

THE CASE FOR
**INVESTIGATING
PLANNED
PARENTHOOD**

AUL looks behind the closed doors
of the nation's largest abortion provider



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A Report of



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The Case for
INVESTIGATING PLANNED PARENTHOOD

AUL Looks Behind the Closed Doors of the Nation's Largest Abortion Provider



This report was prepared as a unique project of AUL's legal team.

Americans United for Life, the nation's premier pro-life legal team, works through the law and legislative process to one end: Achieving comprehensive legal protection for human life from conception to natural death. The nonprofit, public-interest law and policy organization holds the unique distinction of being the first national pro-life organization in America when we incorporated in 1971, before the infamous *Roe v. Wade* decision.

AUL's legal team has been **involved in every abortion-related case before the U.S. Supreme Court** since *Roe v. Wade*, including AUL's successful defense of the Hyde Amendment before the high court. AUL's legal expertise and acumen set the bar in the pro-life community for the creation of effective and defensible pro-life positions. At the state, federal and international levels, AUL works to advance life issues through the law and does so through measures that can withstand judicial obstacles so that pro-life laws will actually be enforced. AUL knows that reversing *Roe v. Wade* can be accomplished through deliberate, legal strategies that accumulate victories, build momentum, and restore a culture of life.

EXECUTIVE SUMMARY

Although the Planned Parenthood Federation of America (PPFA or Planned Parenthood) advertises itself as an organization promoting health for women and families, it is the nation's largest abortion provider and has been plagued by scandal and abuse. Furthermore, PPFA and its affiliates receive hundreds of millions of dollars in taxpayers' funds every year – a significant portion of which comes from the federal government.

PPFA often tries to underplay the significance of abortion to its business model. However, as this report details, abortion has a tremendous impact on Planned Parenthood's bottom-line. This is true to a greater degree each year, and Planned Parenthood has plans to expand its abortion business.

In this report, Americans United for Life documents the known and alleged abuses by Planned Parenthood, including:

Misuse of federal health care and family planning funds. State audit reports and admissions by former employees detail a pattern of misuse by some Planned Parenthood affiliates.

Failure to report criminal child sexual abuse. Substantial and still-developing evidence indicates that many Planned Parenthood clinics fail to report all instances of suspected abuse, and instead advise minors and their abusers on how to circumvent the mandatory reporting laws.

Failure to comply with parental involvement laws. Some Planned Parenthood affiliates exhibit a pattern and practice of violating and circumventing parental involvement laws.

Assisting those engaged in prostitution and/or sex trafficking. Some Planned Parenthood clinics have demonstrated a willingness to partner with pimps or sex traffickers to exploit young women instead of safeguarding their health and safety.

Dangerous misuse of the abortion drug RU-486. Planned Parenthood's admitted disregard for the FDA's approved protocol puts profits above women's lives and safety.

Misinformation about so-called "emergency contraception," including *ella*. Planned Parenthood boasts of its role in the approval of a new drug *ella*, yet provides considerable misinformation about the drug.

Willingness to provide women with inaccurate and misleading information. Some Planned Parenthood affiliates continually demonstrate a disregard for women's health and safety through their willingness to provide inaccurate and misleading information regarding fetal development and about abortion's inherent health risks.

Willingness to refer to substandard clinics. Some Planned Parenthood affiliates put the lives and safety of women and girls at risk by associating with substandard abortion providers.

In addition, this report documents the efforts of Planned Parenthood and its affiliates to defeat legislation intended to protect women and families, and to overturn common-sense federal and state laws, further enriching their "bottom-line" with attorney fee awards.

In order to assess the extent of the scandal and abuse at PPFA and its affiliates, a full-scale, thorough Congressional investigation is necessary. In this report, Americans United for Life poses potential questions aimed at uncovering the depth of the problems within Planned Parenthood.

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I. INTRODUCTION

The Planned Parenthood Federation of America (PPFA or Planned Parenthood) advertises itself as “the nation’s most trusted provider of sexual and reproductive health care,” believing that “everyone has the right to choose when or whether to have a child, that every child should be wanted and loved.”¹ But what does this huge conglomerate, funded in substantial part by federal and state tax dollars, really believe and do? How are America’s women and young girls impacted by Planned Parenthood’s beliefs, practices, and policies? Should Planned Parenthood be entrusted every year with over \$363 million of Americans’ tax dollars?

In January 2011, pro-life activist Lila Rose and her organization Live Action released several videos covering three different states and the District of Columbia that appear to reveal Planned Parenthood’s willingness to assist those who victimize young girls through prostitution and sex trafficking.²

Planned Parenthood’s transgressions, however, extend far beyond Live Action’s latest discoveries. Other notable scandals include misuse of federal and state funding, failure to comply with state laws regarding the reporting of suspected child sexual abuse, and the willful failure to comply with state parental involvement laws.

The burden of proof rests with Planned Parenthood. It must demonstrate that it consistently complies with federal and state laws and that substantial evidence to the contrary – persuasive evidence that appears to show a systemic and organization-wide pattern of violating federal and state laws, disregard for women’s health and safety, and endangerment of the welfare of minors –

The burden of proof rests with Planned Parenthood. It must demonstrate that it consistently complies with federal and state laws.

AMERICANS UNITED FOR LIFE (AUL) ENCOURAGES CONGRESS TO INVESTIGATE:

- 1) The institutional practices and policies of Planned Parenthood;
- 2) Planned Parenthood’s handling and documented misuse of federal government funding;
- 3) Planned Parenthood’s willingness to assist those engaged in violations of state and federal laws relating to prostitution and sex-trafficking;
- 4) Planned Parenthood’s substantiated violations of state laws including, but not limited to, parental involvement laws for abortion; and
- 5) Whether the Planned Parenthood Federation of America can substantiate that every one of Planned Parenthood’s more than 800 clinics across the country complies with medically and legally appropriate standards of patient care.

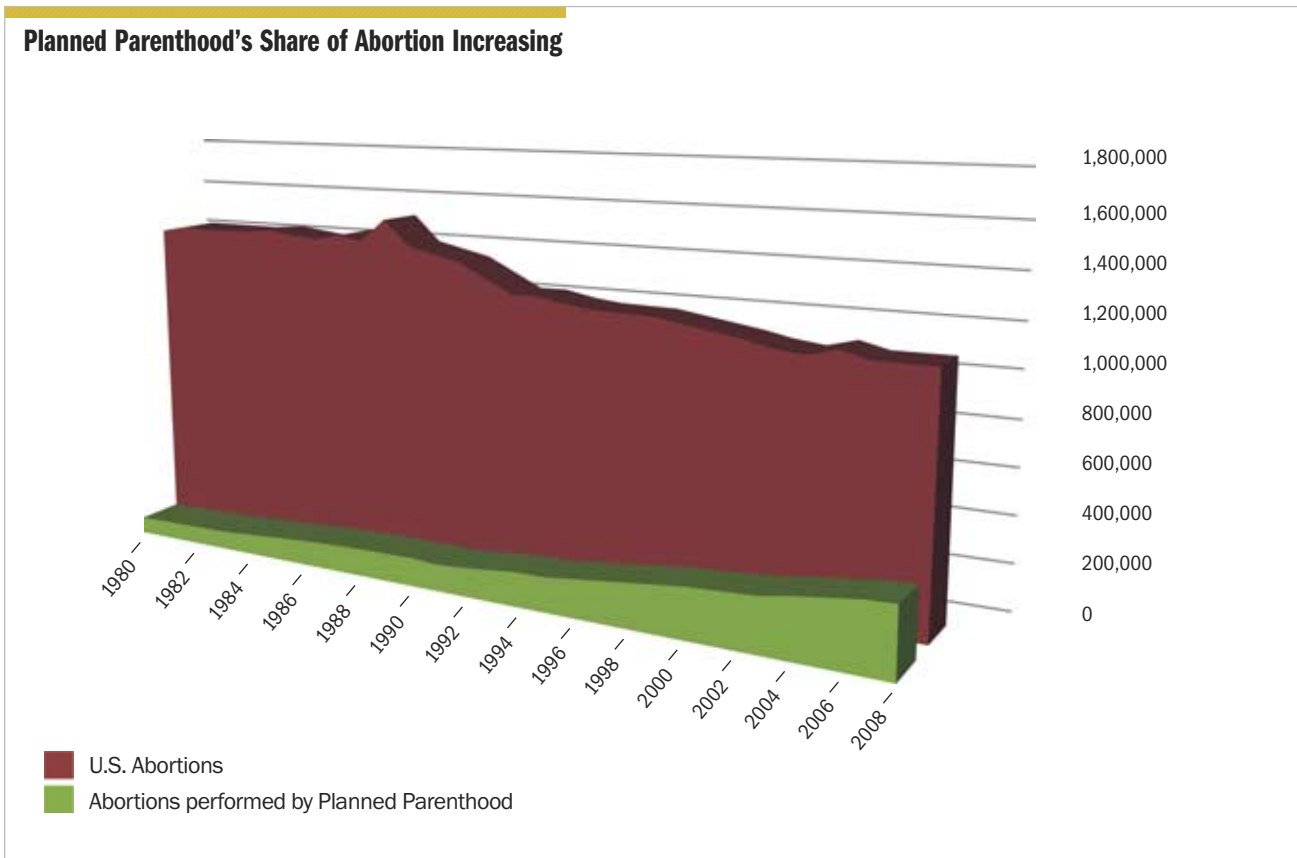
is inaccurate. It is insufficient for Planned Parenthood to now claim that these reports and incidents are “flukes” and involve only a few “rogue” clinics or employees. American taxpayers have a right to know the extent of the potential malfeasance and corruption at Planned Parenthood.

A tax-exempt “non-profit” organization, PPFA is a billion dollar industry and the nation’s largest abortion provider; one of every four abortions in the United States is performed by Planned Parenthood.³ While the incidence of abortions in the United States has steadily decreased since 1990, Planned Parenthood continues to increase its abortion numbers (its “market share”) every year.

II. CENTRALITY OF ABORTION TO PLANNED PARENTHOOD'S OPERATIONS

In December 2010, Planned Parenthood made clear the centrality of abortion to its mission, issuing a new mandate: by 2013, every Planned Parenthood affiliate must have at least one clinic performing abortions.⁴

Planned Parenthood's "services" for its pregnant clients are overwhelmingly abortions. While PPFA reported performing 332,278 abortions in 2009⁵ (8,270 more than it reported in 2008⁶), it only reported 977 adoption referrals to outside agencies.⁷ Thus, for every adoption referral PPFA makes, it performs 340 abortions.⁸ During the same period, PPFA only had 7,021 clients receiving prenatal care.⁹ In sum, abortion represented over 97 percent of PPFA's pregnancy-related services in 2009. Moreover,



