NATIONAL WOMEN'S LAW CENTER
EXPANDING THE POSSIBILITIES

FACT SHEET

Requiring Crisis Pregnancy Centers to Disclose Limits on Care Is Part of a Long Tradition of Protecting Women's Decisionmaking and Access to Reproductive Health Care

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Women face many obstacles to receiving comprehensive, affordable, quality health care, including when individuals and institutions refuse to provide health care services.[1] Some even go so far as to refuse to inform women about their health care options or even to notify women that there are certain services or information that they will not provide. This prevents women from participating fully in their own medical decision-making. Not only are their rights compromised, their health may be harmed.

Crisis pregnancy centers (CPCs) are major perpetrators of refusals to provide women with complete and accurate care and information. CPCs often pose as comprehensive health clinics or advertise in ways that imply they offer the full range of reproductive health care.[2] Yet most CPCs will not provide accurate or complete information about birth control or abortion, and will not refer pregnant women to another provider who will. Their primary goal is to dissuade pregnant women from having an abortion, often by providing anti-abortion propaganda and misinformation about birth control and abortion. These deceptive practices undermine a woman's ability to make an informed decision about her pregnancy and may delay her access to critical health services.

Relying on the legal tools that have long fostered transparency and stemmed deception in health care practices, local officials have passed ordinances to stop CPCs from falsely advertising and misleading women about the nature of their services.[3] The ordinances intended to regulate CPCs are part of a long tradition of disclosure laws that enhance transparency and informed engagement in the healthcare arena. Moreover, the growing subset of disclosure laws governing reproductive healthcare reflect legislators' awareness of time sensitive and critical nature of the services at issue. These laws traditionally operate by requiring that hospitals, pharmacies, insurance companies, and entities presenting themselves as health-care related disclose the nature of their services and relevant restrictions on patient care.

While CPCs allege that such ordinances, when applied to them, violate their First Amendment right to free speech,[4] the challenged disclosure laws are part of the legal balance that local governments have struck to protect the needs of women and ensure that they receive complete information about their health care options. CPC disclosure laws simply seek to ensure that women are able to make informed health care decisions and know what type of services they can actually expect to receive at a CPC.

Women Expect to Receive Comprehensive Care, Not Refusals, Restrictions, or False Information

Women seeking health care information and services expect to receive comprehensive care, including counseling, options, and referrals. This is particularly true in the modern health care system, which has recognized the importance of treating patients as full participants in their care.[5] Moreover, there has been a push – encouraged by health

care providers and government officials – for improved communication and transparency between the health care industry and the individuals it serves.[6] Because of this patient-centered focus, individuals seeking health care expect to be given all of the information and treatment options relevant to their particular situation when they seek services.

All too often, however, individuals visit a provider or entity or sign up for a health care plan that restricts services and information. Unfortunately, because such restrictions conflict with patients' expectations, individuals are largely unaware of them. They do not think to ask if any restrictions exist and might mistakenly believe they are receiving comprehensive information and services when they are unknowingly receiving incomplete knowledge regarding their health care. These patients might then make a life- or health-altering decision based on incomplete information. This is true for women facing an unexpected pregnancy who look to CPCs for help. Although most CPCs are not staffed by licensed medical providers, they often hold themselves out as health clinics, advertising services such as free pregnancy tests, ultrasounds, and counseling. In doing so, they take advantage of women's expectations that they will be provided with complete and accurate information.

Disclosure Helps to Ensure Patients Remain Fully Informed Decisionmakers

Requirements on those providing health care information or services to disclose any gaps in information or care to potential patients are important methods by which an individual remains an active participant in his or her care. Disclosure requirements allow individuals to learn in advance of any restrictions or obstructions to full and complete information and care. This allows individuals to discuss with their doctor, employer, insurance plan, or the facility they are visiting how these restrictions might compromise their care. Disclosure allows individuals to make informed decisions about which providers, facilities, or plans best meet their needs or fit their own values. Disclosure requirements are even more critical at locations, such as crisis pregnancy centers, where any member of the public can seek a service without a prior referral from someone who is aware of the kinds of restrictions that could exist.[7]

