

No. 23-1275

IN THE
Supreme Court of the United States

EUNICE MEDINA, INTERIM DIRECTOR,
SOUTH CAROLINA DEPARTMENT OF
HEALTH AND HUMAN SERVICES,

Petitioner,

v.

PLANNED PARENTHOOD SOUTH ATLANTIC, ET AL.,

Respondents.

**On Writ of Certiorari
to the United States Court of Appeals
for the Fourth Circuit**

**BRIEF OF *AMICUS CURIAE* INFORMATION
SOCIETY PROJECT AT YALE LAW SCHOOL
IN SUPPORT OF RESPONDENTS**

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INTEREST OF AMICUS CURIAE¹

Amicus is the Information Society Project (ISP) at Yale Law School,² an intellectual center exploring the implications of new technologies for law and society. The ISP focuses on a wide range of issues such as the intersections between the regulation and dissemination of information, health policy, and privacy concerns. ISP initiatives include the Program for the Study of Reproductive Justice (PSRJ) and the Reproductive Rights and Justice Project legal clinic. Many of the scholars associated with the ISP and PSRJ have special expertise in First, Fourth, and Fourteenth Amendment jurisprudence, including the impact of this jurisprudence on reproductive rights and justice. These scholars share an interest in ensuring the dignity and privacy rights of Medicaid beneficiaries seeking family planning and reproductive health care services.

SUMMARY OF ARGUMENT

Comprehensive reproductive health centers (CRHCs) offer a wide range of health care services to adults and children, including wellness and preventative care, cancer screenings, contraceptive services, full options counseling for pregnant women, prenatal care, STD and STI testing and treatment, and abortion care. Planned Parenthood South Atlantic

¹ No counsel for a party authored this brief in whole or in part, nor did any person or entity, other than *Amicus Curiae* or its counsel, make a monetary contribution to the preparation or submission of this brief.

² The Information Society Project does not represent the institutional views of Yale Law School, if any.

(PPSAT) is one of just three CRHCs operating in South Carolina and plays an indispensable role in addressing the significant shortage of available health care services in the state. J.A. 20–22, 25–28, 46–49. It provides health care to hundreds of thousands of low-income women and their families in the state. In South Carolina, a state rife with health care deserts, PPSAT is a health care nexus point, providing primary care, referrals, and other crucial health care services, all covered by Medicaid. For many of those patients, PPSAT medical professionals are their *only* regular health care providers.

While downplaying the extent to which South Carolinian Medicaid beneficiaries rely upon PPSAT’s extensive services, the South Carolina Government cavalierly asserts that CPCs can help fill the gap left by CRHCs, like PPSAT, and “ensure[] that women receive comprehensive medical care.” Pet. Br. 11. This is flatly incorrect.

Petitioner points to a map from the Charlotte Lozier Institute, an anti-abortion advocacy group, listing 140 other entities in the state. The State seems to be implying that these entities provide the same services as PPSAT. Pet. Br. 9.

Critically, at least 34 of the 140 offices listed provide little to no medical services. See generally App., *infra*, 1a (summarizing statistical findings on offices’ services). Instead, as the premier professional organization of obstetrician-gynecologists—the American College of Obstetricians & Gynecologists (ACOG)—notes, these entities, often referred to as Crisis Pregnancy Centers (CPCs), are nonmedical facilities that represent themselves as “legitimate reproductive health care clinics providing care for pregnant people

but actually aim to dissuade people from accessing certain types of reproductive health care.” *Issue Brief: Crisis Pregnancy Centers*, ACOG 1 (2022), perma.cc/79UG-MRXC. CPCs generally lack any licensed medical personnel, provide limited medical care (if any), do not fill a similar referral function to CRHCs, fail (often intentionally) to provide accurate information, and fail to abide by health privacy laws. Moreover, visitors to CPCs often report experiencing stigma that discourages them from seeking medical treatment in the future. See generally Evangeline Warren et al., “*I felt like I was a bad person... which I’m not*”: *Stigmatization in crisis pregnancy centers*, 2 SSM Qualitative Rsch. in Health (2022).

Far from ensuring access to “comprehensive medical care,” eliminating PPSAT and other CRHCs from Medicaid in favor of CPCs will do just the opposite. Planned Parenthood is *the* trusted health care provider for countless Medicaid beneficiaries—providing comprehensive services this population needs in an environment where they feel comfortable.

ARGUMENT

I. PPSAT IS AN EXEMPLARY PROVIDER OFFERING VITAL SERVICES TO SOUTH CAROLINIAN MEDICAID BENEFICIARIES.

A. PPSAT Plays a Crucial Role Counteracting South Carolina’s Medical Care Deserts.

South Carolina has staggeringly large maternal and contraceptive care deserts, and Medicaid recipients bear the brunt of the impact of this dearth of medical providers. A medical care desert is an area “in

which individuals have insufficient access to healthcare, due to a low number of providers of services, long waiting times to have access to a health professional, and long travel distances to facilities.” Monica G. Brînzac et al., *Defining medical deserts—an international consensus-building exercise*, 33 Eur. J. Pub. Health 785, 785 (2023). South Carolina has these deserts in spades.

According to a recent study, “[o]verall, women in South Carolina have a high vulnerability to adverse outcomes due to the [limited] availability of reproductive healthcare services.” Jazmin Fontenot et al., *Where You Live Matters: Maternity Care in South Carolina*, March of Dimes 1 (2023), perma.cc/5BJP-2S93. This study found that 13% of counties in South Carolina are maternity care deserts, and an additional 28% have low access to maternity care. *Ibid.* More than 310,000 South Carolinian women of reproductive age with low incomes live in contraceptive deserts, counties in which there is not reasonable access to a health center offering the full range of contraceptive methods. Power to Decide, *Contraceptive Access in South Carolina* at 1 (Nov. 2, 2022), perma.cc/26R4-JP4J. For every 100,000 women living in South Carolina, there are just 4.8 Title X clinics.³ Fontenot, March of Dimes at 3.

³ Title X clinics are clinics that receive federal grants under Title X. See Off. Population Affs., *Features of a Title X Family Planning Clinic*, <https://opa.hhs.gov/node/4174>. These clinics specifically focus on providing family planning services and preventative health care for low-income individuals. See generally Angela Napili, Cong. Rsch. Serv., IF10051, *Title X Family Planning Program* (2023).

Against this backdrop, PPSAT helps to fill massive patient care gaps with a small number of clinics. South Carolina has just three dedicated CRHCs that provide comprehensive health care, including lawful abortion care, all of which accept Medicaid. This includes PPSAT's two locations in Charleston and Columbia. These *three clinics* must serve more than *980,000 women* of reproductive age, 17.2% of whom are low-income, a higher proportion than the national average. Urban Institute, *How Is Reproductive Health Care Changing Post-Dobbs?* (2024), <https://www.urban.org/projects/how-reproductive-health-care-changing-post-dobbs/abortion-access-and-policies-key-states/south-carolina>.