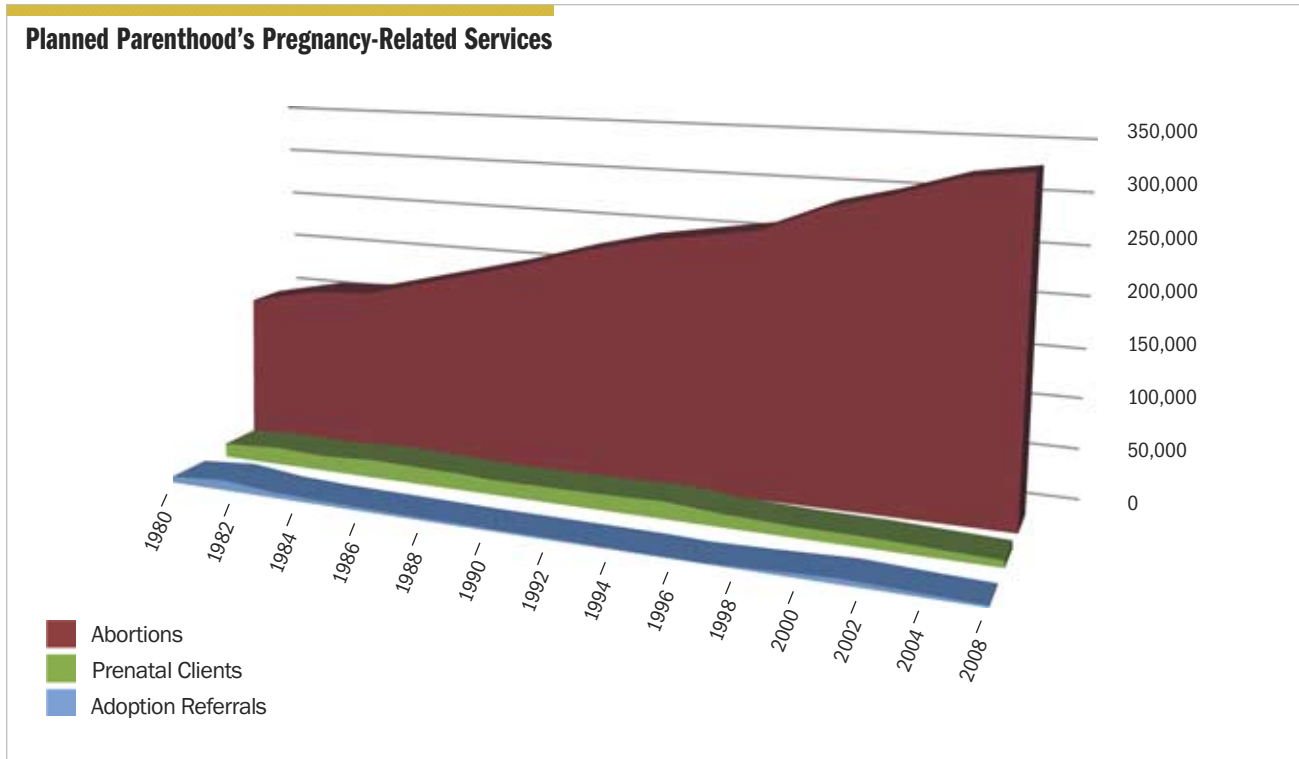
the disparity between PPFA's provision of abortions and its provision of other pregnancy services has increased annually since 1996.¹⁰

Planned Parenthood, while often discounting abortion as representing only 3 percent of its "services,"¹¹ acknowledges that 12 percent of its health care patients receive abortions.¹² However, even this number fails to capture the significance of abortion to Planned Parenthood's bottom line.

PPFA states that an abortion "[c]osts about \$350–\$950 in the first trimester."¹³ It reported performing 324,008 and 332,278 abortions in 2008 and 2009, respectively (an average of 328,143 abortions each year).¹⁴ At minimum, abortion represented \$114.9 million of the \$404.9 million Planned Parenthood reported as "clinic income" in the fiscal year ending June 30, 2009.¹⁵

Using figures provided by Planned Parenthood's "special affiliate," the Guttmacher Institute,¹⁶ for the average cost of an abortion in 2001, 2006, and 2009, and combining it with Planned Parenthood's reporting information, it is clear that abortion

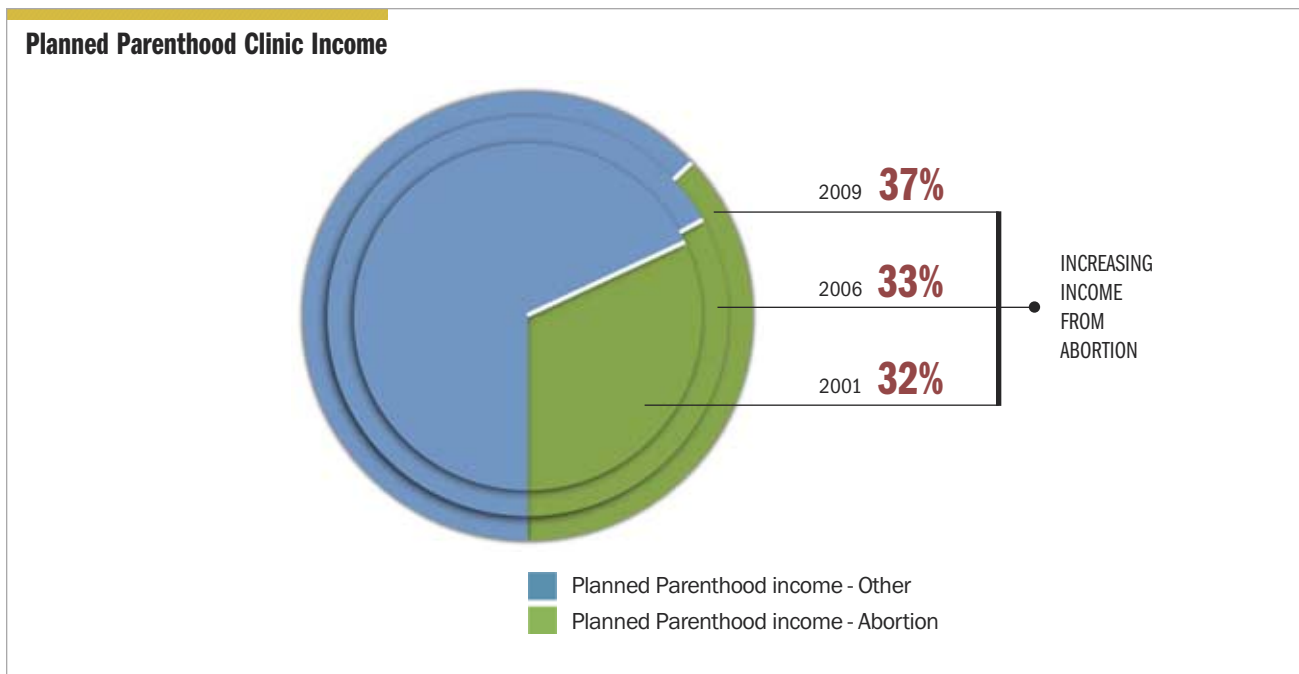
At minimum, abortion represented \$114.9 million of the \$404.9 million Planned Parenthood reported as "clinic income" in the fiscal year ending June 30, 2009.



is a steadily increasing and significant percentage of Planned Parenthood's "clinic income."

For example, for the fiscal year ending in June 2001, abortion generated approximately 32 percent of Planned Parenthood's clinic income.¹⁷ For the fiscal year ending in June 2006, abortion constituted approximately 33 percent of Planned Parenthood's clinic income.¹⁸ And for the fiscal year ending in June 2009, abortion represented 37 percent of Planned Parenthood's clinic income.¹⁹

These estimates are conservative, as not every abortion at a Planned Parenthood clinic is a standard first-trimester surgical abortion. Planned Parenthood clinics also advertise and perform more expensive late-term abortions.²⁰



III. FEDERAL FUNDING RECEIVED BY PLANNED PARENTHOOD

Planned Parenthood, the nation's largest abortion provider, annually receives hundreds of millions of dollars in taxpayer funds. PPFA's 2008-2009 annual report states it received \$363 million dollars in (federal and state) government grants and contracts.²¹ That amount has more than doubled since 1998.²² A significant portion of these funds comes from the federal government.²³ According to PPFA President Cecile Richards, "We see 3 million patients a year, and 2 million qualify for some type of federal assistance"²⁴ – "federal assistance" which results in taxpayer dollars being paid to Planned Parenthood.

The use of federal funds is conditioned. Every contractor doing business with the federal government is required by the Federal Acquisition Regulations to

- (i) Exercise due diligence to prevent and detect criminal conduct; and
- (ii) Otherwise promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law.²⁵

In addition, for decades, federal laws have expressly forbidden the use of government funds for elective abortions.²⁶ Several states also restrict the use of their funding, prohibiting or strictly limiting its use for abortion, abortion counseling, and/or abortion referrals.²⁷

In 1980, the Supreme Court upheld the constitutionality of one such restriction, the Hyde Amendment, in the case of *Harris v. McRae*.²⁸ The Court held that the funding restriction of the Hyde Amendment

[P]laces no governmental obstacle in the path of a woman who chooses to terminate her pregnancy, but rather, by means of unequal subsidization of abortion and other medical services, encourages alternative activity deemed in the public interest.²⁹

Studies confirm the relationship between public funding and the incidence of abortion. The Guttmacher Institute, an organization whose mission includes working to "protect, expand and equalize access to information, services and rights that will enable women and men to ... exercise the right to choose abortion," conducted a Literature Review in 2009 that shows a strong consensus that abortion rates are reduced when public funding is restricted.³⁰ Specifically, Guttmacher reported:

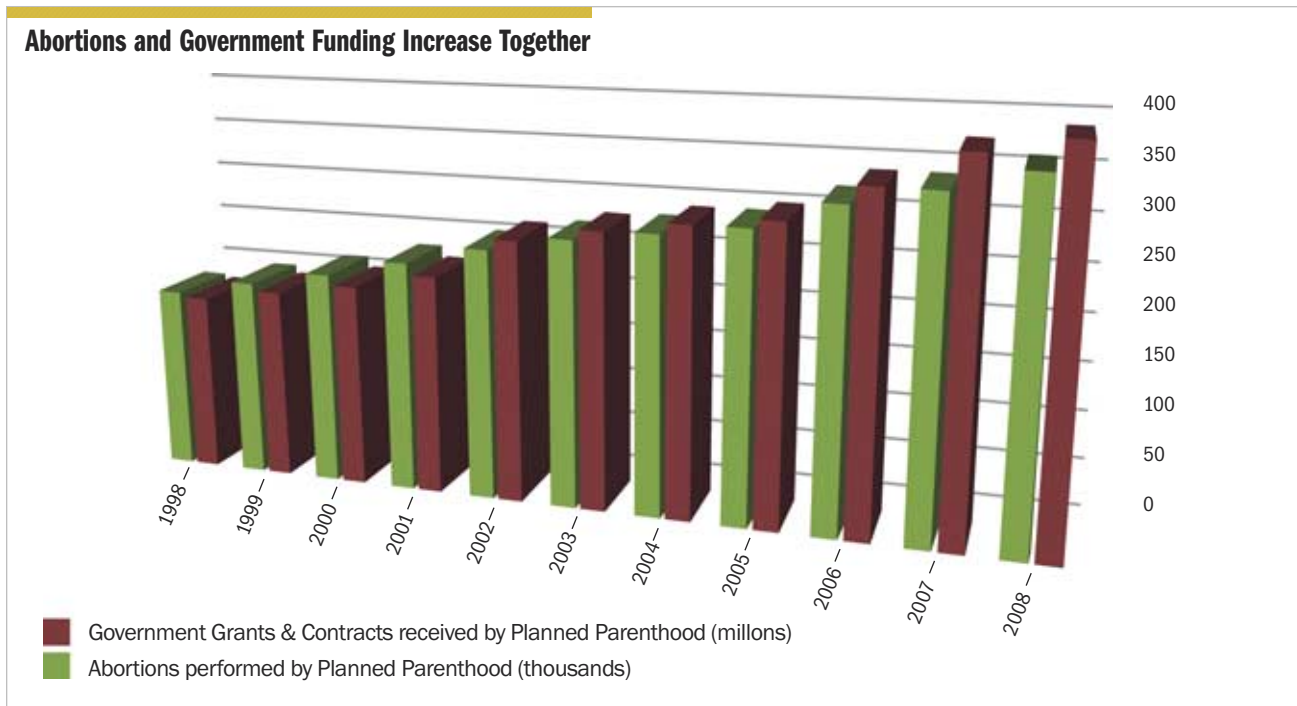
The best studies are the five that used detailed data from individual states and compared the ratio of abortions to births before and after Medicaid restrictions took effect. These found that 18–37% of pregnancies that would have ended in Medicaid-funded abortions were instead carried to term when funding was no longer available.³¹

Thus, prohibiting government health care programs from funding abortion coincides with the position of the majority of Americans who do not want their tax-dollars paying for elective abortions,³² and helps achieve the shared goal of reducing the incidence of abortion.

