

# THE CASE FOR **INVESTIGATING PLANNED PARENTHOOD**

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





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of the nation's largest abortion provider

JULY 7, 2011

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.”<sup>1</sup> 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.<sup>2</sup>

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.

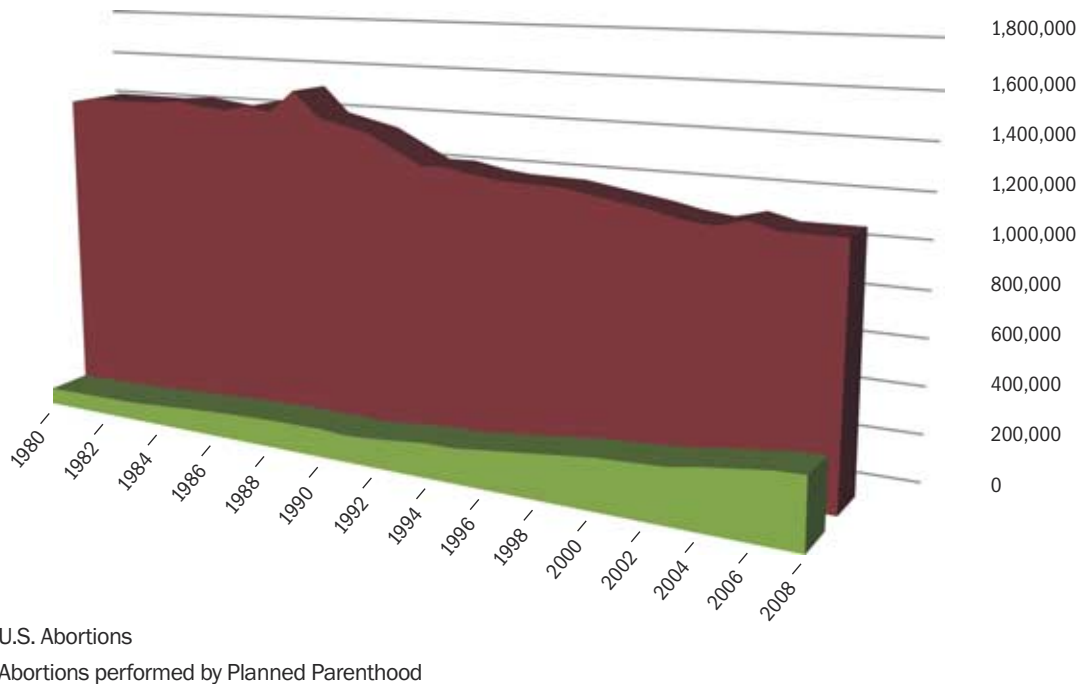
A tax-exempt “non-profit” organization, PPFA is a billion dollar industry and the nation’s largest abortion provider; one of every four abortions in the United States is performed by Planned Parenthood.<sup>3</sup> While the incidence of abortions in the United States has steadily decreased since 1990, 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.<sup>4</sup>

Planned Parenthood's "services" for its pregnant clients are overwhelmingly abortions. While PPFA reported performing 332,278 abortions in 2009<sup>5</sup> (8,270 more than it reported in 2008<sup>6</sup>), it only reported 977 adoption referrals to outside agencies.<sup>7</sup> Thus, for every adoption referral PPFA makes, it performs 340 abortions.<sup>8</sup> During the same period, PPFA only had 7,021 clients receiving prenatal care.<sup>9</sup> In sum, abortion represented over 97 percent of PPFA's pregnancy-related services in 2009. Moreover,

**Planned Parenthood's Share of Abortion Increasing**



the disparity between PPFA's provision of abortions and its provision of other pregnancy services has increased annually since 1996.<sup>10</sup>

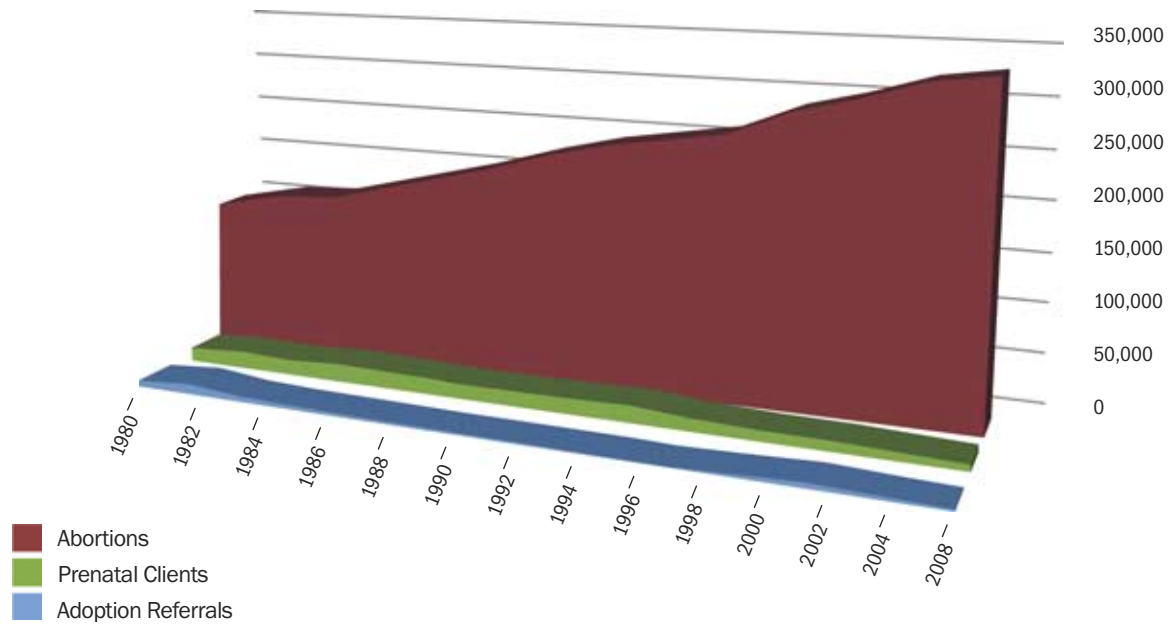
Planned Parenthood, while often discounting abortion as representing only 3 percent of its "services,"<sup>11</sup> acknowledges that 12 percent of its health care patients receive abortions.<sup>12</sup> However, even this number fails to capture the significance of abortion to Planned Parenthood's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

PPFA states that an abortion "[c]osts about \$350–\$950 in the first trimester."<sup>13</sup> It reported performing 324,008 and 332,278 abortions in 2008 and 2009, respectively (an average of 328,143 abortions each year).<sup>14</sup> 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.<sup>15</sup>

Using figures provided by Planned Parenthood's "special affiliate," the Guttmacher Institute,<sup>16</sup> 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.***

### Planned Parenthood's Pregnancy-Related Services

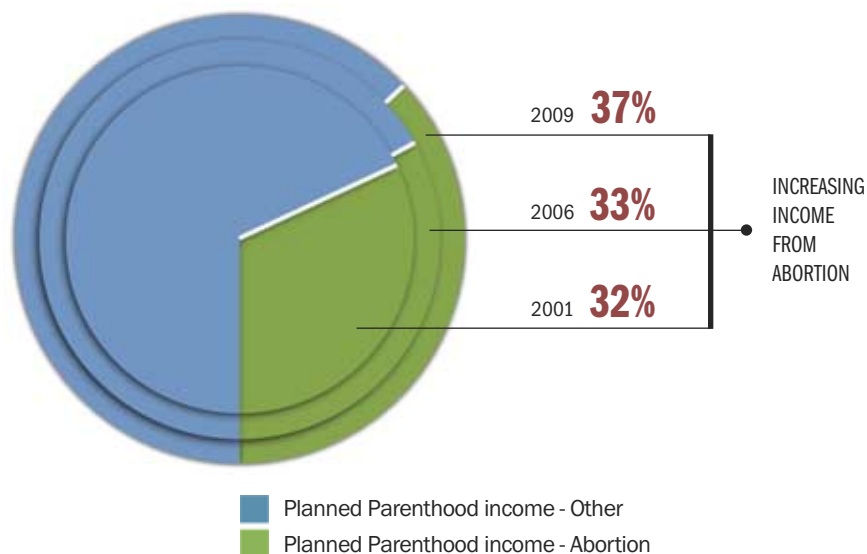


is a steadily increasing and significant percentage of Planned Parenthood's "clinic income."

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

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.<sup>20</sup>

### Planned Parenthood Clinic Income





### 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.<sup>21</sup> That amount has more than doubled since 1998.<sup>22</sup> A significant portion of these funds comes from the federal government.<sup>23</sup> According to PPFA President Cecile Richards, "We see 3 million patients a year, and 2 million qualify for some type of federal assistance"<sup>24</sup> – "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.<sup>25</sup>

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

In 1980, the Supreme Court upheld the constitutionality of one such restriction, the Hyde Amendment, in the case of *Harris v. McRae*.<sup>28</sup> 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.**<sup>29</sup>

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.<sup>30</sup> Specifically, Guttmacher reported:

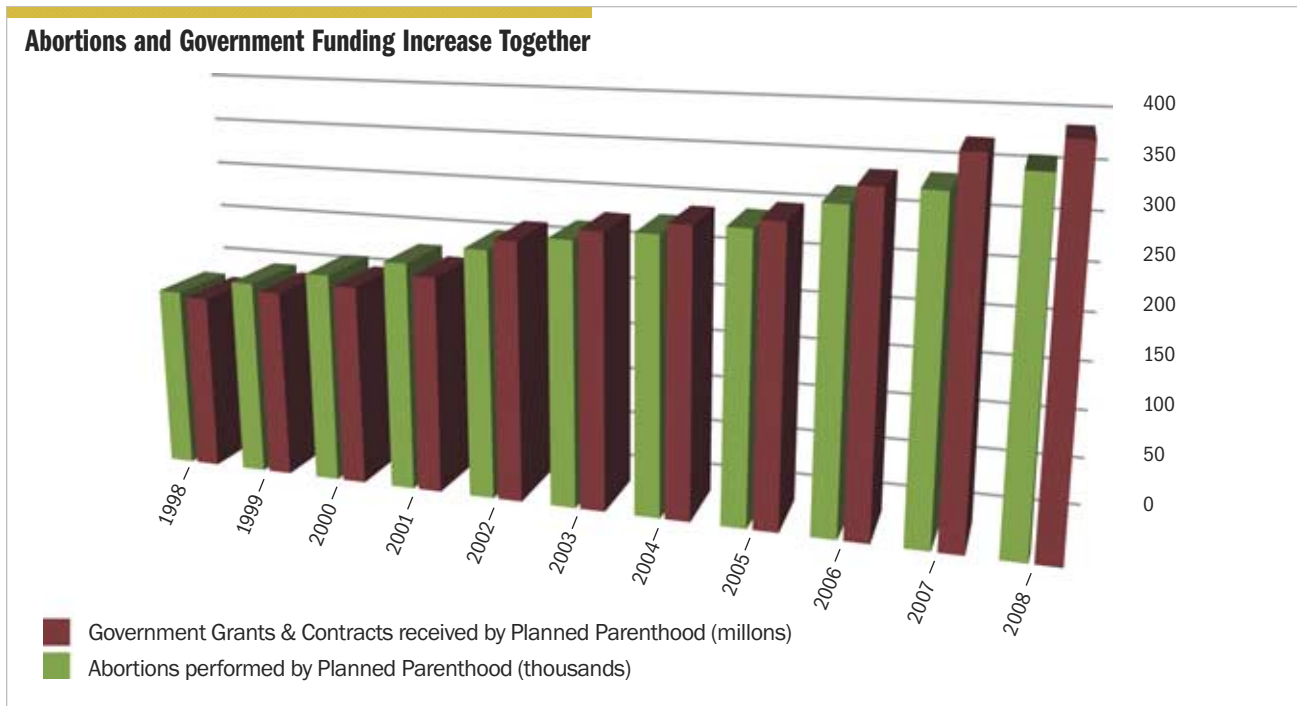
**The best studies are the five that used detailed data from individual states and compared the ratio of abortions to births before and after Medicaid restrictions took effect. These found that 18–37% of pregnancies that would have ended in Medicaid-funded abortions were instead carried to term when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

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,<sup>32</sup> 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.<sup>33</sup>

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.<sup>34</sup> The federal government and the state governments jointly fund and administer the Medicaid program.<sup>35</sup> Although a state has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable federal requirements.

The Hyde Amendment,<sup>36</sup> named after its original author, Representative Henry Hyde,<sup>37</sup> has restricted abortion funding in Medicaid since 1976 – three years after *Roe v. Wade*.<sup>38</sup> 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.<sup>39</sup> 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.<sup>40</sup>

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,”<sup>41</sup> *and* that “[n]one of the funds ... shall be expended for health benefits coverage that includes coverage of abortion.”<sup>42</sup> 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.”<sup>43</sup>

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,<sup>44</sup> for “family planning” services provided using Medicaid funds, the federal government reimburses the cost of all services and supplies at 90 percent<sup>45</sup> 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.<sup>46</sup>

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.<sup>47</sup> This enhanced reimbursement rate is a clear incentive for the states to extend “family planning” services to eligible beneficiaries under Medicaid.<sup>48</sup> Specifically, § 2303 of the PPACA, “State Eligibility Option for Family Planning Services,” establishes a new eligibility group under § 1902(a)(10)(A)(ii)(XXI).<sup>49</sup> 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.<sup>50</sup>

## B. TITLE X FAMILY PLANNING FUNDING

Title X of the Public Health Service Act, enacted in 1970, provides federal funding for “family planning” services.<sup>51</sup> Since its inception, the government program has reflected popular opinion that abortion is not “family planning”<sup>52</sup> 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.”<sup>53</sup>

***“[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.<sup>54</sup>

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.”<sup>55</sup> 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.”<sup>56</sup>

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.”<sup>57</sup>

Although the regulations were reversed under the Clinton Administration in 1993,<sup>58</sup> 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?

(Continued on next page)

**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**

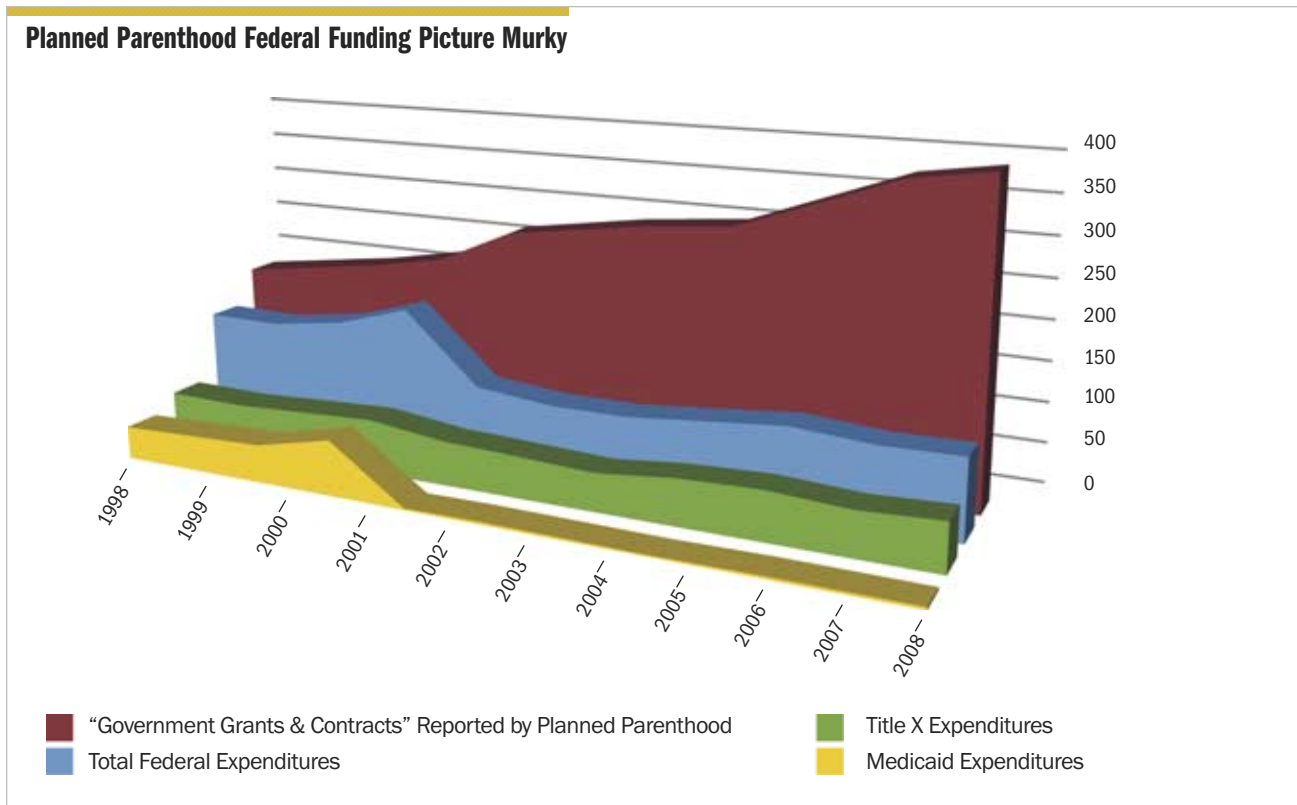
How much money does Planned Parenthood receive from federal taxpayers? A 2010 report by the U.S. Government Accountability Office (GAO)<sup>59</sup> demonstrates that even the federal government does not know the answer. What was ascertainable about Planned Parenthood's federal funding between 2002 and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

According to the GAO, PPFA single audit reports<sup>60</sup> show that, between 2002 and 2008, a time period during which Planned Parenthood performed nearly 2 million abortions,<sup>61</sup> the organization spent at least \$657.1 million federal dollars.<sup>62</sup> 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."<sup>63</sup>

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.<sup>64</sup> 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?  
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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.<sup>65</sup>

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.<sup>66</sup> 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,<sup>67</sup> 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?

(Continued on next page)



#### **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.”<sup>68</sup> Rather, health care institutions “have also committed fraud, sometimes on a grand scale.”<sup>69</sup> 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 payments<sup>70</sup> in the Medicaid program in fiscal year 2010 alone was \$22.5 billion.<sup>71</sup> 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),<sup>72</sup> 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.<sup>73</sup> 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).<sup>74</sup>

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.<sup>75</sup> 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.<sup>76</sup> The result of this assessment revealed approximately \$2,144,313.17 in additional income from improper billing.<sup>77</sup> 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."<sup>78</sup>

## 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 funds<sup>79</sup> 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)]<sup>80</sup> designated the claim as eligible for 90-percent Federal funding.<sup>81</sup>

## **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.<sup>82</sup> 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.<sup>83</sup> 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.<sup>84</sup> 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.<sup>85</sup>

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.<sup>86</sup> In addition to overbilling, the audit found that PPINW violated Department of Health Telehealth/Telenursing guidelines for Registered Nurses.<sup>87</sup>

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.”<sup>88</sup> 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.<sup>89</sup>**

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.”<sup>90</sup> 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.”<sup>91</sup>



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.<sup>92</sup>

In light of the testimony by Morris and others,<sup>93</sup> and a commitment from President Barack Obama to “eliminat[e] waste, fraud, and abuse in Federal programs, including reducing and recapturing erroneous payments...,”<sup>94</sup> 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

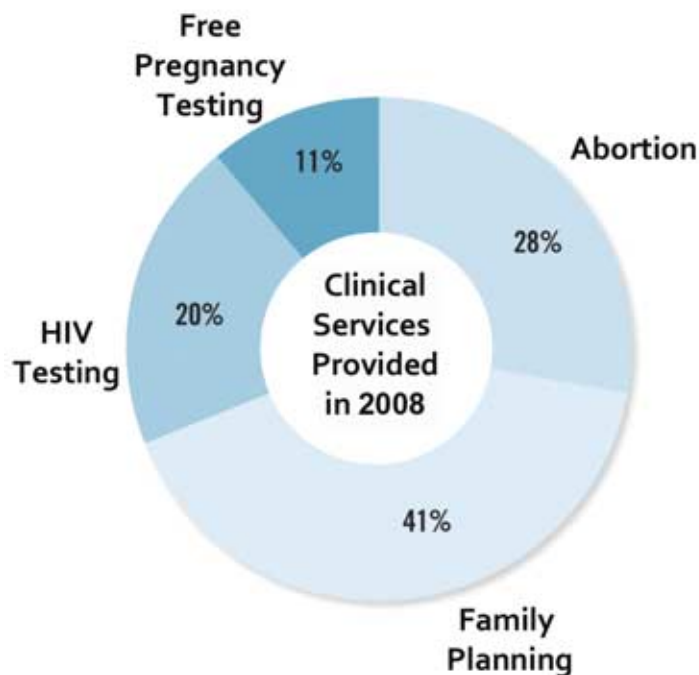
Title X is not written as an entitlement for any organization; rather its funds are explicitly conditioned such that they may not be used “in programs where abortion is a method of family planning.”<sup>95</sup> HHS notes that this restriction is one of the “five major provisions of the law,”<sup>96</sup> 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.”<sup>97</sup>

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.<sup>98</sup> 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?”<sup>99</sup>

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.<sup>100</sup> In 1999, Planned Parenthood performed 182,792 abortions, representing only 7.3 percent of its 2,509,663 patients.<sup>101</sup> 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.<sup>102</sup>

Planned Parenthood continues to consolidate and close clinics, and yet performs more abortions with each passing year.<sup>103</sup> The organization has made the centrality of abortion to its operations clear by mandating that all affiliates perform abortions by 2013.<sup>104</sup> And as will be discussed *infra*, through the use of telemedicine, Planned Parenthood is increasing the “reach” of its abortion business.