According to a 2015 study, in two-thirds of the 491 counties across the country in which there was a Planned Parenthood, at least half of all women who receive care from safety-net providers obtained contraceptive care from Planned Parenthood. Jennifer J. Frost & Kinsey Hasstedt, *Quantifying Planned Parenthood's Critical Role In Meeting The Need For Publicly Supported Contraceptive Care*, Health Affairs Blog (Sept. 8, 2015), doi.org/10.1377/forefront.20150908.050394. In one-fifth of those counties, a Planned Parenthood clinic was the sole safety-net family planning clinic. *Ibid.* Critically, “[a]lmost two-thirds (64 percent) of the 19 million women in need of publicly supported contraceptive services and supplies live in counties with a Planned Parenthood health center.” *Ibid.* And, “30 percent of these women live in counties where Planned Parenthood serves the majority of those obtaining publicly supported contraceptive care from the family planning safety net.” *Ibid.*

Planned Parenthood health centers serve as an on-ramp to patient care, referring patients to the broader health care system. Anna Chatillon et al., *Access to care following Planned Parenthood’s termination from Texas’ Medicaid network: A qualitative study*, 128 *Contraception* at 4 (2023). “For patients without a primary care provider, this was essential: Planned Parenthood centers referred them to a wider network of providers and often followed up to ensure they received care.” *Ibid.*

B. PPSAT Provides Comprehensive Reproductive and Primary Care Health Services.

PPSAT is a full-service reproductive healthcare facility, offering a complete range of reproductive and primary healthcare. Their clinics are fully staffed with qualified, licensed medical professionals, including physicians and advanced practice clinicians. J.A. 48. PPSAT is an exemplary qualified provider.⁴

Contraceptives. PPSAT offers 12 methods of birth control—including the morning-after pill, long-acting reversible contraceptives (LARCs), such as IUDs, and vasectomies—often available same day. J.A. 19; *Birth Control in Columbia, SC*, Planned Parenthood, perma.cc/93E5-69UC. Such contraceptives significantly reduce the rate of unwanted pregnancies. Jeffrey F. Peipert et al., *Preventing Unin-*

⁴ Indeed, Petitioners have conceded throughout the past seven years of litigation that PPSAT and other CRHCs in the state are qualified and that removal from Medicaid eligibility was merely pretextual. Pet. App. 9a–10a.

tended Pregnancies by Providing No-Cost Contraception, 120 *Obstetrics & Gynecology* 1291, 1291 (2012). One study found that no-cost, effective contraceptives can significantly reduce the number of abortions and repeat abortions. *Ibid.*

STD and STI testing and treatment. PPSAT provides testing, treatment, and prevention counseling and strategies for a variety of STIs and STDs, including HIV/AIDS, syphilis, gonorrhea, chlamydia, herpes, hepatitis B, and human papillomavirus, among others. J.A. 4–5, 19; *STD Testing and Treatment in Columbia, SC*, Planned Parenthood, perma.cc/7U4Z-53MP. These services are particularly important for Medicaid beneficiaries who are at higher risk of disease due to “social factors, such as housing status, socioeconomic status, and education level.” Naomi Seiler et al., *Sexually Transmitted Infections and Social Determinants of Health: Emerging Opportunities in the Medicaid Program* 1 (Health Pol’y & Mgmt. Informal Commc’ns, Paper No. 37, 2023).

Prenatal care. In addition to pregnancy testing, PPSAT provides prenatal care throughout pregnancy and refers out to specialists when warranted. It provides diagnostic ultrasounds, regular check-ups, and genetic testing. *Pregnancy Testing and Planning in Columbia, SC*, Planned Parenthood, perma.cc/U8JD-HQKD. Access to maternity care—like that provided at PPSAT—is essential for preventing poor health outcomes and eliminating health disparities. See Fontenot, March of Dimes at 1.

Abortion. South Carolina permits abortion for any reason only up to six weeks gestation. S.C. Code Ann. § 44-41-630 (2024). PPSAT provides safe, non-

judgmental, and comprehensive abortion care in accordance with South Carolina and federal law. J.A. 20.

Full options counseling. PPSAT provides pregnant people with evidence-based and unbiased information on all pregnancy options including childbirth, adoption, and abortion. *Pregnancy Testing and Planning in Columbia, SC*, Planned Parenthood, perma.cc/U8JD-HQKD. Such full pregnancy options counseling provides patients with information and support regarding pregnancy. Sarah N. Owens & Jade M. Shorter, *Pregnancy Options Counseling*, 34 *Current Op. Obstetrics & Gynecology* 386, 386 (2022). The American Academy of Family Physicians, American College of Nurse-Midwives, American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics “all independently produced guidelines on providing information and referrals for prenatal care, adoption services, and abortion services to pregnant patients.” *Id.* at 387. Each of these guidelines emphasizes the “professional and ethical obligation to provide unbiased nondirective counseling on all available pregnancy options or make a timely referral to another provider if unable to provide appropriate counseling due to personal beliefs.” *Ibid.*

Wellness and preventative care. PPSAT provides primary care services including annual exams, wellness visits, abnormal pap test follow-up, and disease screening. *Wellness and Preventative Care in Columbia, SC*, Planned Parenthood, perma.cc/9N3R-2ANF. It provides treatment for conditions such as high cholesterol, blood pressure, and thyroid conditions. *Ibid.*, J.A. 19–20. A primary care physician is a person’s first point of contact for nonemergency medical care. *Primary Care Physician (PCP)*, Cleveland

Clinic, perma.cc/D2DJ-R2QY. Primary care physicians provide complete care over a person’s lifetime and can provide referrals for advanced or specialized care when necessary. *Ibid.* Access to primary care helps to prevent illness and death. Barbara Starfield et al., *Contribution of Primary Care to Health Systems and Health*, 83 *Milbank Q.* 457, 457 (2005).

CRHCs, like PPSAT, have extremely high referral rates that outpace even primary care providers: one study found that 88% of CHRCs reported regularly referring patients at a rate of 96% as opposed to 79% of primary care focused clinics. Jennifer J. Frost et al., *Variation in Service Delivery Practices Among Clinics Providing Publicly Funded Family Planning Services in 2010* at 23 (Guttmacher Institute, 2012), perma.cc/S6JX-ZBNU.

Cancer screenings. PPSAT provides screening for chest, breast, cervical, testicular, and prostate cancer. J.A. 19; *Wellness and Preventative Care in Columbia, SC*, Planned Parenthood, perma.cc/9N3R-2ANF. Cancer screenings test for and can detect cancer at its earliest stages, when treatment is most likely to be successful. Nat’l Inst. Health, *Cancer Screening Overview (PDQ)—Health Professional Version*, Nat’l Cancer Inst. (2023), perma.cc/35FN-BJ8S. In addition, certain types of cancer screenings, such as pap smears, can prevent cancer by removing cancer precursors. See Nat’l Inst. Health, *Cervical Cancer Screening (PDQ)—Health Professional Version*, Nat’l Cancer Inst. (2024), perma.cc/G87R-75GY.

