%2077.8.late%20or%20no%20prenatal%20care>.

7. Marie McCullough, "Dispute Questions Anti-Abortion Group's Use of Taxpayer Dollars," *The Philadelphia Inquirer*, March 16, 2018. <https://www.inquirer.com/philly/health/real-alternatives-audit-department-human-services-taxpayer-money-20180316.html>.

8. "Press Releases, State Oversight, Themis Project: Watchdog Calls on Pennsylvania Officials to Terminate Contract with Anti-Abortion Group for Wasting Millions of Taxpayer Dollars. Violating Pennsylvania Law." Campaign for Accountability, July 14, 2020. <https://campaignforaccountability.org/watchdog-calls-on-pennsylvania-officials-to-terminate-contract-with-anti-abortion-group-for-wasting-millions-of-taxpayer-dollars-violating-pennsylvania-law/>.

“Abortion Pill Reversal” (APR) An “Unmonitored Research Experiment” on Pregnant People

“What anti-abortion forces could not attain with fetal-focused religious arguments, they hope to accomplish with deceptive pseudo-science.”¹⁰³

—KIMBERLY KELLY, Associate Professor and Gender Studies Program Director, Mississippi State University



“Abortion pill reversal” (APR) is an anti-abortion movement term that refers to the experimental practice of administering high doses of progesterone to pregnant people who have ingested the first of the two medicines taken during medication abortion. Anti-abortion activists promote this rogue practice by claiming it can “reverse” a medication abortion.

Medication abortion requires that the patient first takes mifepristone, which stops the body from recognizing and activating progesterone in order to stop the pregnancy

from progressing, and then takes misoprostol, which causes uterine contractions. If a patient takes only the mifepristone and does not subsequently take the misoprostol, the pregnancy might continue. A review published in *The New England Journal of Medicine* found the proportion of pregnancies that continued after the first medication alone ranged from 8% to 46% in published studies.¹⁰⁴ Claims that administering high doses of progesterone increases these odds are “not based on science and do not meet clinical standards.”¹⁰⁵

Medical professionals call APR “unproven and experimental.”¹⁰⁶ The FDA has not approved of dispensing the first medicine administered in medication abortion (mifepristone) without following up with the second (misoprostol), nor has it approved — or even reviewed — this use of progesterone.¹⁰⁷

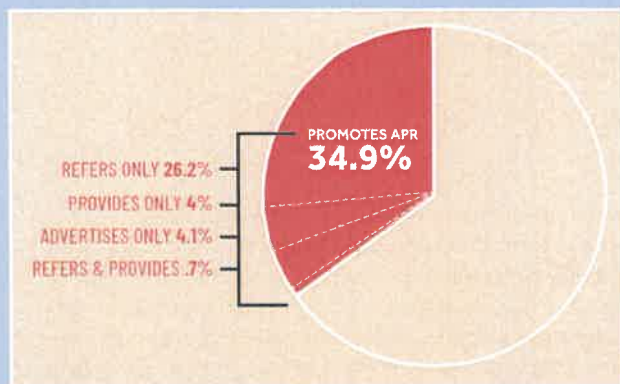
The Alliance found over one-third (34.9%) of CPCs promoted “abortion pill reversal.”

We also observed significant variation across states: More than half of the CPCs in Idaho (57.1%) and Washington State (50.9%) promoted APR. Significantly, we found a higher prevalence of APR promotion among state-funded CPCs in Minnesota and Pennsylvania than among CPCs not receiving state funding (31.0% to 21.3% in MN and 40.7% to 30.2% in PA).

Close to 5% of CPCs in the Study claimed to directly provide “abortion pill reversal.” These CPCs did not indicate who administers the progesterone intervention; whether it is administered vaginally, orally, or by injection; or what follow-up care is provided, if any.

The percentage of CPCs promoting APR in our Study states increased from 32% to almost 35% between the first Alliance Study review of CPC websites and social media for mention of APR in summer 2020 and a second review in early winter 2021.

The health effects of APR on the pregnant person and embryo are unknown. In 2019, a controlled clinical study of the efficacy and safety of APR was halted due to safety concerns, after three of the 12 women enrolled in the study had to be transported to the hospital for severe vaginal bleeding.¹⁰⁸ The researchers concluded, “We could not estimate the efficacy of [APR] ... Patients in early pregnancy who use only mifepristone may be at high



HBI claims to have a referral network of “over 1,000 healthcare professionals” who provide APR¹¹¹ and that they are expanding that network by “recruit[ing] more physicians, physician assistants and nurse practitioners” and advising them on how to administer APR.¹¹²

The HBI “helpline” is accessible via phone, live chat, email, and text, 24/7.¹¹³ CPCs in this Study encouraged people to call the APR hotline instead of taking the second dose of medication. Since not taking the second medicine in the protocol may allow the pregnancy to continue, and there is no evidence that intervening with progesterone increases those odds, it is worth examining the intense CPC effort to drive pregnant people who begin a medication abortion to this central online APR platform. Especially in light of concerns about CPCs surveilling pregnant people under Senate Bill 8 in Texas — and copycat laws should they be enacted in other states — it is notable that CPC messaging about APR does not simply encourage people to not take the second medication but rather directs people to a website where HBI can collect their data digitally.

The anti-abortion movement has also coordinated CPC promotion of APR with a legislation effort to mandate that all doctors promote APR to their patients. Eight states, including Alliance Study state Idaho, now compel abortion providers to tell patients that an abortion can be reversed.¹¹⁴ Similar statutes are currently enjoined in four more states.¹¹⁵ The American Medical Association joined a federal lawsuit against such a law in North Dakota, stating the provision “compel[s] physicians and their agents to speak government-mandated messages that entail providing to their patients misleading or even patently false, nonmedical information.”¹¹⁶

- ▶ For more information about HBI’s role in mainstreaming APR through the CPC movement, see *Global, National & Regional Anti-Abortion Organizations Supporting CPCs* at alliancestateadvocates.org/publications

risk of significant hemorrhage.¹⁰⁹ For now, such a treatment is experimental and should be offered only in institutional review board–approved human clinical trials to ensure proper oversight.”¹¹⁰

Despite these warnings from medical professionals, the anti-abortion movement is promoting APR through a streamlined nationwide infrastructure, often with government support. Every CPC in this Study that made referrals for APR sent people to the same online portal: an “Abortion Pill Rescue” website and hotline sponsored by Heartbeat International.