**SOURCE: Planned Parenthood of NYC: 2008 Annual Report**



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."<sup>105</sup>

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,<sup>106</sup> abortion constituted 28 percent of its clinical services in 2008.<sup>107</sup> Its Bronx Center PPNYC clinic, specifically listed as a recipient of Title X funds,<sup>108</sup> performs both chemical and surgical abortions.<sup>109</sup>

#### **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.<sup>110</sup> 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.<sup>111</sup> In 2003, PPCNA was found negligent and civilly liable for failing to report the sexual abuse.<sup>112</sup>

Substantial and developing evidence, discussed *infra* and in the Appendices to this report,<sup>113</sup> 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.<sup>114</sup> 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.<sup>115</sup>

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.”<sup>116</sup> 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.”<sup>117</sup> 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.<sup>118</sup>

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.”<sup>119</sup> Instead of increased legal protection for these “high-risk teens,” Planned Parenthood promotes increased funding for contraception and “confidential access” to its contraceptive services.<sup>120</sup>

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.<sup>121</sup> Furthermore, the federal government requires that all Title X health care facilities comply with state criminal reporting laws.<sup>122</sup> 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.<sup>123</sup>

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 Ohio<sup>124</sup> and Alabama.<sup>125</sup> 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.<sup>126</sup>

In addition, Live Action's undercover video footage indicates that Planned Parenthood clinics across the United States – including in Arizona,<sup>127</sup> Indiana<sup>128</sup>, Tennessee,<sup>129</sup> Alabama,<sup>130</sup> Wisconsin,<sup>131</sup> and California<sup>132</sup> – circumvent state law and conceal the sexual abuse of young girls.<sup>133</sup>

#### **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?<sup>134</sup>
- 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.<sup>135</sup>

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.<sup>136</sup> 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.<sup>137</sup> 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.<sup>138</sup>

“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.<sup>139</sup> 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.<sup>140</sup> Twenty-five states require parental consent for minors seeking abortion<sup>141</sup> and twelve states require parental notice for minors seeking abortion.<sup>142</sup>

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.”<sup>143</sup> 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*<sup>144</sup>), 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.<sup>145</sup> 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.”<sup>146</sup> 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.<sup>147</sup>

***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?<sup>148</sup>
- 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.<sup>149</sup>

*“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, 2006<sup>150</sup>

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.<sup>151</sup> Any person who aids, abets, or counsels a federal crime to be committed may be punished as if they had committed the crime themselves.<sup>152</sup>

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.”<sup>153</sup> (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.”<sup>154</sup> 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.”<sup>155</sup>

What the Department of Health and Human Services calls “a modern-day form of slavery”<sup>156</sup> 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.”<sup>157</sup> The State Department also noted its estimates do not include the “millions” of victims “trafficked within their own national borders.”<sup>158</sup>

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.<sup>159</sup> The report found the average age at which girls first become victims of prostitution is 12 to 14 years of age.<sup>160</sup>

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.<sup>161</sup>

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.<sup>162</sup>

## 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.”<sup>163</sup> 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.”<sup>164</sup> 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.”<sup>165</sup>

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

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.”<sup>167</sup>

## 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?

(Continued on next page)

### 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.<sup>168</sup> 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.<sup>169</sup> 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.<sup>170</sup> 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.<sup>171</sup>

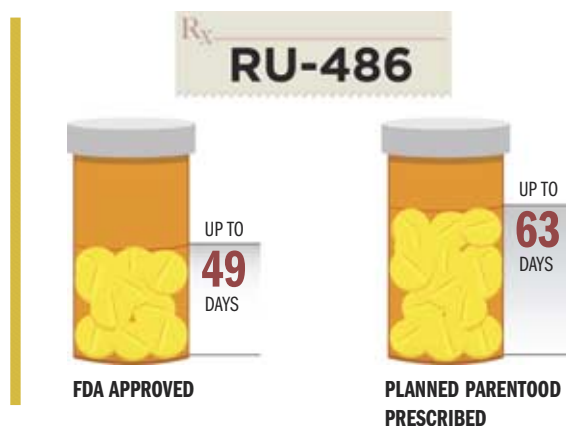
Because of the high failure rate of RU-486 in later pregnancies,<sup>172</sup> the FDA approved RU-486 under conditions that allowed for post-marketing restrictions and limited approval to use only in the first 49 days following a woman’s last menstrual period.<sup>173</sup>

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 gestation<sup>174</sup> – 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 age<sup>175</sup>). 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 pregnancies<sup>176</sup>). Ectopic pregnancies “treated” with the RU-486 regimen can rupture and kill the woman.<sup>177</sup>

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.<sup>178</sup>

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.<sup>179</sup> 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?

(Continued on next page)

### 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*,<sup>180</sup> 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*.<sup>181</sup> 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.”<sup>182</sup> 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).”<sup>183</sup>

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*,<sup>184</sup> 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.**<sup>185</sup>

*ella*, however, is not a progestin-based drug. Rather, the chemical make-up of *ella* is similar to the abortion drug RU-486.<sup>186</sup> 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.<sup>187</sup>

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,”<sup>188</sup> it made no such assurances about the progesterone-blocker *ella*. Instead, the FDA merely stated that *ella* was not “indicated” for abortions.<sup>189</sup>

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.”<sup>190</sup>

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*.<sup>191</sup> At the Roanoke, Virginia 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.<sup>192</sup>

Classification as “contraception” makes *ella* and Plan B eligible for government funding under “family planning” programs such as Title X and Medicaid.<sup>193</sup> 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.<sup>194</sup> 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.”<sup>195</sup> 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.”<sup>196</sup> Thirty-one states have enforceable informed consent laws.<sup>197</sup> 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.”<sup>198</sup>

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.<sup>199</sup>

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.”<sup>200</sup> However, such a statement is inadequate. Planned Parenthood failed to provide the young woman who sought its advice essential information,<sup>201</sup> including the fact that induced abortion increases the risk of miscarriage by 55 percent in subsequent pregnancies,<sup>202</sup> and that there exists a heightened risk of suicide and psychiatric admissions to women who have had an induced abortion.<sup>203</sup>

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.”<sup>204</sup>

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.<sup>205</sup> 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.<sup>206</sup>

#### 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.<sup>207</sup> 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.<sup>208</sup>

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.<sup>209</sup> 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."<sup>210</sup> Additionally, the grand jury report reveals that the Women's Medical Society clinic received government funding.<sup>211</sup>

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.<sup>212</sup>

**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.<sup>213</sup> 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.<sup>214</sup> 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.<sup>215</sup>

**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.<sup>216</sup> 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.<sup>217</sup>

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.<sup>218</sup>

*...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.<sup>219</sup> In contrast with the position of the majority of Americans who support parental involvement laws,<sup>220</sup> 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."<sup>221</sup> Contrary to Planned Parenthood of the Heartland's testimony, studies demonstrate that parental involvement laws actually decrease the incidence of risky sexual behavior among teenagers<sup>222</sup> and reduce the teenage demand for abortion.<sup>223</sup> 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."<sup>224</sup>

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."<sup>225</sup>

Recently, Planned Parenthood Southeast called efforts to pass laws that protect women and young girls in Mississippi "overwhelmingly anti-woman and anti-family."<sup>226</sup> 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.<sup>227</sup> 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).<sup>228</sup>

## 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.<sup>229</sup> 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."<sup>230</sup>

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."<sup>231</sup> 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."<sup>232</sup> 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."<sup>233</sup>

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,<sup>234</sup> 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.<sup>235</sup> Recently, Planned Parenthood was awarded \$124,238 in attorneys' fees after challenging Nebraska's 2010 abortion prescreening law,<sup>236</sup> and a challenge to a South Dakota clinic standards law resulted in an attorneys' fees award totaling \$275,336 for Planned Parenthood.<sup>237</sup>

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.<sup>238</sup>

### 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.”<sup>239</sup> The issuance of a subpoena pursuant to an authorized investigation is “an indispensable ingredient of lawmaking.”<sup>240</sup> Congress could not legislate “wisely or effectively in the absence of information.”<sup>241</sup>

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.<sup>242</sup> 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.”<sup>243</sup> 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.”<sup>244</sup>

To accomplish the purpose of legislation or oversight, each House is entitled to compel witnesses to provide testimony pertinent to the legislative inquiry.<sup>245</sup> 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.”<sup>246</sup> And committee subpoenas “have the same authority as if they were issued by the entire House of Congress from which the committee is drawn.”<sup>247</sup>

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),<sup>248</sup> FOIA “is not authority to withhold information from Congress.”<sup>249</sup>

HHS grants and programs are a major source of the federal funds received by Planned Parenthood.<sup>250</sup> 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.







# THE CASE FOR **INVESTIGATING PLANNED PARENTHOOD**

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



## APPENDIX

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## APPENDIX I.

### PLANNED PARENTHOOD'S ANNUAL FINANCIAL REPORTS

This Appendix contains the relevant pages from Planned Parenthood Federation of America's (PPFA) annual reports from 1988-2009,<sup>1</sup> in which are documented the income and expenses for PPFA and its affiliates.<sup>2</sup> The following chart summarizes the data used within the report as it appears within PPFA's annual reports between 1995 and 2009.

All amounts are in millions of dollars.

Fiscal Year Ending In:	Government Grants and Contracts	Health Center Income	Total Revenue	Excess Revenue Over Expenses
1995	163.1	171.3	478.3	6.3
1996	171.9	180.5	504	26.2
1997	177.5	184.3	530.9	35.9
1998	165	206.5	554.2	42.3
1999	176.5	211	660.7	125.8
2000	187.3	222.2	627.2	59.5
2001	202.7	241	672.6	38.9
2002	240.9	254.8	692.5	12.2
2003	254.4	288.2	766.6	36.6
2004	265.2	306.2	810	35.2
2005	272.7	346.8	882	63
2006	305.3	345.1	902.8	55.8
2007	336.7	356.9	1,017.90	114.8
2008	349.6	374.7	1,038	85

<sup>1</sup> Information from 1990 is not reported in this Appendix. Planned Parenthood Federation of America changed from a December 31 fiscal year end to a June fiscal year end after 1992. Therefore, fiscal year 1994 covered an 18 month period and there is no figure for fiscal year 1993.

<sup>2</sup> Full reports are on file with the author.

## APPENDIX I. (Continued)



All Amounts in Millions

PPFA makes contributions to other organizations. A list of all organizations that received contributions from PPFA during calendar year 1988 may be obtained by writing to Planned Parenthood Federation of America, Inc. 810 Seventh Avenue, New York, NY 10019.

Audited statement available upon request from New York Department of State, Office of Charities Registration, Albany, NY 12231, or from PPFA.

Planned Parenthood is a not-for-profit charitable organization and contributions are tax deductible.

### NOTES

(a) National Office figures are derived from December 31, 1988 audited financial statements. Affiliate amounts are projected based on audited financial statements of all Planned Parenthood affiliates.

(b) Includes \$5.9 for transactions between national office and U.S. affiliates. Elimination of this amount in consolidation would reduce Federation revenue and expenses to \$297.2 and \$294.3 respectively. Does not include capitalized expenditures for property, plant, and equipment of \$5 for national and \$6.9 for affiliates.

(c) Includes contributions from corporations, foundations, and more than 250,000 individual donors, including participants in International Service Agency and Federal Service Campaigns (on-the-job solicitation of employees of federal and state governments and participating corporations).

(d) The Alan Guttmacher Institute is an independent corporation for research, policy analysis, and public education on reproductive health issues, and a special affiliate of PPFA.

(e) Includes net decreases in commodities inventories of \$6.7.

(f) Includes operating fund balances of \$11.0 and non-operating fund balances of \$2.7.

(g) Includes distribution of contraceptive supplies valued at \$17.4 in 1988 and \$14.2 in 1987.

### COMBINED OPERATING STATEMENT: ALL FUNDS

Revenue	Total 1988 (a)	Affiliates	National Office
1. Clinic Income	\$104.2	\$104.2	\$ 0.0
2. Government Grants and Contracts:			
a. In-kind Contributions of Contraceptives, Supplies, and Equipment	10.2	0.0	10.2
b. Other Reimbursements and Grants	96.3	86.1	10.2
3. Private Contributions and Bequests	72.5(c)	56.3	16.2
4. Indirect Support from Affiliates	3.2	0.0	3.2
5. Other Operating Revenue	12.6	11.0	1.6
6. Alan Guttmacher Institute Funding	4.1(d)	4.1	0.0
<b>Total Revenue</b>	<b>303.1(b)</b>	<b>261.7</b>	<b>41.4</b>
<b>Expenses</b>			
1. Domestic Programs:			
a. Patient Services	160.3	160.3	0.0
b. Community Services	8.7	8.7	0.0
c. Community Education	15.7	15.7	0.0
d. Research and Professional Training	12.3	12.3	0.0
e. Assistance to U.S. Family Planning	4.5	0.0	4.5
f. Services to Affiliates	5.2	0.0	5.2
<b>Total Domestic Programs</b>	<b>206.7</b>	<b>197.0</b>	<b>9.7</b>
2. International Family Planning Programs	29.3(g)	1.5	27.8
<b>Total Program Services</b>	<b>236.0</b>	<b>198.5</b>	<b>37.5</b>
3. Supporting Services:			
a. Management and General	42.2	36.6	5.6
b. Fund Raising	12.4	8.8	3.6
<b>Total Supporting Services</b>	<b>54.6</b>	<b>45.4</b>	<b>9.2</b>
4. Other Expenses			
a. Payments to Affiliated Organizations	5.7	4.4	1.3
b. Alan Guttmacher Institute Expenses	3.9(d)	3.9	0.0
<b>Total Expenses</b>	<b>300.2(b)</b>	<b>252.2</b>	<b>48.0</b>
<b>Excess (Deficiency) of Revenue over Expenses</b>	<b>2.9</b>	<b>9.5</b>	<b>(6.6) (e)</b>
<b>Fund Balances: Beginning of Year</b>	<b>154.5</b>	<b>134.2</b>	<b>20.3</b>
<b>Fund Balances: End of Year</b>	<b>\$157.4</b>	<b>\$143.7</b>	<b>\$13.7(f)</b>

## APPENDIX I. (Continued)

### Summary of 1989 Financial Activities

All Amounts in Millions

PPFA makes contributions to other organizations. A list of all organizations that received contributions from PPFA during calendar year 1989 may be obtained by writing to Planned Parenthood Federation of America, Inc., 810 Seventh Avenue, New York, NY 10019.

Audited statement available upon request from New York Department of State, Office of Charities

Registration, Albany, NY 12231, or from PPFA.

As a not-for-profit charitable organization, contributions to Planned Parenthood Federation of America are tax deductible. Contributions to Planned Parenthood Action Fund, an independent advocacy organization established by PPFA in 1989, are not tax deductible.

#### Notes

In response to threats to reproductive and privacy rights, in 1989 PPFA increased its efforts to support those rights. During the second half of the year in particular, the American public responded with increased contributions. Donors to Planned Parenthood's national office rose nearly 50 percent during the year, and total contributions were approximately 60 percent higher than in 1988. Substantial increases in 1990 expenditures for educational, advocacy, and service support programs have been made possible by these donations.

(a) National office figures are derived from December 31, 1989, audited financial statements. Affiliate amounts reflect the operations of 172 Planned Parenthood affiliates and are projected based on amounts reported in affiliate audited financial statements.

(b) Includes corporate contributions, foundation grants, and support from more than 365,000 active individual contributors, including individual contributions received through International Service Agency and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations).

(c) The Alan Guttmacher Institute (AGI) is an independent corporation for research, policy analysis, and public education on reproductive health issues, and a special affiliate of PPFA.

(d) Includes \$6.9 for transactions between the national office and U.S. affiliates. Elimination of this amount in consolidation would reduce federation revenue and expenses to \$324.6 and \$314.3 respectively. Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans of \$7 for the national office and \$9.7 for affiliates.

(e) Includes distribution of contraceptive supplies valued at \$9.1 in 1989 and \$17.4 in 1988.

(f) Includes net decreases in commodities inventory of \$6.7.

(g) Includes operating fund balances of \$12.3 and non-operating fund balances of \$3.5.

### Combined Operating Statement: All Funds

	Total 1989 (a)	Affiliates	National Office
<b>Revenue</b>			
1. Clinic Income	\$116.6	\$116.6	\$ 0.0
2. Government Grants and Contracts:			
a. In-kind Contributions of Contraceptives, Supplies, and Equipment	6.9	0.0	6.9
b. Other Reimbursements and Grants	111.7	99.5	12.2
3. Private Contributions and Bequests	77.2	51.3	25.9(b)
4. Indirect Support from Affiliates	3.5	0.0	3.5
5. Other Operating Revenue	11.1	8.7	2.4
6. Alan Guttmacher Institute	3.9(c)	3.9	0.0
7. Planned Parenthood Action Fund	0.6	0.6	0.0
<b>Total Revenue</b>	<b>331.5(d)</b>	<b>280.6</b>	<b>50.9</b>
<b>Expenses</b>			
1. Domestic Programs:			
a. Patient Services	177.7	177.7	0.0
b. Community Services	10.5	10.5	0.0
c. Community Education	13.3	13.3	0.0
d. Research and Professional Training	11.6	11.6	0.0
e. Assistance to U.S. Family Planning	6.2	0.0	6.2
f. Services to Affiliates	6.6	0.0	6.6
<b>Total Domestic Programs</b>	<b>225.9</b>	<b>213.1</b>	<b>12.8</b>
2. International Family Planning Programs	23.0(e)	1.5	21.5
<b>Total Program Services</b>	<b>248.9</b>	<b>214.6</b>	<b>34.3</b>
3. Supporting Services:			
a. Management and General	46.6	39.6	7.0
b. Fund Raising	14.8	9.2	5.6
<b>Total Supporting Services</b>	<b>61.4</b>	<b>48.8</b>	<b>12.6</b>
4. Other Expenses			
a. Payments to Affiliated Organizations	6.8	4.9	1.9
b. Alan Guttmacher Institute Expenses	3.8(c)	3.8	0.0
c. Planned Parenthood Action Fund	0.3	0.3	0.0
<b>Total Expenses</b>	<b>321.2(d)</b>	<b>272.4</b>	<b>48.8</b>
<b>Excess (Deficiency) of Revenue over Expenses</b>	<b>10.3</b>	<b>8.2</b>	<b>2.1(f)</b>
<b>Fund Balances:</b>			
Beginning of Year	157.4	143.7	13.7
Fund Balances: End of Year	\$167.7	\$151.9	\$15.8(g)



## APPENDIX I. (Continued)

### Summary of 1991 Financial Activities

*All Amounts in Millions*

**P**lanned Parenthood Federation of America makes contributions to other organizations. A list of all organizations that received contributions from PPFA during calendar year 1991 may be obtained by writing to PPFA, 810 Seventh Avenue, New York, NY 10019.

Audited statement available upon request from New York Department of State, Office of Charities Registration, Albany, NY 12231, or from PPFA.

As a not-for-profit charitable organization, contributions to Planned Parenthood Federation of America are tax deductible. Contributions to Planned Parenthood Action Fund, an independent advocacy organization established by PPFA in 1989, are not tax deductible.

#### Notes

a. National office figures are derived directly from December 31, 1991 audited financial statements. Affiliate amounts reflect the operations of 170 Planned Parenthood affiliates and are projected based on amounts reported in affiliate audited financial statements.

b. Includes corporate contributions, foundation grants, and support from more than 550,000 active individual contributors, including individual contributions received through the International Service Agency and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations).

c. The Alan Guttmacher Institute, to which PPFA supplies some support, is an independent, non-profit corporation for research, policy analysis, and public education on reproductive health issues. As a special affiliate of PPFA, its budget appears here in full.

d. The Planned Parenthood Action Fund is a separate corporation established in 1989. Its purpose is to advocate public policies that guarantee individual choice and full access to reproductive health care.

e. Includes 7.1 for transactions between national office and U.S. affiliates. Elimination of this amount in consolidation would reduce Federation revenue and expenses to 399.2 and 377.6 respectively. Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans of .2 for national and 10.6 for affiliates.

f. Includes distribution of contraceptive supplies valued at 4.2 in 1991 and 3.9 in 1990.

g. Includes the excess of shipments over receipts of commodities of 1.3.

h. Includes operating fund balances of 11.3 and non-operating fund balances of 2.9.

#### Operating and Other Funds

*Combined Statement of Revenue, Expenses, and Changes in Fund Balances for the Year ended December 31, 1991*

Revenue	1991		
	Total 1991 (a)	Affiliates	National Office
1. Clinic Income	140.9	140.9	0.0
2. Gov't. Grants and Contracts:			
a. In-kind Contributions of Contraceptives, Supplies, and Equipment	5.5	0.0	5.5
b. Other Reimbursements and Grants	118.5	116.8	1.7
3. Private Contributions and Bequests	113.7	84.4	29.3 (b)
4. Indirect Support from Affiliates	4.2	0.0	4.2
5. Other Operating Revenue	16.4	13.4	3.0
6. Alan Guttmacher Institute	4.2 (c)	4.2	0.0
7. Planned Parenthood Action Fund	2.9 (d)	2.9	0.0
Total Revenue	406.3 (e)	362.6	43.7
<b>Expenses</b>			
1. Domestic Programs:			
a. Patient Services	222.5	222.5	0.0
b. Community Services	9.3	9.3	0.0
c. Community Education	18.1	18.1	0.0
d. Research and Professional Training	16.1	16.1	0.0
e. Assistance to U.S. Family Planning	7.9	0.0	7.9
f. Services to Affiliates	10.3	0.0	10.3
Total Domestic Programs	284.2	266.0	18.2
2. Int'l Family Planning Programs	13.6 (f)	2.9	10.7
Total Program Services	297.8	268.9	28.9
3. Supporting Services:			
a. Management and General	51.3	46.0	5.3
b. Fund Raising	20.7	13.0	7.7
Total Supporting Services	72.0	59.0	13.0
4. Other Expenses			
a. Payments to Affiliated Organizations	7.2	5.7	1.5
b. Alan Guttmacher Institute	4.0 (c)	4.0	0.0
c. Planned Parenthood Action Fund	3.7 (d)	3.7	0.0
Total Expenses	384.7 (e)	341.3	43.4
Excess (Deficiency) of Revenue over Expenses	21.6	21.3	0.3 (g)
5. Other Changes in Fund Balance	2.9	2.9	0
Fund Balances: Beginning of Year	183.2	169.3	13.9
Fund Balances: End of Year	207.7	193.5	14.2 (h)

## APPENDIX I. (Continued)

**OPERATING AND OTHER FUNDS** All Amounts in MillionsCOMBINED STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN FUND BALANCES  
FOR THE YEAR ENDED DECEMBER 31, 1992

	TOTAL 1992 (a)	1992 AFFILIATES	NATIONAL OFFICE
<b>REVENUE</b>			
1. Clinic Income	\$150.9	\$150.9	\$0.0
2. Government Grants and Contracts:			
a. In-Kind Contributions of Contraceptives, Supplies, and Equipment	2.7	0.0	2.7
b. Other Reimbursements and Grants	142.3	141.2	1.1
3. Private Contributions and Bequests	131.2	91.4	29.8 (b)
4. Indirect Support from Affiliates	4.2	0.0	4.2
5. Other Operating Revenue	17.0	13.1	3.9
6. Alan Guttmacher Institute	4.5 (c)	4.5	0.0
7. Planned Parenthood Action Fund	3.2 (d)	3.2	0.0
<b>TOTAL REVENUE</b>	<b>\$446.0 (e)</b>	<b>\$404.3</b>	<b>\$41.7</b>
<b>EXPENSES</b>			
1. Domestic and International Programs			
Domestic Programs			
a. Patient Services	253.2	253.2	0.0
b. Community Services	11.2	11.2	0.0
c. Community Education	20.0	20.0	0.0
d. Research and Professional Training	13.6	13.6	0.0
e. Assistance to U.S. Family Planning	7.6	0.0	7.6
f. Grants and Services to Affiliates	11.1	0.0	11.1
Total Domestic Programs	316.7	298.0	18.7
Total International Family Planning Programs	12.8 (f)	3.9	8.9
Total Program Services	329.5	301.9	27.6
2. Supporting Services			
a. Management and General	53.9	48.6	5.3
b. Fundraising	23.5	15.4	8.1
Total Supporting Services	77.4	64.0	13.4
3. Other Expenses			
a. Payments to Affiliated Organizations	8.0	6.6	1.4
b. Alan Guttmacher Institute Expenses	4.6 (c)	4.6	0.0
c. Planned Parenthood Action Fund	3.0 (d)	3.0	0.0
Total Other Expenses	15.6	14.2	1.4
<b>TOTAL EXPENSES</b>	<b>\$422.5 (e)</b>	<b>\$380.1</b>	<b>\$42.4</b>
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	23.5	24.2	(0.7)
4. Other Changes in Fund Balance	(0.7)	(0.7)	0.0
FUND BALANCES: BEGINNING OF YEAR	\$207.7	\$193.5	\$14.2
FUND BALANCES: END OF YEAR	\$230.5	\$217.0	\$13.5 (g)

**Fiscal Year Change**

PPFA expects to change its fiscal reporting from the calendar year to the 12-month period ending June 30. Pending a final decision by the PPFA Board of Directors, the next audited statement will cover an 18-month transitional period from January 1, 1993, to June 30, 1994. The next PPFA annual report will reflect this change.