Disclosure is Especially Critical for Women Seeking Reproductive Health Services

Disclosure is always important for any individual seeking health care services or information, but it is particularly critical to women seeking reproductive health care. That is because reproductive health care is an area where restrictions on information and services have proliferated[8] and are permitted by law in particular circumstances.[9]

Moreover, because of the time sensitivity of reproductive health care services, a delay in access caused by a lack of information or awareness of restrictions can result in serious harm. For example, early prenatal care helps the woman and health care provider monitor the pregnancy and identify any potential health problems before they become serious.[10] Treatment for miscarriages and ectopic pregnancies is time sensitive.[11] Proper contraceptive use relies on receiving accurate information and counseling, and timely access is especially critical for emergency contraception, which only works if taken within a specific time period after unprotected sex.[12] And although abortion is an extremely safe procedure, any delay in access can make it less safe.[13] When CPCs mislead women or deceive them into thinking they have received comprehensive care when they have not, they delay women's access to these medically necessary reproductive health services.

Lawmakers Routinely Require Individuals and Entities to Disclose Refusals and Restrictions in Access to Reproductive Health Care

Because of the important role notice plays in ensuring that timely access to reproductive health care is not compromised, the federal government, states, and localities have established laws and regulations that require various disclosures to individuals seeking reproductive health care. These laws and regulations affirmatively require either that women be informed of reproductive health care options or that they receive notice that restrictions on infor-

mation or services exist. Local laws requiring disclosure by CPCs fit squarely in this framework.

Laws Requiring that Women be Informed of Reproductive Health Care Options

Recognizing how important it is that women be informed of all of their reproductive health care options, Congress and state lawmakers have passed laws requiring disclosure of such information. For example,

- The federal Title X family planning program, which was enacted by Congress in 1970, requires Title X providers to "offer pregnant women the opportunity to be provided information and counseling regarding each of the following options: (A) Prenatal care and delivery; (B) Infant care, foster care, or adoption; and (C) Pregnancy termination."[14] If the woman requests such information and counseling, the provider must "provide neutral, factual information on each of the options, and referral upon request."[15]

- State lawmakers passed laws to ensure that a woman who has been sexually assaulted receives information about emergency contraception, which can prevent pregnancy after sexual assault. Fifteen states and the District of Columbia require emergency rooms to provide information about emergency contraception to sexual assault survivors,[16] without exception.[17] As the Colorado legislature explained in its law, "Because emergency contraception is time-sensitive and a sexual assault survivor may have delayed seeking hospital treatment, it is critical that she be informed of this option at the time of her treatment."[18]

Laws Requiring that Women be Informed of Restrictions on Reproductive Health Care Information and Services

Certain individual and institutional health care providers, as well as health related entities, such as insurance companies, are sometimes allowed by state or federal law to refuse to provide certain reproductive health services, usually because of religious beliefs. Recognizing the need to protect patients who seek access to reproductive health care information and services, some federal and state laws require that the refusing providers and entities provide disclosure and notice of restrictions to potential and existing patients. For example:

- Federal Medicaid law allows managed care plans that serve Medicaid patients to refuse to "provide, reimburse for, or provide coverage of, a counseling or referral service" if the organization objects on moral or religious grounds.[19] However, in the case of such an objection, the state or its contracted representative must provide information about where and how to obtain the service to all potential enrollees before and during enrollment, and current enrollees must be notified of their right to request information about the scope of benefits as well as the "extent to which, and how, enrollees may obtain benefits, including family planning services, from out-of network providers."[20]

- Fifteen of the states that allow health care providers, institutions, or other entities to refuse to play a role in abortion, sterilization, contraception, or other reproductive health care services require disclosure to patients or potential patients of the refusal.[21] For example, Louisiana requires individuals to "notify any patient before such person provides any consultation or service to the patient of the existence of a health care service that he will decline to provide because the health care service violates his conscience."[22]

- Over half of states have laws that require insurance policies issued in those states to cover prescription contraceptives if they cover other prescription drugs and devices, some of which exempt religious employers.[23] In the vast majority of those that do, the religious entity is required to provide notice to potential and/or current enrollees or employees of its refusal to cover contraception.[24] One state – Missouri – requires all plans to provide notice to enrollees about whether or not contraception is included and that enrollees who are members of a plan without coverage have "the right to purchase coverage for contraceptives."[25]

