

**Testimony of Executive Director Steven Ettannani  
New York City Department of Consumer and Worker Protection**

**Before the Committee on  
Consumer and Worker Protection**

**Hearing on  
Pregnancy Services Centers and Introduction 506**

**June 21, 2022**

***Introduction***

Good afternoon, Chair Velázquez, and members of the Committee on Consumer and Worker Protection. I am Steven Ettannani, Executive Director for External Affairs at the Department of Consumer and Worker Protection (DCWP). I am joined today by my colleague Michael Tiger, our General Counsel. Thank you for the opportunity to testify today before the committee on Introduction 506, relating to pregnancy services centers (PSCs).

This Administration is fully committed to protecting access to reproductive healthcare services for New Yorkers. Furthermore, we stand alongside our partners in the Council to ensure that access to reproductive health and abortion is strengthened in New York City, and that we are a haven for those in need of safe healthcare options.

***Regulation of Pregnancy Services Centers***

Advocates describe “crisis pregnancy centers” or “pregnancy resource centers” as facilities that focus on diverting or preventing people who are, or may be pregnant, from accessing medical care, including abortions.<sup>1</sup> According to advocates, these businesses accomplish this by:

- Imitating the advertising of abortion-providing health clinics;
- Locating themselves near abortion-providing health clinics;
- Providing false information about abortion to pregnant people; and
- Misleading people about how many weeks they have been pregnant.<sup>2</sup>

According to the City’s Department of Health and Mental Hygiene (Health), the above tactics can endanger the health of pregnant people by leaving them unaware of their reproductive health options and misinformed about the state and health of their pregnancy. These tactics also deter people who are pregnant from accessing legitimate reproductive healthcare that they otherwise would have sought out.<sup>3</sup>

Pursuant to Local Law 17 of 2011 (LL 17), a PSC is legally defined as a business that (1) appears to be a medical facility or carries out prenatal care, and (2) is not a licensed medical facility and does not have a licensed medical provider on-site supervising services.<sup>4</sup> DCWP is

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<sup>1</sup> <https://www.plannedparenthood.org/blog/what-are-crisis-pregnancy-centers>

<sup>2</sup> <https://www.nirhealth.org/wp-content/uploads/2015/09/cpcreport2010.pdf>

<sup>3</sup> <https://www1.nyc.gov/site/doh/health/health-topics/abortion.page>

<sup>4</sup> Administrative Code, § 20-815(g).

empowered to inspect PSCs for disclosure requirements that state they do not have a medical provider on site and do not provide abortion care; and that they do not share health and personal information without a client's consent.

DCWP investigates and responds to every complaint that it receives about PSCs. The agency has worked with elected officials and the non-profit sector to facilitate complaints, identify potential PSCs, and inspect PSCs for potential violations. Since 2017, the agency has received 59 complaints alleging violations of the PSC Law, conducted 53 inspections, and issued 2 summonses for illegal activity by a PSC. Since 2021, we have received two complaints, and subsequent investigations determined that the facilities fell outside of the scope of the law because there were medical professionals supervising the provided services.

### ***Introduction 506***

Turning to today's legislation, Introduction 506 would require DCWP, in partnership with the Health Department and any other organization at our discretion, to submit a report on PSCs operating in New York City. The report would include information on the locations of PSCs, the services they provide, and the way they advertise themselves to the public. It would also require the City to examine the health care needs of pregnant women, the ability of PSCs to meet those needs, and the impact of PSCs on women being able to gain timely access to healthcare. DCWP would be mandated to design a survey which PSCs would voluntarily submit to inform the report. Following completion of the report, DCWP, in consultation with the Health Department, would be required to implement a media campaign to raise awareness among women about PSCs.

DCWP is committed to supporting New Yorkers' safe and timely access to all of the reproductive healthcare to which they are legally entitled. To that end, DCWP looks forward to working with the Council, as well as with our sister agency, the Health Department, to ensure that any reporting on PSCs is able to capture the vital information New Yorkers need to be well informed and that it works in concert with other reporting requirements in the Council's reproductive rights legislative package. This includes Introduction 465 sponsored by Council Member Cabán, relating to a report on the provision of medical services related to reproductive care.