**COMBINED BALANCE SHEET: NATIONAL AND AFFILIATES** All Amounts in Millions

DECEMBER 31, 1992 (WITH COMPARATIVE TOTALS FOR 1991)

	TOTAL 1991	TOTAL 1992	OPERATING FUNDS UNRESTRICTED FUNDS	1992 RESTRICTED FUNDS	NONOPERATING FUNDS PROPERTY & EQUIPMENT	OTHER FUNDS
<b>ASSETS</b>						
Current Assets	\$184.6	\$192.9	\$131.8	\$25.5	\$ 6.3	\$29.3
Property, Equipment, and Other	89.2	108.2	1.8	0.3	90.3	15.8
<b>TOTAL ASSETS</b>	<b>273.8</b>	<b>301.1</b>	<b>133.6</b>	<b>25.8</b>	<b>96.6</b>	<b>45.1</b>
<b>LIABILITIES AND FUND BALANCES</b>						
Current Liabilities	52.3	54.7	30.1	15.8	5.9	2.9
Mortgages and Notes Payable	13.8	15.9	0.7	0.0	14.5	0.7
<b>TOTAL LIABILITIES</b>	<b>66.1</b>	<b>70.6</b>	<b>30.8</b>	<b>15.8</b>	<b>20.4</b>	<b>3.6</b>
FUND BALANCES	207.7	230.5	102.8	10.0	76.2	41.5
<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<b>\$273.8</b>	<b>\$301.1</b>	<b>\$133.6</b>	<b>\$25.8</b>	<b>\$96.6</b>	<b>\$45.1</b>

## APPENDIX I. (Continued)

### OPERATING AND OTHER FUNDS *All Amounts in Millions*

COMBINED STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN FUND BALANCES  
FOR THE 18 MONTHS ENDED JUNE 30, 1994

REVENUE	Total <sup>(a)</sup>	Affiliates	National Office
1. Clinic Income	\$235.6	\$235.6	\$ 0.0
2. Government Grants and Contracts:			
a. In-Kind Contributions of Contraceptives, Supplies, and Equipment	0.5	0.0	0.5
b. Other Reimbursements and Grants	237.7	236.1	1.6
3. Private Contributions and Bequests	174.0	137.4	36.6 <sup>(b)</sup>
4. Indirect Support from Affiliates	6.5	0.0	6.5
5. Other Operating Revenue	31.7	20.2	11.5
6. Alan Guttmacher Institute	6.5 <sup>(c)</sup>	6.5	0.0
7. Planned Parenthood Action Fund	1.2 <sup>(d)</sup>	1.2	0.0
<b>TOTAL REVENUE</b>	<b>\$693.7<sup>(a)</sup></b>	<b>\$637.0</b>	<b>\$56.7</b>
<b>EXPENSES</b>			
1. Domestic Programs:			
a. Patient Services	\$415.6	\$415.6	\$ 0.0
b. Community Services	14.1	14.1	0.0
c. Community Education	32.7	32.7	0.0
d. Research and Professional Training	23.4	23.4	0.0
e. Assistance to U.S. Family Planning	7.7	0.0	7.7
f. Services to Affiliates	23.1	0.0	23.1
Total Domestic Programs	516.6	485.8	30.8
2. International Family Planning Programs	15.9	6.8	9.1
Total Program Services	532.5	492.6	39.9
3. Supporting Services:			
a. Management and General	80.4	75.3	5.1
b. Fund Raising	32.3	25.0	7.3
Total Supporting Services	112.7	100.3	12.4
4. Other Expenses			
a. Payments to Affiliated Organizations	12.4	10.3	2.1
b. Alan Guttmacher Institute Expenses	7.3 <sup>(e)</sup>	7.3	0.0
c. Planned Parenthood Fund Action Fund	0.8 <sup>(d)</sup>	0.8	0.0
Total Other Expenses	20.5	18.4	2.1
<b>TOTAL EXPENSES</b>	<b>\$665.7<sup>(a)</sup></b>	<b>\$611.3</b>	<b>\$54.4</b>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>28.0</b>	<b>25.7</b>	<b>2.3</b>
5. Other Changes in Fund Balance	4.8	2.5	2.3
<b>FUND BALANCES: BEGINNING OF YEAR</b>	<b>\$230.5</b>	<b>\$217.0</b>	<b>\$13.5</b>
<b>FUND BALANCES: END OF YEAR</b>	<b>\$263.3</b>	<b>\$245.2</b>	<b>\$18.1<sup>(f)</sup></b>

### Fiscal Year Change

PPFA has changed its fiscal reporting from the calendar year to the 12-month period ending June 30. PPFA's current audited financial statements cover the 18-month transitional period from January 1, 1993, to June 30, 1994. Subsequent PPFA annual reports will cover the 12-month period from July 1 to June 30.

### COMBINED BALANCE SHEET: NATIONAL AND AFFILIATES *All Amounts in Millions* JUNE 30, 1994

	Total	Operating Funds		Non Operating Funds	
		Unrestricted Funds	Restricted Funds	Property & Equipment	Endowment & Other Funds
<b>ASSETS:</b>					
Current Assets	\$206.0	\$141.0	\$23.0	\$ 3.5	\$38.5
Property, Equipment, & Other	131.6	2.4	0.2	118.0	11.0
<b>TOTAL ASSETS</b>	<b>337.6</b>	<b>143.4</b>	<b>23.2</b>	<b>121.5</b>	<b>49.5</b>
<b>LIABILITIES AND FUND BALANCES:</b>					
Current Liabilities	\$4.1	\$3.2	\$14.4	\$ 4.7	\$ 1.8
Mortgages and Notes Payable	20.2	1.0	0.0	19.1	0.1
<b>TOTAL LIABILITIES</b>	<b>74.3</b>	<b>34.2</b>	<b>14.4</b>	<b>23.8</b>	<b>1.9</b>
<b>FUND BALANCES</b>	<b>263.3</b>	<b>109.2</b>	<b>8.8</b>	<b>97.7</b>	<b>47.6</b>
<b>TOTAL LIABILITIES AND FUND BALANCES</b>	<b>\$337.6</b>	<b>\$143.4</b>	<b>\$23.2</b>	<b>\$121.5</b>	<b>\$49.5</b>



**APPENDIX I.** (Continued)**Operating and Other Funds (All Amounts in Millions)**Combined Statement of Revenue, Expenses, and Changes in Fund Balances  
for the Year Ended June 30, 1995

	Total (a)	Affiliates	National Office
<b>Revenue</b>			
1. Clinic Income	\$171.3	\$171.3	\$0.0
2. Government Grants and Contracts	163.1	162.2	0.9
3. Private Contributions and Bequests	117.8	91.7	26.1 (b)
4. Indirect Support from Affiliates	4.8	0.0	4.8
5. Other Operating Revenue	15.8	7.9	7.9
6. Alan Guttmacher Institute	5.0 (c)	5.0	0.0
7. Planned Parenthood Action Fund	0.5 (d)	0.5	0.0
<b>TOTAL REVENUE</b>	<b>\$478.3 (e)</b>	<b>\$438.6</b>	<b>\$39.7</b>
<b>Expenses</b>			
1. Domestic Programs:			
a. Patient Services	\$299.2	\$299.2	\$0.0
b. Community Services	10.1	10.1	0.0
c. Public and Professional Education & Training	27.6	27.6	0.0
d. Public Affairs	10.6	10.6	0.0
e. Assistance to U.S. Family Planning	4.8	0.0	4.8
f. Services to Affiliates	20.7	0.0	20.7
Total Domestic Programs	373.0	347.5	25.5
2. International Family Planning Programs	5.4	1.4	4.0
Total Program Services	378.4	348.9	29.5
3. Supporting Services:			
a. Management and General	56.6	52.6	4.0
b. Fundraising	23.3	17.5	5.8
Total Supporting Services	79.9	70.1	9.8
4. Other Expenses			
a. Payments to Affiliated Organizations	8.3	6.8	1.5
b. Alan Guttmacher Institute	4.8	4.8	0.0
c. Planned Parenthood Action Fund	0.6	0.6	0.0
Total Other Expenses	13.7	12.2	1.5
<b>TOTAL EXPENSES</b>	<b>\$472.0 (e)</b>	<b>\$431.2</b>	<b>\$40.8</b>
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	6.3	7.4	(1.1)(f)
5. Other Changes in Fund Balance	0.2	0.2	0.0
<b>FUND BALANCES: BEGINNING OF YEAR</b>	<b>\$264.9</b>	<b>\$245.2</b>	<b>\$19.7 (g)</b>
<b>FUND BALANCES: END OF YEAR</b>	<b>\$271.4</b>	<b>\$252.8</b>	<b>\$18.6 (h)</b>

**Combined Balance Sheet: National and Affiliates (All Amounts in Millions)**  
June 30, 1995

	Total	— Operating Funds —		— Nonoperating Funds —	
		Unrestricted Funds	Restricted Funds	Property & Equipment	Endowment & Other Funds
<b>ASSETS:</b>					
Current Assets	\$214.2	\$146.3	\$28.2	\$4.3	\$35.4
Property, Equipment, & Other	139.2	2.4	0.0	127.0	9.8
<b>TOTAL ASSETS</b>	<b>353.4</b>	<b>148.7</b>	<b>28.2</b>	<b>131.3</b>	<b>45.2</b>
<b>LIABILITIES AND FUND BALANCES:</b>					
Current Liabilities	59.2	39.8	14.0	4.2	1.2
Mortgages and Notes Payable	22.8	1.2	0.0	21.3	0.3
<b>TOTAL LIABILITIES</b>	<b>82.0</b>	<b>41.0</b>	<b>14.0</b>	<b>25.5</b>	<b>1.5</b>
<b>FUND BALANCES</b>	<b>271.4</b>	<b>107.7</b>	<b>14.2</b>	<b>105.8</b>	<b>43.7</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<b>\$353.4</b>	<b>\$148.7</b>	<b>\$28.2</b>	<b>\$131.3</b>	<b>\$45.2</b>

**APPENDIX I.** (Continued)

## Planned Parenthood Federation 1995-96 Annual Report

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	Total (a)	Affiliates	Nat'l Office	Eliminations (b)
<b>REVENUE</b>				
1. Clinic Income	180.5	180.5		0.0
2. Government Grants & Contracts	171.9	170.3		1.6
3. Private Contributions & Bequests	122.7 (c)	98.6	26.0	-1.9
4. Indirect Support from Affiliates	0.0	0.0	4.8	-4.8
5. Other Operating Revenue	21.8	18.4	8.9	-5.5
6. Alan Guttmacher Institute	6.2 (d)	6.4	0.0	-0.2
7. Planned Parenthood Action Fund	0.9 (e)	0.9	0.0	
<b>TOTAL REVENUE</b>	<b>504.0</b>	<b>475.1</b>	<b>41.3</b>	<b>-12.4</b>
<b>EXPENSES</b>				
1. Domestic Programs:				
a. Patient Services	316.7	317.5		-0.8
b. Community Services	8.9	8.9		
c. Public & Prof. Educ. & Trng.	26.3	26.3		
d. Public Affairs	10.1	10.1		
e. Assistance to U.S. Family Planning	5.9	0.0	5.9	
f. Services to Affiliates	12.3	0.0	17.5	-5.2
<b>Total Domestic Programs</b>	<b>380.2</b>	<b>362.8</b>	<b>23.4</b>	<b>-6.0</b>
2. International Family Planning Programs	5.3	1.4	3.9	
<b>Total Program Services</b>	<b>385.5</b>	<b>364.2</b>	<b>27.3</b>	<b>-6.0</b>
3. Supporting Services:				
a. Management and General	59.7	55.4	4.3	
b. Fundraising	24.2	18.4	5.8	
<b>Total Supporting Services</b>	<b>83.9</b>	<b>73.8</b>	<b>10.1</b>	<b>0.0</b>
4. Other Expenses:				
a. Payments to Related Organizations	2.7	7.3	1.8	-6.4
b. Alan Guttmacher Institute	4.8	4.8	0.0	
c. Planned Parenthood Action Fund	0.9	0.9	0.0	
<b>Total Other Expenses</b>	<b>8.4</b>	<b>13.0</b>	<b>1.8</b>	<b>-6.4</b>
<b>TOTAL EXPENSES</b>	<b>477.8 (f)</b>	<b>451.0</b>	<b>39.2</b>	<b>-12.4</b>

**Notes**

(a) National office figures reflect operations for the year ended June 30, 1996. Affiliate figures reflect the operations of 159 Planned Parenthood affiliates, Planned Parenthood Action Fund (PPAF), and The Alan Guttmacher Institute and are based upon amounts reported in audited financial statements for fiscal years ended during 1995 (year ended June 30, 1996, for PPAF).

(b) Payments and receipts between affiliates and the national office have been eliminated. These include dues, rebates, insurance payments, and payments to The Alan Guttmacher Institute. Related adjustments have been made to balance sheet accounts.

(c) Includes corporate contributions, foundation grants, and support from more than 500,000 active individual contributors and



## APPENDIX I. (Continued)

OPERATING AND OTHER FUNDS (ALL AMOUNTS IN MILLIONS)  
 COMBINED STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET ASSETS  
 FOR THE YEAR ENDED JUNE 30, 1997

	Total (a)	Affiliates	National Office	Eliminations (b)
<b>Revenue</b>				
1. Clinic Income	184.3	184.3		
2. Government Grants and Contracts	177.5	175.8	1.7	
3. Private Contributions and Bequests	137.7 (c)	110.4	29.2	(1.9)
4. Indirect Support from Affiliates			4.9	(4.9)
5. Other Operating Revenue	25.7	19.3	11.6	(5.2)
6. Alan Guttmacher Institute	5.7 (d)	6.0		(0.3)
<b>Total Revenue</b>	<b>530.9</b>	<b>495.8</b>	<b>47.4</b>	<b>(12.3)</b>
<b>Expenses</b>				
<b>1. Domestic Programs:</b>				
a. Medical Services	332.6	332.8		(5.2)
b. Sexuality Education	27.2	27.2		
c. Public Policy	10.5	10.5		
d. Service to the Field of Family Planning (e)	8.4		8.4	
e. Service to Affiliates (e)	17.4		17.7	(0.3)
<b>Total Domestic Programs</b>	<b>396.1</b>	<b>375.5</b>	<b>26.1</b>	<b>(5.5)</b>
<b>2. International Family Planning Programs</b>	<b>4.9</b>	<b>1.4</b>	<b>3.5</b>	
<b>Total Program Services</b>	<b>401.0</b>	<b>376.9</b>	<b>29.6</b>	<b>(5.5)</b>
<b>3. Supporting Services:</b>				
a. Management and General	61.2	56.9	4.3	
Fundraising	25.2	18.9	6.3	
<b>Total Supporting Services</b>	<b>86.4</b>	<b>75.8</b>	<b>10.6</b>	<b>0.0</b>
<b>4. Other Expenses:</b>				
a. Payments to Related Organizations	2.3	7.2	1.9	(6.8)
b. Alan Guttmacher Institute	5.3	5.3		
<b>Total Other Expenses</b>	<b>7.6</b>	<b>12.5</b>	<b>1.9</b>	<b>(6.8)</b>
<b>Total Expenses</b>	<b>495.0 (f)</b>	<b>465.2</b>	<b>42.1</b>	<b>(12.3)</b>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>35.9</b>	<b>30.6</b>	<b>5.3</b>	<b>0.0</b>
<b>5. Other Changes in Net Assets (g)</b>	<b>6.7</b>	<b>4.6</b>	<b>2.1</b>	
<b>NET ASSETS: Beginning of Year</b>	<b>317.6</b>	<b>297.6</b>	<b>20.0</b>	
<b>NET ASSETS: End of Year</b>	<b>360.2</b>	<b>332.8</b>	<b>27.4</b>	<b>0.0</b>

## COMBINED BALANCE SHEET: NATIONAL AND AFFILIATES (All Amounts in Millions) 6/30/97

	Total (a)	Affiliates	National Office	Eliminations (b)
<b>ASSETS</b>				
Current Assets	233.2	222.4	14.5	(3.7)
Property, Equipment, Endowment, Other	202.7	179.0	23.7	
<b>TOTAL ASSETS</b>	<b>435.9</b>	<b>401.4</b>	<b>38.2</b>	<b>(3.7)</b>
<b>LIABILITIES AND NET ASSETS</b>				
Current Liabilities	50.6	46.6	7.7	(3.7)
Mortgages, Notes Payable, Other	25.1	22.0	3.1	
<b>TOTAL LIABILITIES</b>	<b>75.7</b>	<b>68.6</b>	<b>10.8</b>	<b>(3.7)</b>
<b>NET ASSETS</b>				
Unrestricted	147.5	139.1	8.4	
Property & Equipment	134.5	133.0	1.5	
Temporarily Restricted	35.7	29.3	6.4	
Permanently Restricted	42.5	31.4	11.1	
<b>TOTAL NET ASSETS</b>	<b>360.2</b>	<b>332.8</b>	<b>27.4</b>	<b>0.0</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>				
<b>NET ASSETS</b>				

## APPENDIX I. (Continued)

# Operating and Other Funds (ALL AMOUNTS IN MILLIONS)

COMBINED STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 1998

	Total(a)	Affiliates	National Office	Eliminations (b)
<b>Revenue</b>				
1. Clinic Income	206.5	206.5		
2. Government Grants and Contracts	165.0	164.4	0.6	
3. Private Contributions and Bequests	139.3 (c)	106.3	35.0	(2.0)
4. Indirect Support from Affiliates			4.8	(4.8)
5. Other Operating Revenue	38.7	31.2	13.5	(6.0)
6. Alan Guttmacher Institute	4.7 (d)	5.0		(0.3)
<b>Total Revenue</b>	<b>554.2</b>	<b>513.4</b>	<b>54.8</b>	<b>(11.4)</b>
<b>Expenses</b>				
1. Domestic Programs:				
a. Medical Services	340.1	346.1		(6.0)
b. Sexuality Education	27.8	27.8		
c. Public Policy	11.8	11.8		
d. Service to the Field of Family Planning (e)	8.5		8.5	
e. Service to Affiliates (e)	20.2		22.5	(2.3)
<b>Total Domestic Programs</b>	<b>408.4</b>	<b>385.7</b>	<b>31.1</b>	<b>(8.3)</b>
2. International Family Planning Programs	5.4	1.9	3.5	
<b>Total Program Services</b>	<b>413.8</b>	<b>387.6</b>	<b>34.5</b>	<b>(8.3)</b>
3. Supporting Services:				
a. Management and General	62.5	57.7	4.8	
b. Fundraising	27.8	21.0	6.8	
<b>Total Supporting Services</b>	<b>90.3</b>	<b>78.7</b>	<b>11.6</b>	<b>0.0</b>
Other Expenses:				
a. Payments to Related Organizations	2.1	6.9		(4.8)
b. Alan Guttmacher Institute	5.7	5.7		
<b>Total Other Expenses</b>	<b>7.8</b>	<b>12.6</b>		<b>(4.8)</b>
<b>Total Expenses</b>	<b>511.9 (f)</b>	<b>478.9</b>	<b>46.1</b>	<b>(13.1)</b>
<b>Excess of Revenue over Expenses</b>	<b>42.3</b>	<b>34.5</b>	<b>7.9</b>	<b>0.0</b>
5. Other Changes in Net Assets	2.3	2.4	(0.1)	
<b>NET ASSETS: Beginning of Year</b>	<b>360.2</b>	<b>332.8</b>	<b>27.4</b>	
<b>NET ASSETS: End of Year</b>	<b>404.8</b>	<b>369.7</b>	<b>35.1</b>	<b>0.0</b>

## Combined Balance Sheet: National and Affiliates (ALL AMOUNTS IN MILLIONS) 6/30/98

	Total(a)	National Affiliates	Office	Eliminations (b)
<b>ASSETS</b>				
Current Assets	264.5	245.3	22.9	(3.7)
Property, Equipment, Endowment, Other	221.2	193.3	27.9	
<b>Total Assets</b>	<b>485.7</b>	<b>438.6</b>	<b>50.8</b>	<b>(3.7)</b>
<b>LIABILITIES AND NET ASSETS</b>				
Current Liabilities	53.9	45.9	11.7	(3.7)
Mortgages, Notes Payable, Other	27.0	23.0	4.0	
<b>Total Liabilities</b>	<b>80.9</b>	<b>68.9</b>	<b>15.7</b>	<b>(3.7)</b>
<b>NET ASSETS</b>				
Unrestricted	170.8	160.7	10.1	
Property & Equipment	147.2	145.8	1.4	
Temporarily Restricted	40.9	29.3	11.6	
Permanently Restricted	45.9	33.9	12.0	
<b>Total Net Assets</b>	<b>404.8</b>	<b>369.7</b>	<b>35.1</b>	<b>0.0</b>
<b>Total Liabilities and Net Assets</b>	<b>485.7</b>	<b>438.6</b>	<b>50.8</b>	<b>(3.7)</b>



## APPENDIX I. (Continued)

OF FINANCIAL  
ACTIVITIES

FOR THE YEAR ENDED JUNE 30, 1999

(a) National office figures reflect operations of Planned Parenthood Federation of America, Inc., Planned Parenthood Action Fund, Inc. (including its Political Action Committee), and The Planned Parenthood Foundation for the year ended June 30, 1999, as reported in audited financial statements. Affiliate figures reflect the operations of 132 Planned Parenthood affiliates and are based upon amounts reported in affiliate audited financial statements for fiscal years ended during 1998.

(b) Payments and receipts between affiliates and the national office have been eliminated. These include dues, rebates, insurance payments, and payments to the Alan Guttmacher Institute. Related adjustments have been made to the balance sheet.

(c) Includes corporate contributions, foundation grants, and support from more than 700,000 active individual contributors, including individual contributions received through International Service Agencies and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations). This also includes \$76.2 million of bequests.

(d) The Alan Guttmacher Institute, a special affiliate to which PPFA supplies some support, is an independent, not-for-profit corporation for reproductive health research, policy analysis, and public education.

(e) Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans, but do include depreciation and amortization of such property, plant, and equipment and interest expense on such loans.

PPFA MAKES CONTRIBUTIONS TO OTHER ORGANIZATIONS.

A LIST OF ALL ORGANIZATIONS THAT RECEIVED CONTRIBUTIONS FROM PPFA DURING THE YEAR ENDED JUNE 30, 1999,

MAY BE OBTAINED BY WRITING TO PPFA, 810 SEVENTH

AVENUE, NEW YORK, NY 10019.