- In three states that require coverage of infertility services, any plans without coverage of these services due to a religious employer exemption must disclose the restrictions on coverage to enrollees or potential enrollees.[26]

- Lawmakers have required disclosures in pharmacies, letting consumers know if they will not be able to access emergency contraception there.[27] A New York City councilmember explained that the legislation was necessary "so women, if they are ever in the position where they need emergency contraception, which must be taken in a very time sensitive, 72 hours after unprotected intercourse, they would know where, close to their home, they could or could not access it."[28]

- California has a disclosure law aimed at informing individuals about the potential for restrictions on information or services in reproductive health care. It requires health insurers to inform enrollees that providers may refuse to provide certain reproductive health services. The law also identifies the location, language, and typeface of the notice.

Courts and State Attorneys General Also Have Required Entities – including CPCs – to Disclose Restrictions on Access to Reproductive Health Care Information and Services

In addition to laws and regulations requiring disclosure, courts and state attorneys general have also required entities – including CPCs – to disclose existing restrictions on reproductive health care information and services.

- The New York Attorney General conditioned the purchase of the nonsectarian Smithtown Campus hospital facilities to Catholic Health Services of Long Island (CHS) on CHS's agreement to: (1) "notify doctors, patients, health plans in which Smith Hospital is a participating provider, and the general public that the sale . . . will reduce the availability of certain reproductive health care services at Smithtown Hospital"; and (2) provide a toll-free hotline for at least 6 months from the date that CHS takes over "to inform patients of the specific services that may be reduced or eliminated from Hospital operations and alternate health care providers, including hospitals, where those services remain available."[29]

- In an agreement reached between the New York Attorney General and a CPC in 2002, the center agreed to: "disclos[e] verbally and in writing – before providing a pregnancy test or counseling about pregnancy – that the center is not a licensed medical provider qualified to diagnose or accurately date pregnancy, and inform[] women that only licensed medical providers can confirm pregnancy or provide medical advice about pregnancy"; tell "persons who call or visit the center that it is not a medical facility"; and clearly inform "persons who inquire about abortion or birth control that it does not provide those services or make referrals for them."[30]

- A settlement between a CPC in New York and the state attorney general required, among other things, that the center disclose in its first contact with clients either in person or by telephone – if the client poses a question about abortion services – that the center does not perform abortions nor refer to abortion providers.[31]

- A court in California issued an order that, among other things, required a CPC to disclose over the telephone that it did not perform or refer for abortion, provide birth control services or referrals, or provide written pregnancy verifications, and that the center "provides only alternatives to abortion counseling from a Biblical perspective by volunteers."[32]

Conclusion

CPCs have a documented history of imitating health clinics, falsely posing as abortion-providers, and purposely leading women away from full-service medical practitioners. It would be inconsistent with lawmakers' and officials' efforts to require disclosure in order to protect public health, ensure transparency, and protect patient decision making to allow CPCs to engage in deceptive and misleading practices that keep women from being able to make informed and timely health care decisions.

1 NAT'L WOMEN'S LAW CTR., HEALTH CARE REFUSALS HARM PATIENTS: THE THREAT TO REPRODUCT. HEALTH CARE (2013), *available at* http://www.nwlc.org/resource/health-care-refusals-harm-patients-threat-reproductive-health-care.

2 See NAT'L WOMEN'S LAW CTR., "CRISIS PREGNANCY CENTERS": THEIR DECEPTIVE TACTICS AND MISLEADING INFORMATION HARM WOMEN (2013), *available at* http://www.nwlc.org/resource/%E2%80%9Ccrisis-pregnancy-centers%E2%80%9D-their-deceptive-tactics-and-misleading-information-harm-women.

3 N.Y., Local Law No. 17 Int. No. 371-A (2011), Balt., Md. Ordinance 09-252 § 3-502 (Dec. 4, 2009); Montgomery County, Md. Res. No. 16-1252 (Feb. 2, 2010); Council Int. No. 371A § 20-816 (Mar. 16, 2011); Austin, Tex. City Code Ch. 10-10 (enacted Jan. 26, 2012); S.F., Cal. Admin. Code Ch. 93 § 93.4(a).