As this report examines below, there is clear Congressional intent that the two largest sources of federal funding for Planned Parenthood – Medicaid and Title X – are not to be used in direct or indirect support of Planned Parenthood's abortion business.³³

However, as the rates of government funding received by Planned Parenthood and the number of abortions it performs increase at nearly parallel rates, Congress needs to determine whether the nation's largest abortion provider is complying with federal restrictions on the funding of abortions and whether further legislative action is necessary to ensure that Planned Parenthood's abortion business is not subsidized and incentivized at the taxpayer's expense.

PPFA's 2008-2009 annual report states it received \$363 million dollars in (federal and state) government grants and contracts. That amount has more than doubled since 1998.



A. MEDICAID

A substantial source of federal funding for Planned Parenthood is Medicaid, Title XIX of the Social Security Act, a health care program for low income Americans established in 1965.³⁴ The federal government and the state governments jointly fund and administer the Medicaid program.³⁵ Although a state has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable federal requirements.

The Hyde Amendment,³⁶ named after its original author, Representative Henry Hyde,³⁷ has restricted abortion funding in Medicaid since 1976 – three years after *Roe v. Wade*.³⁸ A rider to the Labor Health and Human Services (LHHS) Appropriations bill (through which Medicaid funds are appropriated), the Hyde Amendment currently forbids states from using these federal funds for abortions except in cases of rape, incest, or when the mother’s life is endangered.³⁹ Congress has approved this funding restriction, either by an amendment to the annual LHHS Appropriations bill or by a joint resolution, every year since September 1976.⁴⁰

The Hyde Amendment enacts a broad prohibition on the use of federal funds appropriated through the LHHS legislation. The text states that “[n]one of the funds ... shall be expended for any abortion,”⁴¹ *and* that “[n]one of the funds ... shall be expended for health benefits coverage that includes coverage of abortion.”⁴² Thus, the Hyde Amendment prohibits “direct” and “indirect” Medicaid funding for elective abortions.

Planned Parenthood receives Medicaid funding primarily (and ostensibly) for its “family planning” services. And, according to the Guttmacher Institute, “In 2001, [Medicaid] provided six in 10 of all public dollars spent, far surpassing the Title X national family planning program (15%), and other programs.”⁴³

Medicaid is a tremendous source of federal (and, to a lesser extent, state) government funding for Planned Parenthood. Though the federal share for most Medicaid services ranges from 50-76 percent,⁴⁴ for “family planning” services provided using Medicaid funds, the federal government reimburses the cost of all services and supplies at 90 percent⁴⁵ and the disproportionate subsidization of these services provides less incentive for the states to crack down on Medicaid fraud and abuse involving “family planning” funds. For example, in 2007, New Jersey was found to have improperly coded certain prescription drugs as “family planning” services and, as a result, improperly billed the federal government for \$2,219,746 between February 1, 2001 and January 31, 2005.⁴⁶

Importantly, the Patient Protection and Affordable Care Act (PPACA), enacted in 2010, expands the pool of people able to participate in the Medicaid program, thus increasing funding that states – and Planned Parenthood – can claim at the 90 percent federal reimbursement rate.⁴⁷ This enhanced reimbursement rate is a clear incentive for the states to extend “family planning” services to eligible beneficiaries under Medicaid.⁴⁸ Specifically, § 2303 of the PPACA, “State Eligibility Option for Family Planning Services,” establishes a new eligibility group under § 1902(a)(10)(A)(ii)(XXI).⁴⁹ The expansion of the program to individuals not otherwise eligible for Medicaid and the resultant increase in federal funds that will be spent on “family planning” give greater urgency to efforts to ensure that this program is not being exploited.⁵⁰

B. TITLE X FAMILY PLANNING FUNDING

Title X of the Public Health Service Act, enacted in 1970, provides federal funding for “family planning” services.⁵¹ Since its inception, the government program has reflected popular opinion that abortion is not “family planning”⁵² and should not be funded at taxpayers’ expense. Specifically, § 1008 states “[n]one of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.” The restriction was intended to ensure that Title X funds would “be used only to support preventive family planning services, population research, infertility services, and other related medical, informational, and educational activities.”⁵³

“[n]one of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.”

Federal agencies have the authority to clarify the limits of the Title X program. In 1988, the Secretary of the U.S. Department of Health and Human Services (HHS) issued new regulations that, *inter alia*, prohibited Title X projects from engaging in counseling and required such projects to maintain an objective integrity and independence from prohibited abortion activities by the use of separate facilities, personnel, and accounting records.⁵⁴

In 1991, the United States Supreme Court upheld the constitutionality of these regulations in *Rust v. Sullivan*, holding that “[w]hen the State appropriates public funds to establish a program it is entitled to define the limits of that program.”⁵⁵ In addition, the Court found that “requiring abortion-related activity to be completely separate from other activity that receives state funding in no way denies any right to engage in abortion-related activities.”⁵⁶

Moreover, the regulations were, as the Court noted, “amply justified”:

The Secretary explained that the regulations are a result of his determination in the wake of the critical reports of the General Accounting Office (GAO) and the Office of the Inspector General (OIG), that prior policy failed to implement properly the statute and that it was necessary to provide “‘clear and operational guidance’ to grantees about how to preserve the distinction between Title X programs and abortion as a method of family planning.” 53 Fed. Reg. 2923-2924 (1988). He also determined that the new regulations are more in keeping with the original intent of the statute, are justified by client experience under the prior policy, and are supported by a shift in attitude against the “elimination of unborn children by abortion.”⁵⁷

Although the regulations were reversed under the Clinton Administration in 1993,⁵⁸ the 112th Congress is considering measures to ensure compliance with the meaning of Title X’s restriction against “abortion as a method of family planning.”

AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- How is Planned Parenthood complying with the requirement of the Federal Acquisition Regulations to “exercise due diligence to prevent and detect criminal conduct”?
- How is Planned Parenthood’s compliance measured and tracked?
- How many breaches of this requirement have been documented by Planned Parenthood? What was the organizational response to these breaches? What remedial action was taken?
- How does PPFA promote an “organizational culture that encourages ethical conduct and a commitment to compliance with the law”?
- What measures of compliance are used to ensure an ethical organizational culture?
- How are ethical and legal breaches addressed?
- For each year since 1996, how much total revenue has Planned Parenthood derived from its abortion services?
- Under Planned Parenthood’s record-keeping and accounting practices, what constitutes “abortion services”?
- Has the organization’s definition of “abortion services” changed over the years? How did it change? Why did it change?
- Why has the percentage of its clinic income for “abortion services” continued to increase while the nationwide incidence of abortion has decreased?
- What activities has PPFA engaged in to increase its market share for “abortion services” and decrease the share maintained by its competitors?
- How were these activities funded? Were federal or state government funds used directly or indirectly in this effort?
- How is Planned Parenthood complying with mandates that the federal funding that it receives not be directly used for or subsidize its abortion business?
- On how many occasions have these mandates been violated?
- Where and when have these mandates been violated?
- Where violations of these mandates have occurred, why did they occur? What operational lapses allowed such breaches to occur? What corrective action, if any, was taken?
- How are states (which help administer federal health care funds) ensuring that Planned Parenthood and other abortion providers are abiding by federal and state mandates for Medicaid and Title X funding?

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AREAS TO INVESTIGATE AND QUESTIONS TO ASK: (Continued from previous page)

- Do existing federal regulations, as currently enforced by federal agencies, adequately effectuate the meaning of federal laws prohibiting the subsidization of abortion?
- How can both the regulations and the enforcement be improved?

C. PLANNED PARENTHOOD FEDERAL EXPENDITURES REPORTED BY THE GAO

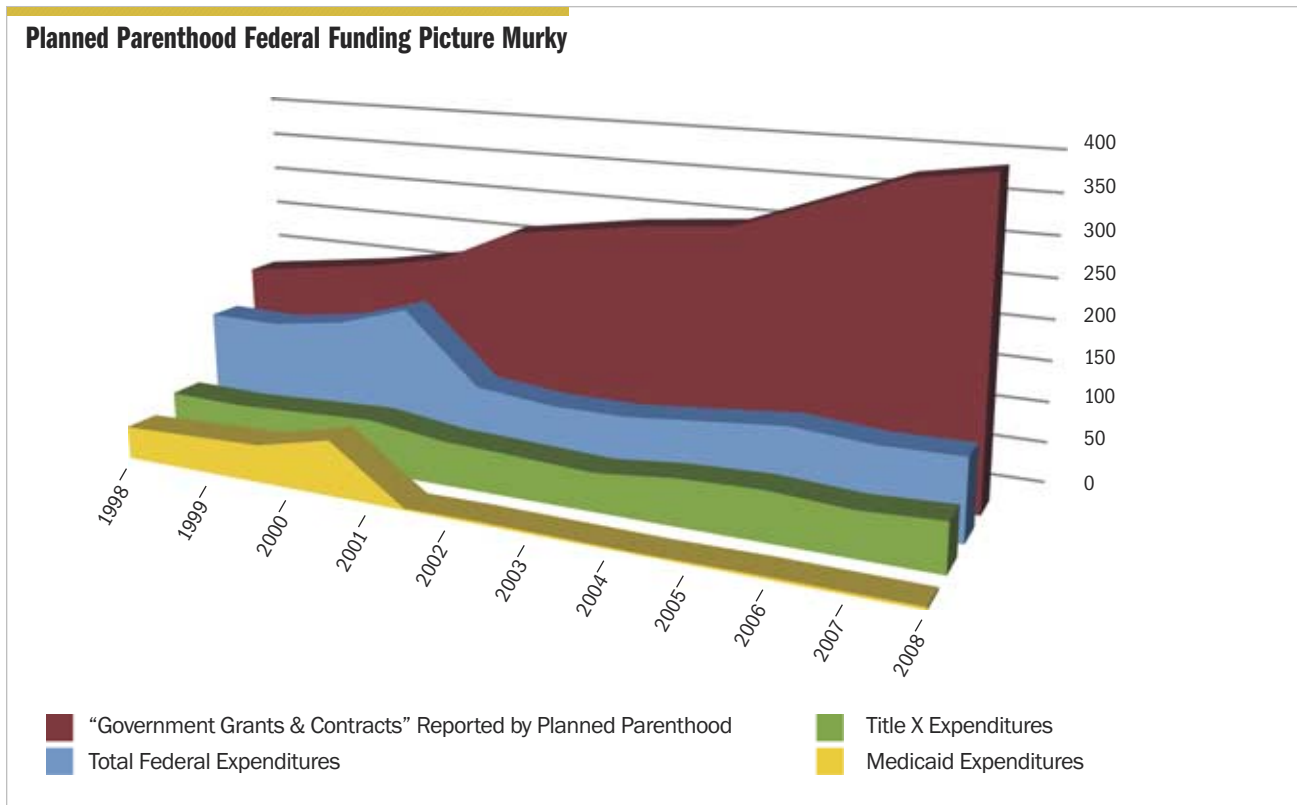
How much money does Planned Parenthood receive from federal taxpayers? A 2010 report by the U.S. Government Accountability Office (GAO)⁵⁹ demonstrates that even the federal government does not know the answer. What was ascertainable about Planned Parenthood's federal funding between 2002 and 2008 was considerably less than what the GAO was able to account for in prior reports.