AUDITED STATEMENT AVAILABLE ON REQUEST FROM NEW

YORK DEPARTMENT OF STATE, OFFICE OF CHARITIES REGIS-

TRATION, ALBANY, NY 12231, OR FROM PPFA.

## COMBINED STATEMENT OF REVENUE, EXPENSES &amp;

## REVENUE

## CLINIC INCOME

## GOVERNMENT GRANTS AND CONTRACTS

## PRIVATE CONTRIBUTIONS AND BEQUESTS

## INDIRECT SUPPORT FROM AFFILIATES

## OTHER OPERATING REVENUE

## ALAN GUTTMACHER INSTITUTE

## TOTAL REVENUE

## EXPENSES

## DOMESTIC PROGRAMS:

## A. MEDICAL SERVICES

## B. SEXUALITY EDUCATION

## C. PUBLIC POLICY

## D. SERVICE TO THE FIELD OF

## FAMILY PLANNING

## E. SERVICE TO AFFILIATES

## TOTAL DOMESTIC PROGRAMS

## INTERNATIONAL FAMILY PLANNING PROGRAMS

## TOTAL PROGRAM SERVICES

## SUPPORTING SERVICES

## A. MANAGEMENT AND GENERAL

## B. FUNDRAISING

## TOTAL SUPPORTING SERVICES

## OTHER EXPENSES

## A. PAYMENTS TO RELATED ORGANIZATIONS

## B. ALAN GUTTMACHER INSTITUTE

## TOTAL OTHER EXPENSES

## TOTAL EXPENSES

## EXCESS OF REVENUE OVER EXPENSES

## OTHER CHANGES IN NET ASSETS

## NET ASSETS, BEGINNING YEAR

## NET ASSETS, END YEAR

## R E V E N U E

## PRIVATE CONTRIBUTIONS

## 35%

## CLINIC INCOME

## 32%

## GOVERNMENT GRANTS

## 27%

## ALAN GUTTMACHER

## INSTITUTE &amp; OTHER

## 6%

## E X P E N S E S

## MEDICAL SERVICES

## 66%

## MANAGEMENT AND

## GENERAL SUPPORT

## 12%

## FUNDRAISING

## 6%

## ALAN GUTTMACHER

## INSTITUTE &amp; OTHER

## 1%

## INTERNATIONAL FAMILY

## PLANNING PROGRAMS

## 1%

## APPENDIX I. (Continued)

COMBINED BALANCE SHEET: NATIONAL AND AFFILIATES (ALL AMOUNTS IN MILLIONS) 6/30/99				
	TOTAL[A]	AFFILIATES	NATIONAL OFFICE	ELIMINATIONS [B]
<b>ASSETS</b>				
CURRENT ASSETS	312.4	280.0	34.8	(2.4)
PROPERTY, EQUIPMENT, ENDOWMENT, OTHER	320.8	285.9	34.9	
<b>TOTAL ASSETS</b>	<b>633.2</b>	<b>565.9</b>	<b>69.7</b>	<b>(2.4)</b>
<b>LIABILITIES &amp; NET ASSETS</b>				
CURRENT LIABILITIES	62.4	51.5	13.3	(2.4)
MORTGAGES, NOTES PAYABLE, OTHER	34.5	28.2	6.3	
<b>TOTAL LIABILITIES</b>	<b>96.9</b>	<b>79.7</b>	<b>19.6</b>	<b>(2.4)</b>
<b>NET ASSETS</b>				
UNRESTRICTED	200.0	185.7	14.3	
PROPERTY & EQUIPMENT	154.6	152.4	2.2	
TEMPORARILY RESTRICTED	64.4	43.7	20.7	
PERMANENTLY RESTRICTED	117.3	104.4	12.9	
<b>TOTAL NET ASSETS</b>	<b>536.3</b>	<b>486.2</b>	<b>50.1</b>	
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<b>633.2</b>	<b>565.9</b>	<b>69.7</b>	<b>(2.4)</b>

CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 1999			
TOTAL[A]	AFFILIATES	NATIONAL OFFICE	ELIMINATIONS [B]
211.0	211.0	0.4	
176.5	176.1	48.8	(2.1)
232.7 [C]	186.0	5.0	(5.0)
34.7	29.5	6.2	(1.0)
5.8 [D]	6.1		(0.3)
<b>668.7</b>	<b>608.7</b>	<b>60.4</b>	<b>(8.4)</b>
350.8	351.8		
27.2	27.2		(1.0)
20.3	20.3		
11.5		11.5	
13.8		16.2	(2.4)
423.6	399.3	27.7	(3.4)
5.4	1.6	3.8	
<b>429.0</b>	<b>400.9</b>	<b>31.5</b>	<b>(3.4)</b>
66.0	60.6	5.4	
30.9	22.5	8.4	
96.9	83.1	13.8	
2.4	7.4		(5.0)
6.6	6.6		
9.0	14.0		(5.0)
<b>534.9 [E]</b>	<b>498.0</b>	<b>45.3</b>	<b>(8.4)</b>
125.8	110.7	15.1	
5.7	5.8	(0.1)	
<b>536.3</b>	<b>486.2</b>	<b>50.1</b>	

## APPENDIX I. (Continued)

Operating &amp; Other Funds [All Amounts In Millions]

## OF FINANCIAL ACTIVITIES

## Combined Statement of Revenue, Expenses &amp; Changes in Net Assets for the Year Ended June 30, 2000

	TOTAL [A]	AFFILIATES	NATIONAL OFFICE	ELIMINATIONS [B]
<b>REVENUE</b>				
CLINIC INCOME	222.2	222.2		
GOVERNMENT GRANTS AND CONTRACTS	187.3	186.7	0.6	
PRIVATE CONTRIBUTIONS AND BEQUESTS	174.9	161.0	51.2	(2.3)
SUPPORT FROM AFFILIATES	0.0		5.0	(5.0)
OTHER OPERATING REVENUE	36.1	31.5	5.6	(1.0)
ALAN GUTTMACHER INSTITUTE	6.7	(d)	7.2	(0.5)
<b>NET ASSETS: BEGINNING YEAR</b>	627.2	573.6	62.4	(8.0)
<b>NET ASSETS: END YEAR</b>	697.7	612.5	87.3	(2.1)
<b>EXPENSES</b>				
DOMESTIC PROGRAMS:				
A. MEDICAL SERVICES	5,729.13	3,675.5		(1.0)
B. SEXUALITY EDUCATION	4.5	31.8		
C. PUBLIC POLICY	23.5	20.9		
D. SERVICES TO THE FIELD				
OF FAMILY PLANNING	25.78	15.8	15.8	(2.8)
E. SERVICE TO AFFILIATES	35.78	14.5	17.3	(3.8)
INTERNATIONAL PROGRAMS	449.5	420.2	33.1	
INTERNATIONAL FAMILY PLANNING PROGRAMS	67	5.6	4.1	
<b>NET ASSETS: BEGINNING YEAR</b>	455.1	421.7	37.2	(3.8)
<b>NET ASSETS: END YEAR</b>	60.9	49.5	13.5	(2.1)
<b>LIABILITIES &amp; NET ASSETS</b>				
CURRENT LIABILITIES	43.2	28.9	14.3	(2.1)
MORTGAGES, NOTES PAYABLE, OTHER	104.1	78.4	27.8	(2.1)
<b>NET ASSETS</b>				
UNRESTRICTED	228.5	212.6	15.9	
PROPERTY & EQUIPMENT	162.4	159.4	3.0	
TEMPORARILY RESTRICTED	80.0	53.8	26.2	
PERMANENTLY RESTRICTED	122.7	108.3	14.4	
<b>TOTAL NET ASSETS</b>	593.6	534.1	59.5	0.0
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	697.7	612.5	87.3	(2.1)

<b>REVENUE</b>	Private Contributions 28%	Government Grants 30%	Alan Guttmacher Institute and Other 7%
<b>EXPENSES</b>	Medical Services 65%	Non Medical Domestic Program Services 15%	Management and General Support 12%
			Fundraising 6%
			Alan Guttmacher Institute and Other 1%
			International Family Planning Programs 1%



## APPENDIX I. (Continued)

## Summary of Financial Activities

For the year ended June 30, 2001

COMBINED STATEMENT OF REVENUE, EXPENSES & CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2001  
(OPERATING AND OTHER FUNDS (ALL AMOUNTS IN MILLIONS))

	Total (A)	Affiliates	National Office	Eliminations (B)
<b>Revenue</b>				
Clinic Income	241.0	241.0	0.0	
Government Grants and Contracts	202.7	202.6	0.1	
Private Contributions and Bequests	189.5	118.1	71.7	(2.3)
Support from Affiliates	0.0 (c)	0.0	5.5	(5.5)
Other Operating Revenue	28.3	31.3	(1.3)	(1.7)
Alan Guttmacher Institute (12/31/00)	6.4 (d)	7.1		(0.7)
<b>TOTAL REVENUE</b>	<b>672.6</b>	<b>600.1</b>	<b>78.0</b>	<b>(10.2)</b>
<b>Expenses</b>				
Domestic Programs:	341 (A)(3)			
A. Medical Services	387.2	388.9		(1.7)
B. Sexuality Education	4.5	34.3		
C. Public Policy	232 (A)(1)(3)	24.5		
D. Services to the Field of Family Planning	25 (A)(8)(10)(12)(20)	27.6	27.6	
E. Service to Affiliates	34.5 (A)(8)(10)(12)(20)	19.0	19.0	
<b>Total Domestic Programs</b>	<b>499.6</b>	<b>457.7</b>	<b>46.6</b>	<b>(4.7)</b>
International Family Planning Programs	6 (A)(11)	8.2	8.2	
<b>Total Program Services</b>	<b>507.8</b>	<b>457.7</b>	<b>54.8</b>	<b>(4.7)</b>
Supporting Services				
A. Management and General	78.7	71.2	7.5	
B. Fundraising	33.9	23.8	10.1	
<b>Total Supporting Services</b>	<b>112.6</b>	<b>95.0</b>	<b>17.6</b>	
Other Expenses				
A. Payment to Related Organizations	2.0	7.5	0.0	(5.5)
B. Alan Guttmacher Institute	6.6	6.6	0.0	
<b>Total Other Expenses</b>	<b>8.6</b>	<b>14.1</b>	<b>0.0</b>	<b>(5.5)</b>
<b>TOTAL EXPENSES</b>	<b>629.0 (e)</b>	<b>566.8</b>	<b>72.4</b>	<b>(10.2)</b>
<b>Excess of Revenue Over Expenses</b>	<b>38.9</b>	<b>33.3</b>	<b>5.6</b>	<b>0.0</b>
<b>Other Changes in Net Assets</b>	<b>0.9</b>	<b>0.9</b>	<b>0.0</b>	<b>0.0</b>
<b>NET ASSETS: Beginning Year</b>	<b>600.0</b>	<b>543.4</b>	<b>56.6</b>	<b>0.0</b>
<b>NET ASSETS: End Year</b>	<b>639.8</b>	<b>577.6</b>	<b>62.2</b>	<b>0.0</b>

COMBINED BALANCE SHEET:  
NATIONAL AND AFFILIATES AS OF 06/30/2001  
(ALL AMOUNTS IN MILLIONS)

	Total (A)	Affiliates	National Office	Eliminations (B)
<b>Assets</b>				
Current Assets	400.0	357.1	44.6	(1.7)
Property, Equipment, Endowment, Other	350.3	303.2	47.1	(1.7)
<b>Total Assets:</b>	<b>750.3</b>	<b>660.3</b>	<b>91.7</b>	<b>(1.7)</b>
<b>Liabilities and Net Assets</b>				
Current Liabilities	61.8	49.5	14.0	(1.7)
Mortgages, Notes Payable, Other	48.7	33.2	15.5	(1.7)
<b>Total Liabilities:</b>	<b>110.5</b>	<b>82.7</b>	<b>29.5</b>	<b>(1.7)</b>
<b>Net Assets</b>				
Unrestricted	251.0	233.9	17.1	
Property & Equipment	176.8	173.9	2.9	
Temporarily Restricted	84.8	58.4	26.4	
Permanently Restricted	127.2	111.4	15.8	
<b>Total Net Assets</b>	<b>639.8</b>	<b>577.6</b>	<b>62.2</b>	<b>(1.7)</b>
<b>Total Liabilities and Net Assets</b>	<b>750.3</b>	<b>660.3</b>	<b>91.7</b>	<b>(1.7)</b>

A list of all organizations that received contributions from PFA during the year that ended June 30, 2001, may be obtained by writing to PFA, 810 Seventh Avenue, New York, NY 10019.

Audited statement available on request from the Office of the Attorney General, Department of Law, Charities Bureau, 120 Broadway, New York, NY 10071.

(a) National office figures reflect operations of Planned Parenthood Federation of America, Inc., Planned Parenthood Action Fund, Inc. (including its Political Action Committee), and The Planned Parenthood Foundation for the year ended June 30, 2001. Affiliate figures reflect the operations of 128 Planned Parenthood affiliates and are based upon amounts reported in affiliate audited financial statements for fiscal years ended during 2000.

(b) Payments and receipts between affiliates and the national office have been eliminated. These include dues, rebates, insurance payments, and payments to the Alan Guttmacher Institute. Related adjustments have been made to the balance sheet.

(c) Includes corporate contributions, foundation grants, and support from more than 700,000 active individual contributors, including individual contributions received through International Service Agencies and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations). This also includes \$21.3 million of bequests.

(d) The Alan Guttmacher Institute, a special affiliate to which PFA supplies some support, is an independent, not-for-profit corporation for reproductive health research, policy analysis, and public education.

(e) Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans, but do include depreciation and amortization of such property, plant, and equipment and interest expense on such loans.

## APPENDIX I. (Continued)

**Combined Statement of Revenue, Expenses & Changes  
in Net Assets for the Year Ended June 30, 2002  
Operating and Other Funds (All Amounts in Millions)**

	Total [A]	Affiliates	National Organization	Eliminations [B]
Clinic Income	754.8	254.8		
Government Grants and Contracts	240.9	240.4	0.5	
Private Contributions and Bequests	190.9	136.1	57.1	(2.3)
Support From Affiliates	0.0 (a)	0.0	6.2	(6.2)
Other Operating Revenue	(10.3)	(12.3)	1.4	(0.7)
Alan Guttmacher Institute (12/31/01)	16.7 (d)	17.4		
<b>TOTAL REVENUE</b>	<b>692.5</b>	<b>636.4</b>	<b>65.3</b>	<b>(9.2)</b>
Domestic Programs:	426.9	426.9		
A. Medical Services	4.8 13-14	40.7		
B. Sexuality Education	4.5 7	36.8		
C. Public Policy	2-3 5-7 (a)			
D. Services to the Field	2-3 5-7 (a)			
E. Services To Affiliates	2-3 5-7 (a)			
<b>Total Domestic Programs</b>	<b>546.3</b>	<b>504.4</b>	<b>44.9</b>	<b>(3.0)</b>
International Family				
Planning Programs	6.3		6.3	
<b>Total Program Services</b>	<b>552.6</b>	<b>504.4</b>	<b>51.2</b>	<b>(3.0)</b>
Supporting Services				
A. Management and General	81.1	75.1	6.2	
B. Fundraising	35.0	26.0	10.7	
<b>Total Supporting Services</b>	<b>116.0</b>	<b>101.1</b>	<b>16.9</b>	
Other Expenses				
A. Payment to Related Organizations	2.4	8.6		(6.2)
B. Alan Guttmacher Institute	7.3	7.3		
<b>Total Other Expenses</b>	<b>9.7</b>	<b>15.9</b>		<b>(6.2)</b>
<b>TOTAL EXPENSES</b>	<b>680.3 (e)</b>	<b>621.4</b>	<b>68.1</b>	<b>(9.2)</b>
Excess of Revenue Over Expenses	12.2	15.0	(2.8)	
Other Changes in Net Assets	1.1	1.1		
<b>NET ASSETS: Beginning Year</b>	<b>639.8</b>	<b>577.6</b>	<b>62.2</b>	
<b>NET ASSETS: End Year</b>	<b>653.1</b>	<b>593.7</b>	<b>59.4</b>	

Our broad base of committed donors provides nearly 90 percent of the national organization's revenue and more than 20 percent of affiliate revenue — evidence of our powerful grassroots support.

For the year ended June 30, 2002

Planned Parenthood Federation of America, Inc., is a tax-exempt corporation under Internal Revenue Service code section 501(c)(3) and is not a private foundation. (See ID # 13-1644117) Contributions are tax deductible.

The IRS classifies the Planned Parenthood Action Fund as a 501(c)(3), not for profit corporation. Contributions are not tax deductible.



# APPENDIX I. (Continued)

## Summary of Financial Activities

### Combined Statement of Revenue, Expenses & Changes in Net Assets Operating & Other Funds [All Amounts in Millions]

For The Year Ended June 30, 2003

Our broad base of committed donors provides nearly 90 percent of the national organization's revenue and more than 30 percent of affiliate revenue — evidence of our powerful grassroots support.

Planned Parenthood Federation of America, Inc., is a tax exempt corporation under Internal Revenue Service code section 501(c)(3) and is not a private foundation. (Tax ID #13-1644147). Contributions are tax deductible.

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	Total [a]	Affiliates	National Office	Eliminations [b]
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#### Revenue

Clinic Income	288.2	288.2	0.0	
Government Grants and Contracts	254.4	254.0	0.4	
Private Contributions and Bequests	228.1 (c)	157.4	72.9	(2.2)
Support From Affiliates	0.0	0.0	7.0	(7.0)
Other Operating Revenue	(11.9)	(16.6)	4.7	(0.7)
Alan Guttmacher Institute (12/31/02)	7.8 (d)	8.5	0.0	(0.7)
<b>Total Revenue</b>	<b>766.6</b>	<b>691.5</b>	<b>85.0</b>	<b>(9.9)</b>

#### Expenses

Domestic Programs:	SEE PAGES 6-6, 8-9, 13-14	483.7	483.7	
A. Medical Services	3-4, 7	42.1	42.1	
B. Sexuality Education		39.5	39.5	
C. Public Policy	1, 6-7, 9	23.5	0.0	23.5
D. Services to the Field of Family Planning	1, 3-4, 9-10	18.0	0.0	20.9
E. Service to Affiliates	1, 3-4, 6, 9-10	586.8	545.3	44.4
<b>Total Domestic Programs</b>		<b>9.0</b>	<b>0.0</b>	<b>(2.9)</b>

International Family Planning Programs		595.8	545.3	(2.9)
<b>Total Program Services</b>		<b>595.8</b>	<b>545.3</b>	<b>(2.9)</b>

Supporting Services		86.3	80.2	6.1
A. Management and General		38.5	28.4	10.1
B. Fundraising		124.8	108.6	16.2
<b>Total Supporting Services</b>		<b>124.8</b>	<b>108.6</b>	<b>16.2</b>

#### Other Expenses

A. Payments to Related Organizations		1.3	8.3	(7.0)
B. Alan Guttmacher Institute		8.1	8.1	
<b>Total Other Expenses</b>		<b>9.4</b>	<b>16.4</b>	<b>(7.0)</b>

#### Total Expenses

<b>Total Expenses</b>		<b>730.0 (e)</b>	<b>670.3</b>	<b>(9.9)</b>
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<b>Excess of Revenue Over Expenses</b>		<b>36.6</b>	<b>21.2</b>	<b>0.0</b>
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#### Other Changes in Net Assets

<b>Net Assets: Beginning Year</b>		<b>653.1</b>	<b>593.7</b>	<b>0.0</b>
<b>Net Assets: End Year</b>		<b>688.0</b>	<b>613.2</b>	<b>0.0</b>

## APPENDIX I. (Continued)

## Summary of Financial Activities

For The Year Ended June 30, 2004

## Combined Statement of Revenue, Expenses &amp; Changes In Net Assets

For The Year Ended June 30, 2004  
Operating & Other Funds (All Amounts in Millions)

	Total [A]	Affiliates	National Office	Eliminations [B]
<b>Revenue</b>				
Clinic Income	306.2	306.2	0.0	
Government Grants and Contracts	265.2	264.7	0.5	
Private Contributions and Bequests	191.0 <sup>(1)</sup>	141.8	51.6	-2.4
Support From Affiliates	0.0	0.0	7.2	-7.2
Other Operating Revenue	40.0	31.2	8.8	
Alan Guttmacher Institute (12/31/03)	7.6 <sup>(8)</sup>	8.3	0.0	-0.7
<b>Total Revenue</b>	<b>810.0</b>	<b>752.2</b>	<b>68.1</b>	<b>-10.3</b>
<b>Expenses</b>				
Domestic Programs				
A. Medical Services	487.6	487.6		
B. Sexuality Education	44.2	44.2		
C. Public Policy	30.4	30.4		
D. Services To The Field of Family Planning	26.3		26.3	
E. Service To Affiliates	26.4		25.5	-3.1
<b>Total Domestic Programs</b>	<b>623.9</b>	<b>571.2</b>	<b>55.8</b>	<b>-3.1</b>
International Family Planning Programs	8.8	0.0	8.8	
<b>Total Program Services</b>	<b>632.7</b>	<b>571.2</b>	<b>64.6</b>	<b>-3.1</b>
Supporting Services				
A. Management And General	89.9	83.9	6.0	
B. Fundraising	40.6	29.3	11.3	
<b>Total Supporting Services</b>	<b>130.5</b>	<b>113.2</b>	<b>17.3</b>	
Other Expenses				
A. Payments To Related Organizations	2.2	9.4		-7.2
B. Alan Guttmacher Institute	9.4	9.4		
<b>Total Other Expenses</b>	<b>11.6</b>	<b>18.8</b>	<b>0.0</b>	<b>-7.2</b>
<b>Total Expenses</b>	<b>774.8 <sup>(3)</sup></b>	<b>703.2</b>	<b>81.9</b>	<b>-10.3</b>
<b>Excess of Revenue Over Expenses</b>	<b>35.2</b>	<b>49.0</b>	<b>-13.8</b>	<b>0.0</b>
<b>Other Changes In Net Assets</b>	<b>2.1</b>	<b>2.1</b>	<b>0.0</b>	<b>0.0</b>
<b>Net Assets: Beginning Year</b>	<b>688.0</b>	<b>613.2</b>	<b>74.8</b>	<b>0.0</b>
<b>Net Assets: End Year</b>	<b>725.3</b>	<b>664.3</b>	<b>61.0</b>	<b>0.0</b>

Our broad base of committed donors provides nearly 75 percent of the national organization's revenue and more than 30 percent of affiliate revenues -- evidence of our powerful grassroots support.

Planned Parenthood Federation of America, Inc., is a tax-exempt corporation under Internal Revenue Service Code section 501(c)(3) and is not a private foundation. (See 501(c)(3) 9644147) Contributions are tax deductible.

The IRS classifies the Planned Parenthood Action Fund as a 501(c)(4), not for profit organization. Contributions are not tax deductible.