4 See NAT'L WOMEN'S LAW CTR., REGULATING CRISIS PREGNANCY CENTERS: PROTECTING WOMEN'S RIGHT TO ACCURATE INFO. (2013), *available at* http://www.nwlc.org/resource/regulating-crisis-pregnancy-centers-protecting-women%E2%80%99s-right-accurate-information.

5 See, e.g., Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 1554 (2010), amended by Health Care and Education Affordability and Reconciliation Act, Pub. L. No. 111-152 (2010) (to be codified at 42 U.S.C. § 18114)

> Notwithstanding any other provision of this Act, the Secretary of Health and Human Services shall not promulgate any regulation that—
> (1) creates any unreasonable barriers to the ability of individuals to obtain appropriate medical care;
> (2) impedes timely access to health care services;
> (3) interferes with communications regarding a full range of treatment options between the patient and the provider;
> (4) restricts the ability of health care providers to provide full disclosure of all relevant information to patients making health care decisions;
> (5) violates the principles of informed consent and the ethical standards of health care professionals; or
> (6) limits the availability of health care treatment for the full duration of a patient's medical needs.

See also U.S. DEP'T OF HEALTH AND HUMAN SERVS., THE AFFORDABLE CARE ACT'S PATIENT'S BILL OF RIGHTS (2010) ("A major goal of the Affordable Care Act . . . is to put American consumers back in charge of their health coverage and care."), *available at* http://www.healthreform.gov/newsroom/new_patients_bill_of_rights.html .

6 See, e.g., Ensuring That Department of Health and Human Services Funds Do Not Support Coercive or Discriminatory Policies or Practices in Violation of Federal Law, 45 C.F.R. §§ 88.3 to 88.5 [Reserved by Regulation for the Enforcement of Federal Health Care Provider Conscience Protection Laws, 76 FR 9968-02](2011)

> We recognize that informed consent is crucial to the provision of quality health care services. The provider-patient relationship is best served by open communication of conscience issues surrounding the provision of health care services. The Department emphasizes the importance of and strongly encourages early, open, and respectful communication between providers and patients surrounding sensitive issues of health care, including the exercise of provider conscience rights, and alternatives that are not being recommended as a result.

Conditions of Participation: Patients' Rights, 42 C.F.R. § 482.13(b)(2) (2010) ("The patient . . . has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment."); Patient-Centered Communication, AM. MED. ASS'N. ("Effective, patient-centered communication is key to quality care. Good communication is both an ethical imperative, necessary for informed consent and effective patient engagement, and a means to avoid errors, improve quality, save money and achieve better health outcomes."), http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/the-ethical-force-program/patient-centered-communication.page (last visited Mar. 15, 2013).

7 Adam Sonfield, Delineating the Obligations That Come with Conscientious Refusal: A Question of Balance, GUTTMACHER POLICY REV., Summer 2009, at 6, 9.

8 See, e.g., Shelton v. University of Med. and Dentistry of N.J., 223 F.3d 220 (3d Cir. 2000) (labor and delivery nurse refused to participate in emergency procedures – inducing labor in a woman suffering from a life-threatening condition and an emergency C-section – that she considered abortions); Noesen v. Medical Staffing Network, 2006 WL 1529664 (W.D. Wis. June 1, 2006), aff'd by Noesen v. Medical Staffing Network, Inc., 2007 WL 1302118 (7th Cir. 2007), rehearing denied (June 13, 2007) (pharmacist in retail pharmacy who refused to dispense legally valid prescriptions for contraception also refused to alert another pharmacist when a woman seeking contraception needed service); Erickson v. Bartell Drug Co., 141 F. Supp. 2d 1266 (W.D. Wash. 2001) (employer refusing to provide health insurance coverage for contraception, even though the plan covers other prescription drugs); Lori R. Freedman et al., When There's a Heartbeat: Miscarriage Management in Catholic-Owned Hospitals, Am. J. Pub. Health, Oct. 2008, at 1 (documenting women seeking treatment for miscarriages at Catholic hospitals being denied the standard of care and placed in life- and health-threatening situations); Sabrina Rubin Erdely, Doctor's Beliefs Can Hinder Patient Care, Self, June 2007 (reporting that sexual assault survivors seeking emergency care at Catholic hospitals have been refused information about and access to emergency contraception), http://www.msnbc.msn.com/id/19190916/ (last updated June 22, 2007).