According to the GAO, PPFA single audit reports⁶⁰ show that, between 2002 and 2008, a time period during which Planned Parenthood performed nearly 2 million abortions,⁶¹ the organization spent at least \$657.1 million federal dollars.⁶² As a result of limitations in its data collection, the GAO acknowledged "expenditures in this report may understate the actual amount of federal funds the selected organizations and their affiliates spent."⁶³

PPFA's own annual reports document that from 2002 to 2008 it took in over \$2 billion from "government grants and contracts," without demarcating among federal, state, and other government funding.⁶⁴ If the 2010 GAO report captured the extent of Planned Parenthood's federal expenditures, only 30 percent of Planned Parenthood's total government revenue would have come

**How much money does Planned Parenthood receive from federal taxpayers?
A 2010 report by the U.S. GAO demonstrates that even the federal government does not know the answer.**

YEAR	PPFA ANNUAL REPORTS: GOVERNMENT GRANTS & CONTRACTS (in millions)	GAO REPORTS		
		TOTAL FEDERAL EXPENDITURES (in millions)	TITLE X FAMILY PLANNING FUNDS (in millions)	MEDICAID (in millions)
1998	165.0	126.8	52.7	36.2
1999	176.5	125.5	51.1	39.0
2000	187.3	137.3	54.6	42.1
2001	202.7	162.0	58.7	60.9
2002	240.9	85.2	48.7	1.7
2003	254.4	77.0	45.5	2.6
2004	265.2	77.4	42.0	2.0
2005	272.7	85.6	50.4	1.4
2006	305.3	93.0	53.5	2.3
2007	336.7	87.1	49.0	2.5
2008	349.6	88.7	53.0	2.5



from the federal government between 2002 and 2008. This would be in stark contrast with prior GAO reports which show that from 1998 through 2001, PPFA expenditures of federal funds accounted for over 70 percent of its reported government revenue.⁶⁵

However, Planned Parenthood affiliates certainly received more federal dollars through Medicaid between 2002 and 2008 than were reflected in the GAO report. For example, while the GAO reported that for 2008 PPFA and its affiliates expended \$2.5 million in Medicaid funds, the 2008 annual report for Planned Parenthood of San Antonio and South Central Texas reported that this one affiliate received over \$1 million in Medicaid funds during the same period.⁶⁶ Consider also that the California audit of Planned Parenthood of San Diego and Riverside Counties found that this one affiliate overbilled the government in excess of \$5 million in the fiscal year ending in 2003,⁶⁷ whereas the GAO report found all Planned Parenthood affiliates expended only \$2.6 million in Medicaid funds that same fiscal year.

AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- PPFA and its affiliates should be required to turn over to Congress internal audit reports (from, at least, 1998 to 2008).
- For every year since and including 1998, how much did PPFA and its affiliates expend in Medicaid funding? In Title X funding? In other federal government funding?
- How much did it expend in state family planning and other state and local government funding?

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AREAS TO INVESTIGATE AND QUESTIONS TO ASK: (Continued from previous page)

- For each year including and since 1998, what has been the difference between federal funding received and actual expenditures for Medicaid, Title X, and other federally-related services?
- What happens to the “leftover” money? How is it used? What assurances are there that it is not being used to directly or indirectly subsidize Planned Parenthood’s abortion business?
- For each year including and since 1998, what has been the difference between state and local government family planning funding received and actual expenditures for family planning services? If money was “left over,” what happened to it? Was it used to directly or indirectly subsidize Planned Parenthood’s abortion business?

IV. MOUNTING EVIDENCE AGAINST PLANNED PARENTHOOD

Growing evidence from Planned Parenthood affiliates across the nation suggests systemic and possibly organization-wide problems with the misuse of federal funding, practices that endanger minors, protocols that do not adequately protect women’s health and safety, and other troubling issues.

A. ALLEGED MISUSE OF FEDERAL FUNDING

There is an enormous problem of fraud, waste, and abuse in government health care programs. Testifying before the House Ways and Means Subcommittee on Oversight on March 2, 2011, Lewis Morris, Chief Counsel to the Inspector General of HHS, noted, “Health care fraud is not limited to blatant fraud by career criminals and sham providers.”⁶⁸ Rather, health care institutions “have also committed fraud, sometimes on a grand scale.”⁶⁹ Planned Parenthood affiliates in multiple states have been exposed, as discussed below, for such overbilling of government health care programs.

i. MEDICAID

HHS estimates that the federal share of improper payments⁷⁰ in the Medicaid program in fiscal year 2010 alone was \$22.5 billion.⁷¹ Audits of Planned Parenthood affiliates in California, New Jersey, New York, and Washington State demonstrate a pattern of abuse involving these funds.

1. CALIFORNIA

In 2004, the California Department of Health Services (CDHS) audited Planned Parenthood of San Diego and Riverside Counties. Instead of billing family planning services at “cost” as required by the California Family Planning Access, Care and Treatment (FPACT) program (funded at 90 percent by the federal government),⁷² the Planned Parenthood affiliate improperly marked-up the price of drugs. The Audit Report found that the Planned Parenthood affiliate’s improper billing practice resulted in overpayment from the government of at least \$5,213,545.92 in just one fiscal year.⁷³ The Planned Parenthood affiliate,



Audit reports document Planned Parenthood's misuse of taxpayer dollars.

however, was never held accountable by the State of California for the extensive overbilling (which came largely at the expense of the federal government).⁷⁴

In 2008, an action against Planned Parenthood affiliates in California was brought by Victor Gonzalez under the False Claims Act (FCA), 31 U.S.C. § 3729, on behalf of the United States of America, under the *qui tam* provisions of the FCA.⁷⁵ Mr. Gonzalez's complaint alleges that the over-billing practice was not limited to the San Diego affiliate. Rather, it was a state-wide problem. Mr. Gonzalez alleges that during his employment as the Vice President of Finance and Administration with Planned Parenthood of Los Angeles (PPLA), he was asked by Mary-Jane Wagle, then-Chief Executive Officer (CEO) of PPLA, to perform an assessment of the impact of these over-billing practices.⁷⁶ The result of this assessment revealed approximately \$2,144,313.17 in additional income from improper billing.⁷⁷ This was the purported financial impact for only one of the then-ten Planned Parenthood affiliates in California and only for one fiscal year. Mr. Gonzalez estimates that, over a six-year period beginning in 1999, overbilling by Planned Parenthood's California affiliates exceeded \$180,000,000. As his complaint notes, "This conservative figure only takes into account the illegal and unscrupulous billing practices of [Planned Parenthood affiliates] within the state of California."⁷⁸

2. NEW JERSEY

In 2008, the U.S. Inspector General for HHS uncovered the misuse of federal funds by approved providers including New Jersey Planned Parenthood affiliates. The State improperly received an estimated \$597,496 in federal Medicaid funds⁷⁹ and Planned Parenthood clinics were found to be a significant part of the problem, as revealed by the HHS investigation:

IMPROPER CLAIMS FROM FAMILY PLANNING CLINICS

During our visits to family planning clinics throughout the State, many providers (especially Planned Parenthood providers) stated that they billed all claims to Medicaid as “family planning.” Officials at these clinics stated that they believed that all of the services they provided were related to family planning. Therefore, officials at these clinics often populated the family planning indicator field on Medicaid claims even though the service provided did not meet the criteria for 90-percent Federal funding. By populating this field, the [Medicaid Management Information System (MMIS)]⁸⁰ designated the claim as eligible for 90-percent Federal funding.⁸¹

3. NEW YORK

In 2009, the Office of the Medicaid Inspector General for the State of New York issued reports demonstrating a pattern of overbilling at the Margaret Sanger Center in New York City. A letter, dated January 20, 2009, confirmed Planned Parenthood’s request to settle one audit for \$207,809.00.⁸² A second audit report issued on June 9, 2009 found the “lower confidence limit of the amount overpaid” to the Sanger Center for the period it examined was \$1,245,603.00.⁸³ These letters referenced other communications and audit reports that are not readily available to the public. Thus, it is important that Congress use its authority to thoroughly investigate Planned Parenthood’s use of federal health care funds and subpoena and review all related documentation.

4. WASHINGTON

A final audit report for Planned Parenthood of the Inland Northwest (PPINW) conducted by the State of Washington’s Department of Social and Health Services found “that an excess payment of \$629,142.88” was made to PPINW during the years 2004 through 2007.⁸⁴ The audit was launched after staff with the Washington Department of Social and Health Services grew suspicious of the frequency of purported clinic visits to PPINW by Medicaid patients. “Most birth control clinics will see a woman and usually determine what method of birth control is best and then they will prescribe six months to a year right then and there,” said Doug Porter, Washington’s Medicaid director, whereas Medicaid patients at PPINW were allegedly coming into PPINW every month.⁸⁵

Among the improper billing practices, the audit found a medication incorrectly billed under the family planning program that was an antibiotic routinely prescribed as part of a surgical abortion.⁸⁶ In addition to overbilling, the audit found that PPINW violated Department of Health Telehealth/Telenursing guidelines for Registered Nurses.⁸⁷

PPINW was ordered to reimburse the government \$629,143 (with interest). However, in a press release, dated October 29, 2010, the Washington State Department of Social and Health Services announced a settlement with PPINW for \$345,000, “a compromise without any admission of incorrect billing, documentation or payment.”⁸⁸ While a settlement is not an admission of guilt, it is also not an exoneration of PPINW. In his testimony before the Ways and Means Subcommittee on Oversight, Chief Counsel Lewis Morris declared:

Once we determine that an individual or entity is engaged in fraud, waste, abuse, or the provision of substandard care, OIG can use one of the most powerful tools in our arsenal: exclusion from participating in Federal health care programs. Program exclusions bolster our fraud-fighting efforts by removing from the Federal health care programs those who pose the greatest risk to programs and beneficiaries.⁸⁹

However, while the greatest tool against abuse is exclusion, Morris also described part of the problem in health care funding abuse to be that some providers believe they are “‘too big to fire’ and thus OIG would never exclude them and thereby risk compromising the welfare of our beneficiaries.”⁹⁰ Morris testified that his office is “concerned that providers that engage in health care fraud may consider civil penalties and criminal fines a cost of doing business. As long as the profit from fraud outweighs those costs, abusive corporate behavior is likely to continue.”⁹¹

The sentiment that it is “too big to fire” is the heart of Planned Parenthood’s messaging after the House of Representatives voted to prohibit the organization and its affiliates from receiving federal funds through H.R. 1 on February 18, 2011.⁹²

In light of the testimony by Morris and others,⁹³ and a commitment from President Barack Obama to “eliminat[e] waste, fraud, and abuse in Federal programs, including reducing and recapturing erroneous payments...,”⁹⁴ it is appropriate that Congress investigate Planned Parenthood and its affiliates’ management and use of federal health care dollars. Planned Parenthood cannot be excused as “too big” to be under scrutiny. An investigation is necessary to determine if what has been documented by audits in several states is in any way indicative of a national pattern. Planned Parenthood cannot be permitted to consider defrauding the American taxpayer just as part of its calculus for doing business.

AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- How many states have audited Planned Parenthood affiliates’ use of Medicaid family planning funding?
- How many actual audits have been performed since 1991?
- What were the results of those audits?
- How many Planned Parenthood affiliates have been involved in improper Medicaid billing since 1991?
- Planned Parenthood should be asked to produce the written reports for all the audits.
- How many instances of improper billing or other Medicaid fraud have been substantiated against Planned Parenthood affiliates?
- How many cases of billing fraud have been settled since 1991?
- How many cases of billing fraud have been substantiated against Planned Parenthood affiliates but resulted in no government reimbursement?
- How much overbilling was involved in these non-reimbursement cases?
- What internal procedures or policies does Planned Parenthood have to prevent and to deal with improper billing or overbilling?
- How many internal audits has Planned Parenthood undertaken to uncover cases of improper billing under Medicaid and other programs?
- What were the results of those internal audits?
- What corrective action has Planned Parenthood taken to correct the problem of improper Medicaid billing on the part of some of its affiliates?
- How are states ensuring that Planned Parenthood affiliates comply with federal laws regarding the use of health care funds?
- How much money have Planned Parenthood affiliates been forced to reimburse the government in cases involving Medicaid fraud?

ii. TITLE X

Title X is not written as an entitlement for any organization; rather its funds are explicitly conditioned such that they may not be used “in programs where abortion is a method of family planning.”⁹⁵ HHS notes that this restriction is one of the “five major provisions of the law,”⁹⁶ and reiterates in its program policy guide that the “broad range of services” required by Title X “does not include abortion as a method of family planning.”⁹⁷

However, Title X’s largest recipient, Planned Parenthood, appears to encourage abortion as a means of “planning” a family. Planned Parenthood tells women that “Am I ready to become a parent?” is first among the questions to ask when considering an abortion.⁹⁸ Other questions Planned Parenthood proposes that indicate that it considers abortion as a means of family planning include: “Would I prefer to have a child at another time?” and “What would it mean for ... my family’s future if I had a child now?”⁹⁹

Importantly, Planned Parenthood appears to be using abortion to “plan” families at increasing rates. In 2009, Planned Parenthood reported that the 332,278 abortions it performed represented 12 percent of its patients for the year.¹⁰⁰ In 1999, Planned Parenthood performed 182,792 abortions, representing only 7.3 percent of its 2,509,663 patients.¹⁰¹ Meanwhile, adoption referrals and prenatal clients at Planned Parenthood both decreased during the same ten-year timeframe. Specifically, Planned Parenthood reported 2,999 adoption referrals and 18,878 prenatal clients in 1999. However, Planned Parenthood reported only 977 adoption referrals and 7,021 prenatal clients in 2009.¹⁰²

Planned Parenthood continues to consolidate and close clinics, and yet performs more abortions with each passing year.¹⁰³ The organization has made the centrality of abortion to its operations clear by mandating that all affiliates perform abortions by 2013.¹⁰⁴ And as will be discussed *infra*, through the use of telemedicine, Planned Parenthood is increasing the “reach” of its abortion business.