In short, PPSAT offers a range of contraceptives, prenatal care, abortion care, STD and STI testing and treatment, full options counseling, wellness and preventative care, and cancer screenings—services that

are essential to South Carolinian Medicaid beneficiaries.

II. SOUTH CAROLINA'S CPCs ARE NOT A REPLACEMENT FOR CRHCS, LIKE PPSAT.

In response to Petitioner's claim that eliminating PPSAT and the few other CRHCs from South Carolina's Medicaid program will not reduce access to essential services, *Amicus* reviewed dozens of studies analyzing the practices and services offered by CPCs across the country. See generally Andrea Swartzendruber et al., *Sexual and Reproductive Health Services and Related Health Information on Pregnancy Resource Center Websites: A Statewide Content Analysis*, 28 *Women's Health Issues* 14 (2018). *Amicus* also independently identified and reviewed the websites of 34 CPCs operating in South Carolina to assess the services offered.⁵ Our conclusion: South Carolina's CPCs are simply incapable of

⁵ *Amicus* began its review of South Carolina CPCs by searching the database, CPC Map, a database created and published by public health researchers Dr. Andrea Swartzendruber and Dr. Danielle Lambert at the University of Georgia and limiting results to the State. Crisis Pregnancy Center Map, <https://crisis-pregnancycentermap.com/>. This yielded 34 clinics. Next, *Amicus* cross-referenced the list of clinics included in the South Carolina Association of Pregnancy Care Centers, affiliates of Heartbeat International, and Care Net to yield the final list of 34 clinics. *Amicus* reviewed the public webpages for each clinic to determine which services are offered by each CPC. When unclear, *Amicus* called the clinic to clarify which services were available. The full results of this review can be found in the Appendix. App., *infra*, 1a–35a.

filling the shoes of CRHCs, like PPSAT, for myriad reasons.

First, as one multi-state study put it: “CPCs provide[] virtually no medical care.” Jenifer McKenna & Tara Murtha, The Alliance: State Advocates for Women’s Rights and Gender Equality, *Designed to Deceive: A Study of the Crisis Pregnancy Center Industry in Nine States* 5 (2021), perma.cc/M6QQ-FG72 (*Designed to Deceive*). Nationally, most CPCs do not have any medical professionals on staff, much less onsite. In a study of 12 states, including South Carolina, just 17% of CPCs mentioned having a medical professional on staff or even on their advisory board. Amy G. Bryant et al., *Crisis pregnancy center websites: Information, misinformation and disinformation*, 90 *Contraception* 601, 603 (2014). Even where there may be a medical professional nominally on staff, they are typically engaged on a part-time or volunteer basis. *Designed to Deceive* at 26. In another study, only 16% of clinics indicated they had a physician on staff and 25% indicated there was a registered nurse on staff, and none of these clinics indicated the nature of the involvement of the licensed medical professionals, whether they were volunteers, onsite, or part time. *Id.* at 6. Of the 34 CPCs reviewed by *Amicus*, two-thirds (23 CPCs) had *no* licensed medical professional on staff. App., *infra*, 2a–9a, 11a, 15a–23a, 27a, 31a, 33a–35a. None had a physician affiliated with their staff. App., *infra*, 1a–35a.

This means in the case of medical emergency or where a beneficiary requests the presence of a medical professional, most CPCs would be unable to provide

one. For example, no CPCs that *Amicus* reviewed provided care for an ectopic pregnancy, a life-threatening emergency condition, likely because they lack medical staff. Melissa N. Montoya et al., *The Problems with Crisis Pregnancy Centers: Reviewing the Literature and Identifying New Directions for Future Research*, 14 Int'l J. Women's Health 757, 760 (2022). The practical result is that most of the care is administered by unlicensed volunteers without the medical expertise necessary to care for patients. Even more disturbing are reports of CPCs around the country dressing volunteers in white coats to give patients the illusion of treatment by medical professionals. Carly Polcyn et al., *Truth and transparency in crisis pregnancy centers*, 1 Women's Health Rep. 224, 225 (2020).

Unsurprisingly in light of the lack of medical staff, CPCs provide very little, if any, medical care, and they are totally unequipped to provide comprehensive care, including referrals. Instead, the three most common services provided by CPCs are pregnancy tests, "free" material goods (conditioned on classes, discussed *infra*), and "counseling," which usually includes theology. *Designed to Deceive* at 5. Notably, 96% of the pregnancy tests offered by CPCs are self-administrable urine tests, available over the counter at pharmacies. *Ibid.*

Because CPCs are not staffed with medical professionals, the limitations of their services relative to CRHCs are readily apparent:

1. Most CPCs fail to provide any birth control options, much less a full range of options. Joanne D. Rosen, *The Public Health Risks of Crisis Pregnancy*

Centers, 44 Persp. on Sexual and Reprod. Health 201, 201–03 (2012). Many patients depend on CRHCs, like PPSAT, for birth control. *Id.* at 203. *Amicus* could not identify a single CPC in South Carolina offering contraceptives. App., *infra*, 1a–35a.

Relying on CPCs in place of PPSAT would only exacerbate South Carolina’s contraceptive care deserts, see pp. 27–29, *infra*, and eliminate the progress South Carolina has made in decreasing its unintended pregnancy rate from 50% in 2015 (10% above the national average) to 37% in 2024, a nearly 60% decrease, through wider availability of contraception. Press Release, New Morning, *New Report: Unwanted Births in South Carolina Decreased Nearly 60% Since New Morning Launched Statewide Birth Control Access Program* (Nov. 20, 2024), perma.cc/45UQ-ZY4R.

2. Prenatal care offered by CPCs is wholly inadequate. *Amicus* identified only 3 CPCs that offered any prenatal care—and only up to 16 weeks, less than half the length of the average pregnancy. App., *infra*, 27a–29a. Moreover, many CPCs do not provide any ultrasounds. Of the 34 CPCs reviewed by *Amicus*, only 11 offered any ultrasounds at all—all “non-diagnostic”—meaning a clinic staff member or volunteer uses an ultrasound device to attempt to confirm pregnancy and estimate gestational age. It has been reported that these “non-diagnostic ultrasounds” often incorrectly date the fetus, fail to identify important and potentially fatal defects or anomalies, or otherwise deliberately mislead the pregnant person. Montoya, 14 Int’l J. at 758. By contrast, diagnostic ultrasounds screen for a host of conditions affecting pregnancy, including fetal complications, growth restriction, and

placental pathologies. Melissa Whitworth et al., *Ultrasound for fetal assessment in early pregnancy*, 7 Cochrane Database Systematic Rev. 5, 10, 13 (2015). The American Institute of Ultrasound in Medicine, in no uncertain terms, “advocates the responsible use of *diagnostic* ultrasound and *strongly discourages* the nonmedical use of ultrasound. The use of ultrasound without a medical indication * * * is inappropriate and contrary to responsible medical practice.” Association for Medical Ultrasound, *Prudent Use and Safety of Diagnostic Ultrasound in Pregnancy* (May 19, 2020), perma.cc/8JL2-SEHJ (emphasis added).