9 At the federal level, there are four laws protecting individuals and entities who refuse to play a role in certain reproductive health care services. The Church Amendment, 42 U.S.C. § 300a-7 (2000); The Coats Amendment, 42 U.S.C. § 238n (1996); the Weldon Amendment, Consolidated Appropriations Act, 2008, Pub. L. No. 110-161, § 508(d), 121 Stat. 1844, 2209 (2008); Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 1303 (2010), amended by Health Care and Education Affordability and Reconciliation Act, Pub. L. No. 111-152 (2010) (to be codified at 42 U.S.C. § 300gg-2). Forty-seven states have laws that explicitly allow health care providers and/or institutions to refuse to participate in abortion, sterilization, contraception, or other reproductive health care services. See NAT'L WOMEN'S LAW CTR., BROAD REFUSALS TO PROVIDE REPRODUCTIVE CARE: WOMEN'S HEALTH REPORT CARD, http://hrc.nwlc.org/policy-indicators/broad-refusals-provide-reproductive-care (last visited Mar. 14, 2015).

10 U.S. DEP'T OF HEALTH & HUMAN SERVS. OFFICE ON WOMEN'S HEALTH, PRENATAL CARE FACT SHEET: WHY DO I NEED PRENATAL CARE?, *available at* http://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.cfm#b, (last visited Mar. 15, 2013).

11 Craig P. Griebel et al., Management of Spontaneous Abortion, 72 Am. Fam. Physician 1243, 1248 (Oct. 2005), *available at* http://www.aafp.org/afp/2005/1001/p1243.pdf; Anne-Marie Lozeau & Beth Potter, Diagnosis and Management of Ectopic Pregnancy, 72 Am. Fam. Physician 1707, 1707 (2005), *available at* http://www.aafp.org/afp/2005/1101/p1707.pdf.

12 NAT'L WOMEN'S LAW CTR., EMERGENCY CONTRACEPTION (2013), *available at* http://www.nwlc.org/resource/emergency-contraception.

13 GUTTMACHER INST., FACTS ON INDUCED ABORTION IN THE UNITED STATES (2011) (citing Bartlett LA et al., Risk Factors for Legal Induced Abortion-related Mortality in the United States, OBSTETRICS & GYNECOLOGY, 2004, 103(4):729–737), *available at* http://www.guttmacher.org/pubs/fb_induced_abortion.html#13a.

14 42 C.F.R. § 59.5(a)(5) (2010).

15 Id.

16 ARK. CODE ANN. § 20-13-1403 (West 2013); CAL. PENAL CODE § 13823.11 (West 2013); COLO. REV. STAT. ANN. § 25-3-110 (West 2013); CONN. GEN. STAT. § 19a-112e (West 2013); D.C. CODE § 7-2123 (2013); IL ST CH 410 § 70/2.2; ILL. ADMIN. CODE tit. 77, §§ 545.20, .35, .60, .95 (2013); MASS. GEN. LAWS ANN. ch. 41, § 97B (West 2013); MASS. GEN. LAWS ANN. ch. 111, § 70E (West 2013); MINN. STAT. ANN. §145.4712 (West 2013); N.J. STAT. ANN. §§ 26:2H-12.6b to -12.6g (West 2013); N.M. STAT. ANN. §§ 24-10D-1 to -5 (West 2013); N.Y. PUB. HEALTH LAW § 2805-p (McKinney 2013); OR. REV. STAT. ANN. § 435.254 (West 2013); 28 Pa. Code § 117.53, .55, .57 (2013); UTAH CODE ANN. § 26-21b-201 (West 2013); WASH. REV. CODE ANN. §§ 70.41.020, .350, .360 (West 2013); WIS. STAT. ANN. § 50.375 (West 2013).