Clinical services provided at Planned Parenthood of NYC in 2008.

The need for a Congressional investigation into Planned Parenthood's use of federal funding is underscored by an admission of Abby Johnson, the former director of a Planned Parenthood clinic in Bryan, Texas. Mrs. Johnson has acknowledged, "As clinic director, I saw how money received by Planned Parenthood affiliate clinics all went into one pot at the end of the day – it isn't divvied up and directed to specific services."¹⁰⁵

This is of particular concern when considering the high volume of abortion patients at some Title X (specifically, Planned Parenthood-affiliated) clinics. According to the annual report for Planned Parenthood of New York City (PPNYC), a Title X recipient,¹⁰⁶ abortion constituted 28 percent of its clinical services in 2008.¹⁰⁷ Its Bronx Center PPNYC clinic, specifically listed as a recipient of Title X funds,¹⁰⁸ performs both chemical and surgical abortions.¹⁰⁹

AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- How many Planned Parenthood clinics receive Title X "family planning" funding and also perform abortions?
- How many Planned Parenthood clinics receiving Title X funding refer abortion patients to other Planned Parenthood clinics or to other non-affiliated abortion providers?
- How are Planned Parenthood affiliates ensuring compliance with federal mandates that the Title X funding it receives is not used in or subsidizing its abortion business?
- How is the required segregation between "family planning" and abortion services accomplished?
- How is the segregation monitored for continuing compliance?
- What internal audits or other formal reviews are performed to ensure this mandated segregation?
- How many Planned Parenthood affiliates have been found in violation of this segregation-mandate?
- What corrective action was taken?

B. FAILURE TO REPORT CRIMINAL CHILD SEXUAL ABUSE

In 1998, a 13-year-old girl was raped by her 23-year-old foster brother. He later took the young girl to Planned Parenthood of Central and Northern Arizona (PPCNA) for an abortion, and the clinic subsequently failed to notify authorities about the sexual abuse.¹¹⁰ The sexual abuse continued, and the young girl came into PPCNA for a second abortion six months later. Later, the abused girl filed a lawsuit, arguing that but for PPCNA's negligence in failing to notify authorities of the sexual abuse, she would not have had her second abortion.¹¹¹ In 2003, PPCNA was found negligent and civilly liable for failing to report the sexual abuse.¹¹²

Substantial and developing evidence, discussed *infra* and in the Appendices to this report,¹¹³ indicates that many Planned Parenthood clinics fail to report instances of suspected sexual abuse and instead advise minors and their abusers on how to

circumvent the law. As a result, sexual predators are free to continue to abuse their victims, scarring them for life.

A report prepared for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services noted that half of children born to minors are fathered by adult men, and sexual partners of these adolescents are often 3 to 6 years older.¹¹⁴ The report also found that 75 percent of girls under 14 years of age who have engaged in sexual activity report having a forced sexual experience.¹¹⁵

Planned Parenthood acknowledges in its Fact Sheet on “Reducing Teenage Pregnancy” that “teenagers who have been raped or abused experience higher rates of pregnancy – 4.5 out of 10 pregnant adolescents likely have a history of abuse.”¹¹⁶ Planned Parenthood also notes that “teenage girls with a history of abuse are more than twice as likely to become pregnant as peers who do not experience abuse.”¹¹⁷ Among women younger than 18, the pregnancy rate among those with a partner who is six or more years older is 3.7 times as high as the rate among those whose partner is no more than two years older.¹¹⁸

However, rather than intervening in the cycle of abuse and protecting these young girls, Planned Parenthood affiliates frequently partner with their abusers to hide their crimes. The Planned Parenthood Fact Sheet states that mandatory reporting laws “do not reduce rates of teenage pregnancy,” and “discourage teens from obtaining reproductive health care out of fear that disclosing information about their partner will lead to a criminal charge.”¹¹⁹ Instead of increased legal protection for these “high-risk teens,” Planned Parenthood promotes increased funding for contraception and “confidential access” to its contraceptive services.¹²⁰

Law enforcement officials and victims’ advocates recognize statutory rape as a major problem. Currently, all 50 states have passed some form of mandatory reporting laws for suspected sexual abuse.¹²¹ Furthermore, the federal government requires that all Title X health care facilities comply with state criminal reporting laws.¹²² In the states discussed *infra*, laws specifically require health care professionals – including certain Planned Parenthood employees – to report the suspected sexual abuse of minors, including statutory rape.¹²³

In addition to Arizona, legal action has been taken against Planned Parenthood affiliates for their failure to report the sexual

...rather than intervening in the cycle of abuse and protecting these young girls, Planned Parenthood affiliates frequently partner with their abusers to hide their crimes.

SOURCE: LiveAction video footage



Planned Parenthood employee shows 13-year old girl where her 31-year-old “boyfriend” can take her to obtain a secret abortion.

abuse of young girls in Ohio¹²⁴ and Alabama.¹²⁵ In 2001, Planned Parenthood of Northern New England's (PPNNE) President and CEO testified before the Judiciary Committee of the Vermont House of Representatives that PPNNE has a "legal obligation to report instances of sexual assault," and yet the testimony further revealed a failure to notify proper authorities.¹²⁶

In addition, Live Action's undercover video footage indicates that Planned Parenthood clinics across the United States – including in Arizona,¹²⁷ Indiana¹²⁸, Tennessee,¹²⁹ Alabama,¹³⁰ Wisconsin,¹³¹ and California¹³² – circumvent state law and conceal the sexual abuse of young girls.¹³³

AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- How does Planned Parenthood ensure that its clinics report all cases of suspected sexual abuse to state authorities?
- What type of training is provided to mandatory reporters by Planned Parenthood?
- Are Planned Parenthood employees told that they are, in certain cases, not required to report the abuse? In what types of cases?
- Does Planned Parenthood impose strict penalties upon any employee who is found to be circumventing these laws or is Planned Parenthood actively encouraging non-reporting of sexual abuse? If so, what penalties are considered?
- How many Planned Parenthood employees have been disciplined for failure to report suspected child sexual abuse?
- Does Planned Parenthood keep statistics on the number of statutory rape/sexual abuse cases it reports and the number of suspected cases that it declines to report?
- How many cases has Planned Parenthood reported each year since 1991?
- Why is Planned Parenthood not reporting more cases of statutory rape and suspected child abuse when adult men father at least half of all teen pregnancies?¹³⁴
- Is there an unwritten policy encouraging Planned Parenthood employees to avoid asking questions the answers to which might trigger mandatory reporting?
- Why does Planned Parenthood respond to the clear abuse of girls and women by providing them with condoms and contraception, and effectively sending them back into the arms of their abusers?
- Stories and litigation concerning the exploitation of young women by adult males is increasingly common. What does Planned Parenthood do to assist in combating the threat of sexual predators abusing young girls?

C. FAILURE TO COMPLY WITH PARENTAL INVOLVEMENT LAWS

Thirteen-year-old “Jane Doe” was a normal, everyday teenage girl: she attended high school and played on the soccer team. But her normal life turned into a nightmare when her soccer coach initiated a sexual relationship with her, impregnated her, and took her to a local Ohio Planned Parenthood clinic for an abortion. The Planned Parenthood clinic never questioned the soccer coach, who posed over the phone as Jane’s father and then personally paid for the girl’s abortion with a credit card. Jane’s parents were neither contacted nor informed.¹³⁵

In 2004, the soccer coach was convicted of sexual battery and spent three years in prison – despite Planned Parenthood’s apparent efforts to keep the pregnancy and abortion a secret.¹³⁶ In December 2010, a state trial court ruled that the Ohio Planned Parenthood clinic violated state law by not abiding by the state’s mandatory 24-hour reflection period before a woman may obtain an abortion.¹³⁷ The issue of whether Planned Parenthood violated state law by not informing the parents of the planned abortion or obtaining their consent was recently resolved and dismissed.¹³⁸

“Jane’s” story is not unique. Frequently, new stories reveal yet another young girl who has been sexually abused by a person in authority – a coach, teacher, or other authority figure. Often, these teenage girls are taken to abortion clinics without the consent or even the knowledge of their parents.¹³⁹ Inexplicably, some Planned Parenthood clinics have shown themselves to be perfect partners to those who wish to sexually abuse and exploit young girls.

Thirty-seven states currently have parental involvement laws.¹⁴⁰ Twenty-five states require parental consent for minors seeking abortion¹⁴¹ and twelve states require parental notice for minors seeking abortion.¹⁴²

Furthermore, HHS mandates that no applicant may receive Title X funding unless it “certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services.”¹⁴³ Planned Parenthood is the nation’s largest recipient of Title X funds, yet it continues to actively oppose the enactment of parental involvement laws (as discussed *infra*¹⁴⁴), violating an important legislative requirement of Title X.

Importantly, some Planned Parenthood affiliates have exhibited a pattern and practice of willfully violating and circumventing duly-enacted parental involvement laws. Planned Parenthood clinics in Alabama, Indiana, and Virginia, in addition to Ohio, have demonstrated a willingness to violate parental involvement laws.¹⁴⁵ For example, in 2009, the Alabama Department of Public Health issued a report stating that Planned Parenthood staff at a Birmingham, Alabama abortion clinic “failed to obtain parental consent for 9 of 9 minor patients in a manner that complies with state legal requirements.”¹⁴⁶ In some cases, state officials have initiated investigations into Planned Parenthood clinics and subsequently fined or placed them on probation for failure to comply with applicable state parental involvement laws. For example, in October 2005, Planned Parenthood Minnesota/North Dakota/South Dakota was fined \$50,000 for ignoring Minnesota’s parental notice law.¹⁴⁷

HHS mandates that no applicant may receive Title X funding unless it “certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services.”

AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- How does Planned Parenthood ensure that affiliated clinics comply with state parental involvement laws?
- What specific training is provided to Planned Parenthood employees?
- What evidence and statistics are kept by Planned Parenthood clinics to demonstrate consistent compliance with state parental involvement laws?
- Based on these statistics, what percentage of young girls who visit a Planned Parenthood clinic seeking an abortion actually involve their parents?
- What percentage seek judicial bypass of the state's parental involvement law? Do Planned Parenthood clinics encourage minors to apply for judicial bypass instead of involving their parents in their abortion decisions?
- What qualifies Planned Parenthood employees to make individual determinations as to whether each individual girl possesses the maturity, intelligence, and experience necessary to understand the nature and consequences of her abortion decision so as to encourage her to avoid involving her parent in that decision?
- Does Planned Parenthood assist girls in the judicial bypass process? How?
- What percentage of Planned Parenthood-counseled girls travel out-of-state for abortions?
- Does Planned Parenthood assist minor girls in obtaining abortions out of state when the neighboring state's parental notice law is less restrictive, and how does Planned Parenthood facilitate the minor's travel in these instances?
- What disciplinary action is taken against clinics or individual employees who fail to comply with parental involvement laws?
- Why does Planned Parenthood receive Title X funds when it opposes parental involvement laws, thereby contradicting one of the legislative requirements of Title X, namely, to encourage family participation in a minor's decision to seek family planning services?¹⁴⁸
- Why does Planned Parenthood oppose parental involvement laws when evidence strongly demonstrates that these laws protect the health and welfare of minors?
- Parental involvement laws are supported by the majority of Americans, regardless of their position on abortion and parental involvement is required before virtually all non-emergency medical procedures. Why does Planned Parenthood take an opposing stance?