Amicus could not identify a single CPC in South Carolina that offered diagnostic ultrasounds. App., *infra*, 1a–35a. Thus, relying on CPCs to fill the gap in prenatal care would only exacerbate an already dire situation. According to the state’s own data, South Carolina ranks *eighth highest* in the nation for maternal mortality. South Carolina Maternal Morbidity and Mortality Review Committee, *2024 Legislative Brief* 1 (2024), perma.cc/QCR9-WYW2. Though the rate of maternal mortality has remained relatively stable from 2018 to 2020, the number of *preventable* pregnancy related deaths has skyrocketed from 75% to 94.4%. *Id.* at 1, 3. The South Carolina Maternal Morbidity and Mortality Review Committee considers a death preventable if “the committee determines that there was at least some chance of the death being averted by one or more reasonable changes,” including changes at the provider and community level. *Id.* at 3. Among all pregnancy-related deaths in South Carolina between 2018 and 2020, 74% were Medicaid patients. *Id.* at 4.

3. STI screening and treatment at CPCs is extremely limited, if available at all. Of the 34 CPCs *Amicus* reviewed, only 9, or about a quarter, offered any STI testing. App., *infra*, 13a–14a, 24a–30a. Of those 9, the majority only offered testing for chlamydia and gonorrhea. App., *infra*, 13a–14a, 27a–30a. None offered testing for HIV/AIDS. App., *infra*, 2a–35a.

South Carolina has higher than the national rates of primary and secondary syphilis, gonorrhea, and chlamydia. *2023 STI Surveillance Report: State Rankings Report*, Centers for Disease Control 3–5. Columbia, South Carolina has the fourteenth highest STI rate of all cities in the nation. Innerbody Rsch. Staff, *These U.S. Cities Have the Highest STI Rates*, Innerbody (Jan. 13, 2025), perma.cc/4Y27-KB6A. Similarly, South Carolina has the ninth highest rate of HIV prevalence in the country. James Myhre & Dennis Sifris, *HIV Statistics You Should Know*, Very Well Health (Oct. 11, 2024), perma.cc/SR6C-A3BB. Given the limited screening, and non-existent treatment services offered at South Carolina’s CPCs, it is untenable that they could fill the gap for services offered by PPSAT.

4. CPCs fail to connect patients to the medical system at large. Most CPCs do not offer cancer screening, primary care, or medical referrals. Of the 34 CPCs *Amicus* reviewed, just one offers any of these services at all. App., *infra*, 24a–26a. In light of these inadequacies, CPCs often fail at a vital function of CRHCs: to refer patients to other health care. Often clinics like PPSAT are patients’ first point of contact with the health care system. Two-thirds of people and 71% of

women on Medicaid who have visited a publicly supported CRHC, like PPSAT, have no other usual source for medical care, highlighting “the importance of publicly supported clinics as an entry point into the health care system for millions of marginalized women.” Jennifer J. Frost et al., Guttmacher Institute, *Trends and Differentials in Receipt of Sexual and Reproductive Health Services in the United States: Services Received and Sources of Care, 2006–2019* at 20 (2021), perma.cc/SHM7-ZJSW. Staffed with dozens of licensed, qualified medical professionals who see primarily low-income individuals, these CRHCs are uniquely equipped to be able to identify health conditions that require follow-up and provide bias-free, compassionate health care. Joanne D. Rosen, *The Public Health Risks of Crisis Pregnancy Centers*, 44 *Persp. on Sexual & Reprod. Health* 201, 202–03 (2012).

For example, most teen pregnancy scares initially result in a negative pregnancy test, but visiting a clinic is a critical health care intervention in which qualified health professionals may advise patients about contraception, safe sex, and sexually transmitted infection (STI) testing. Rosen, 44 *Persp. on Sexual & Reprod. Health* at 202–03. CPCs are unable to do this given the lack of medical professionals and services offered. Similarly, Medicaid beneficiaries are more likely to have preexisting conditions that magnify other negative health outcomes. Facilities like PPSAT are trained to screen for common conditions, such as diabetes, which gives patients the necessary health information they need to seek follow-up care or to receive more appropriate forms of reproductive health care from the clinic.

Removing access to clinics like PPSAT will further exacerbate existing health disparities for Medicaid beneficiaries, the poor, people in rural areas, and people of color.

Second, CPCs often disseminate inaccurate health information to the detriment of patients who may rely on them. CPCs have been denounced by several major medical associations for “often provid[ing] inaccurate health information and attempt[ing] to thwart the use of safe, acceptable, desired health care services,” and engaging in “practices and services” that “do not align with a public health approach and are inconsistent with recommendations of professional medical organizations and medical and ethical standards of care.” Soc. for Adolescent Health and Med. & N. Am. Soc. for Pediatric and Adolescent Gynecology, *Crisis Pregnancy Centers in the U.S.: Lack of Adherence to Medical and Ethical Practice Standards. A Joint Position Statement of the Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology*, 65 J. Adolescent Health 821, 823 (2019); see also Amy G. Bryant & Jonas J. Swartz, *Why Crisis Pregnancy Centers Are Legal but Unethical*, 20 AMA J. Ethics 269, 269 (2018) (“[W]omen do not receive comprehensive, accurate, evidence-based clinical information about all available options * * * [CPC’s] propagation of misinformation should be regarded as an ethical violation that undermines women’s health.”).

In one multi-state study, which included data from South Carolina, researchers found that 80% of CPCs provide false and misleading information. Amy G. Bryant et al., *Crisis pregnancy center websites: Information, misinformation and disinformation*, 90

Contraception 601, 603 (2014). 87% of CPCs failed to disclose they were not a medical facility. *Ibid.* Another multi-state study found that 63% of CPCs provided false or misleading information. *Designed to Deceive* at 6.

In neighboring North Carolina, a recent study found that 86% of CPCs presented false or misleading health information on their websites. Amy G. Bryant & Erika E. Levi, *Abortion misinformation from crisis pregnancy centers in North Carolina*, 86 *Contraception* 752, 753 (2012). In another study of CPCs in Georgia, the authors noted, “Overall, services advertised on [CPC] websites and informational content related to those services do not seem to be consistent with recommendations for quality, comprehensive sexual and reproductive health care or to reflect typical services provided with pregnancy testing, a service offered by all [CPCs].” Andrea Swartzendruber et al., *Sexual and Reproductive Health Services and Related Health Information on Pregnancy Resource Center Websites: A Statewide Content Analysis*, 28 *Women's Health Issues* 14, 18 (2018) (internal citations omitted).