Similarly, we are looking forward to working with Council to harmonize the media campaign contemplated by this bill with the ones contemplated by two other bills in this package: Introduction 478, sponsored by Council Member Hudson, relating to an outreach and education campaign on the benefits and services provided by doulas and midwives, and Introduction 474, sponsored by Council Member Hanif, relating to a public information and outreach campaign regarding safe access to reproductive health care. We believe it is important that media campaigns communicate a cohesive message to New Yorkers regarding reproductive health resources that are safe and accessible, as well as informed by the public health professionals at the Health Department.

### ***Conclusion***

Again, I would like to thank the Council for holding today's hearing and for introducing its suite of legislation relating to reproductive rights that better protect New Yorkers. I look forward to any questions you may have.

Elizabeth Estrada Testimony for New York City Council Committee on Consumer and Worker Protection

June 21<sup>st</sup>, 2022

Thank you to the NY City Council for holding this hearing to discuss the harmful impact of fake “clinics” aka crisis pregnancy centers or limited services pregnancy centers. At the Latina Institute we call them fake “clinics” or “clínicas” falsas in Spanish, but they aren’t clinics at all. When our activists have called to see what services, they claim to provide, they tell us that they won’t provide pregnancy tests for free and that ultrasounds aren’t performed at their Emergent Mother Care location in the Mott Haven neighborhood of the South Bronx.

I have lived in The Bronx for over 7 years and have visited Emergent Mother Care (EMC) a few times and have observed their deceptive tactics myself and heard many more stories from people in my community. We also share the experience of never having witnessed signage to indicate there are no real medical professionals on staff. Other tactics include misleading advertising of free pregnancy tests or ultrasounds to lure you into their business and away from real healthcare providers, but when entering their suite, no such resources are provided for free, only misinformation and lies.

Many of these anti-abortion centers locate themselves near real healthcare providers or public hospitals that serve mostly Black and Latinx communities in low resourced areas. Much like EMC, who is located directly across from a Planned Parenthood and down the block from Lincoln hospital. These are high traffic areas close to social services, which is a clear indication that they are targeting folks with low incomes. They place billboards in Spanish in immigrant neighborhoods. Some buy ads on Black television and use targeted ads on websites where they know Black and Latinxs are clicking.

CPCs locate themselves in lower-resourced neighborhoods with communities that have little to no access to health care. Through strategies like their “Urban Initiative”, CPCs target neighborhoods with large Black, Latinx, and immigrant communities. They locate themselves in these neighborhoods near social services centers and comprehensive reproductive health providers. CPCs place advertisements in these neighborhoods showing people of color, offering “free services” or “Medicaid assistance”. This misleads our communities and draws them away from nearby providers and social services that offer comprehensive care, exacerbating barriers and delaying access to real health care.

Nationwide there are five fake “clinics” for every one abortion clinic and in NY that average doesn’t differ, with fake “clinics” outnumbering real abortion providers across the state. Fake “clinics” disproportionately hurt Black, Indigenous people of color and families by adding yet another barrier to already access to care. Latinos face language and cultural barriers that hinder healthcare access and literacy which can make them more likely to be deceived by fake “clinics”.



Testimony of National Council of Jewish Women New York

Before

The New York City Council Committee Consumer and Worker Protection

Regarding

Int. No. 506

**“A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of consumer and worker protection to report information on pregnancy services centers in the city and implement an information campaign on such centers.”**

June 21<sup>st</sup>, 2022

Thank you, Council Member Rivera, for introducing this bill before the committee, and thank you Councilmember Velazquez and the Committee on Consumer and Worker Protection for convening this hearing today. My name is Aviva Zadoff, and I am the Director of Advocacy and Volunteer Engagement at the National Council of Jewish Women New York. NCJW NY is a grassroots organization of volunteers and advocates who turn progressive ideals into action. Inspired by Jewish values, NCJW NY strives for social justice by improving the quality of life for women, children, and families and by safeguarding individual rights and freedoms.

The proposed legislation before you requires the New York City Department of Consumer and Worker Protection to report information on pregnancy services centers in the city and implement an information campaign on such centers. I come here today to testify in strong support of the passage of this bill. NCJW NY is the lead organization of the Pro-Truth coalition. Pro-Truth is a campaign and a movement to raise awareness and fight the dangerous and deceptive tactics of fake reproductive health clinics or pregnancy service centers. We believe that all people have a right to know the truth about their health and their bodies, so they can make informed choices.