D. ASSISTING IN PROSTITUTION AND/OR SEX TRAFFICKING?

“Because I was so young, I was always in demand with the customers. It was awful. Eventually, I became pregnant and I was forced to have an abortion. They sent me back to the brothel almost immediately.”

- Testimony before the U.S. Senate Foreign Relations Committee of a young woman who became a victim of sex trafficking in the United States at the age of 14.¹⁴⁹

“All nations that are resolute in the fight to end human trafficking have a partner in the United States. Together we will continue to affirm that no human life can be devalued or discounted. Together we will stop at nothing to end the debasement of our fellow men and women.”

- Then-Secretary of State Condoleezza Rice, 2006¹⁵⁰

Prostitution and sex-trafficking are crimes with countless victims, many of whom are particularly vulnerable because of their age. State and federal laws attempt to protect those victimized by the sex-industry. However, the practices at Planned Parenthood appear to assist the perpetrators of these crimes in evading the law and continuing the exploitation of their victims.

Federal statutes prohibit sex tourism and the interstate and international sex trafficking of adults and children, as well as sex trafficking within a state.¹⁵¹ Any person who aids, abets, or counsels a federal crime to be committed may be punished as if they had committed the crime themselves.¹⁵²

The Trafficking Victims Protection Act of 2000 (TVPA) prohibits sex trafficking which is defined as “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.”¹⁵³ (The law also prohibits human trafficking for labor.) The law defines a “commercial sex act” to be “any sex act on account of which anything of value is given to or received by any person.”¹⁵⁴ And sex trafficking “in which the person induced to perform such act has not attained 18 years of age” is designated as a “severe form of trafficking in persons.”¹⁵⁵

What the Department of Health and Human Services calls “a modern-day form of slavery”¹⁵⁶ is a problem of massive proportions. A report released by the U.S. State Department in 2007 found the majority of the estimated 800,000 human beings bought, sold, or forced across international borders each year to be “females trafficked into commercial sexual exploitation.”¹⁵⁷ The State Department also noted its estimates do not include the “millions” of victims “trafficked within their own national borders.”¹⁵⁸

Within the United States, it appears that prostitution and sex trafficking of minors – a “severe form of trafficking” – happen on a large scale. A 2001 report released by the University of Pennsylvania estimated that approximately 293,000 American youth were then at risk of becoming victims of commercial sexual exploitation.¹⁵⁹ The report found the average age at which girls first become victims of prostitution is 12 to 14 years of age.¹⁶⁰

Sadly, recent video footage taken by Live Action inside Planned Parenthood clinics in seven different cities across America suggests that the perfect partner for a pimp or sex trafficker is a Planned Parenthood clinic – a Planned Parenthood clinic funded, in large part, by the American taxpayer.¹⁶¹

The video footage recorded by Live Action at Planned Parenthood affiliates in January 2011 revealed Planned Parenthood employees in seven different clinics willing to:

- Assist and advise a man who claimed he was involved in the sex trafficking of girls as young as 14 years of age;
- Advise an alleged pimp on how to obtain secret abortions, STD testing, and contraceptive services for underage girls;
- Offer taxpayer-funded discounts for services; and
- Advise an alleged pimp on how to circumvent state parental involvement laws for abortion.¹⁶²

HUMAN TRAFFICKING *Defined*

The TVPA defines “severe forms of trafficking,” as:

- a. Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or
- b. The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

A victim need not be physically transported from one location to another in order for the crime to fall within these definitions.

– *Trafficking In Persons Report, June 2007*

For example, on January 13, 2011 at the Planned Parenthood of Central New Jersey’s (PPCNJ) Perth Amboy center – one of the six clinics PPCNJ operates – the clinic manager, Amy Woodruff, LPN, advised the man and woman who presented themselves as a pimp and a prostitute on how to obtain abortions for the girls as young as 14 that they “manage.” She directed them to take the girls to the Metropolitan Medical Association, where “their protocols aren’t as strict as ours and they don’t get audited the same way that we do.”¹⁶³ Woodruff also coached the “sex traffickers,” who told her some of the girls they manage “don’t speak any English...cause they’re not even from here...” on how to make their operation “look as legit as possible.”¹⁶⁴ She told the pimp and prostitute to have their underage girls lie about their ages to avoid mandatory reporting laws: “[J]ust say, ‘Oh he’s the same age as me, 15,’... it’s just that mainly 14 and under we have to, doesn’t matter if their partner’s the same age, younger, whatever, 14 and under we have to report.”¹⁶⁵

(This same Planned Parenthood affiliate was awarded the Planned Parenthood Federation of America’s 2009 Affiliate Excellence Award for Professional Education and Training.¹⁶⁶)

Some Planned Parenthood clinics, when presented with information that underage girls – some from foreign countries – are being exploited for commercial sex, willingly partner with pimps and those who prey on young girls. Former Planned Parenthood director Abby Johnson confirmed that these were not isolated incidents: “It happens all the time, it happened at my clinic ... I let it happen.”¹⁶⁷

AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- In light of the Live Action expose, what concrete steps has Planned Parenthood taken to ensure that suspected sex trafficking is reported to the proper authorities?
- What training and compliance programs does Planned Parenthood currently have in place for its employees with regard to dealing with sex trafficking? Are those programs effective? How can those programs be improved?
- Do local Planned Parenthood clinics liaise with local law enforcement? How?

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AREAS TO INVESTIGATE AND QUESTIONS TO ASK: (Continued from previous page)

- Does Planned Parenthood have any relationship with the law enforcement community, especially elements of the law enforcement community that combat sex trafficking?
- Has Planned Parenthood ever reported possible illegal sex trafficking operations to law enforcement? How many times?

E. MISUSE OF RU-486

Planned Parenthood and other abortion providers misuse the abortion drug RU-486, and they do not hide this misuse.¹⁶⁸ Planned Parenthood is also increasing its distribution of RU-486 through the use of telemedicine (also known as “telemed”), that is, videoconferencing in place of a face-to-face visit between doctor and patient.¹⁶⁹ By dispensing RU-486 without even one in-person, patient-doctor visit, this practice violates not only the U.S. Food and Drug Administration (FDA) protocol, but also the spirit, if not the letter, of state laws designed to protect women.¹⁷⁰ Furthermore, federal funding may be inappropriately supporting Planned Parenthood’s use of this dangerous abortion drug.

Mifeprex/Mifepristone is the first drug to be approved in the U.S. for use in causing an abortion. Specifically, it was approved only for use in combination with Misoprostol (“Cytotec”), hereinafter referred to as the “RU-486 regimen.”

Notably, the RU-486 regimen often fails to cause a complete abortion. When that happens, the woman must undergo a surgical procedure for excessive bleeding, retained tissue, and/or a continuing pregnancy. The further along the pregnancy, the greater the number of failures and the greater the risk of hospitalization and emergency surgery for the woman.¹⁷¹

Because of the high failure rate of RU-486 in later pregnancies,¹⁷² the FDA approved RU-486 under conditions that allowed for post-marketing restrictions and limited approval to use only in the first 49 days following a woman’s last menstrual period.¹⁷³

However, off-label use by Planned Parenthood clinics up to 63 days or beyond is common, despite the increased risk of failure and the increased risks to women’s lives and health. Planned Parenthood openly acknowledges on its website that it provides RU-486 to women up to 63 days gestation¹⁷⁴ – i.e., Planned Parenthood admits to providing RU-486 in a way that fails 23 percent of the time.

Of course, if a woman is provided RU-486 at 63 days gestation and it fails, Planned Parenthood can then provide her with the second (surgical) abortion – an abortion that is now more expensive since she is further along in her pregnancy. This results in greater profits for Planned Parenthood – at the risk of women’s health and lives.

The FDA also specifically requires three office visits by a woman taking RU-486 because of significant safety concerns for the woman. The first visit is intended to make sure that the woman has no medical contraindications and to ascertain the gestational age of the pregnancy (since the risks associated with RU-486 increase with gestational age¹⁷⁵). The first visit is also needed to confirm that the woman does not have an ectopic pregnancy (where the fetus is located in the fallopian tube, which occurs in 1 in every 50 pregnancies¹⁷⁶). Ectopic pregnancies “treated” with the RU-486 regimen can rupture and kill the woman.¹⁷⁷

The use of telemedicine, or “telemed,” distribution of RU-486 is a direct violation of FDA requirements for dispensing Mifepristone, and puts a woman at grave risk. At a minimum, a “virtual visit” cannot accurately assess the gestational age or rule out ectopic pregnancy.



In addition, the protocols approved by the FDA and the manufacturer of RU-486, Danco Laboratories, affirm the necessity of having a physician in attendance at the RU-486 abortion, not only to administer the drug, but also to provide surgical intervention and other care as needed.¹⁷⁸

Further, “telemed” distribution is disturbingly close to over-the-counter distribution. The FDA has judged that medications with a black-boxed warning, such as Mifeprex, are not eligible for over-the-counter distribution, as they are too dangerous to use without close physician supervision.

In February 2011, 71 Members of Congress wrote to the Secretary of Health and Human Services (HHS), Kathleen Sebelius, regarding the potential inappropriate use of federal funds by Planned Parenthood for telemedicine equipment that would be used to dispense abortion drugs.¹⁷⁹ To date, the concerned Members of Congress have received no reply to their query. In its investigation of Planned Parenthood, Congress must obtain answers to these questions to ensure that federal funds are not being inappropriately used for abortions through telemedicine practices.



Planned Parenthood dangerously increases the reach of its abortion business.

AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

Planned Parenthood is a federally-funded entity and could be receiving funding for RU-486 in Hyde-exception situations (in cases involving rape, incest, or where the woman's life is endangered).

- What is the incidence of Planned Parenthood clinics dispensing RU-486 after 49 days gestation?
- How many attempted RU-486 abortions at Planned Parenthood clinics have required surgical intervention or follow-up?
- What percentage of Planned Parenthood RU-486 clients are lost to follow-up and do not return to Planned Parenthood after administration of the drug?
- What portion of Planned Parenthood's annual revenue comes from RU-486?
- How much does Planned Parenthood charge for an RU-486 abortion? On average, what are the actual costs associated with such an abortion?
- What are Planned Parenthood's future plans for telemedicine or “telemed” abortions?
- Why did Planned Parenthood begin using telemedicine?
- What internal reviews or studies did Planned Parenthood conduct, if any, into the potential risks to women when foregoing in-person examinations and consultations before dispensing RU-486?

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AREAS TO INVESTIGATE AND QUESTIONS TO ASK: (Continued from previous page)

- What medical experts did Planned Parenthood consult during such a review?
- In total, how much federal funding has been appropriated for telemedicine and what portion of those funds has been used to purchase telemedicine equipment? And have any funds that were not specifically designated for telemedicine been used to support telemedicine?
- Has PPFA, its affiliates, or clinics received any specifically-designated telemedicine funding? From whom?

F. MISINFORMATION ABOUT ELLA AND DISTRIBUTION OF “EMERGENCY CONTRACEPTION”

Planned Parenthood boasts of its role in the approval of a new drug, *ella*,¹⁸⁰ yet provides considerable misinformation about the drug. Planned Parenthood’s proud off-label use of other drugs, such as RU-486 and Plan B, provides reason to believe it will do the same with *ella*.¹⁸¹ Furthermore, the sexual exploitation of minors is perpetrated by Planned Parenthood’s explicit promotion of “emergency contraception” sales to men.