17 Arkansas's and Colorado's laws allow individual health care professionals to refuse to provide information about EC if the refusal is based on their religious or moral beliefs, but does not exempt any religiously-affiliated hospitals from having to provide the information. ARK. CODE ANN. § 20-13-1403(b)(1) (West 2013); COLO. REV. STAT. ANN. § 25-3-110(3)(a) (West 2013). Thus, the burden is on the hospital to make sure someone on staff will provide information about EC to sexual assault victims. Similarly, Connecticut's law allows health care facilities to contract with independent providers to ensure compliance with the law (so that religiously-affiliated hospitals would not have to have their own employees provide information about EC), but independent providers must operate at the facility. The definition of "independent provider" includes physicians, physician assistants, registered nurses, or nurse-midwives who are trained to conduct forensic exams after sexual assaults. CONN. GEN. STAT. § 19a-112e(c) (2013).

18 S.B. 07-060, 66th Gen. Assem., 1st Reg. Sess., 2007 Co. Sess. Laws 24.

19 42 U.S.C. § 1396u-2(b)(3)(B) (2006).

20 42 U.S.C. § 1396a(a)(23)(B) (2006) (referring to services generally); 42 U.S.C. § 1396n(b)(4) (2006) (referencing family planning services provisions; sometimes referred to as "freedom of choice" or "free access provisions"); 42 C.F.R. §§ 438.10(e)(2)(ii)(E), 438.10(f)(2), 438.10(f)(6)(v), 438.10(f)(6)(vii), 438.10(f)(6)(xii) (2010). The federal law does not require the objecting program itself to provide information about "how and where to obtain [a] service;" instead, it is the state's responsibility to provide a Medicaid enrollee with this information. 42 C.F.R. § 438.10(f)(xii) (2010).

21 CAL. HEALTH & SAFETY CODE § 123420(c) (West 2013); CAL. PROB. CODE § 4734(b) (West 2013); CAL. PROB. CODE § 4736(a) (West 2013); HAW. REV. STAT. § 327E-7(e) & (g)(1) (2013); 720 ILL. COMP. STAT. ANN. 510/13 (2013); LA. REV. STAT. ANN. § 40:1299.35.9(A)(4) (2013); ME. REV. STAT. TIT. 18-A, § 5-807(e) & (g)(1) (2013); MICH. COMP. LAWS ANN. § 333.20183(1) (West 2013); MISS. CODE ANN. § 41-41-215(5) & (7)(a) (West 2013); NEB. REV. STAT. § 28-337 (2013); N.M. STAT. ANN. § 24-7A-7(E) & (G)(1) (West 2013); N.Y. COMP. CODES R. & REGS. TIT. 10, § 405.9 (b)(10) (McKinney 2013); OR. REV. STAT. ANN. § 435.475(1) (West 2013); OR. REV. STAT. ANN. § 435.485(1) (West 2013); 16 PA. CODE § 51.31(e) (2011); WASH. REV. CODE ANN. § 48.43.065(2)(b) (West 2013); W. VA. CODE ANN. § 16-30-12(b)(2) (West 2013); WYO. STAT. ANN. § 35-6-105 (West 2013).

22 LA. REV. STAT. ANN. § 40:1299.35.9(A)(4) (2013). Health care service is defined as "abortion, dispensation of abortifacient drugs, human embryonic stem cell research, human embryo cloning, euthanasia, or physician-assisted suicide." LA. REV. STAT. ANN. § 40:1299.35.9(B)(2) (2013).

23 See NAT'L WOMEN'S LAW CTR., CONTRACEPTIVE EQUITY LAWS IN YOUR STATE: KNOW YOUR RIGHTS - USE YOUR RIGHTS, A CONSUMER GUIDE (2012), *available at* http://www.nwlc.org/resource/contraceptive-equity-laws-your-state-know-your-rights-use-your-rights-consumer-guide-0.