Pro-Truth has identified over two dozen pregnancy service centers currently operating here in NYC<sup>1</sup>. These centers actively work to present themselves as neutral care providers, all the while working to make it harder for pregnant people to access the full spectrum of reproductive healthcare, including abortion.

While pregnancy service centers have existed for as long as abortion has been legal, they operate in secrecy, with little oversight and few regulations. Much of the information that we have about these centers is based on experiences of patients who have been to these places. While the stories we hear

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<sup>1</sup> <https://www.protruthny.org/cpc-map/>

are powerful and an important part of this picture, we also need to understand the larger story that is happening when it comes to pregnancy resources in this city. This law, and the study that it administers will be an important step in allowing us to understand the larger picture of where New Yorkers are receiving reproductive healthcare and how these facilities are operating.

We also appreciate this bill's creation of a media campaign to inform the public of pregnancy centers and what they do and do not provide. One of Pro-Truth's main tenants is to educate the public on pregnancy centers, because many New Yorkers do not know that these places exist or that they are here in New York City, and we strongly believe that everyone should have the knowledge and the ability to decide where they prefer to receive care.

As abortion access becomes more restricted across this country, we know that pregnancy centers will play an even larger role in a person's ability to access care. The barriers that pregnancy centers can create and the confusion they add to accessing abortion care is going to become an even larger issue in a post-Roe world, when more people are coming to our city and state to access care, and time is even more important in being able to access the full range of abortion options.

The National Council of Jewish Women believes that everyone is entitled to the truth about their body and about their choices, and that everyone should be able to receive the highest quality of safe, accessible, and judgment-free reproductive healthcare that our city has to offer. We support the Council's efforts to create a mechanism that will allow us to see the full picture of where New Yorkers are receiving care and what resources these pregnancy centers are actually offering to their clients. We ask for the committee's support in quickly making this into a law.

Thank you.



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**Testimony of Allie Bohm  
On Behalf of the New York Civil Liberties Union  
Before the New York City Council Committee on Consumer and Worker  
Protection Regarding Intro 506, by CM Rivera, in Relation to Requiring the  
Department of Consumer and Worker Protection to Report Information on  
Pregnancy Services Centers in the City and Implement an Information  
Campaign on Such Centers**

**June 21, 2022**

The New York Civil Liberties Union (NYCLU) is grateful for the opportunity to submit the following testimony regarding Intro 506, in relation to requiring the department of consumer and worker protection to report information on pregnancy services centers in the City and implement an information campaign on such centers. The NYCLU, the New York State affiliate of the American Civil Liberties Union, is a not-for-profit, nonpartisan organization with eight offices across the state and over 180,000 members and supporters. The NYCLU defends and promotes the fundamental principles and values embodied in the Bill of Rights, the U.S. Constitution, and the New York Constitution through an integrated program of litigation, legislative advocacy, public education, and community organizing.

Decisions about pregnancy are time sensitive, and everyone deserves access to timely, comprehensive, and accurate health care information to inform those decisions. Delayed access to such information can impede the initiation of prenatal care or access to emergency contraception or abortion, which can have an adverse impact on a person's health, push care financially out of reach, and severely limiting a person's reproductive health options.

Int. 506 requires the department of consumer and worker protection, in consultation with the department of health and mental hygiene, to report on the unmet health needs facing pregnant New Yorkers and the impact that pregnancy services centers have on the ability to obtain timely and accurate health information and services. While the City does have local law 17, which requires pregnancy services centers disclose that they are not medical facilities,<sup>1</sup> this neutral, unbiased study will be integral to developing and supporting other strategies to support pregnant people in New York City.

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<sup>1</sup> Administrative Code of City of NY § 20-816.

Int. 506 also requires the department to implement a media campaign to inform New Yorkers about what pregnancy services centers are and how to access comprehensive reproductive health care in New York City, as well as how to make a complaint if pregnancy services centers engage in deceptive trade practices. Particularly as the U.S. Supreme Court stands poised to overturn *Roe v. Wade*, and we expect New York City to serve as a beacon for individuals seeking care, it is more important than ever that the City inform pregnant people about where and how to obtain comprehensive reproductive health care within our borders. City Council can strengthen Int. 506's media campaign by requiring that it be conducted in all City languages and not merely English and Spanish, as well as by working with community members and leaders in the neighborhoods pregnancy services centers most frequently target to craft messages and select messengers best designed to reach those communities.<sup>2</sup>

City Council can further improve Int. 506 by expanding the inquiry to include questions about the ways in which pregnancy services centers may meet individuals' and families' unmet resource needs. Recent studies and reporting have demonstrated that some people use pregnancy services centers as a form of conscious consumption – they are aware that these centers exist to prevent abortion and that many are evangelical in nature, but they have already decided to continue a pregnancy and see these centers as their only option to receive free or low-cost diapers, baby clothes, and other material goods to support a new child.<sup>3</sup> Inquiring into unmet resource needs, as well as unmet health needs, may lead the City to other or additional solutions.