## APPENDIX I. (Continued)

### SUMMARY OF FINANCIAL ACTIVITIES FOR THE YEAR ENDING JUNE 30, 2005

#### COMBINED STATEMENT OF REVENUE, EXPENSES & CHANGES IN NET ASSETS

	For the Year Ended June 30, 2005			Operating and Other Funds [All Amounts In Millions]	
	TOTAL	AFFILIATES	NATIONAL OFFICE	ELIMINATIONS	
	[a]			[b]	
<b>Revenue</b>					
Clinic Income	346.8	346.8			
Government Grants and Contracts	272.7	272.4	0.3		
Private Contributions and Bequests	215.8 [c]	157.9	60.5	-2.6	
Support From Affiliates				-7.8	
Other Operating Revenue	40.4	36.2	7.8		
Guttacher Institute (12/31/04)	6.3 [d]	7.0	4.2	-0.7	
<b>Total Revenue</b>	<b>882.0</b>	<b>820.3</b>	<b>72.8</b>	<b>-11.1</b>	
<b>Expenses</b>					
Domestic Programs					
A. Medical Services	520.8	520.8			
B. Sexuality Education	45.4	45.4			
C. Public Policy	41.2	41.2			
D. Services To The Field of Family Planning	25.2		25.2		
E. Service To Affiliates	26.3		29.6	-3.3	
<b>Total Domestic Programs</b>	<b>658.9</b>	<b>607.4</b>	<b>54.8</b>	<b>-3.3</b>	
International Family Planning Programs	8.2		8.2		
<b>Total Program Services</b>	<b>667.1</b>	<b>607.4</b>	<b>63.0</b>	<b>-3.3</b>	
Supporting Services					
A. Management And General	96.8	89.6	7.2		
B. Fundraising	41.9	29.8	12.1		
<b>Total Supporting Services</b>	<b>138.7</b>	<b>119.4</b>	<b>19.3</b>		
Other Expenses					
A. Payments To Related Organizations	2.9	10.7		-7.8	
B. Guttacher Institute	10.3	10.3			
<b>Total Other Expenses</b>	<b>13.2</b>	<b>21.0</b>		<b>-7.8</b>	
<b>Total Expenses</b>	<b>819.0 [e]</b>	<b>747.8</b>	<b>82.3</b>	<b>-11.1</b>	
<b>Excess of Revenue Over Expenses</b>	<b>63.0 [e]</b>	<b>72.5</b>	<b>-9.5</b>		
<b>Other Changes In Net Assets</b>	<b>-4.2</b>	<b>1.6</b>	<b>-5.8</b>		
<b>Net Assets: Beginning Year</b>	<b>725.3</b>	<b>664.3</b>	<b>61.0</b>		
<b>Net Assets: End Year</b>	<b>784.1</b>	<b>738.4</b>	<b>45.7</b>		

Our broad base of committed donors provides more than 80 percent of the national organization's revenue and nearly 20 percent of affiliate revenue — evidence of our powerful grassroots support — and it allows Planned Parenthood affiliates to provide services that are not paid for by other private or public funding.

Planned Parenthood Federation of America, Inc., is a tax-exempt corporation under Internal Revenue Service (IRS) code section 501(c)(3) and is not a private foundation (Tax ID #13-1644147). Contributions are tax deductible.

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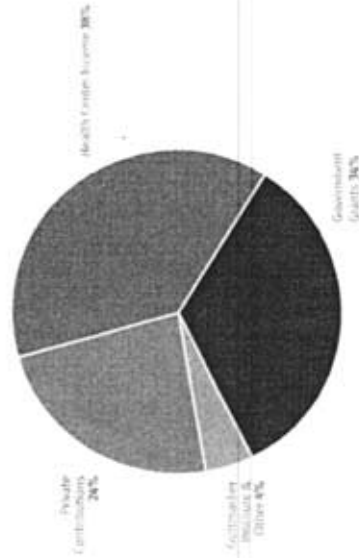
## APPENDIX I. (Continued)

## SUMMARY OF FINANCIAL ACTIVITIES

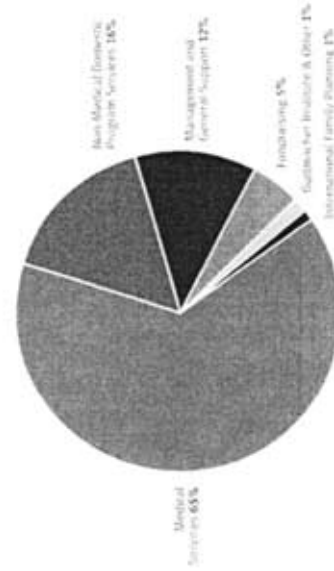
## Combined Statement of Revenue, Expenses &amp; Changes in Net Assets

(For The Year Ended June 30, 2005 Operating & Other Funds [All Amounts in Millions])	AFFILIATES	NATIONAL OFFICE	ELIMINATIONS [b]	TOTAL [a]
<b>REVENUE</b>				
Health Center Income	345.1			345.1
Government Grants and Contracts	305.1	0.2		305.3
Private Contributions and Requests	162.3	52.4	-2.5	212.2 [c]
Support From Affiliates		8.2	-8.2	
Other Operating Revenue	26.3	6.2		33.0
Guttmacher Institute (02/01/05)	7.9		-0.7	7.2 [d]
<b>TOTAL REVENUE</b>	<b>846.7</b>	<b>67.8</b>	<b>-11.4</b>	<b>902.8</b>
<b>EXPENSES</b>				
Domestic Programs see pages				
A. Medical Services 3-4	548.1			548.1
B. Sexuality Education 5-6	46.1			46.1
C. Public Policy 7-11	45.2			45.2
D. Services To The Field of Family Planning 12-13		18.9		18.9
E. Service To Affiliates 3, 5-6, 10-11		26.7	-3.2	23.5
<b>TOTAL DOMESTIC PROGRAMS</b>	<b>639.4</b>	<b>45.6</b>	<b>-3.2</b>	<b>681.8</b>
International Family Planning Programs		8.2		8.2
<b>TOTAL PROGRAM SERVICES</b>	<b>639.4</b>	<b>53.8</b>	<b>-3.2</b>	<b>690.0</b>
Supporting Services				
A. Management And General	95.6	7.0		102.6
B. Fundraising	33.3	9.6		42.9
<b>TOTAL SUPPORTING SERVICES</b>	<b>128.9</b>	<b>16.6</b>		<b>145.5</b>
Other Expenses				
A. Payments To Related Organizations	10.5		-8.2	2.3
B. Guttmacher Institute	9.2			9.2
<b>TOTAL OTHER EXPENSES</b>	<b>19.7</b>		<b>-8.2</b>	<b>11.5</b>
<b>TOTAL EXPENSES</b>	<b>788.0</b>	<b>70.4</b>	<b>-11.4</b>	<b>847.0 [e]</b>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>58.7</b>	<b>-2.9</b>		<b>55.8</b>
<b>OTHER CHANGES IN NET ASSETS</b>	<b>-0.2</b>	<b>0.1</b>		<b>-0.1</b>
<b>NET ASSETS - BEGINNING OF YEAR</b>	<b>728.4</b>	<b>45.7</b>		<b>784.1</b>
<b>NET ASSETS - END OF YEAR</b>	<b>786.9</b>	<b>42.9</b>		<b>829.8</b>

Revenue = 902.8 million



Expenses = 847.0 million

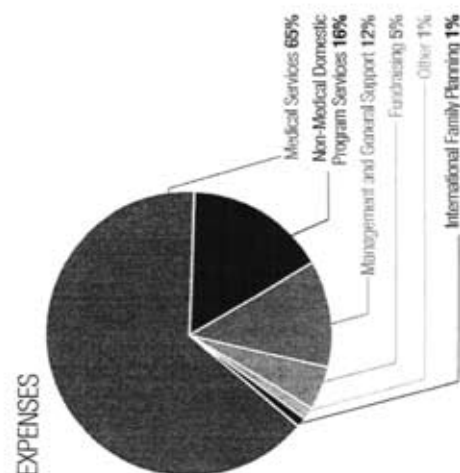
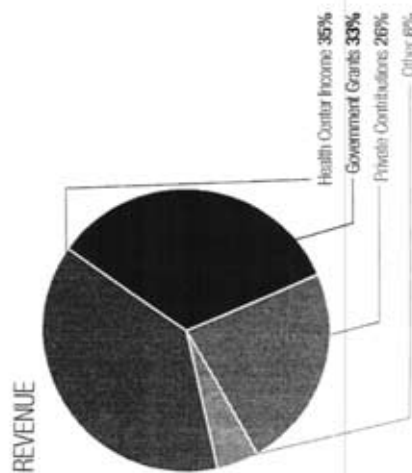


## APPENDIX I. (Continued)

### SUMMARY OF FINANCIAL ACTIVITIES

#### COMBINED STATEMENT OF REVENUE, EXPENSES & CHANGES IN NET ASSETS

FOR THE YEAR ENDED JUNE 30, 2007 OPERATING & OTHER FUNDS (ALL AMOUNTS IN MILLIONS)	AFFILIATES		NATIONAL OFFICE	ELIMINATIONS [b]	TOTAL [a]
<b>REVENUE</b>					
Health Center Income	356.9				356.9
Government Grants and Contracts	336.7				336.7
Private Contributions and Bequests	176.8		84.3	-2.4	258.7 [c]
Support From Affiliates			9.8	-9.8	
Other Operating Revenue	56.0		10.0	-0.4	65.5
<b>TOTAL REVENUE</b>	<b>926.4</b>		<b>104.1</b>	<b>-12.6</b>	<b>1,017.9</b>
<b>EXPENSES</b>					
<b>Domestic Programs see pages 3-4</b>					
A. Medical Services	588.3				588.3
B. Sexuality Education	48.0				48.0
C. Public Policy	53.1				53.1
D. Services to The Field of Family Planning			16.4		16.4
E. Services to Affiliates			23.8	-2.8	23.8
<b>TOTAL DOMESTIC PROGRAMS</b>	<b>689.4</b>		<b>40.0</b>	<b>-2.8</b>	<b>729.6</b>
International Family Planning Programs 12-13			7.3		7.3
<b>TOTAL PROGRAM SERVICES</b>	<b>689.4</b>		<b>50.3</b>	<b>-2.8</b>	<b>738.9</b>
<b>Supporting Services</b>					
A. Management and General	102.0		6.6		108.2
B. Fundraising	35.9		9.5		45.4
<b>TOTAL SUPPORTING SERVICES</b>	<b>138.5</b>		<b>16.1</b>		<b>154.6</b>
<b>Other Expenses</b>					
A. Payments to Related Organizations	11.0			-9.8	1.2
B. Other Operating Expenses	10.4				10.4
<b>TOTAL OTHER EXPENSES</b>	<b>21.4</b>			<b>-9.8</b>	<b>11.5</b>
<b>TOTAL EXPENSES</b>	<b>849.3</b>		<b>56.4</b>	<b>-12.6</b>	<b>903.1 [d]</b>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>77.1</b>		<b>37.7</b>		<b>114.8</b>
<b>OTHER CHANGES IN NET ASSETS</b>	<b>-2.5</b>		<b>-0.2</b>		<b>-2.5</b>
<b>NET ASSETS: BEGINNING OF YEAR</b>	<b>798.0</b>		<b>42.0</b>		<b>839.8</b>
<b>NET ASSETS: END OF YEAR</b>	<b>871.4</b>		<b>80.4</b>		<b>951.8</b>

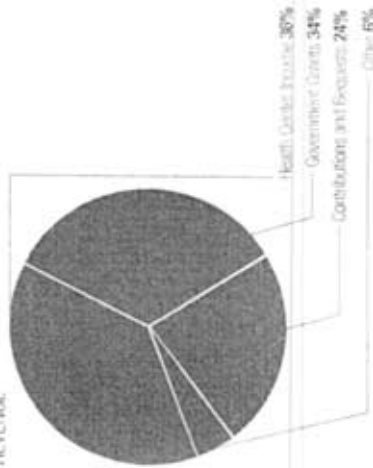


## APPENDIX I. (Continued)

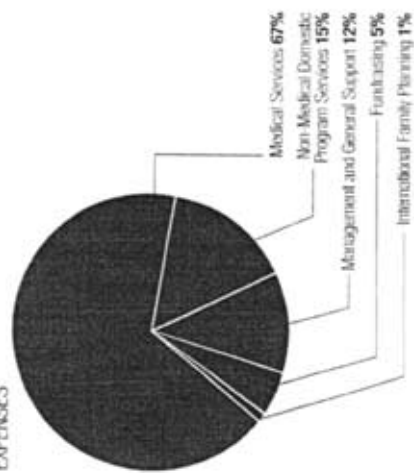
SUMMARY OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2008  
COMBINED STATEMENT OF REVENUE, EXPENSES & CHANGES IN NET ASSETS

FOR THE YEAR ENDED JUNE 30, 2008	NATIONAL OFFICE	ELIMINATIONS	TOTAL
OPERATING & OTHER FUNDS (ALL AMOUNTS IN MILLIONS)		(b)	(a)
<b>REVENUE</b>			
Health Center Income			374.7
Government Grants and Contracts			349.6
Contributions and Bequests	61.2	-2.3	244.9 (c)
Support from Affiliates	11.0	-11.0	
Other Operating Revenue	12.5		68.9
<b>TOTAL REVENUE</b>	<b>84.7</b>	<b>-13.3</b>	<b>1,008.1</b>
<b>EXPENSES</b>			
Domestic Programs see pages			
A. Medical Services 6-9			635.1
B. Sexuality Education 10-11			50.5
C. Public Policy and Other 12-15			50.1
D. Services to The Field of Family Planning 6-7, 10-13, 16-17	16.6		16.6
E. Service to Affiliates 6-7, 10-11, 14-15	32.1	-2.3	29.8
<b>TOTAL DOMESTIC PROGRAMS</b>	<b>735.7</b>	<b>-2.3</b>	<b>782.1</b>
International Family Planning Programs 16-17	6.9		6.9
<b>TOTAL PROGRAM SERVICES</b>	<b>735.7</b>	<b>-2.3</b>	<b>789.0</b>
<b>Supporting Services</b>			
A. Management and General	8.0		115.9
B. Fundraising	36.3		46.3
<b>TOTAL SUPPORTING SERVICES</b>	<b>144.2</b>		<b>162.2</b>
<b>Other Expenses</b>			
A. Payments to Related Organizations		-11.0	1.9
<b>TOTAL OTHER EXPENSES</b>	<b>12.9</b>	<b>-11.0</b>	<b>1.9</b>
<b>TOTAL EXPENSES</b>	<b>892.8</b>	<b>-13.3</b>	<b>953.1 (d)</b>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>73.6</b>		<b>85.0</b>
<b>OTHER CHANGES IN NET ASSETS</b>	<b>11.1</b>		<b>-3.8</b>
<b>NET ASSETS: BEGINNING OF YEAR</b>	<b>80.4</b>		<b>933.2</b>
<b>NET ASSETS: END OF YEAR</b>	<b>90.8</b>		<b>1,014.4</b>

REVENUE



EXPENSES



## APPENDIX I. (Continued)

COMBINED STATEMENT OF REVENUE, EXPENSES & CHANGES IN NET ASSETS For the year ended June 30, 2009 OPERATING & OTHER FUNDS (ALL AMOUNTS IN MILLIONS)				
	AFFILIATES	NATIONAL OFFICE	ELIMINATIONS	TOTAL
REVENUE				(a)
Health Center Income	404.9			404.9
Government Grants and Contracts	363.2			363.2
Private Contributions and Bequests	209.2	101.1	-2.1	308.2 (c)
Support From Affiliates		12.2	-12.2	
Other Operating Revenue	20.0	4.5		24.5
<b>TOTAL REVENUE</b>	<b>997.3</b>	<b>117.8</b>	<b>-14.3</b>	<b>1,100.8</b>
EXPENSES				
Domestic Programs: (see pages)				
A. Medical Services 2,4,6,15	683.7			683.7
B. Sexuality Education 2,8,11,21	52.8			52.8
C. Public Policy and Other 3,12,15-16,19,22	55.8			55.8
D. Services To The Field of Family Planning 2,6,15,19-21		19.4		19.4
E. Service To Affiliates 4,6-9,11-12,19,25-27		48.1	-2.1	46.0
<b>TOTAL DOMESTIC PROGRAMS</b>	<b>792.3</b>	<b>67.5</b>	<b>-2.1</b>	<b>857.7</b>
International Family Planning Programs		6.2		6.2
<b>TOTAL PROGRAM SERVICES</b>	<b>792.3</b>	<b>73.7</b>	<b>-2.1</b>	<b>863.9</b>
Supporting Services				
A. Management And General	112.9	8.8		121.7
B. Fundraising	38.2	10.5		48.7
<b>TOTAL SUPPORTING SERVICES</b>	<b>151.1</b>	<b>19.3</b>		<b>170.4</b>
Other Expenses				
A. Payments To Related Organizations	15.3		-12.2	3.1
<b>TOTAL OTHER EXPENSES</b>	<b>15.3</b>		<b>-12.2</b>	<b>3.1</b>
<b>TOTAL EXPENSES</b>	<b>958.7</b>	<b>93.0</b>	<b>-14.3</b>	<b>1,037.4 (d)</b>
EXCESS OF REVENUE OVER EXPENSES				
EXCLUDING INVESTMENT LOSSES	38.6	24.8		63.4
INVESTMENT LOSSES (REALIZED & UNREALIZED)	-68.1	-10.0		-78.1
OTHER CHANGES IN NET ASSETS	1.4	-6.3		-4.9
<b>NET ASSETS: BEGINNING OF YEAR</b>	<b>923.6</b>	<b>90.7</b>		<b>1,014.3</b>
<b>NET ASSETS: END OF YEAR</b>	<b>895.5</b>	<b>99.2</b>		<b>994.7</b>



## APPENDIX II.

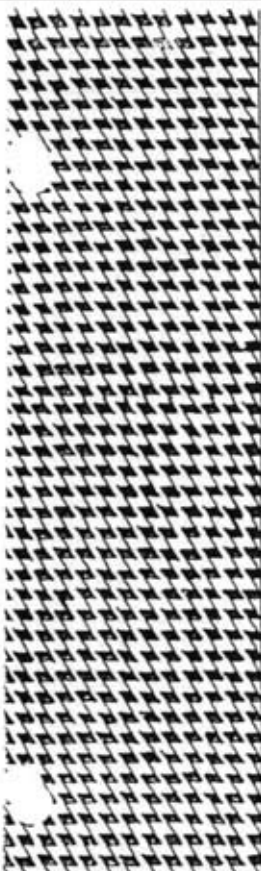
### PLANNED PARENTHOOD'S ANNUAL REPORTS OF SERVICES PROVIDED

This Appendix contains the relevant pages from Planned Parenthood Federation of America's (PPFA) annual and service reports 1987 to 2009, in which are documented its total client, abortion, adoption referral, and prenatal client figures.

The following chart summarizes the figures used most frequently within these reports. Where PPFA's annual reports conflicted with each other, reporting different figures for the same year, the number printed in the most recent publication was used. PPFA did not report a figure for adoption referrals in 2005.

Year	Total Clients	Abortions	Adoption Referrals	Prenatal Clients
1998	2,366,729	168,509	4,892	16,065
1999	2,509,663	182,792	2,999	18,878
2000	2,651,209	197,070	2,486	17,700
2001	2,647,423	213,026	1,951	15,618
2002	2,757,294	230,630	1,963	15,860
2003	2,811,893	245,092	1,774	16,427
2004	2,936,328	255,015	1,414	17,610
2005	3,061,364	264,943		13,261
2006	3,140,540	289,750	2,410	11,058
2007	3,020,651	305,310	4,912	10,914
2008	3,000,000	324,008	2,405	9,433
2009	3,000,000	332,278	977	7,021

## APPENDIX II. (Continued)



The incidence of AIDS continues to rise among women between the ages of 15 and 44. According to the Centers for Disease Control (CDC), 2,825 new cases in women of reproductive age were reported in 1989. Between 1985 and 1988 AIDS became one of the 10 leading causes of death in this age group, with the death rate quadrupling. If current trends continue, it may become one of the five leading causes of death in this age group by 1991. Among African-American women of reproductive age the death rate from AIDS was nine times the rate of white women in the same age group. These rates vary across the country; AIDS is now the leading cause of death among African-American women of reproductive age in New York and New Jersey. Most women with AIDS are either intravenous drug users or the sexual

partners of intravenous drug users. Eighty percent of the children diagnosed with HIV acquired it from their mothers. In March 1989 the CDC reported that 52 percent of women with AIDS were African-American, 28 percent white and 20 percent Hispanic.

All Planned Parenthood affiliates provide education and information about HIV, including how it is transmitted, and how to avoid or minimize the chance of infection, as well as information about other sexually transmitted diseases.

In 1989, 83 affiliates provided testing and counseling for HIV to 23,639 people (18,783 women and 4,856 men), more than double the number pro-

vided this service in 1988. Affiliates reported that in 1989 the virus was identified in 261 people (1.1 percent); in 1988 the positive rate was 1.2 percent. Since a number of affiliates conduct anonymous testing, the number of positive tests among Planned Parenthood patients is likely to be undercounted.

Incidences of other sexually transmitted diseases detected at Planned Parenthood clinics rose in 1989 but, except for syphilis, less dramatically than the previous year. The number of tests for syphilis increased by 11 percent, to about 160,000, and the rate of positive results increased to .8 percent, compared to .6 percent in 1988. The increase of 58 percent in the total number of positive syphilis tests — to 1,327 in 1989 from 838 in 1988 — mirrors an increase in the incidence of syphilis nationally. According to the CDC, the U.S. rates reported in 1988 (the last year for which figures are available), were the highest in 40 years.

While the past three years saw a decline in the rate of positive test results for gonorrhea among Planned Parenthood patients, in 1989 the rate remained the same as in 1988, 1.1 percent.

The incidence of genital herpes among Planned Parenthood patients increased by 7 percent (compared to a 30 percent rise in 1988) to 7,875 cases, while condyloma fell by about 1 percent in 1989 to 38,000 cases (compared to a 56 percent rise in 1988.) Cases of chlamydia (which had risen by 34 percent in 1988) increased by about 6 percent, to 61,000.

### Service Summary 1988-1989

Service	Consumers		Percent Change	Referrals	
	1988	1989		1988	1989
Contraception - female	1,688,309	1,723,224	2.1	—	—
Contraception - male	7,906	7,839	-0.8	—	—
Pregnancy Diagnosis	225,875	173,649	-23.1*	—	—
Abortion	110,968	122,191	9.9	100,248	83,835
Aids Testing - female	7,056	18,783	166.2	—	—
Aids Testing - male	4,384	4,856	10.8	—	—
Vasectomy	3,471	3,294	-5.1	2,670	2,490
Female Sterilization	695	654	-5.9	6,477	5,388
Prenatal	3,415	4,732	38.6	80,221	83,781
Infertility	425	494	16.2	2,425	9,339
Colposcopy	7,147	8,307	16.2	—	—
Cryotherapy	3,492	3,884	11.2	—	—
Other Treatment & Health					
*Maintenance female	262,025	601,679	129.6*	157,276	141,211
male	12,144	21,829	79.8*	—	—
Total	2,337,312	2,695,415	15.3	349,317	326,044

\*Changes partly attributable to changes in reporting requirements.