24 ARIZ. REV. STAT. ANN. § 20-826.Z (2013) (corporation); ARIZ. REV. STAT. ANN. § 20-1057.08C (2013) (health care services organization); ARIZ. REV. STAT. ANN. § 20-1402M (2013) (group disability policy); ARIZ. REV. STAT. ANN. § 20-1404V (2013) (blanket disability policy); ARIZ. REV. STAT. ANN. § 20-2329C (2013) (accountable health plan); CAL. INS. CODE § 10123.196(d)(2) (West 2013); CONN. GEN. STAT. ANN. § 38a-503e(c) (West 2013) (individual policies); CONN. GEN. STAT. ANN. §38a-530e(c) (West 2013) (group policies); DEL. CODE ANN. tit. 18 § 3559(d) (West 2013); HAW. REV. STAT. ANN. § 431:10A-116.7(c)(1) (West 2013); ME. REV. STAT. ANN. tit. 24 § 2332-J(2) (2013) (individual and group nonprofit hospital and medical services and health care plans); ME. REV. STAT. ANN. tit. 24-A § 2756(2) (2013) (individual health policies and contracts); ME. REV. STAT. ANN. tit. 24-A § 2847-G(2) (2013) (group insurance policies and contracts); ME. REV. STAT. ANN. tit. 24-A § 4247(2) (2013) (health maintenance organization individual and group health contracts); MD. CODE ANN., INS. § 15-826(c)(2) (West 2013); NEV. REV. STAT. ANN. §§ 689A.0415(5), .0417(5) (West 2013) (individual); NEV. REV. STAT. ANN. §§ 689B.0376(5), .0377(5) (group and blanket health insurance) (West 2013); N.J. STAT. ANN. § 17:48-6ee(1) (West 2013); N.Y. INS. § 3221(1)(16)(A)(2) (McKinney 2013); N.C. GEN. STAT. ANN. § 58-3-178(e) (West 2013); R.I. GEN. LAWS § 27-18-57(e) (2013) (accident and sickness insurance policy); R.I. GEN. LAWS § 27-19-48(d) (West 2013) (hospital service corporation); R.I. GEN. LAWS § 27-20-43(d) (West 2013) (medical service corporation); R.I. GEN. LAWS § 27-41-59(d) (West 2013) (health maintenance organizations); W. VA. CODE ANN. § 33-16E-7(c) (2013).

25 MO. ANN. STAT. § 376.1199(6) (West 2013).

26 CONN. GEN. STAT. ANN. § 38a-536(d) (West 2013) ("Any health insurance policy issued [to a qualified religious employer] shall provide written notice to each insured or prospective insured that methods of diagnosis and treatment of infertility are excluded from coverage. . . ."); GA. COMP. R. & REGS § 290-5-37-.03 (2013) ("Exemptions claimed under this provision must be fully disclosed in the health benefits plan."); N.J. STAT. ANN. § 17:48-6x(b) (West 2013) ("The [issuer issuing a plan without coverage] shall provide written notice thereof to each prospective subscriber or subscriber, which shall appear in not less than 10 point type, in the contract, application and sales brochure.") (hospital service corporation contracts).

27 COLO. REV. STAT. ANN. § 25-3-110(4) (West 2013); New York City, N.Y., Code § 20-713.; Madison, Wis., Leg. File No. 04663 (2006).

28 Transcript of the Minutes of the Committee on Health, Display of Information Relating to Emergency Contraception, N.Y. ADC. LAW § 20-713.1 (2003), *available at* http://legistar.council.nyc.gov/MeetingDetail.aspx?ID=72718&GUID=41B284DD-ADF5-49A8-B304-4194BF9BAA94&Options=&Search= .

29 Episcopal Health Servs., Inc., Church Charity Corporation, Community Hospital of Smithtown, Inc., and Health Servs., at Home, Inc., No. 2000-3327, slip op. at 3–4 (N.Y. Sup. Ct. Feb. 18, 2000).

30 Press Release, Office of the Attorney General, Spitzer Reaches Agreement with Upstate Crisis Pregnancy Center (Feb. 28, 2002), *available at* http://www.ag.ny.gov/press-release/spitzer-reaches-agreement-upstate-crisis-pregnancy-center.

31 Patricia Hughes & Mother and Unborn Baby Care of Long Island, Inc. v. Abrams, No. 88-970, slip op. at 5 (N.Y. Sup. Ct. Aug. 17, 1995) (Stipulation of settlement).

32 Roe v. San Diego Pregnancy Services, Inc., No. 657592, 1994 WL 498012, at *1 (Cal. App. Dep't Super. Ct. June 10, 1994).