Moreover, these CPCs fail to advertise or provide information on the prevailing standards of care in reproductive medicine. For example, in a study of CPCs in Georgia, researchers found that no CPCs promoted “consistent and correct” condom use, only one-fifth of clinics had any information about STI testing, and “[n]o site advertised provision of or referrals for contraceptive methods approved by the U.S. Food and Drug Administration.” Swartzendruber, 28 *Women's Health Issues* at 16. For many beneficiaries, the care they receive is life or death. Their access to accurate

health information is crucial for their continued well-being.

Third, CPCs typically require patients to attend classes, often religiously based, to access services and benefits. One of the largest draws to CPCs is not their supposed provision of medical services, but rather their advertisement of “free” supplies. Montoya, 14 Int’l J. at 757–58. However, most CPCs require patients to attend religious seminars or read religious materials to “earn” access to certain services or benefits, such as diapers or a pregnancy test. *Ibid.*

“Baby bucks” and “mommy money” programs are hallmarks of South Carolina CPCs. Devyani Chhetri, *Influence, funding grows for crisis pregnancy centers in SC. Here’s what to know*, Greenville News (Aug. 7, 2023), perma.cc/G7U4-RM6B. For instance, the Coastline Women’s Medical Center, which has offices in Conway and Myrtle Beach, advertises that patients can “earn personal hygiene items * * * [and] products by participating in special Bible studies.” Coastline Women’s Medical Center, *Real Answers, Real Support*, perma.cc/FTT4-DUPZ. Indeed, 29, or 85%, of the CPCs *Amicus* studied implemented these programs. App., *infra*, 2a–3a, 8a–21a, 23a–35a.

“Earn While You Learn” programs are a phenomenon unique to CPCs and are not present at CRHCs, like PPSAT. A reasonable beneficiary may not want to be exposed to those views as a condition of service given their own views, religious or otherwise. Conditioning receipt of desperately needed goods such as diapers on coerced programming would be unethical if

done by an actual medical provider and is no substitute for the medical services offered at CRHCs like PPSAT under Medicaid.

Fourth, Medicaid beneficiaries, like all Americans, deserve health care privacy and should not have to decide between their statutory right to privacy and their need to seek medical care.

CPCs, however, are not subject to the statutory health privacy protections of The Health Insurance Portability and Accountability Act (HIPAA), Pub. L. No. 104-191, 110 Stat. 1936 (1996), because they are not licensed health care facilities and often do not have any medical professional on staff or providing care. Because CPCs often represent themselves as health clinics, patients may go to a CPC thinking that they are subject to health privacy protections and are sometimes given that impression due to the active *misrepresentation* on the CPC's website. Alice X. Chen, *Crisis Pregnancy Centers: Impeding the Right to Informed Decision Making*, 19 *Cardozo J.L. & Gender* 933, 958–59 (2013); Carmel Shachar & Eli Y. Adashi, *Addressing The HIPAA Blind Spot For Crisis Pregnancy Centers*, *Health Affairs* (Nov. 15, 2024), doi.org/10.1377/forefront.20241114.44778 (*Blind Spot*); see also Abigail Brooks, *Watchdog group asks 5 attorneys general to investigate crisis pregnancy center privacy practices*, *NBC News* (Apr. 23, 2024), perma.cc/N935-9UKR.

CPCs often feign HIPAA compliance by posting privacy notices in their facilities, asking clients to sign authorization forms, and describing themselves as HIPAA-compliant on their website. Shachar & Adashi, *Blind Spot*. However, the vast majority of

CPCs are not “covered entities” under HIPAA, meaning they a) do not have to comply with HIPAA and b) the Office for Civil Rights (OCR), which enforces HIPAA violations, cannot investigate or take action against them. *Ibid.*

Moreover, rather than voluntarily comply with HIPAA and protect patient privacy, CPCs take the opposite route, collecting visitors’ information and utilizing that data for their own ends, including sharing it with their umbrella organizations, law enforcement, and other entities. Shachar & Adashi, *Blind Spot*.

In a 2024 data breach, Heartbeat International, one of the largest CPC networks in the United States, with affiliate locations throughout South Carolina (including 21 that *Amicus* studied), leaked personal information from 13 women who visited one of its facilities in Louisiana. Jessica Valenti, *EXCLUSIVE: Health Data Breach at America’s Largest Crisis Pregnancy Org*, Abortion, Every Day (May 30, 2024), <https://jessica.substack.com/p/exclusive-health-data-breach-at-americas>. Information about their living arrangements and the date of their last menstrual period was posted on the internet in a training video. *Ibid.* This data breach occurred despite Heartbeat International’s warranties that client health data is protected by law, and that the clients could report violations of the law to the OCR. *Ibid.* The women did exactly that and reported the breach to OCR. *Ibid.* But when OCR responded, it explained that it could not even investigate the breach because the CPC was not subject to HIPAA. Jessica Valenti, *Thousands of Crisis Pregnancy Centers Caught Lying About HIPAA*, Abortion, Every Day (Dec. 11, 2024), <https://jessica.substack.com/p/thousands-of-crisis-pregnancy->

centers?open=false#%C2%A7data-and-privacy-attacks.

Lack of privacy in this realm discourages routine visits and follow-up care. Research has repeatedly confirmed that confidentiality is the leading reason people, especially teenagers, choose to go to family planning clinics. Jennifer J. Frost et al., *Specialized Family Planning Clinics in the United States: Why Women Choose Them and Their Role in Meeting Women's Health Care Needs*, 22 *Women's Health Issues* 519, 523–524 (2012) (finding 82% of people and 86% of teenagers found confidentiality to be among the most important factors in visiting a specialized family planning clinic); Susan F. Wood et al., Geiger Gibson / RCHN Community Health Foundation Research Collaborative, *Patient Experiences With Family Planning in Community Health Centers* 22–23 (2015) (finding that confidentiality and privacy are nearly universally important in selecting family planning clinics and that stigma deterred care); Kendra M. Cuffe et al., *Sexually Transmitted Infection Testing Among Adolescents and Young Adults in the United States*, 58 *J. Adolescent Health* 512, 515–519 (2016) (finding that clinic confidentiality is the key factor in adolescents and young adults seeking STI testing and care). Thus, forcing Medicaid beneficiaries to go to CPCs, rather than allowing them to choose a CRHC, like PPSAT, can have serious detrimental effects on people seeking family planning services.

Fifth, CPCs have been found to have stigmatizing effects on patients due to their strong points of view about many common reproductive health care interventions, such as contraception. See generally Warren, 2 *SSM Qualitative Rsch. Health*. According to one

visitor account, “I was so uncomfortable, I almost had to feel like I was, I had to agree with them just in that moment for them to get off my back. Because I felt like they were down my throat.” *Id.* at 5. The study authors concluded, “These data tell a story that is, fundamentally, about how stigmatization is employed in an attempt to influence reproductive choices and how people draw on various mechanisms to resist and reinforce the validity of their choices.” *Id.* at 6.