## APPENDIX II. (Continued)



## ABORTION

Planned Parenthood affiliates continue to demonstrate their determination to preserve access to safe, legal abortion in the face of harassment from anti-choice demonstrators, attacks on funding by extremist groups, invasion of affiliate premises, and adverse Supreme Court decisions. Clinic violence and harassment at Planned Parenthood affiliates increased sharply in 1989: the number of incidents of vandalism rose by 20 percent, and trespassing and picketing by 19 and 18 percent, respectively.



In December 1989, arson severely damaged a satellite clinic of the Kansas City affiliate in Independence, Mo. No abortions were performed at the clinic that was burned, although the affiliate does provide abortions at its Kansas City location.

At Planned Parenthood affiliates nationwide, the number of bomb threats increased by 107 percent and the volume of hate mail by 183 percent in 1989. The number of harassing telephone calls went up 40 percent. Staff met these terrorist tactics with determination, imagination, and a sense of humor. Although affiliate staff may have been forced to postpone appointments on occasion, they continued to provide services. Affiliates used the pickets and the harassment to develop public relations and fund-raising strategies. Some affiliates developed "Pledge-

A-Picket" campaigns, in which donors were asked to pledge a certain amount for each picket who showed up at an affiliate on any given day. Thousands of dollars were raised around the country.

The number of abortions performed at Planned Parenthood affiliates increased 10 percent in 1989, from 111,000 in 1988 to more than 122,000. Although only two affiliates added the service in 1989, bringing the total number to 53, the boards of an additional 13 affiliates have approved plans to offer abortion services, and many of those plans will be implemented in 1990. The loss of other abortion providers in affiliate communities is one of the most compelling reasons for offering the service.

**Abortion Patients At or Below 150% of Poverty Level  
1987-1989**  
*Percent Distribution*

1989	1988	1987
45.2	47.7	49.9

**Abortion Services  
1980-1989**

Year	Procedures	Number of Affiliates
1989	122,191	53
1988	111,189	51
1987	104,411	48
1986	98,638	48
1985	91,065	44
1984	88,824	42
1983	85,242	41
1982	82,916	40
1981	79,997	39
1980	77,880	36

## APPENDIX II. (Continued)

The number of affiliates that provided abortion in 1990 was 57, an increase of four over 1989.

More than 129,000 abortions were performed by Planned Parenthood affiliates in 1990, an increase of almost 6 percent over 1989. This number is approximately 8 percent of the 1.6 million abortions performed nationwide, a fig-



ure that has been stable for the last several years.

In addition to the 59 current abortion providers (two affiliates added the service early in 1991), the boards of directors of an additional 16 affiliates have approved plans to initiate abortion services. The goal of having 75 affiliates committed to provide this service to their communities by the end of Planned Parenthood's 75th anniversary year has been reached.

### CHARACTERISTICS OF ABORTION CLIENTS

#### Age

The ages of Planned Parenthood patients receiving abortions in 1990 were comparable to those of all women in the United States who received abortions in 1987, the last year for which national figures are available. Among Planned Parenthood's 1990

abortion patients, the percentage who were 18-19 was only slightly higher than in 1989; the percentage who were 17 or younger had no change; the percentage who were 20-24 was slightly higher; the percentage who were 25-34, for whom there was an increase from 11 to 12 percent of the total.

#### Race

White women obtain approximately 65 percent of the abortions performed in the United States, and non-white women obtain 35 percent. At Planned Parenthood affiliates, 58 percent of women obtaining abortions were white and 42 percent were non-white. The most notable change in this ethnic mix was the increase in Hispanic abortion patients, up by 16 percent (about 2,200 women) to more than 15,000.

#### Income

Fifty percent of all Planned Parenthood abortion patients — five percent more than in 1989 — reported incomes at or below 150 percent of the federal poverty level. About 25 percent of abortion patients were registered for Medicaid, about one percent more than in 1989.

### ABORTION SERVICES 1988-1990

Year	Procedures	Number of Affiliates
1990	129,155	57
1989	122,191	53
1988	111,189	51
1987	104,411	48
1986	98,638	48
1985	91,065	44
1984	88,824	42
1983	85,242	41
1982	82,916	40
1981	79,997	39
1980	77,880	36

### ABORTION PATIENT OF POVERTY LEVEL 1987-1990

#### Percent Distribution

1990	50.3
1989	45.2
1988	47.7
1987	49.9



## APPENDIX II. (Continued)

**HIV** According to the CDC, 230,179 Americans had been diagnosed with AIDS, and 152,153 had died of AIDS by the end of June 1992. During the last year, reported AIDS cases increased at the rate of about 3,900 per month, and deaths from AIDS at about 3,000 per month. While women with AIDS comprise only 11 percent of the total number of cases, 78 percent of women with AIDS are between the ages of 20 and 44, members of the age group most likely to pass the disease to newborn children. Approximately 3,000 children under age 5 were diagnosed as having AIDS, and 725 children between the ages of 5 and 12 were diagnosed with AIDS.

A recent study indicates that the burden of the HIV/AIDS epidemic in the U. S. is shifting away from homosexual men and toward women and children, racial/ethnic minorities, and people living in non-urban areas. The CDC reports that, while most AIDS patients live in the Northeast, the largest number of new cases in 1991 was reported in the South. A high percentage increase in new cases was also reported in the Midwest. Clearly, small towns and rural areas increasingly will have to cope with problems similar to those that large urban areas have faced since the '80's.

Planned Parenthood affiliates have responded to the threat of HIV/AIDS since 1987, when the first of our affiliates began offering counseling and testing. In 1991, 110 affiliates, 66 percent of the total, provided these services to more than 76,000 women and 15,000 men, more than double the number receiving services the year before.

### Service Summary 1990-1991

Service	Consumers		Percent Change	Referrals	
	1990	1991		1990	1991
Contraception - female*	1,804,045	1,844,759	2.3	—	—
Contraception - male	— na —	14,146	100.0	—	—
Abortion	129,155	132,314	2.4	80,937	77,768
HIV Testing - female	29,482	76,462	159.4	—	—
HIV Testing - male	12,488	14,999	20.1	—	—
Vasectomy	3,283	3,322	1.2	2,539	2,700
Female Sterilization	512	444	-13.3	6,667	6,236
Prenatal	7,053	7,304	3.6	80,931	90,687
Infertility	424	429	1.2	4,192	3,389
Colposcopy	9,860	11,561	17.3	—	—
Cryotherapy	4,518	5,081	12.5	—	—
Other Treatment & Health Maintenance** - female	929,393	1,032,150	11.1	143,828	157,120
- male	25,780	26,170	1.5	—	—
<b>Total</b>	<b>2,955,993</b>	<b>3,169,141</b>	<b>7.2</b>	<b>319,094</b>	<b>337,900</b>

\*Revised.

\*\*Includes all other services not specified above, i.e. partial services, male contraception, well baby, etc.

Of the 91,500 tests, 418 were positive for the virus, a rate of four-tenths of 1 percent, down from the rate of six-tenths of 1 percent the year before.

All Planned Parenthood affiliates provide HIV/AIDS counseling, education, and information, including how the disease is transmitted, ways to minimize the risk of infection, and how people can assess their own risk factors.

## APPENDIX II. (Continued)

### Summary 1992-1993

Service	Consumers		Percent Change	Referrals	
	1992	1993		1992	1993
Contraception—female	1,871,891	1,904,599	1.75	—	—
Contraception—male	16,674	17,680	6.03	—	—
Abortion	130,844	134,277	2.62	83,713	80,743
HIV Testing—female	104,947	115,995	10.53	—	—
HIV Testing—male	25,531	33,702	32.00	—	—
Vasectomy	3,316	3,070	-7.42	2,788	2,338
Female Sterilization	706	960	35.98	6,497	4,999
Prenatal	9,072	9,943	9.60	95,979	103,401
Infertility	701	789	12.55	2,191	2,604
Colposcopy	15,846	17,728	16.28	—	—
Cryotherapy	5,791	6,606	14.07	—	—
Post-Coital Contraception	5,404	9,758	80.57	—	—
Midlife	7,997	8,573	7.20	—	—
Other Treatment & Education	—	—	—	—	—
Maint. of Health	909,143	975,112	7.27	177,661	148,101
Well-Child Care	30,645	35,117	16.59	—	—
<b>Total</b>	<b>3,137,000</b>	<b>3,400,000</b>	<b>4.36</b>	<b>308,629</b>	<b>301,150</b>

### Other Services

Among the other services offered at Planned Parenthood affiliates are:

- Infertility services, provided to 789 consumers in 1993, an increase of 13 percent over the previous year;
- midlife services, which increased by 7.2 percent in 1993 over 1992, provided to a total of 8,573 women;
- well-child care, and school physical examinations.

- Planned Parenthood of Central and Northern Arizona (Phoenix) initiated a new menopausal program in 1993 called Changing Times. The program offers screening for osteoporosis, diabetes, and cervical and breast cancer; estrogen replacement therapy; lifestyle counseling, and informational groups. More than 100 women called the first week after notices were placed in local papers about the program, and there have been significant increases in the number of women over 35 seen by the affiliate since then. The affiliate produced a flier for its contraceptive clients titled "Is Your Mother a Planned Parenthood Patient?" which has been very effective as a marketing tool.

## APPENDIX II. (Continued)



clinicians and counselors teach individuals about partner communication and sexual decision making, among more specific risk-reduction techniques. Many affiliates offer innovative education and health care programs to inner-city youths, immigrants, and low-income populations.

- Screening and treatment for a variety of other sexually transmitted infections. In 1994, highlights of these services included testing for chlamydia (more than 981,000 tests); gonorrhea (nearly 954,000 tests); syphilis (nearly 188,000 tests); and herpes (more than 21,000 tests).

PPFA also launched groundbreaking partnerships in 1995 to fight two sexually transmitted infections that are on the rise: genital herpes and the hepatitis-B virus. Collaborations with Burroughs-Wellcome and SmithKline Beecham will offer lasting benefits to PPFA's millions of clients.

- Genital herpes, a little-discussed disease, now infects one of every five U.S. adults — more than 30 million Americans. In March 1995, PPFA launched a "Partners in Herpes Care" program, supported by Burroughs-Wellcome. Affiliates received a package of program materials to educate patients, aid clinicians in diagnosis and patient support, and inform the public about herpes. Materials were designed not

only to help clients who have herpes learn how to manage it but also to teach all Planned Parenthood clients how to avoid infection.

— PPFA and SmithKline Beecham introduced an education and outreach program to combat the spread of hepatitis-B virus — the only sexually transmitted infection that can be prevented through vaccination. Extremely contagious and sometimes fatal, hepatitis-B is spreading most rapidly among young Americans. The program provides affiliates with patient brochures as well as materials on pediatric vaccination and prevention and management of the virus. Discounted vaccines from SmithKline will enable affiliates to pass along these savings to their clients.

## Service Summary, 1993 and 1994

Service	Consumers 1993*	Consumers 1994*	Percent Change 1993-94	Referred Out 1993	Referred Out 1994
Contraception - female	1,904,599	1,909,362	0.3	—	—
Contraception - male	17,680	18,619	5.3	—	—
Abortion	134,277	133,289	-0.7	80,743	98,325
HIV Testing** - female	116,086	108,381	-6.6	—	—
HIV Testing** - male	33,702	33,284	-1.2	—	—
Vasectomy	3,066	2,525	-17.6	2,338	3,239
Female Sterilization	960	882	-8.1	4,999	6,236
Prenatal	9,943	11,027	10.9	103,401	108,466
Infertility	789	790	0.1	2,604	2,212
Postcoital Contraception	9,638	13,155	36.5	—	—
Midlife	8,573	9,145	6.7	—	—
Pregnancy Testing	682,234	717,001	5.1	—	—
Pregnancy Testing with Pelvic Exam	188,822	176,172	-6.7	—	—
Adoption	—	—	—	9,039	11,866
Other Treatment & Health Maintenance***	—	—	—	—	—
- female	119,719	132,699	10.8	168,101	153,377
- male	26,729	45,482	70.2	—	—
<b>TOTAL</b>	<b>3,256,817</b>	<b>3,311,813</b>	<b>1.7</b>	<b>371,225</b>	<b>383,721</b>

Consumers are clients who received multiple services and are counted in each service.

\*\* HIV testing is anonymous or confidential. For those affiliates unable to provide breakdown by gender, the 1993 national ratios of males and females are assumed.

\*\*\* Includes all other services not specified above, including well-child services, colposcopy, cryotherapy, contracted procedures, and other miscellaneous services.



## APPENDIX II. (Continued)

Planned Parenthood Federation 1995-96 Annual Report

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### Planned Parenthood Service Summary, 1994 & 1995

Service	Consumers 1994*	Consumers 1995*	Percent Change 1994-95	Referred Out 1994	Referred Out 1995
Contraception—female	1,909,362	1,879,604	-1.5	—	—
Contraception—male	18,619	30,258	62.5	—	—
Abortion	133,289	139,899	5.0	98,325	59,682
HIV Testing—female	108,381	109,834	1.3	—	—
HIV Testing—male	33,284	35,660	7.1	—	—
Vasectomy	2,525	2,407	-4.7	3,239	2,175
Female Sterilization	882	726	-17.7	6,236	4,152
Prenatal	11,027	12,172	10.4	108,466	83,116
Infertility	790	686	-13.2	2,212	1,933
Colposcopy	18,099	19,256	6.4	—	—
Cryotherapy	5,867	5,796	-1.2	—	—
Postcoital Contraception	13,155	17,082	29.9	—	—
Midlife	9,145	17,223	88.3	—	—
Pregnancy Testing	717,001	710,968	-0.8	—	—
Pregnancy Testing with Pelvic Exam	176,172	151,976	-13.7	—	—
Adoption	—	—	—	11,866	5,758
Other Treatment & Health Maintenance**	—	—	—	—	—
—female	108,733	179,317	64.9	153,377	132,188
—male	45,482	21,339	-53.1	—	—
<b>TOTAL</b>	<b>3,311,813</b>	<b>3,334,203</b>	<b>0.7</b>	<b>383,721</b>	<b>289,204</b>

\* Consumers are clients who received multiple services and are counted in each service.  
\*\* Includes all other services not specified above.

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## APPENDIX II. (Continued)

## NURSE PRACTITIONER PROGRAM

In 1972, PPFA expanded the role of the family planning nurse practitioner by establishing the national first advanced professional training that prepares registered nurses to provide contraceptive medical care. Today that program and similar programs based at PPFA affiliates are recognized as leaders in the field. In 1995-97:

◆ Four affiliates—Planned Parenthood of the Rocky Mountain (Denver, CO), Planned Parenthood of Minnesota/South Dakota (St. Paul), InterMountain Planned Parenthood (Billings, MT), and Planned Parenthood of Wisconsin (Milwaukee)—offered certificate programs with an emphasis on women's health care, graduating approximately 100 nurse practitioners.

◆ PPFA's national program trained 32 nurses in the basic program, 34 clinicians in a colposcopy education course, and 450 advanced practice clinicians.

◆ In anticipation of a future requirement for women's health nurse practitioners to have a master's degree in nursing, PPFA established academic partnerships with two graduate schools of nursing. Nurse practitioners in the basic program who already have a bachelor's degree will be able to receive academic credit toward a master's degree.

◆ PPFA began development of a curriculum using distance learning modalities to help increase the number of nurse practitioners, certified nurse midwives, and physician assistants.

studies in conjunction with academic institutions and product manufacturers, exploring such topics as the safety, efficacy, and acceptability of birth control methods; treatments for vaginal or sexually transmitted infections; and attitudes and behaviors that affect sexual health. (Affiliate research projects on methotrexate/misoprostol and Cyclo-Provera are described above.)

◆ Developed an organizing kit for affiliates' participation in National Condom Week during the week of Valentine's Day. Affiliate activities nationwide included workshops on safer sex and public promotional events geared toward young people.

◆ Published and distributed the bi-monthly *Marketing Exchange* newsletter, through which Planned Parenthood marketing staff nationwide exchange their most creative and successful strategies to improve service outreach and customer satisfaction.

### Service Summary, 1995 and 1996

Service	Consumers 1995*	Consumers 1996*	Percent Change 1995-96	Referred Out 1995	Referred Out 1996
Contraception					
female	1,881,274	1,872,229	-0.48	—	—
male	30,530	26,489	-13.24	—	—
Abortion	139,899	153,367	9.63	59,365	54,207
HIV Testing					
female	109,965	117,523	6.87	—	—
male	35,668	43,271	21.32	—	—
Vasectomy	2,401	2,595	8.08	2,175	1,916
Female Sterilization	787	616	-21.73	4,152	4,049
Prenatal	12,034	14,292	18.76	82,357	80,870
Infertility	686	635	-7.43	1,933	1,732
Colposcopy	9,325	25,607	32.51	—	—
Cryotherapy	5,819	6,718	15.45	—	—
Emergency Contraception	17,270	28,297	63.85	—	—
Midlife	17,182	21,515	25.22	—	—
Pregnancy Testing	716,105	708,026	-1.13	—	—
Pregnancy Testing with Pelvic Exam	151,976	170,557	12.23	—	—
Adoption	—	—	—	5,758	6,274
Contracted Services					
Abortion	544	261	-52.02	—	—
Female Sterilization	996	842	-15.45	—	—
Vasectomy	414	415	0.24	—	—
Other Treatment & Health Maintenance**					
female	175,695	194,055	10.46	136,085	116,258
male	20,501	29,282	42.83	—	—
Totals	3,339,071	3,416,602	2.32	291,825	265,306

\* Consumers are clients who received multiple services and are counted in each service.

\*\* Includes all other services not specified above, including well-child services, and other miscellaneous services.

## APPENDIX II. (Continued)

### Nurse Practitioner Program

In 1972, the national office established the nation's first advanced professional education program to prepare registered nurses to become highly skilled, family planning nurse practitioners. Today, our Nurse Practitioner Program and similar programs based at our affiliates are recognized as the industry standard.

In 1997-98:

Twenty-two nurse practitioners graduated from our program, and 30 clinicians were trained to perform colposcopic examinations. More than 400 clinicians participated in last year's continuing education conference.

Agreement was established with a fourth graduate school of nursing to confer credit towards master's degrees for graduates of our program.

To provide educational opportunities for nurses who cannot leave their homes for extended periods of time, we continued our Women's Health Care Distance-Learning Program. We offer the program in partnership with Planned Parenthood of Hudson Peconic (Smithtown, NY) and Planned Parenthood of Mahoning Valley (Youngstown, OH). It combines clinical supervision by local professionals with a "virtual classroom" featuring customized interactive software. Seventeen nurses are currently enrolled.

## ServiceSummary

	1996	1997	% Change	Referred Out, 1996	Referred Out, 1997
Contraceptive Clients, Women	1,872,229	1,873,327	0.1		
Contraceptive Clients, Men	26,489	25,053	-5.4		
Abortion Procedures	153,367	165,174	7.7	54,207	47,550
HIV Testing Clients, Women	115,826	92,199	-20.4		
HIV Testing Clients, Men	43,015	32,266	-25.0		
Vasectomy Clients	2,595	2,474	-4.7	1,916	5,715
Sterilization Clients, Women	616	721	17.0	4,049	8,994
Prenatal Clients	14,292	17,246	20.7	80,870	80,115
Infertility Clients	635	281	-55.7	1,732	7,067
Colposcopy Procedures	25,607	21,340	-16.7		
Cryotherapy Procedures	6,718	5,167	-23.1		
Emergency Contraception Clients	28,297	39,245	38.7		
Midlife Clients	21,515	23,060	7.2		
Pregnancy Tests	708,026	674,399	-4.7		
Pregnancy Tests with Pelvic Exams	170,557	158,594	-7.0		
Adoption				6,274	9,381
Abortion (Contract)	261	1,076	312.3		
Sterilization - Women (Contract)	842	682	-19.0		
Vasectomy (Contract)	415	261	-37.1		
Primary Care Clients		24,064			
All Other Procedures				116,258	114,410
All Other Procedures, Women	194,065	102,180	-47.3		
All Other Procedures, Men	29,282	26,172	-10.6		
<b>Totals</b>	<b>3,414,649</b>	<b>3,284,981</b>	<b>-3.8</b>	<b>265,306</b>	<b>273,232</b>



## APPENDIX II. (Continued)

## SUMMARY

	1997	1998	% CHANGE	REFERRED OUT, 1997	REFERRED OUT, 1998
CONTRACEPTIVE CLIENTS, WOMEN	1,873,327	1,848,106	(1.3)		
CONTRACEPTIVE CLIENTS, MEN	25,053	28,054	12.0		
ABORTION PROCEDURES	165,174	167,928	1.6	47,550	36,870
HIV TESTING CLIENTS, WOMEN	92,199	108,569	17.7		
HIV TESTING CLIENTS, MEN	32,266	27,801	(13.8)		
VASECTOMY CLIENTS	2,474	2,385	(3.6)	5,715	1,379
FEMALE STERILIZATION CLIENTS	721	823	14.1	8,994	2,785
PRENATAL CLIENTS	17,246	16,065	(6.8)	80,115	67,052
COLPOSCOPY PROCEDURES	21,340	22,754	6.6		
CRYOTHERAPY PROCEDURES	5,167	5,208	0.8		
EMERGENCY CONTRACEPTION CLIENTS	39,245	72,024	83.5		
MIDLIFE CLIENTS	23,060	21,488	(6.8)		
PREGNANCY TEST PROCEDURES	674,399	678,988	0.7		
PREGNANCY TEST & PELVIC EXAM PROCEDURES	158,594	161,542	1.9		
ADOPTION REFERRALS TO OTHER AGENCIES				9,381	4,892
PRIMARY CARE CLIENTS	24,064	27,320	13.5		
OTHER SERVICES				114,410	106,019
OTHER SERVICES, WOMEN	102,461	57,096	(44.3)		
OTHER SERVICES, MEN	26,172	7,640	(70.8)		
TOTAL*	3,284,981	3,253,791	(0.9)	273,232	220,358
TOTAL UNDUPLICATED CLIENTS	2,330,065	2,364,854	1.5		

\*If clients received multiple services, they are counted in each service.