In August 2010, the Food and Drug Administration (FDA) approved the use of Ulipristal Acetate (*ella*) as “emergency contraception.” The FDA contraindicated *ella* “during an existing or suspected pregnancy.”¹⁸² However, a document produced by PPFA and available on its website, “Background on Ulipristal Acetate (ELLA),” disregards the FDA requirement. In answer to the question, “Who can use [*ella*];,” the document states, “There are no contraindications (Glazier, 2010).”¹⁸³

The confusion of *ella* with Plan B, another FDA-approved “emergency contraceptive,” is prevalent throughout Planned Parenthood materials. For example, after defining “emergency contraception” to include *ella*,¹⁸⁴ Planned Parenthood’s website further states that:

Emergency contraception is made of one of the hormones found in birth control pills – progestin. Hormones are chemicals made in our bodies. They control how different parts of the body work.¹⁸⁵

ella, however, is not a progestin-based drug. Rather, the chemical make-up of *ella* is similar to the abortion drug RU-486.¹⁸⁶ Both work by blocking progesterone (a hormone necessary to build and maintain the uterine wall during pregnancy), and can either prevent a developing human embryo from implanting in the uterus, or kill an implanted embryo by starving it to death.¹⁸⁷

The distinction between *ella* and Plan B is consequential. While the FDA asserted the progestin-based drug Plan B “is not effective in terminating an existing pregnancy,”¹⁸⁸ it made no such assurances about the progesterone-blocker *ella*. Instead, the FDA merely stated that *ella* was not “indicated” for abortions.¹⁸⁹

In addition to misrepresenting how “emergency contraceptives” work, Planned Parenthood promotes them in such a way that leads to the exploitation of women, in particular minors. For example, the website of Planned Parenthood Health Services excitedly announces that men can obtain Plan B from Planned Parenthood: “PPHS provides an over-the-counter form of Plan B to women (and men!) age 17 or older with a valid, government-issued identification that shows proof of age.”¹⁹⁰

Video footage recorded by the organization Live Action reveals Planned Parenthood employees advising a man -- who they are told is running a sex-trafficking operation of underage girls -- that he can obtain “emergency contraception” for the girls he exploits. While girls under the age of 17 can only receive Plan B through a prescription, the employee at the Planned Parenthood clinic in Falls Church, Virginia advises the man *he* can obtain the drug *over-the-counter*.¹⁹¹ At the Roanoke, Virginia Planned

Planned Parenthood, the Live Action investigators are given similar advice: that a man, purportedly sexually exploiting young girls, could obtain Plan B over-the-counter.¹⁹²

Classification as “contraception” makes *ella* and Plan B eligible for government funding under “family planning” programs such as Title X and Medicaid.¹⁹³ The drugs may also soon be included under the “preventive care for women” mandate in the PPACA. Thus, Planned Parenthood stands to gain financially from the sale of abortion-inducing drugs, at the taxpayer’s expense.

AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- How much revenue does Planned Parenthood make from “emergency contraception”?
- What percentage of its sales of “emergency contraception” does Planned Parenthood make to males?
- What is the supporting rationale for sales to men?
- Is Planned Parenthood concerned that making “emergency contraception” available to men might lead to more sexual exploitation of young girls?
- If so, how does Planned Parenthood ensure that women and girls are not being exploited by males purchasing “emergency contraception”?
- How does Planned Parenthood ensure that “emergency contraception” is only used as directed by the FDA?
- How often does Planned Parenthood prescribe off-label use of “emergency contraception”?
- Why does Planned Parenthood encourage this off-label use?

G. OTHER POSSIBLE MALFEASANCE

Additionally, evidence has been collected that Planned Parenthood affiliates have violated state informed consent laws, may make referrals to and maintain affiliations with substandard abortion clinics, and may misreport their abortion statistics.

i. PLANNED PARENTHOOD’S WILLINGNESS TO USE INACCURATE AND MISLEADING INFORMATION

Informed consent is the linchpin of “choice” and the standard for American medical practice. Without accurate information, a patient is unable to make an informed decision. It is essential to the psychological and physical well-being of a woman considering an abortion that she receive complete and medically-accurate information regarding the risks and side effects of abortion. Lacking accurate information, she is unable to exercise true “choice.”

In 1992, the U.S. Supreme Court ruled that informed consent laws (for abortion) are constitutional.¹⁹⁴ The Court stated that such laws reduce “the risk that a woman may elect an abortion, only to discover later, with devastating psychological consequences, that her decision was not fully informed.”¹⁹⁵ In 2007, the Court reaffirmed its approval of informed consent laws, holding that “[t]he state has an interest in ensuring so grave a choice is well informed.”¹⁹⁶ Thirty-one states have enforceable informed consent laws.¹⁹⁷ Furthermore, the American Medical Association (AMA) indicates in its Code of Ethics that “the physician’s obligation

is to present the medical facts accurately to the patient.”¹⁹⁸

However, some Planned Parenthood clinics appear willing to provide inaccurate and misleading information regarding fetal development and the risks of abortion to women’s health.¹⁹⁹

For example, in Appleton, Wisconsin, when a Live Action undercover investigator posing as a young pregnant woman asked about the safety of the abortion procedure, the Planned Parenthood doctor stated: “This is very safe. The stage you’re at right now is very, very safe. Safer than having a baby, actually.”²⁰⁰ However, such a statement is inadequate. Planned Parenthood failed to provide the young woman who sought its advice essential information,²⁰¹ including the fact that induced abortion increases the risk of miscarriage by 55 percent in subsequent pregnancies,²⁰² and that there exists a heightened risk of suicide and psychiatric admissions to women who have had an induced abortion.²⁰³

In Milwaukee, Wisconsin, a Planned Parenthood employee told a young woman, purportedly six to eight weeks pregnant, “The fetus is the developing embryo inside of you. But, at this point, there’s nothing developed at all. There’s no legs, no arms, no head, no brain, no heart. At this point, it’s just the embryo itself.”²⁰⁴ Planned Parenthood failed to give accurate information to the young woman, namely, that at six to eight weeks gestation, an unborn child’s legs, arms, head, brain, and heart are in fact present.²⁰⁵ To protect the health and lives of women, complete and reliable data on abortion must be available to women, the medical community, and the general public.²⁰⁶

MISINFORMATION:

“But, at this point, there’s nothing developed at all. There’s no legs, no arms, no head, no brain, no heart.”



Baby at 7-weeks gestation.

Image source: Live Action video

AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- What is Planned Parenthood’s position on informed consent laws for abortion?
- What standards does PPFA impose on its affiliates with regard to informed consent?
- How does Planned Parenthood ensure compliance with these standards?
- How does Planned Parenthood ensure that state informed consent laws are consistently and thoroughly complied with?
- What training does Planned Parenthood provide its affiliates and employees regarding state informed consent laws?
- Has a Planned Parenthood employee ever been disciplined for failing to ensure a patient fully consented to an abortion? How many times?
- What material has Planned Parenthood produced for its clients on the risks and dangers of abortion?

ii. WILLINGNESS OF SOME PLANNED PARENTHOOD CLINICS TO REFER TO SUBSTANDARD CLINICS

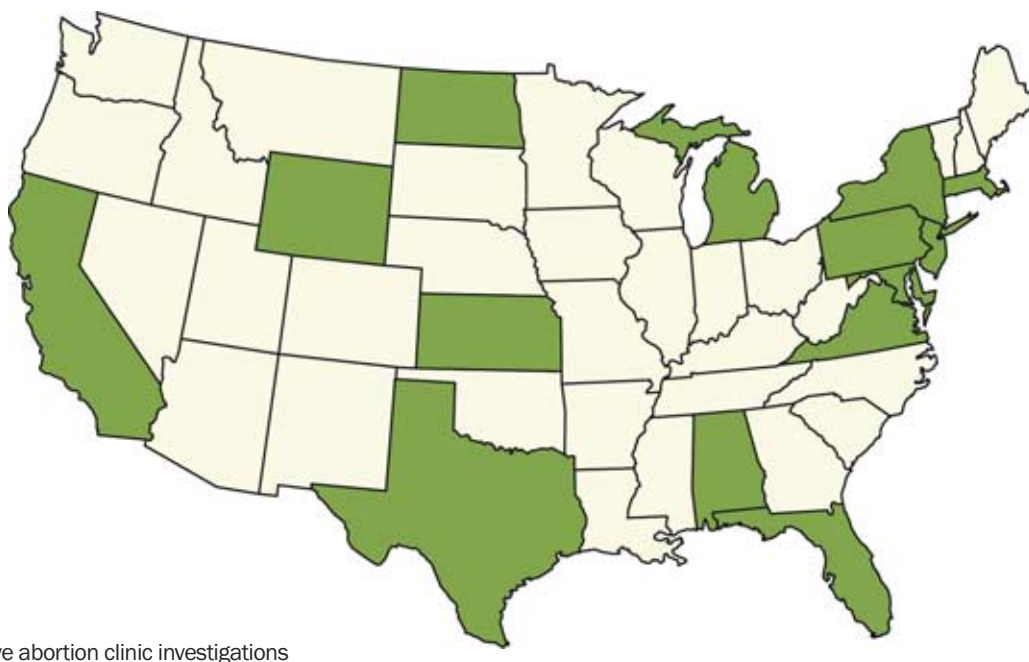
In January 2011, Kermit Gosnell was indicted on eight counts of murder in the deaths of seven infants and one woman who died after a late-term abortion.²⁰⁷ According to the Office of the District Attorney in Philadelphia, Gosnell:

[S]taffed his decrepit and unsanitary clinic entirely with unlicensed personnel, let them practice medicine on unsuspecting patients, unsupervised, and directed them to heavily drug patients in his absence. In addition, he regularly performed abortions beyond the 24-week limit prescribed by law. As a result, viable babies were born. Gosnell killed them by plunging scissors into their spinal cords. He taught his staff to do the same.²⁰⁸

In addition to exposing the deplorable and inhumane conditions at Gosnell’s West Philadelphia abortion clinic, a Pennsylvania grand jury report investigating Gosnell and the Women’s Medical Society clinic reveals Gosnell’s utter disregard for the law and documents a pattern of deadly behavior toward women, unborn children, and newborns.²⁰⁹ Moreover, the grand jury report demonstrates a systemic failure to enforce laws designed to protect women’s health and safety, noting there “were several oversight agencies that stumbled upon and should have shut down Kermit Gosnell long ago.”²¹⁰ Additionally, the grand jury report reveals that the Women’s Medical Society clinic received government funding.²¹¹

Sadly, this unfit practitioner and his “House of Horrors” are not aberrations. In just the past 12 months, there have been investigations of numerous abortion providers including the Beacon Women’s Center in Alabama; Feliciano Rios and Andrew Rutland in California; Albert Dworkin in Delaware; Randall Whitney and James Pendergraft in Florida; Ann Kristin Neuhaus in Kansas; Romeo Ferrer in Maryland; Nicola Riley in Maryland and Wyoming; Steven Brigham in Maryland, New Jersey, Pennsylvania, and Virginia; Rapin Osathanondh in Massachusetts; Alberto Hodari in Michigan; Salomon Epstein in New York; Tami Lynn Holst Thorndike in North Dakota; Soleiman Soli in Pennsylvania; and Jasbir Ahlwalia, Arthur John Brock, Robert Hanson, Margaret Kini, Pedro Kowalyszyn, Sherwood C. Lynn, Jr., Lester Minto, Alan Molson, Robert L. Prince, Lamar Robinson, Franz Theard, and William West in Texas.

States where abortion clinics are under investigation



In sum, at least 15 states have recently or are currently investigating abortion clinics and abortion providers for offenses including failure to meet medical standards and licensing requirements, violations of health and safety codes, improper disposal of medical waste and patient records, Medicaid fraud, violations of late-term abortion restrictions, criminal battery, and criminal and civil liability in the deaths of patients.

Video footage recorded at Planned Parenthood affiliates by Live Action shows Planned Parenthood employees recommending that minors patronize abortion facilities that may be willing to violate state laws.