Stigma in these contexts results in patients hiding medical information and conditions from staff at the CPC, further undercutting the CPC’s ability to provide comprehensive care. *Warren*, 2 SSM Qualitative Rsch at 6. Moreover, stigma in these CPC interactions can color how patients experience other health care providers, leading them to be more distrustful of future health care professionals, further undermining comprehensive access to care. *Ibid.* Notably, patients contrasted their experience at CPCs with CRHCs, noting that CRHCs did not stigmatize them, and that they felt safer and more comfortable discussing their health care in those settings. *Id.* at 5–6.

III. ELIMINATING CRHCS, LIKE PPSAT, FROM MEDICAID HARMS SOUTH CAROLINIAN BENEFICIARIES.

The Medicaid Act achieved its lofty goal of improving access to medical care and improving health access, in part, by empowering beneficiaries to seek medical care from any qualified provider, 42 U.S.C. 1396a(a)(23)(A). This right has long been vindicated through private enforcement under 42 U.S.C. 1983.

Patient autonomy is a foundational principle in medical ethics. It is “the right of patients to make decisions about their medical care without experiencing undue influence.” Peter A. Ubel et al., *Autonomy: What’s Shared Decision Making Have to Do With It?*, 18 *Am. J. Bioethics* W11, W11 (2018). Patient autonomy is not just choosing a treatment course from a list of options. The decision of who to receive treatment from, where, and how are crucial factors in patient autonomy. To achieve true autonomy, a patient must be comfortable with their medical provider. See Vikki A. Entwistle et al., *Supporting Patient Autonomy: The Importance of Clinician-patient Relationships*, 25 *J. Gen. Internal Med.* 741, 741–42 (2010).

According to a new study focused on the Medicaid population, choice of provider is especially important amongst Medicaid beneficiaries, who often experience stigma when seeking health care. See Ally Terhaar et al., *Responsibility, resentment, and red tape: Exploring stigma experiences among assistance program users in Missouri*, 7 *SSM Qualitative Rsch. in Health* 1, 2 (2025). Both provider prejudice and administrative burden cause Medicaid beneficiaries to avoid certain clinics, and to put off or forgo seeking care. *Id.* at 6; Heidi Allen et al., *The Role of Stigma in Access to Health Care for the Poor*, 92 *Milbank Q.* 289, 304 (2014) (“Although it was not always an insurmountable obstacle to treatment, stigma impeded some participants’ access to the most appropriate source of care.”).

Choice over one’s provider increases patient autonomy on two reinforcing levels. At a basic level, the patient chooses where to receive care and from whom.

In doing so, the patient is more likely to be comfortable with their provider. Comfort with their provider then facilitates greater information exchange, which leads to better patient care and more informed patient-provider decision-making. See Entwistle, 25 J. Gen. Internal Med. at 742. When a patient is forced to receive care from a provider they are not comfortable with, they are more likely to have worse outcomes and less likely to seek medical care when it is needed. See *ibid.*; Allen, 92 Milbank Q. at 304, 306.

Planned Parenthood is a trusted and well-known provider for low-income women due to its record of and reputation for reducing the time and informational costs associated with getting health care, making it more likely and easier to access care. Anna Chatillon, 128 Contraception at 2–3. Planned Parenthood health centers help low-income patients “overcome other structural barriers to care related to poverty, such as frequently changing work schedules for entry-level jobs, lack of transportation options, and difficulty accessing childcare.” *Id.* at 3. By contrast, other Medicaid providers are less able to accommodate structural barriers due to the lack of same-day appointments, flexible cancellations, or help with childcare. *Id.* at 3–4.

Julie Edwards’s case is a paradigmatic example of why Medicaid beneficiaries choose Planned Parenthood clinics. Ms. Edwards has diabetes, a condition that makes pregnancy hazardous to her health. Resp. Br. 8. She had difficulty finding a provider who would provide contraceptives. *Ibid.* Ultimately, she found PPSAT. *Ibid.* PPSAT provided Ms. Edwards with the healthcare she needed, and during her visit, PPSAT alerted Ms. Edwards that she had high blood

pressure, facilitating treatment for a medical condition that might have otherwise gone unnoticed, undiagnosed, and untreated. *Ibid.* Ms. Edwards was impressed with PPSAT's care and would have liked to return there again. *Ibid.*

Sadly, we have seen this story before in other states. When Planned Parenthood is removed from the Medicaid program many forgo care with disastrous consequences. See Frost & Hasstedt, *Quantifying Planned Parenthood's Critical Role* ("Although proponents of closing Planned Parenthood argue that other providers would be easily able to fill the hole torn in the safety net, credible evidence suggests this is unlikely.").

Texas's removal of Planned Parenthood from its Medicaid program is illustrative. Chatillon, 128 Contraception at 2. Without Planned Parenthood, Medicaid beneficiaries noted that "other providers could not fill the gap left when Planned Parenthood was no longer able to accept Medicaid, and emphasized that, as a result, they were unable to access time-sensitive, affordable reproductive health care following the termination." *Ibid.*; see also *id.* at 1 ("Planned Parenthood Medicaid patients found it difficult to connect with other providers for reproductive health care and to obtain evidence-based care following the organization's termination from Medicaid. Ensuring all Medicaid patients have freedom to choose providers would improve access to quality contraception and other reproductive health care."); Sarah McCammon, *How Crisis Pregnancy Center Clients Rely On Medicaid*, NPR (Jul. 24, 2017), perma.cc/TQM2-MBRZ.

And, as subsequent studies demonstrated, the removal of Planned Parenthood from the Medicaid program in Texas led to disastrous consequences, including decreased contraceptive use and greater unintended pregnancies, Amanda J. Stevenson et al., *Effect of Removal of Planned Parenthood from the Texas Women's Health Program*, 374 *New Eng. J. Med.* 853, 858–59 (2016), along with a reduction in preventative health care in the form of pap smears and breast exams. Yao Lu & David J. G. Slusky, *The Impact of Women's Health Clinic Closures on Preventive Care*, 8 *Am. Econ. J. 1: Applied Econ.* 100, 100–02 (2016).

When Shelby County, Tennessee defunded its Planned Parenthood Title X clinic in favor of a CPC, there were similarly staggering outcomes: an astonishing 93% reduction in family planning services provided. Kate Sheppard, *A Tennessee Case Study in Defunding Planned Parenthood*, *Mother Jones* (Sep. 5, 2012), motherjones.com/politics/2012/09/tennessee-case-study-defunding-planned-parenthood/. While the Planned Parenthood health center had served 841 patients under Title X in the year before, the CPC had served just 51. *Ibid.*

Another example from Iowa yields similar results: the state's removal of Planned Parenthood and other CRHCs in favor of CPCs led to a 73% decline in family planning services provided and a 50% decrease in enrollment. Tony Leys & Barbara Rodriguez, *State family planning services decline 73 percent in fiscal year as \$2.5M goes unspent*, *Des Moines Reg.* (Oct. 18, 2018), perma.cc/W8JZ-LKGH.