## APPENDIX II. (Continued)

## OF REPRODUCTIVE HEALTH CARE

AffiliateServiceSummary**CONTRACEPTIVE  
METHODS**

chosen by  
Planned Parenthood  
clients, 1999

ROUNDED TO NEAREST  
TENTH PERCENT

— ORAL 52.4%

Non-Prescription  
Barrier  
13.3%

Dopo-Provera®  
11.8% No Method  
11.3%

Other/  
Unknown  
5.4%

Emergency  
Contraception  
2.9%

IUD 0.8%

Prescription  
Barrier  
0.5%

Non-Prescription  
Barrier  
0.5%

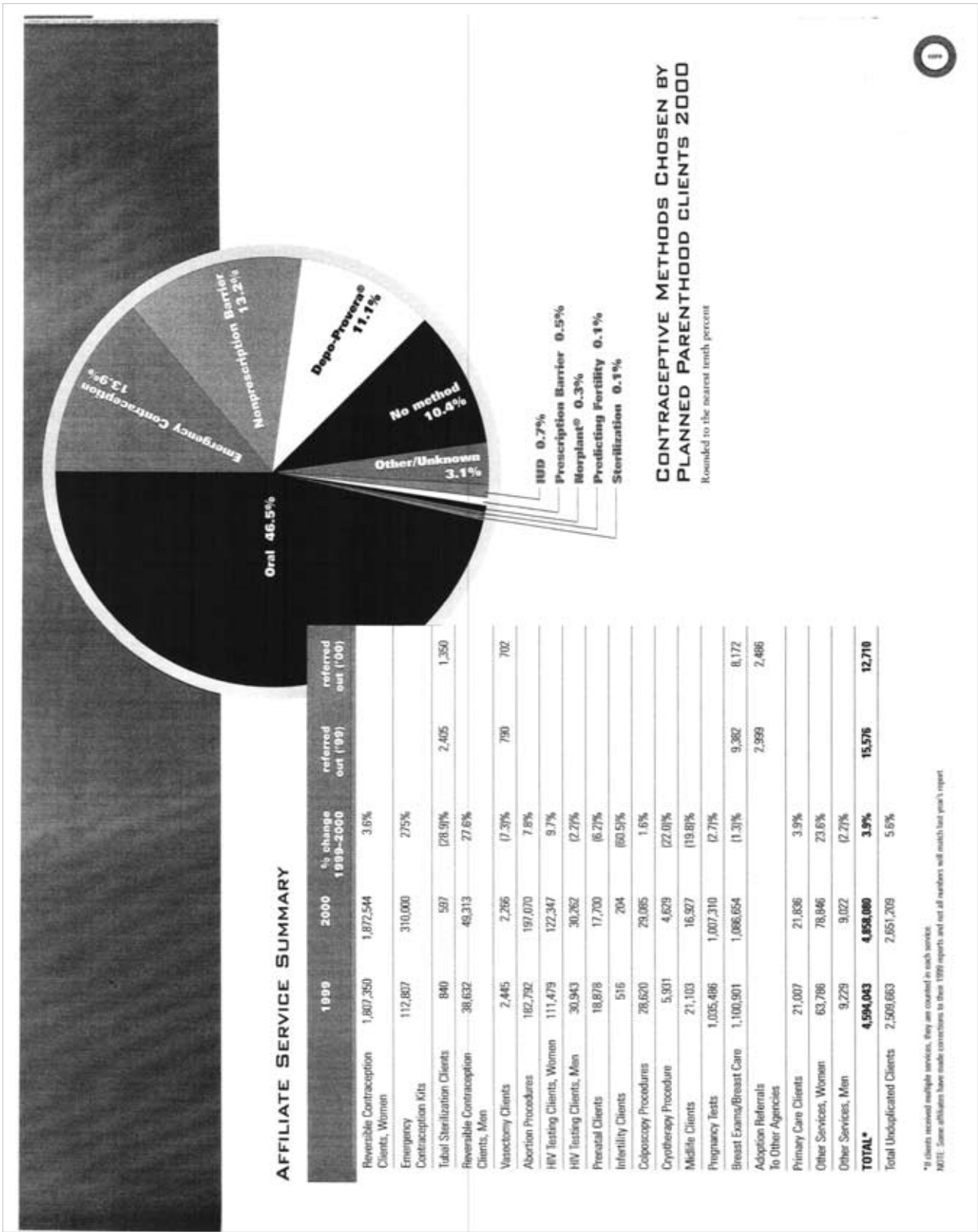
Predicting  
Fertility  
0.2%

	1998	1999	% change	referred out ('98)	referred out ('99)
CONTRACEPTIVE CLIENTS, WOMEN	1,848,106	1,883,374	1.9 %		
CONTRACEPTIVE CLIENTS, MEN	28,054	38,632	37.7 %		
ABORTION PROCEDURES	168,509	182,854	8.5 %		
HIV TESTING CLIENTS, WOMEN	108,569	152,596	40.6 %		
HIV TESTING CLIENTS, MEN	27,801	30,928	11.2 %		
VASECTOMY CLIENTS	2,385	2,445	2.5 %	1,379	790
STERILIZATION CLIENTS, WOMEN	823	902	9.6 %	2,785	2,405
PRENATAL CLIENTS	16,065	19,281	20.0 %		
INFERTILITY CLIENTS	148	516	248.6 %		
COLPOSCOPY PROCEDURES	22,754	29,019	27.5 %		
CRYOTHERAPY PROCEDURES	5,208	5,869	12.7 %		
EMERGENCY CONTRACEPTION KITS	72,024	112,807	56.6 %		
MIDLIFE CLIENTS	21,488	21,086	(1.9) %		
PREGNANCY TESTS	840,530	1,035,486	23.2 %		
BREAST EXAMS	1,122,175	1,100,901	(1.9) %		
BREAST CARE/MAMMOGRAPHY				DATA NOT COLLECTED	9,382
ADOPTION REFERRALS TO OTHER AGENCIES				4,892	2,999
OFF SITE CONTRACT SERVICES, ABORTION	846	166	(80.4) %		
OFF SITE CONTRACT SERVICES, TUBAL STERILIZATION	596	427	(28.4) %		
OFF SITE CONTRACT SERVICES, VASECTOMY	280	75	(73.2) %		
PRIMARY CARE CLIENTS	27,320	20,136	(26.3) %		
OTHER SERVICES, WOMEN	56,948	66,052	16.0 %		
OTHER SERVICES, MEN	7,640	9,229	20.8 %		
TOTAL *	4,378,269	4,712,781	7.6 %	9,056	15,576
TOTAL UNDUPLICATED CLIENTS	2,366,729	2,600,956	9.9 %		

\*If clients received multiple services, they are counted in each service.  
NOTE: Some affiliates have made corrections to their 1998 reports and not all numbers will match last year's report.



APPENDIX II. (Continued)



APPENDIX II. (Continued)

To offer security and protect our clients, staff, and volunteers from anti-choice violence, last year we

- conducted evacuation drills for the national offices
- Following the September 11 terrorist attacks provided assistance to affiliates and leadership to law enforcement and the U.S. Centers for Disease Control and Prevention in the face of two rounds of anthrax threat letters to more than 250 health centers
- conducted staff trainings and security surveys and provided telephone and on-site technical assistance for 30 affiliates
- held two security conferences for 100 affiliate security coordinators
- increased the number of background checks for new hires, volunteers, and interns throughout the federation

The national organization worked to strengthen collaboration with affiliates, provided them with superlative technical assistance, training, and consulting services, and helped them once again increase access to services for clients through

- a new accreditation process
- a faster and "first-on-the-block" implementation of medical services through changes in medical standards and guidelines
- approval of the affiliation of Planned Parenthood of Hawaii

**Preserving Title X**

PPFA helped achieve a funding increase of \$12 million, for a total of \$26.5 million, for Title X, America's family planning program, despite anti-family planning efforts to cripple the program.

By subsidizing contraceptive services, basic ob/gyn care, screening for sexually transmitted infections, and pregnancy testing and referrals for millions of low-income women and teenagers, Title X prevents hundreds of thousands of unintended pregnancies and saves millions of tax dollars each year.

**Affiliate Service Summary**

	2000	2001	% change 2000-2001	referred out ('00)	referred out ('01)
Reversible Contraception Clients, Women	1,871,454	2,022,479	8.1%		
Emergency Contraception Kits	131,638	458,892	248.6%		
Total Sterilization Clients	597	1,546	159.0%	1,350	1,154
Reversible Contraception Clients, Men	49,313	49,164	0.3%		
Vasectomy Clients	2,266	2,296	1.3%	702	489
Abortion Procedures	197,070	213,026	8.1%		
HIV Testing Clients, Women	122,347	113,896	(7.0%)		
HIV Testing Clients, Men	30,262	40,696	32.5%		
Prenatal Clients	17,700	15,618	(11.0%)		
Infertility Clients	704	782	38.2%		
Colposcopy Procedures	29,065	33,401	14.8%		
Cryotherapy Procedures	4,629	4,657	0.6%		
Miscarriage Clients	16,927	14,041	(17.0%)		
Pregnancy Tests	1,037,310	1,105,563	9.0%	8,172	9,211
Breast Exams/Breast Care	1,086,654	940,866	(13.4%)	2,486	1,951
Adoption Referrals to Other Agencies					
Primary Care Clients	21,636	33,089	51.5%		
Other Services, Women	1,342,453	1,309,403	(2.5%)		
Other Services, Men	70,940	118,027	66.4%		
<b>TOTAL*</b>	<b>6,002,685</b>	<b>6,476,252</b>	<b>7.9%</b>	<b>12,710</b>	<b>12,865</b>
Total Unduplicated Clients	2,651,209	2,647,423	(0.1%)		

\*If clients received multiple services, they are counted in each service. NOTE: Some affiliates have made corrections to their 2000 reports and not all numbers will match last year's report.

**Contraceptive Methods Chosen by  
Planned Parenthood Clients, 2001**  
Rounded to the nearest 10th percent

Method	Percentage
Oral Contraception	43.1%
Non-prescription Barrier Methods	11.6%
Contraceptive Injections	11.6%
No method	8.9%
Other/Unknown Methods	5.4%
IUDs	7%
Prescription Barrier Methods	5%
Contraceptive Implants	1%
Fertility Awareness-Based Methods	1%
Sterilization	1%

## APPENDIX II. (Continued)

To offer **security** and protect our clients, staff, and volunteers from anti-choice violence, last year we provided technical assistance via telephone and e-mail to more than 90 affiliates

published monthly clinic violence updates, *HotSpots*, as well as an annual summary, *The Chronicles of Clinic Violence* conducted two "Basic Security 101" conferences for nearly 100 affiliate security coordinators

provided technical assistance to the National Abortion

Federation, Feminist Majority Foundation, California

Department of Justice, and seven local law enforcement agencies

held a variety of security workshops, trainings, and update

sessions at several national and local conferences for Planned

Parenthood staff and volunteers

provided on-site security coverage at national meetings

established CPR and emergency management training programs

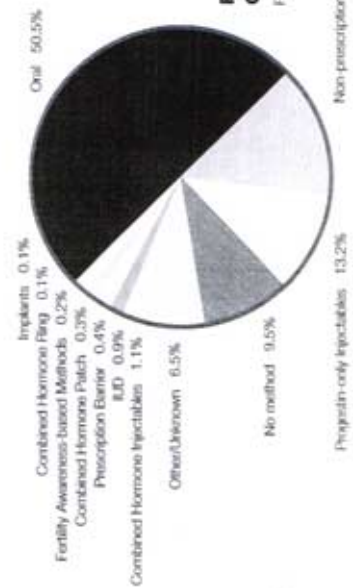
for national staff

provided protection and threat assessment for the president and

other high-risk people in the federation

### Preserving Title X

PFPA helped achieve a funding increase of \$10 million, for a total of \$273 million, for Title X, America's family planning program, despite anti-family planning efforts to cripple the program. By subsidizing contraceptive services, basic ob/gyn care, screening for sexually transmitted infections, and pregnancy testing and referrals for millions of low-income women and teenagers, Title X prevents hundreds of thousands of unintended pregnancies and saves millions of tax dollars each year.



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### Affiliate Service Summary

	2001	2002	% change 2001-2002	referred out (01)	referred out (02)
Reversible Contraception Clients, Women	2,021,979	2,208,483	9.2%		
Emergency Contraception Kits	469,578	633,756	35.0%		
Tubal Sterilization Clients	645	680	5.4%	1,154	1,815
Reversible Contraception Clients, Men	49,164	60,476	23.0%		
Vasectomy Clients	2,296	2,522	9.8%	489	773
Abortion Procedures	213,026	227,375	6.7%		
HIV Testing Clients, Women	113,627	126,477	11.3%		
HIV Testing Clients, Men	40,096	48,991	22.2%		
Prenatal Clients	15,618	15,860	1.5%		
Infertility Clients	282	325	15.2%		
Colposcopy Procedures	33,401	31,248	(6.4)%		
LOOP/AEEP Procedures	1,468	1,529	16.5%		
Cryotherapy Procedures	4,657	3,913	(16.0)%		
Mollusc Clients	14,041	10,575	(24.7)%		
Pregnancy Tests	1,105,563	1,081,772	(2.2)%		
Breast Exam/Breast Care	940,866	1,062,727	13.0%	9,211	12,299
Adoption Referrals To Other Agencies				1,951	1,963
Primary Care Clients	19,562	24,483	25.2%		
STI Procedures, Women and Men	1,346,710	1,255,036	(6.8)%		
Other Services, Women	58,480	58,626	0.2%		
Other Services, Men	20,711	17,905	(13.5)%		
Total*	6,471,831	6,873,011	6.2%	12,805	16,850
Total Unuplicated Clients	2,647,423	2,744,554	3.7%		

\* If clients received multiple services, they are counted in each service.  
NOTE: Some affiliates have made corrections to their 2001 reports and not all numbers reflect last year's report.

**Reversible Contraceptive Methods Chosen by Planned Parenthood Clients, 2002**  
Rounded to the nearest 10th percent

## APPENDIX II. (Continued)

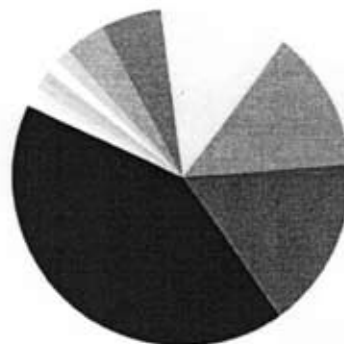
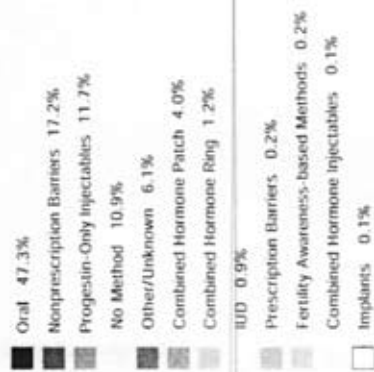
### Affiliate Service Summary

	2002	2003	% change 2002-2003	referred out (02)	referred out (03)
Reversible Contraception Clients, Women	2,208,332	2,257,154	2.2%		
Emergency Contraception Kits	633,756	774,482	22.2%		
Tubal Sterilization Clients	680	744	9.4%	1,815	2,023
Reversible Contraception Clients, Men	60,476	65,961	9.1%		
Vasectomy Clients	2,522	2,576	2.1%	773	545
Abortion Procedures	230,630	244,628	6.1%	SEE ERRATUM	
HIV Testing Procedures, Women	138,494	155,273	12.1%		
HIV Testing Procedures, Men	48,991	52,309	6.8%		
Prenatal Clients	15,860	16,427	3.6%		
Infertility Clients	325	465	43.1%		
Colposcopy Procedures	31,248	37,423	19.8%		
LOOP/LEEP Procedures	1,781	2,029	13.9%		
Cryotherapy Procedures	3,913	4,544	16.1%		
Midlife Clients	10,575	11,232	6.2%		
Pregnancy Tests	1,081,772	904,201	(16.4)%		
Breast Exams/Breast Care	1,062,727	921,451	(13.3)%	12,299	14,241
Adoption Referrals to Other Agencies				1,963	1,774
Primary Care Clients	24,483	32,216	31.6%		
STI Procedures, Women and Men	1,255,036	2,452,930	95.4%		
Other Services, Women	58,626	36,984	(36.9)%		
Other Services, Men	17,905	69,012	285.4%		
<b>Total</b>	<b>6,878,078</b>	<b>7,961,514</b>	<b>15.8%</b>		
<b>Total Unduplicated Clients</b>	<b>2,757,294</b>	<b>2,811,885</b>	<b>2.0%</b>		

\*Method of data collection revised in 2003.

### Reversible Contraceptive Methods Chosen by Planned Parenthood Clients, 2003

Rounded to the nearest 10th percent

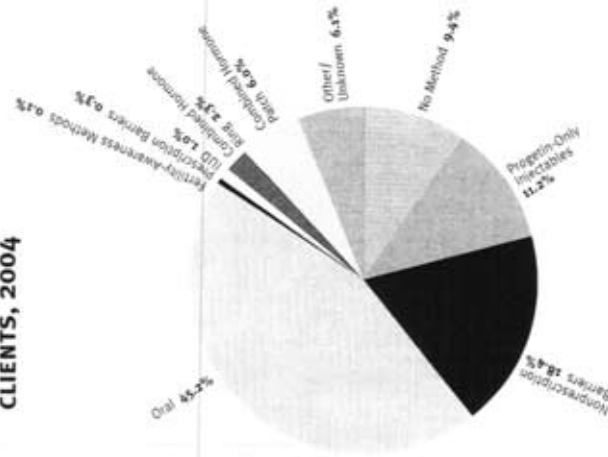




## APPENDIX II. (Continued)

## AFFILIATE SERVICE SUMMARY

	2003	2004	% CHANGE 2003-2004	REFERRED OUT, 2003	REFERRED OUT, 2004
Reversible Contraception Clients, Women	2,257,154	2,347,352	4.0%		
Emergency Contraception Kits	774,645	983,537	27.0%		
Tubal Sterilization Clients	744	601	-19.2%	2,023	1,241
Reversible Contraception Clients, Men	69,403	89,705	29.3%		
Vasectomy Clients	2,576	2,480	-3.7%	545	647
Abortion Procedures	245,092	255,015	4.0%		
HIV Tests, Women	155,273	160,131	3.1%		
HIV Tests, Men	52,309	48,784	-6.7%		
HIV Tests, Gender Not Reported	n/a	21,411	n/a		
Prenatal Clients	16,427	17,610	7.2%		
Infertility Clients	353	386	9.3%		
Colposcopy Procedures	37,423	41,980	12.2%		
LEEP Procedures	2,029	2,681	32.1%		
Cryotherapy Procedures	4,544	3,733	-17.8%		
Midlife Clients	11,232	14,532	29.4%		
Pregnancy Tests	905,758	1,073,728	18.5%		
Breast Exams/ Breast Care	951,761	925,763	-2.7%	14,241	12,251
Adoption Referrals to Other Agencies	—	—	—	1,774	1,414
Primary Care Clients	32,216	29,369	-8.8%		
STI Procedures, Women and Men	2,452,930	2,527,609	3.0%		
Other Services, Women	36,984	20,084	-45.7%		
Other Services, Men	69,012	79,100	14.6%		
TOTAL	8,077,865	8,645,591	7.0%		
TOTAL UNDUPLICATED CLIENTS	2,811,893	2,933,101	4.3%		

REVERSIBLE CONTRACEPTIVE  
METHODS CHOSEN BY  
PLANNED PARENTHOOD  
CLIENTS, 2004

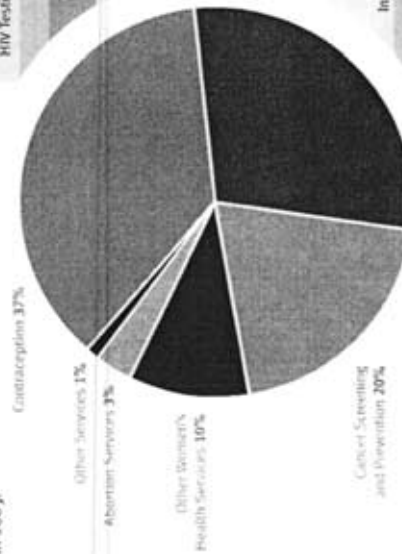
# APPENDIX II. (Continued)

## Health Services

The heart of Planned Parenthood affiliates' work is providing trusted health care services that prevent unintended pregnancies through contraception, reduce the spread of sexually transmitted infections through testing and treatment, and prevent cervical and other cancers through screening. In 2005, Planned Parenthood health centers delivered nine percent more contraception services than in 2004. Overall, our health centers provided sexual and reproductive health care to more than three million women and men, increasing by four percent the total number of clients served between 2004 and 2005.

Total Services = 10,112,642

Prevention is the cornerstone of our services — 81 percent of our clients received contraception services in 2005.



\* Reflects updated data.

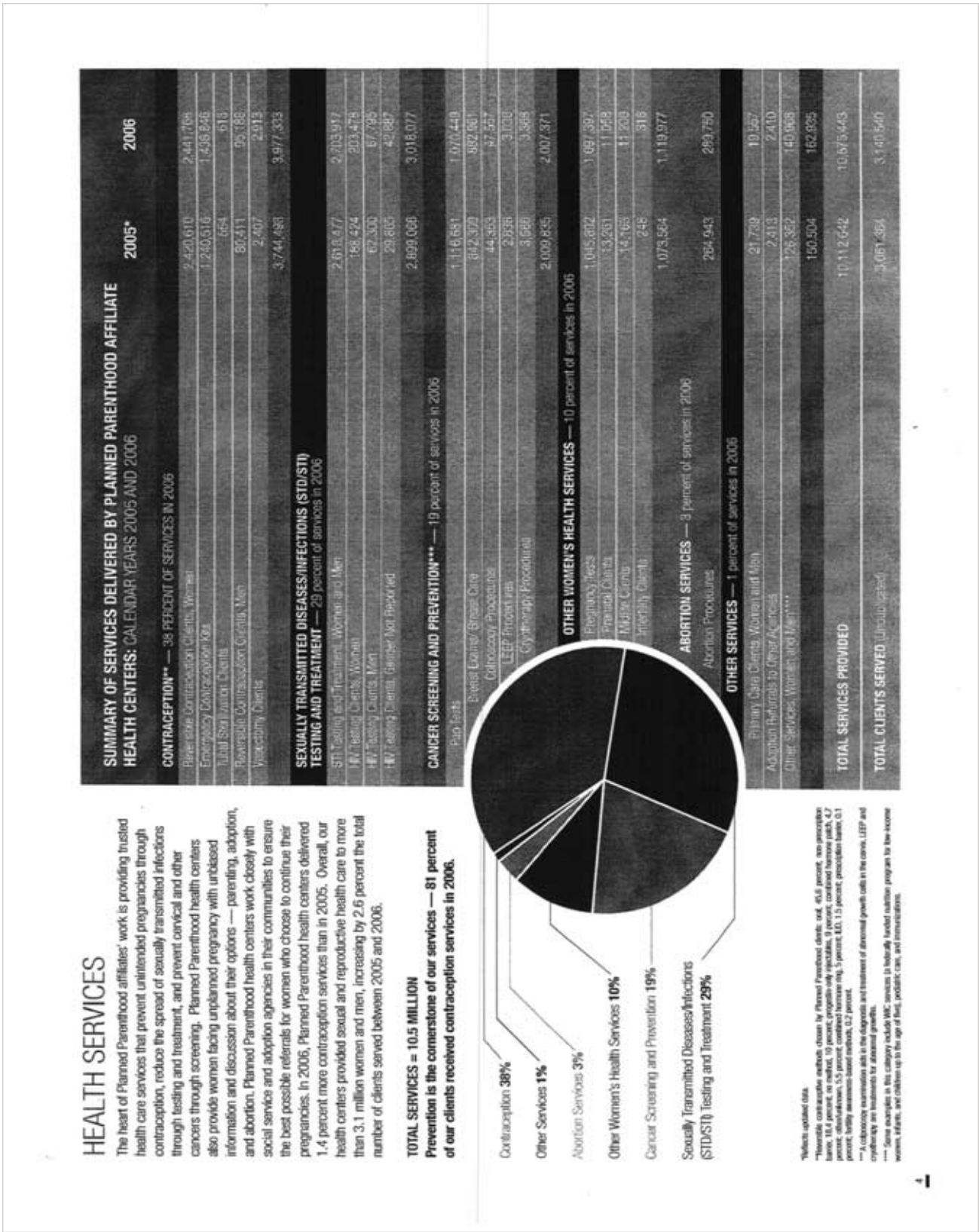
\*\* Reversible contraceptive methods chosen by Planned Parenthood clients: oral, 44.2 percent; nonprescription barrier, 48.1 percent, no method, 10.3 percent; progestin-only injectables, 9.4 percent; combined hormone patch, 6.8 percent; other/unknown, 5.8 percent; combined hormone ring, 3.4 percent; IUD, 1.1 percent; prescription barrier, 0.2 percent; fertility awareness-based methods, 0.2 percent.