For example, at the Perth Amboy Clinic in New Jersey, a Planned Parenthood employee advised a man she believed to be exploiting underage girls in a sex-trafficking operation to frequent a clinic whose “protocols” would not be as strict as Planned Parenthood’s.²¹²

PIMP: What if they need an abortion though?

PP MANAGER AMY WOODRUFF: Oh, that’s a com – that’s a completely different story now. No, no, now this is more – [crosstalk]. If they come in for pregnancy testing – um, shit, at that point it still needs to be, you never got this from me, just to make all of our lives easier.

PIMP: Ok.

PP MANAGER AMY WOODRUFF: If they’re 14 and under [circles clinic address on paper] just send them right there if they need an abortion, ok? [laughter]

PIMP: This is the spot? Ok!

PROSTITUTE: Ok, will they ask questions or anything ... will they need ID or something?

PP MANAGER AMY WOODRUFF: They won’t need ID, them, they’re gonna be a little bit more different, but their protocols aren’t as strict as ours, and they don’t get audited the same way that we do, like with the [inaudible].

AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- What standard does Planned Parenthood use in making referrals?
- Does Planned Parenthood refer to other abortion clinics when they believe there may be underlying illegality?

iii. APPARENT WILLINGNESS OF SOME PLANNED PARENTHOOD CLINICS TO UNDER-REPORT THE NUMBER OF SURGICAL ABORTIONS IT PERFORMS EACH YEAR

Planned Parenthood of Indiana appears to have failed to accurately report how many abortions it performs each year. In 2007, Planned Parenthood of Indiana reported a combined 3,923 surgical abortions from its three clinics that provide such abortions.²¹³ However, a staffer at the Indianapolis Planned Parenthood clinic stated during one of Live Action’s undercover investigations that its clinic did abortions 3 times a week and performed 30 abortions a day.²¹⁴ This amounts to 90 abortions a week and 4,680 abortions per year at just one out of the three Planned Parenthood surgical abortion clinics in Indiana. Considering that this figure alone – which does not include Planned Parenthood of Indiana’s surgical abortion-performing clinics in Bloomington and Merrillville – exceeds the number of abortions Planned Parenthood of Indiana reported in 2007, it seems improbable that the three combined could have only performed 3,923 abortions.

At a minimum, this discrepancy raises serious questions that necessitate investigation as to whether every Planned Parenthood affiliate accurately reports its abortion numbers, particularly considering Planned Parenthood of Indiana’s apparent failure to report sexual abuse of minors to state officials.²¹⁵

AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- What abortion statistics or information does Planned Parenthood clinic report each year? To whom?
- How is the information collected to support these statistics?
- How is accuracy ensured?
- Why would a Planned Parenthood clinic not report or incompletely report information related to, for example, the number of abortions it performs in any given year?

V. PLANNED PARENTHOOD'S OPPOSITION TO LEGISLATION THAT PROTECTS WOMEN

Planned Parenthood affiliates across the nation routinely oppose federal and state legislation designed to protect women and young girls, calling into question whether they truly are the defenders of women they so publicly hold themselves out to be. For example, in 2001, Texas Governor Rick Perry signed legislation that strengthened mandatory reporting laws to require health care and reproductive care employees to report all cases of suspected sexual contact involving clients under 17 years of age and to report all sexual contact that involves a client under 14 years of age regardless of the age of the partner.²¹⁶ During the legislative debate over this law, Planned Parenthood affiliates in Texas contended that it would result in a flood of frivolous claims of sexual assault and statutory rape. They argued that real cases would be lost in the shuffle of the bureaucracy, and children would suffer the consequences. Nearly 10 years later, however, that has not proven to be the case.²¹⁷

Similarly, in March 2011, Planned Parenthood of Illinois lobbied against HB 2093, legislation to broaden a sexual abuse reporting law to require almost all employees and volunteers of organizations that provide or refer for reproductive health care or sex education to report child abuse or suspected sexual abuse to the Illinois Department of Children and Family Services. This more expansive definition of mandatory reporters is consistent with definitions and requirements in other states and ensures greater protection for young children. Planned Parenthood of Illinois' stated reason for opposing the measure was because it feared reporting too many cases of suspected sexual abuse of minors might overload the responsible government agency.²¹⁸

...studies demonstrate that parental involvement laws actually decrease the incidence of risky sexual behavior among teenagers and reduce the teenage demand for abortion.

In 2011, Planned Parenthood of the Heartland opposed LB 690, a parental consent bill which would protect the health and welfare of minor girls in Nebraska.²¹⁹ In contrast with the position of the majority of Americans who support parental involvement laws,²²⁰ Planned Parenthood of the Heartland testified against the parental consent bill, stating that the bill "creates potential harm for young women" and that it would be better to stop "putting so much time and energy into the issue of abortion."²²¹ Contrary to Planned Parenthood of the Heartland's testimony, studies demonstrate that parental involvement laws actually decrease the incidence of risky sexual behavior among teenagers²²² and reduce the teenage demand for abortion.²²³ As former Governor of Nebraska Kay Orr noted when LB 690 was introduced: "All young women deserve their parents' involvement and protection before making such a monumental decision."²²⁴

In 2011, Planned Parenthood of Illinois also lobbied against HB 786, which would require a woman seeking an abortion, after six weeks gestation, to be offered the opportunity to view an ultrasound of her unborn child. The Planned Parenthood affiliate inexplicably claimed this opportunity may "violate a patient's privacy."²²⁵

Recently, Planned Parenthood Southeast called efforts to pass laws that protect women and young girls in Mississippi "overwhelmingly anti-woman and anti-family."²²⁶ It lobbied against HB 656, which sought to protect minor girls from being

transported across state lines for an abortion without a parent's consent.²²⁷ Planned Parenthood also lobbied against SB 2617, a common-sense law that would have required an abortion provider to be a board-certified obstetrician-gynecologist with hospital admitting privileges (which facilitates the provision of emergency care).²²⁸

VI. PLANNED PARENTHOOD'S EFFORTS TO OVERTURN COMMON-SENSE LAWS

Furthermore, throughout its history, Planned Parenthood has consistently filed legal challenges to duly-enacted laws designed to protect the health and safety of women and young girls, including parental involvement laws, informed consent laws, restrictions on dangerous late-term abortions, reporting laws designed to compile statistical information on abortion incidence and risks, and other measures. Arguing that these laws would adversely impact a woman's right to abortion, Planned Parenthood has, in actuality, opposed these protective laws, in part, because they would adversely impact its "bottom line" by increasing its costs. The example of just one state – Missouri – is sufficiently indicative of Planned Parenthood's pattern and practice of legal challenges to state laws across the nation.

Just a few years ago, in *Planned Parenthood of Kansas & Mid-Missouri Inc. v. Drummond*, Planned Parenthood challenged a Missouri law that required abortion clinics to meet the same standards as the ambulatory surgery centers in the state, ensuring the health and safety of women seeking abortions.²²⁹ Planned Parenthood argued that bringing its clinics into compliance with these medically-accepted standards would be "so cost-prohibitive as to require either passing on the additional expense to patients or to cease their abortion practices."²³⁰

Similarly, in an earlier case, *Planned Parenthood Association v. Ashcroft*, Planned Parenthood challenged a Missouri law requiring that every abortion performed subsequent to the first 12 weeks of pregnancy take place in a hospital because, they argued, the requirement "increased the cost."²³¹ Planned Parenthood further argued that a portion of the law requiring a physician who performs the abortion to first secure the woman's informed consent would result in "increasing the cost of each procedure."²³² Similarly, Planned Parenthood also challenged another portion of Missouri law requiring that a sample of the tissue removed at the time of the abortion be submitted to a pathologist because it constituted an "additional cost."²³³

In addition to Planned Parenthood's stated reason for challenging certain protective state laws (i.e., because they believed that these laws would increase their costs), the Civil Rights Attorney's Fees Awards Act of 1976,²³⁴ also referred to as § 1988, provides an added financial incentive for Planned Parenthood to challenge abortion-related laws: If even remotely successful in their challenge, Planned Parenthood can force the state – in reality, state taxpayers – to pay an attorneys' fee award. In fact, some cases have resulted in six-figure awards to Planned Parenthood. For example, for challenging a parental notice law in New Hampshire, Planned Parenthood was awarded \$300,000 in attorneys' fees.²³⁵ Recently, Planned Parenthood was awarded \$124,238 in attorneys' fees after challenging Nebraska's 2010 abortion prescreening law,²³⁶ and a challenge to a South Dakota clinic standards law resulted in an attorneys' fees award totaling \$275,336 for Planned Parenthood.²³⁷

Since 1973, Planned Parenthood has challenged parental involvement laws in 21 states, laws to ensure taxpayers are not forced to fund abortion in 20 states, laws to ensure women are given adequate and accurate information when considering abortion in 10 states, as well as other protective laws.²³⁸

AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- How many times has Planned Parenthood been involved in legal challenges to state abortion-related laws?
- And of those cases, in how many did Planned Parenthood receive an attorneys' fee award?
- What were the total awards in all of those cases?

VII. CONGRESS' POWER TO INVESTIGATE

The United States Supreme Court has described the congressional power of inquiry as “an essential and appropriate auxiliary to the legislative function.”²³⁹ The issuance of a subpoena pursuant to an authorized investigation is “an indispensable ingredient of lawmaking.”²⁴⁰ Congress could not legislate “wisely or effectively in the absence of information.”²⁴¹

Legislative inquiries must be authorized by Congress, pursue a valid legislative purpose, raise questions relevant to the issue being investigated, and inform witnesses why questions put to them are pertinent.²⁴² The understanding of what constitutes a legislative purpose is broad. It is enough that the subject of investigation is “one on which legislation could be had and would be materially aided by the information which the investigation was calculated to elicit.”²⁴³ A Congressional investigation could have legislation as a possible, but not a necessary, outcome. Investigation as pure oversight of the operations of the executive branch is adequate justification. Moreover, “[t]o be a valid legislative inquiry there need be no predictable end result.”²⁴⁴

To accomplish the purpose of legislation or oversight, each House is entitled to compel witnesses to provide testimony pertinent to the legislative inquiry.²⁴⁵ Committees and subcommittees are authorized to request, by subpoena, “the attendance and testimony of such witnesses and the production of such books, records, correspondence, memoranda, papers, and documents as it considers necessary.”²⁴⁶ And committee subpoenas “have the same authority as if they were issued by the entire House of Congress from which the committee is drawn.”²⁴⁷

While requests from citizens and organizations for documentation regarding the extent of the Planned Parenthood scandals have been made and denied under the Freedom of Information Act (FOIA),²⁴⁸ FOIA “is not authority to withhold information from Congress.”²⁴⁹

HHS grants and programs are a major source of the federal funds received by Planned Parenthood.²⁵⁰ Two committees in the Senate – Finance and Health; Education, Labor and Pensions – and two committees in the House of Representatives – Energy and Commerce (through its Subcommittees on Health and Ways and Means) – have jurisdiction over legislation authorizing the programs through which most of the federal funds were provided and could launch an investigation into the operations, practices, and policies of Planned Parenthood. In addition, the Senate and House Committees on Appropriations each have subcommittees that have jurisdiction over legislation appropriating funds for these federal programs.

VIII. CONCLUSION

Planned Parenthood and its radical pro-abortion agenda are inconsistent with American values. As documented throughout this report, Planned Parenthood’s legacy is a deeply-troubling one of ruined lives, deception, and abuse. For more than 90 years, it has garnered significant public influence while relentlessly pursuing an agenda of unapologetic abortion-on-demand, putting profits and ideology above women’s health and safety. Again and again, Planned Parenthood has proven that it is not the defender of women’s rights and health that it holds itself out to be. Rather, substantial evidence suggests Planned Parenthood defends and partners with those who abuse and exploit women. For these reasons, Americans United for Life calls on Congress to hold hearings into Planned Parenthood’s operations, its use of taxpayer funding, and its potential violations of state and federal law.