When the Planned Parenthood in Scott County, Indiana closed as a result of defunding, it led to an HIV/AIDS outbreak—as the clinic was the county's

only testing center. Anna North, *What Mike Pence's public health record says about his ability to lead on coronavirus*, Vox (Feb. 28, 2020), perma.cc/87ZN-R5YU. Similarly, after CRHCs closed in Iowa as a result of funding restrictions, there was a twofold increase in gonorrhea infection rates. Megan Srinivas et al., *Sexually Transmitted Infection Rates and Closure of Family Planning Clinics Because of Abortion Restrictions in Iowa*, 5 JAMA Network Open at 1–2 (2022).

Accordingly, relying on CPCs to ensure South Carolinian Medicaid beneficiaries receive “comprehensive medical care,” Pet. Br. 11, is nothing but a dangerous delusion as other states’ experiences have borne out.

CONCLUSION

For the foregoing reasons, the judgment of the court of appeals should be affirmed.

Respectfully submitted,

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APPENDIX

APPENDIX

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APPENDIX A
SOUTH CAROLINA CRISIS PREGNANCY
CENTERS SUMMARY

Service	Availability
Licensed health professionals on staff	11 / 34
Diagnostic ultrasound	0 / 34
Non-diagnostic ultrasound	11 / 34
Contraceptives	0 / 34
Treatment of ectopic pregnancy	0 / 34
STI testing	9 / 34
Pregnancy test	34 / 34
Prenatal care	3 / 34
Requires patients to take classes to access care, services, or supplies	29 / 34
Cancer screenings	3 / 34

APPENDIX B
SOUTH CAROLINA CRISIS PREGNANCY
CENTERS

1. A Choice to Make Pregnancy Resource Center

Address: 516 South Coit Street, Florence, SC, 29501

CPC Network Affiliation: Heartbeat International; South Carolina Association of Pregnancy Care Centers; Care Net

Information about the services offered by this CPC is available at perma.cc/AV5A-3F9F.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

2. Anderson Pregnancy Care

Address: 1303 North Murray Avenue, Anderson, SC
29625

CPC Network Affiliation: South Carolina Association of Pregnancy Care Centers; Care Net

Information about the services offered by this CPC is available at perma.cc/BHW7-GUVP.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

3. Birthright of Charleston

Address: 1638 Ashley Hall Road, Charleston, SC
29407

CPC Network Affiliation: BirthRight International
Information about the services offered by this CPC is
available at perma.cc/8KZH-M7AU.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	Not available
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	Not required
Cancer screenings	<i>Not available</i>

4. Birthright of Columbia

Address: 1316 Richland Street, Columbia, SC 29201

CPC Network Affiliation: BirthRight International

Information about the services offered by this CPC is available at perma.cc/4329-J7YY.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	Not available
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	Not required
Cancer screenings	<i>Not available</i>

5. Birthright of Georgetown

Address: 1905 Front Street, Georgetown, SC 29440

CPC Network Affiliation: BirthRight International

Information about the services offered by this CPC is available at perma.cc/6VEN-G7B6.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	Not available
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	Not required
Cancer screenings	<i>Not available</i>

6. Birthright of Greenville

Address: 721 Lowndes Hill Road, Suite A, Greenville,
SC 29607

CPC Network Affiliation: BirthRight International
Information about the services offered by this CPC is
available at perma.cc/RG5E-CCSE.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	Not available
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	Not required
Cancer screenings	<i>Not available</i>

7. Carolina Pregnancy Center

Address: 7425 Westlake Drive, Spartanburg, SC
29303

CPC Network Affiliation: South Carolina Association of Pregnancy Care Centers; Care Net

Information about the services offered by this CPC is available at perma.cc/8RS9-HRJ4.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

8. Cherokee Pregnancy Center Options Medical

Address: 1719 Old Georgia Highway, Gaffney, SC 29341

CPC Network Affiliation: Heartbeat International; South Carolina Association of Pregnancy Care Centers; Care Net

Information about the services offered by this CPC is available at perma.cc/2GLR-3KSB.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

9. Coastline Women's Center Pregnancy Medical Clinic

Address: 3926 Wesley Street #204, Myrtle Beach, SC 29579

CPC Network Affiliation: Heartbeat International; Care Net

Information about the services offered by this CPC is available at perma.cc/6HLY-DH5G.

Service	Availability
Licensed health professionals on staff	Nurses available
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

10. CrossRoads Pregnancy Center**Address:** 428 Grace Street, Greenwood, SC 29649**CPC Network Affiliation:** Heartbeat International;
South Carolina Association of Pregnancy Care
Centers; Care NetInformation about the services offered by this CPC is
available at perma.cc/P528-XHNS.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

11. Daybreak LifeCare Center**Address:** 1601 St. Julian Place, Columbia, SC 29204**CPC Network Affiliation:** South Carolina Association of Pregnancy Care Centers; Care NetInformation about the services offered by this CPC is available at perma.cc/X7CU-GHUR.

Service	Availability
Licensed health professionals on staff	“Ultrasound-trained personnel”
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

12. DAZZ Charleston

Address: 1106 St Andrews Boulevard, Suite B,
Charleston, SC 29407

CPC Network Affiliation: Heartbeat International;
Care Net

Information about the services offered by this CPC is available at perma.cc/LQG6-GCN5.

Service	Availability
Licensed health professionals on staff	Nurses available
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	Limited to chlamydia and gonorrhea testing
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

13. DAZZ Orangeburg

Address: 923 Chestnut Street, Orangeburg, SC
29115

CPC Network Affiliation: Heartbeat International;
Care Net

Information about the services offered by this CPC is available at perma.cc/LQG6-GCN5.

Service	Availability
Licensed health professionals on staff	Nurses available
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	Limited to chlamydia and gonorrhea testing
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

14. Divine Fountain of Hope Women's Center

Address: 730 U.S. Highway 321 Bypass, Suite 134
York, SC 29745

CPC Network Affiliation: South Carolina Association of Pregnancy Care Centers

Information about the services offered by this CPC is available at perma.cc/E58L-QT6R.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	Not available
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

15. Foothills Care Center (Clemson)

Address: 518 College Avenue, Suite 170, Clemson,
SC 29631

CPC Network Affiliation: Heartbeat International;
South Carolina Association of Pregnancy Care
Centers; Care Net

Information about the services offered by this CPC is
available at perma.cc/ZGD9-W52H.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

16. Foothills Care Center (Seneca)**Address:** 207 Main Street, Seneca, SC 29678**CPC Network Affiliation:** Heartbeat International;
South Carolina Association of Pregnancy Care
Centers; Care NetInformation about the services offered by this CPC is
available at perma.cc/ZGD9-W52H.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

17. Hope for Life Pregnancy Center**Address:** 106 Longtown Road, Lugoff, SC 29020**CPC Network Affiliation:** South Carolina Association of Pregnancy Care Centers; Care NetInformation about the services offered by this CPC is available at perma.cc/KK73-CQCE.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	Not available
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

18. Hope Women's Center

Address: 879 Gentry Memorial Highway, Easley, SC
29641

CPC Network Affiliation: Heartbeat International;
South Carolina Association of Pregnancy Care
Centers; Care Net