Relatedly, City Council should ensure that the report identifies racial and socioeconomic disparities in who pregnancy services centers target while making sure that the final report protects the privacy of any individuals seeking services or resources at such centers.

In addition, when local law 17 was adopted in 2011, pregnancy services centers generally did not have medical providers on staff – although many gave the impression that they were medical facilities, confusing some consumers.<sup>4</sup> As a result, it made sense to define pregnancy services centers to exclude facilities “where a licensed medical provider is present to directly provide or directly supervise the provision of all services . . . that are provided at the facility.”<sup>5</sup> In recent years, however, many pregnancy services centers have begun to hire

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<sup>2</sup> Cf. Ashley Southall, *Police Face Backlash Over Virus Rules. Enter 'Violence Interrupters.'*, N.Y. TIMES, May 22, 2020, <https://www.nytimes.com/2020/05/22/nyregion/Coronavirus-social-distancing-violence-interrupters.html>.

<sup>3</sup> E.g. Elizabeth Dias, *Baby Food, Bassinets and Talk of Salvation: Inside an Evangelical Pregnancy Center*, N.Y. TIMES, Aug. 23, 2019, <https://www.nytimes.com/2019/08/23/us/abortion-evangelical-pregnancy-center.html>.

<sup>4</sup> See generally NYCLU, TESTIMONY BEFORE THE NEW YORK CITY COUNCIL COMMITTEE ON WOMEN'S ISSUES REGARDING LIMITED SERVICE PREGNANCY CENTER ACT (INT. NO. 371) (2010).

<sup>5</sup> Administrative Code of City of NY § 20-815.

medical directors and medical staff<sup>6</sup> in order to escape definitions like New York City's – though they still do not provide or refer for the full range of comprehensive reproductive and sexual health care services. For this reason, City Council should consider updating local law 17's definition of pregnancy services center to include centers with medical personnel on staff that nonetheless do not provide or refer for the full range of comprehensive reproductive and sexual health care services.

Int. 506 contemplates that the department will receive the information needed for the report through a voluntary survey distributed to pregnancy services centers in the City. Because pregnancy services centers are unlikely to respond to such a survey, this approach must be coupled with other methods of learning about pregnancy services centers, including inspections and collaboration with experts.

Int. 506 address an issue of equitable access to quality health care in New York City. Everyone deserves to receive comprehensive information about their health care options and to be connected to qualified providers to address their health care needs. Adequate and early prenatal care, timely abortion care, and emergency contraception are critical to reducing maternal mortality and morbidity rates and disparities. Understanding any gaps in access to comprehensive reproductive and sexual health care services serves an important public health goal of improving health outcomes for all.

The NYCLU thanks the Committee for the opportunity to provide testimony and for their consideration of this critically important issue.

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<sup>6</sup> See generally Gino Fanelli, *Pregnancy resource centers: Healthcare or religious propaganda?*, ROCHESTER CITY NEWSPAPER, May 16, 2022, <https://www.rochestercitynewspaper.com/rochester/new-york-lawmakers-question-the-role-of-pregnancy-resource-centers/Content?oid=14628810>.

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 506 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 6/21/22

(PLEASE PRINT)

Name: Aviva Zadoff

Address: 241 W. 72nd St

I represent: National Council of Jewish Women New York

Address: \_\_\_\_\_

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Appearance Card

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in favor  in opposition

Date: 6/21/22

(PLEASE PRINT)

Name: Allie Bohm

Address: 1 Whitehall St 3rd Fl. NYC 10004

I represent: NYCW

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Appearance Card

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in favor  in opposition

Date: 6/21/2022

(PLEASE PRINT)

Name: Michael Tiger

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Appearance Card

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in favor  in opposition

Date: 6/21/22

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