Information about the services offered by this CPC is
available at perma.cc/G5Y8-DJ7A.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	Not available
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

19. LaVie Pregnancy Care Center

Address: 1271 Calks Ferry Road, Lexington, SC
29072

CPC Network Affiliation: Heartbeat International;
South Carolina Association of Pregnancy Care
Centers; Care Net

Information about the services offered by this CPC is
available at perma.cc/J7GK-N9TF.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

20. Life Choices Pregnancy Care Center**Address:** 130 E Pine Log Rd, Aiken, SC 29803**CPC Network Affiliation:** South Carolina Association of Pregnancy Care Centers; Care NetInformation about the services offered by this CPC is available at perma.cc/9FY5-THXJ.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

21. Lifebridge**Address:** 1510 Main Street, Newberry, SC 29108**CPC Network Affiliation:** Heartbeat InternationalInformation about the services offered by this CPC is available at perma.cc/CFX5-ZT77.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	Not available
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	Unclear
Cancer screenings	<i>Not available</i>

22. Palmetto Women's Center**Address:** 828 Lucas Street, Rock Hill, SC 29730**CPC Network Affiliation:** South Carolina Association of Pregnancy Care Centers; Care NetInformation about the services offered by this CPC is available at perma.cc/2R6X-Q73V.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

23. Piedmont Women’s Center (Greenville)**Address:** 1143 Grove Road, Greenville, SC 29605**CPC Network Affiliation:** Heartbeat International;
South Carolina Association of Pregnancy Care
Centers; Care NetInformation about the services offered by this CPC is
available at perma.cc/4BYC-AMVP.

Service	Availability
Licensed health professionals on staff	NPs and PAs available
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	Limited to gonorrhea, chlamydia, and trichomoniasis testing
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	Limited to pap smear

24. Piedmont Women’s Center (Greer)**Address:** 100 Collins Drive, Greer, SC 29651**CPC Network Affiliation:** Heartbeat International;
South Carolina Association of Pregnancy Care
Centers; Care NetInformation about the services offered by this CPC is
available at perma.cc/4BYC-AMVP.

Service	Availability
Licensed health professionals on staff	NPs and PAs available
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	Limited to gonorrhea, chlamydia, and trichomoniasis testing
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	Limited to pap smear

25. Piedmont Women’s Center (Powdersville)

Address: 108 Commons Boulevard, Piedmont, SC
29673

CPC Network Affiliation: Heartbeat International;
South Carolina Association of Pregnancy Care
Centers

Information about the services offered by this CPC is
available at perma.cc/4BYC-AMVP.

Service	Availability
Licensed health professionals on staff	NPs and PAs available
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	Limited to gonorrhea, chlamydia, and trichomoniasis testing
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	Limited to pap smear

26. Pregnancy Center & Clinic of the Low Country (Hilton Head, Merchant Street)

Address: 201 Merchant Street, Hilton Head Island, SC 29926

CPC Network Affiliation: South Carolina Association of Pregnancy Care Centers; National Institute of Family and Life Advocates; Heartbeat International; Care Net

Information about the services offered by this CPC is available at perma.cc/XLL7-KNBH.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	Limited to chlamydia and gonorrhea testing
Pregnancy test	Available
Prenatal care	Limited to first 16 weeks of pregnancy
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

27. Pregnancy Center & Clinic of the Low Country (Hilton Head, Moss Creek)

Address: 19 Moss Creek Village, Hilton Head Island, SC 29926

CPC Network Affiliation: South Carolina Association of Pregnancy Care Centers; National Institute of Family and Life Advocates; Heartbeat International; Care Net

Information about the services offered by this CPC is available at perma.cc/XLL7-KNBH.

Service	Availability
Licensed health professionals on staff	APRN available
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	Limited to chlamydia and gonorrhea testing
Pregnancy test	Available
Prenatal care	Limited to first 16 weeks of pregnancy
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

28. Pregnancy Center & Clinic of the Low Country (Ridgeland)

Address: 11332 N. Jacob Smart Boulevard, Ridgeland, SC 29936

CPC Network Affiliation: South Carolina Association of Pregnancy Care Centers; National Institute of Family and Life Advocates; Heartbeat International; Care Net

Information about the services offered by this CPC is available at perma.cc/XLL7-KNBH.

Service	Availability
Licensed health professionals on staff	APRN available
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	Limited to chlamydia and gonorrhea testing
Pregnancy test	Available
Prenatal care	Limited to first 16 weeks of pregnancy
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

29. Radiance Women's Center**Address:** 21 Marshellen Drive, Beaufort, SC 29902**CPC Network Affiliation:** South Carolina Association of Pregnancy Care Centers; Care NetInformation about the services offered by this CPC is available at perma.cc/7ZFY-PMXG.

Service	Availability
Licensed health professionals on staff	RNs provide non-diagnostic ultrasound
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	Limited to chlamydia and gonorrhea testing
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

30. Sumter Pregnancy Center**Address:** 21 Barnette Drive, Sumter, SC 29150**CPC Network Affiliation:** Heartbeat International;
South Carolina Association of Pregnancy Care
Centers; Care NetInformation about the services offered by this CPC is
available at perma.cc/6KBF-5DNN.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

31. The Advocacy Pregnancy & Parenting Resource Center

Address: 190 S. Lafayette Drive, Sumter, SC 29150

CPC Network Affiliation: Heartbeat International;
Care Net

Information about the services offered by this CPC is available at perma.cc/6FAL-3SD3.

Service	Availability
Licensed health professionals on staff	Medical Assistants available
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	Not available
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

32. The Pregnancy Center of Dillon County**Address:** 300 N. 4th Avenue, Dillon, SC, 29536**CPC Network Affiliation:** Heartbeat International;
South Carolina Association of Pregnancy Care
Centers; Care NetInformation about the services offered by this CPC is
available at perma.cc/PKR5-ZJ6Y.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	Not available
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

33. Union County Pregnancy Center**Address:** 115 E. Main Street, Union, SC, 29379**CPC Network Affiliation:** Care Net; Heartbeat International

Information about the services offered by this CPC is available at facebook.com/UnionCountyPregnancyCenter.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	Not available
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>

34. Women's Enrichment Center**Address:** 720 S. Main Street, Lancaster, SC 29720**CPC Network Affiliation:** Care NetInformation about the services offered by this CPC is available at perma.cc/TX6B-T2WT.

Service	Availability
Licensed health professionals on staff	<i>Not available</i>
Diagnostic ultrasound	<i>Not available</i>
Non-diagnostic ultrasound	<i>Available</i>
Contraceptives	<i>Not available</i>
Treatment of ectopic pregnancy	<i>Not available</i>
STI testing	<i>Not available</i>
Pregnancy test	Available
Prenatal care	<i>Not available</i>
Requires patients to take classes to access care, services, or supplies	<i>Required</i>
Cancer screenings	<i>Not available</i>