\*\*\* A colposcopy examination aids in the diagnosis and treatment of abnormal growth cells in the cervix. LEEP and cryotherapy are treatments for abnormal growths.

\*\*\*\* Some examples in this category include WIC services (a federally funded nutrition program for low-income women, infants, and children up to the age of five), pediatric care, and immunizations.

SUMMARY OF SERVICES DELIVERED BY PLANNED PARENTHOOD HEALTH CENTERS: CALENDAR YEARS 2004 AND 2005			
CONTRACEPTION** — 37 PERCENT OF SERVICES IN 2005			
Reversible Contraception Clients, Women	2,347,352	2004*	2,399,671
Emergency Contraception Kits	983,537		1,245,506
Tubal Sterilization Clients	601		554
Reversible Contraception Clients, Men	84,712		80,411
Vasectomy Clients	2,480		2,407
	3,215,512		3,728,549
STD/STI TESTING AND TREATMENT — 29 PERCENT OF SERVICES IN 2005			
STD/STI Procedures, Women and Men	2,527,609		2,630,669
HIV Testing Clients, Women	160,131		188,424
HIV Testing Clients, Men	48,784		62,300
HIV Testing Clients, Gender not Reported	21,411		29,865
	2,597,805		2,830,658
CANCER SCREENING AND PREVENTION*** — 20 PERCENT OF SERVICES IN 2005			
Pap Tests	1,383,692		1,196,681
Breast Exams/ Breast Care	925,763		844,201
Colposcopy Procedures	41,980		44,353
LEEP Procedures	2,694		2,836
Cryotherapy Procedures	3,733		3,566
	2,157,849		2,011,631
OTHER WOMEN'S HEALTH SERVICES — 10 PERCENT OF SERVICES IN 2005			
Pregnancy Tests	1,076,005		1,040,803
Prenatal Clients	17,610		12,548
Infertility Clients	14,532		14,163
	209		248
	1,108,356		1,067,762
ABORTION SERVICES — 7 PERCENT OF SERVICES IN 2005			
Abortion Procedures	255,095		264,943
OTHER SERVICES — 1 PERCENT OF SERVICES IN 2005			
Primary Care Clients, Women and Men	29,369		21,739
Other Services, Women and Men****	99,361		127,354
	128,730		149,093
TOTAL SERVICES PROVIDED	9,855,547		10,112,642
TOTAL CLIENTS SERVED (UNIQUE)	2,096,328		2,053,146

APPENDIX II. (Continued)



## APPENDIX II. (Continued)

## PLANNED PARENTHOOD MATTERS TRUSTED HEALTH CARE SERVICES

## SUMMARY OF SERVICES DELIVERED BY PLANNED PARENTHOOD AFFILIATE

HEALTH CENTERS: CALENDAR YEARS 2006 AND 2007	2006*	2007
<b>CONTRACEPTION** — 36 percent of services in 2007</b>		
Reversible Contraception Clients, Women	2,453,909	2,380,796
Emergency Contraception Kits	1,436,846	1,423,365
Tubal Sterilization Clients	618	532
Reversible Contraception Clients, Men	95,188	102,405
Vasectomy Clients	2,913	2,882
	3,989,474	3,889,980
<b>SEXUALLY TRANSMITTED DISEASES/INFECTIONS (STD/STI) TESTING AND TREATMENT — 31 percent of services in 2007</b>		
STI Testing and Treatment, Women and Men	2,704,693	2,994,740
HW Testing Clients, Women	203,478	257,877
HW Testing Clients, Men	67,795	80,077
HW Testing Clients, Gender Not Reported	42,887	30,519
	3,018,853	3,363,222
<b>CANCER SCREENING AND PREVENTION*** — 17 percent of services in 2007</b>		
Pap Tests	1,070,449	968,682
HPV Vaccinations	—	29,351
Breast Exam/ Breast Care	882,961	851,232
Colposcopy Procedures	47,557	46,522
LEEP Procedures	3,036	2,652
Cryotherapy Procedures	3,368	2,411
	2,007,371	1,900,859
<b>OTHER WOMEN'S HEALTH SERVICES — 11 percent of services in 2007</b>		
Pregnancy Tests	1,097,397	1,183,325
Prenatal Clients	11,058	10,914
Midlife Clients	11,206	12,783
Infertility Clients	316	318
	1,119,977	1,207,340
<b>ABORTION SERVICES — 3 percent of services in 2007</b>		
Abortion Procedures	280,750	305,310
<b>OTHER SERVICES — 2 percent of services in 2007</b>		
Primary Care Clients, Women and Men	19,557	21,247
Adoption Referrals to Other Agencies	2,410	4,912
Other Services, Women and Men****	140,968	228,964
	162,835	255,123
<b>TOTAL SERVICES PROVIDED</b>	<b>10,588,360</b>	<b>10,921,825</b>
<b>TOTAL CLIENTS SERVED (UNMULTIPLIED)</b>	<b>3,140,540</b>	<b>3,020,651</b>

\*Rounded to nearest 100.

\*\* Reversible contraceptive methods chosen by Planned Parenthood clients are 46.7 percent, non-reversible female 17.2 percent, no method 3.4 percent, pregnancy prevention 1.2 percent, other/unknown 14.4 percent, combined services (e.g., 3.3 percent) combined services (e.g., 3.3 percent), 3.3 percent, pregnancy prevention 1.2 percent, other/unknown 14.4 percent, combined services (e.g., 3.3 percent), 3.3 percent, pregnancy prevention 1.2 percent, other/unknown 14.4 percent.

\*\*\* A colposcopy, hysterectomy, or hysterectomy.

\*\*\*\* New residents in the (zip codes) 14000-14099, 14100-14199, 14200-14299, 14300-14399, 14400-14499, 14500-14599, 14600-14699, 14700-14799, 14800-14899, 14900-14999, 15000-15099, 15100-15199, 15200-15299, 15300-15399, 15400-15499, 15500-15599, 15600-15699, 15700-15799, 15800-15899, 15900-15999, 16000-16099, 16100-16199, 16200-16299, 16300-16399, 16400-16499, 16500-16599, 16600-16699, 16700-16799, 16800-16899, 16900-16999, 17000-17099, 17100-17199, 17200-17299, 17300-17399, 17400-17499, 17500-17599, 17600-17699, 17700-17799, 17800-17899, 17900-17999, 18000-18099, 18100-18199, 18200-18299, 18300-18399, 18400-18499, 18500-18599, 18600-18699, 18700-18799, 18800-18899, 18900-18999, 19000-19099, 19100-19199, 19200-19299, 19300-19399, 19400-19499, 19500-19599, 19600-19699, 19700-19799, 19800-19899, 19900-19999, 20000-20099, 20100-20199, 20200-20299, 20300-20399, 20400-20499, 20500-20599, 20600-20699, 20700-20799, 20800-20899, 20900-20999, 21000-21099, 21100-21199, 21200-21299, 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**APPENDIX II.** (Continued)

2

In 2008, PPFA-supported partners served 1,078,000 individuals in 11 developing countries with reproductive health care and education. In addition, we worked to raise awareness of international reproductive health and rights issues and mobilize

support for responsible U.S. laws and policies. We created briefing sheets, talking points, and a wide variety of other advocacy materials, posted them online, and distributed them to Planned Parenthood affiliates and activists.

**Affiliate Medical Services Summary\*****Contraception — 35 percent of services in 2008**

Reversible Contraception Clients, Women**	2,263,776
Emergency Contraception Kits	1,436,808
Tubal Sterilization Clients	489
Reversible Contraception Clients, Men	109,823
Vasectomy Clients	2,979
	<hr/>
	3,813,875

**STI/STD Testing and Treatment — 34 percent of services in 2008**

STI Procedures, Women and Men	3,272,264
HIV Testing Procedures, Women	324,671
HIV Testing Procedures, Men	95,562
HIV Testing Procedures, Gender Not Reported	28,839
	<hr/>
	3,721,336

**Cancer Screening and Prevention — 17 percent of services in 2008**

Pap Tests	915,716
HPV Vaccinations	60,064
Breast Exams/ Breast Care	826,197
Colposcopy Procedures***	43,285
LOOP/LEEP Procedures***	2,613
Cryotherapy Procedures***	1,816
	<hr/>
	1,849,691

**Other Women's Health Services — 10 percent of services in 2008**

Pregnancy Tests	1,111,355
Prenatal Clients	9,433
Midlife Clients	12,016
Infertility Clients	168
	<hr/>
	1,132,972

**Abortion Services — 3 percent of services in 2008**

Abortion Procedures	324,008
---------------------	---------

**Other Services — 1 percent of services in 2008**

Primary Care Clients, Women and Men	20,235
Adoption Referrals to Other Agencies	2,405
Other Services, Women and Men****	81,492
	<hr/>
	104,132

**Total Services**

10,943,609

\*Patient Care Provided by Planned Parenthood Affiliate Health Centers in 2008

## APPENDIX II. (Continued)

2

In 2009, PPFA-supported partners served 1,200,000 individuals in 10 developing countries with reproductive health care and education. In addition, we worked to raise awareness of international reproductive health and rights issues and mobilize

support for responsible U.S. laws and policies. We created briefing sheets, talking points, and a wide variety of other advocacy materials, posted them online, and distributed them to Planned Parenthood affiliates and activists.

### Affiliate Medical Services Summary\*

#### Contraception — 35 percent of services in 2009

Reversible Contraception Clients, Women**	2,327,662
Emergency Contraception Kits	1,537,180
Tubal Sterilization Clients	756
Reversible Contraception Clients, Men	140,648
Vasectomy Clients	3,303
	<hr/> 4,009,549

#### STI/STD Testing and Treatment — 35 percent of services in 2009

STI Procedures, Women and Men	3,419,965
HIV Testing Procedures, Women	391,299
HIV Testing Procedures, Men	123,283
HIV Testing Procedures, Gender Not Reported	21,369
	<hr/> 3,955,9163

#### Cancer Screening and Prevention — 16 percent of services in 2009

Pap Tests	904,820
HPV Vaccinations	44,924
Breast Exams/ Breast Care	830,312
Colposcopy Procedures***	46,062
LOOP/LEEP Procedures****	2,692
Cryotherapy Procedures****	2,001
	<hr/> 1,830,811

#### Other Women's Health Services — 10 percent of services in 2009

Pregnancy Tests	1,158,924
Prenatal Clients	7,021
Midlife Clients	12,424
	<hr/> 1,178,369

#### Abortion Services — 3 percent of services in 2009

Abortion Procedures	332,278
---------------------	---------

#### Other Services — 1 percent of services in 2009

Primary Care Clients, Women and Men	19,796
Adoption Referrals to Other Agencies	977
Other Services, Women and Men*****	56,204
	<hr/> 76,977

<b>Total Services</b>	<b>11,383,900</b>
-----------------------	-------------------

\*Patient Care Provided by Planned Parenthood Affiliate Health Centers in 2009

## APPENDIX II. (Continued)



Current as of February 2011

## Fact Sheet

Published by the Katharine Dexter McCormick Library  
 Planned Parenthood Federation of America  
 434 West 33<sup>rd</sup> Street, New York, NY 10001  
 212-261-4716  
[www.plannedparenthood.org](http://www.plannedparenthood.org)

### Planned Parenthood® by the Numbers

These numbers show why Planned Parenthood Federation of America (PPFA®) is our nation's most trusted name in sexual and reproductive health care.

- Number of years Planned Parenthood has provided women, men, and adolescents with the education, information, and services needed to make responsible choices about sex and reproduction: **95**
- Number of women, men, and adolescents worldwide provided with sexual and reproductive health care and education by Planned Parenthood each year: **more than 5,000,000**
  - Number of these clients served by Planned Parenthood affiliate health centers in the U.S.: **3,000,000**
  - Number of these clients served by Planned Parenthood affiliate educational programs: nearly **1,200,000**
  - Number of these clients served by PPFA-supported partners in 10 developing countries: **1,200,000**
- Number of Planned Parenthood affiliates: **84** with a presence in all **50** states and the District of Columbia
- Number of Planned Parenthood affiliate health centers: **more than 800**
- Percentage of Planned Parenthood health care clients
  - age 20 and older: **79**
  - with incomes at or below 150 percent of the federal poverty level: **75**
  - who receive services to prevent unintended pregnancy: **83**
  - who receive abortion services: **12**
- Estimated number of unintended pregnancies averted by Planned Parenthood contraceptive services each year: **612,000**
- Estimated number of abortions averted by Planned Parenthood contraceptive services each year: **291,000**
- Percentage of all Planned Parenthood health services that are contraceptive services: **35**
- Percentage of all Planned Parenthood health services that are abortion services: **3**
- Percentage increase in Planned Parenthood men clients from 2000 to 2009: **103**
- Visits to [www.plannedparenthood.org](http://www.plannedparenthood.org) each year: **24 million**
- Number of Planned Parenthood activists, supporters, and donors: more than **4,000,000**
- Percentage of Planned Parenthood annual expenses (\$1,037,400,000) spent on client services, education, and research: **83**

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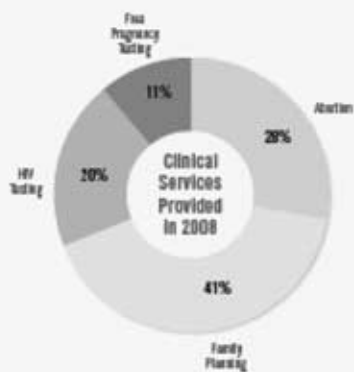
**Media Contacts** — Washington, DC: 202-973-4882

## APPENDIX III.

### PLANNED PARENTHOOD OF NEW YORK CITY 2008 ANNUAL REPORT



In 2008 we celebrated the 20TH ANNIVERSARY OF PROJECT STREET BEAT, our HIV prevention and access-to-care program that has won citations from the New York City Council and Mayor's Office for its remarkable efforts among hard-to-reach, at-risk communities.



#### Clinical Services 2008 Highlights

- After months of planning, PPNYC "went live" in 2008 with a new electronic health records system. PPNYC is one of a very small number of Planned Parenthood affiliates to take this step, which puts us in the forefront of making health care delivery more efficient. Being an early adopter of this technology enables us to enhance the quality of the care we provide and to ensure continuity of care for our clients.
- Our Entitlement Counselors enrolled more than 5,800 clients in public insurance programs, a 16% increase over enrollments in 2007.
- PPNYC's HIV Integration Project, funded by the Centers for Disease Control and Prevention, partnered with the New York/New Jersey Education and Training Center, Community Healthcare Network, Hunter College, Montefiore Adolescent AIDS program, and the Children's Aid Society to host the second regional conference on "Model Approaches to Integrating HIV Counseling and Testing in Primary and Reproductive Health Care."
- We received a prestigious grant from the Robert Wood Johnson Foundation's New Connections Initiative to conduct a one-year research study to evaluate the new screening tool we developed to screen for intimate partner violence.



PPNYC "went live" in 2008 with ELECTRONIC HEALTH RECORDS.



## APPENDIX IV.

### FPACT MANUAL, AUGUST 2001

Case 2:05-cv-08818-AHM -FMO Document 31 Filed 05/01/08 Page 40 of 79 Page ID  
#:284

(All CA Planned Parenthoods contract with the state and federal  
reimbursement programs under FPACT)

## FPACT MANUAL August 2001

**Family Planning Planning Access Care and Treatment:**  
a State of California program that is also federally funded  
The program is meant to serve poor people, and is under  
the auspices of the fiscal authority of the Medi-Cal  
Benefits Branch

### MEDI-CAL / FAMILY PACT RULES FOR DRUG REIMBURSEMENT Regulatory Definitions of "Cost" Title 22 Section 51513

familyfact22  
2

#### Prior Authorization Requirements

Family PACT clients may require drugs not included in this  
Drug and Supply List for complication services. All additional drugs for  
complication management require prior authorization.

**Note:** Drugs not located on this list and needed for management of  
complications require prior authorization using the Medi-Cal  
Treatment Authorization Request (TAR) process. Drugs and  
supplies available for core services are limited to those items on  
the Family PACT Pharmacy Formulary.

#### Claim Form Completion

HCFA 1500 claim form: Providers must document the name of the  
medication/supply and the provider's cost per unit for the following  
procedure codes: X7706, X1500 and all other individual medication or  
injection codes in the *Reserved For Local Use* field (Box 19).

UB-92 Claim Form: Providers must document the name of the  
medication/supply and the provider's cost per unit for the following  
procedure codes: Z7610, X7706, X1500 and all other individual  
medication or injection codes in the *Remarks* area (Box 84).

**Note:** Family PACT requires that drugs and supplies dispensed by the  
Family PACT provider must be billed "at cost."

Family PACT: Drug and Supply List

Family PACT  
August 2001

EXHIBIT | a.

**APPENDIX V.**  
**ASSESSMENT OF OVER-BILLING PRACTICES,**  
**GONZALEZ EX REL. U.S. V. PLANNED PARENTHOOD OF L.A.**

Case 2:05-cv-08818-AHM -FMO Document 31 Filed 05/01/08 Page 60 of 79 Page ID  
#304

**Gonzalez, Victor**

**From:** Gonzalez, Victor  
**Sent:** Friday, February 20, 2004 9:34 AM  
**To:** 'tschulte@rbz.com'  
**Cc:** 'mcantrill@rbz.com'  
**Subject:** FW: DHS Cost Audits from Victor Gonzalez PPLA

Tom a very serious matter has reared its ugly head. As you are probably aware, PPLA has been marking up the OCs and the pills dispensed by a hefty markup over cost. This is proscribed by DHS regulations where the prevailing rule is that medicines should be dispensed at cost with a recovery of the dispensing fee (which of course is minimal as compared to normal retail markup)

Please let me be clear about this issue we purchase the meds at \$1 or \$2 and sell them for \$12 \$18 \$48. Here is a



Pharmaceuticals.xls

detailed spreadsheet.

The impact is over \$2million bottom line, and appx \$4million revenues over the course of a typical 12 months. This is the impact on the financial statements at 6/30/03, and obviously we are now into the 8th month of a new fiscal year.

I am proposing to the CEO that adequate legal counsel be obtained in this matter, beyond the PAC counsel as per the emails below, which obviously has been flawed and ineffective. This matter arose 3 or 4 years ago and has not been satisfactorily resolved.

I dont need to remind you that we need to make decisions as a separate entity, PPAC is merely a lobby group that we use to research these matters, their advice has no weight legally. Given what has recently happened to Jeffrey Skillings, we cannot continue to use the "we have experts who told us this or that..."

I am also proposing the booking of a contingency at 50% of the \$2m annual effect on the financial statements for the new fiscal year 6/30/04 at PPLA.

We are probably next in the DHS audit per the email below, given the new enforcement obviously started by the Republican governor.

EXHIBIT 4

## APPENDIX V. (Continued)

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#305

Inventory Item#	Description	Base Unit of Measure	Base Unit Cost	YTD Utilization	YTD Expense	Revenue	Net Income
<b>CONTRACEPTIVE</b>							
10000	Oral Contraceptive Veridala Com	Bx	\$	0	\$	49,044.00	43,690.03
10128	Oral Contraceptive Modicon	Ea	\$ 1.31	4,087	\$ 5,353.97	47,009.08	42,417.38
10211	Preven (Emer Conitra Kill)	Pk	\$ 1.85	2,482	\$ 4,591.70	73,818.59	73,818.59
10328	Oral Cont Ortho Novum 135	Ea	\$ 0.61	6,481	\$ 3,953.41	77,772.00	1,809.78
10528G	Oral Cont Ortho Novum 150	Ea	\$ 3.66	217	\$ 794.22	2,604.00	128,030.00
10628	Oral Cont Ortho-Cyclen 28	Ea	\$ 3.74	15,500	\$ 57,970.00	186,000.00	220,365.04
10728	Oral Cont Ortho-Novum 777	Ea	\$ 1.57	21,128	\$ 33,170.96	253,536.00	31,824.00
10828	Oral Cont Micronor	Ea	\$ 2.83	2,652	\$ 7,505.16	294,697.77	142,465.61
20000	Depo-Provera 150MG	VL	\$ 24.16	6,301	\$ 152,232.16	136,568.40	78,898.40
20001	Depo-Provera 150MG W/STRNG	SY	\$ 19.75	2,920	\$ 57,670.00	328,482.42	257,620.92
20002	Plan B	VL	\$ 4.50	15,747	\$ 70,861.50		
20003	Lunelle	VL	\$ 14.93	0	\$	63,941.85	45,172.94
20004	Ortho Evra	Ea	\$ 3.27	5,745	\$ 18,768.92	44,076.96	12,490.42
20005	Nuva-Ring	Ea	\$ 3.00	1,206	\$ 3,688.00	25,056.00	214,371.32
20008	Demulen 1/35	Ea	\$ 6.02	2,088	\$ 12,565.58	306,756.00	16,670.40
20016	Alesse-28	Ea	\$ 3.61	25,563	\$ 92,384.68	108,720.00	(22.00)
20028	Loestrin Fe 1/20 #913-45	Ea	\$ 10.16	9,060	\$ 92,049.60	52.00	79,949.88
20065	Diaphragms-All-Flex 85	Ea	\$ 18.50	4	\$ 74.00	26.00	(4.50)
20128	Tri-Levlen #43303	Ea	\$ 1.89	7,908	\$ 14,946.12	312.00	(132.00)
20160	Diaphragms-All-Flex 160	Ea	\$ 15.25	2	\$ 30.50	377.00	(159.50)
20165	Diaphragms-All-Flex 165	Ea	\$ 18.50	24	\$ 444.00	468.00	(198.00)
20170	Diaphragms-All-Flex 170	Ea	\$ 18.50	29	\$ 536.50	104.00	(44.00)
20175	Diaphragms-All-Flex 175	Ea	\$ 18.50	36	\$ 666.00	13.00	(5.50)
20180	Diaphragms-All-Flex 180	Ea	\$ 18.50	8	\$ 148.00	26.00	(11.00)
20185	Diaphragms-All-Flex 185	Ea	\$ 6.50	1	\$ 6.50	195,657.93	(4.50)
20190	Diaphragms-All-Flex 190	Ea	\$ 18.50	1	\$ 18.50	26.00	(4.50)
20195	Diaphragms-All-Flex 195	Ea	\$ 18.50	2	\$ 37.00	65.00	(11.25)
20228	Levlen #41128	Ea	\$ 1.07	17,901	\$ 19,154.07	91.00	(15.75)
20255	Diaphragms-Koromex 255	Ea	\$ 15.25	2	\$ 30.50	65.00	(11.25)
20260	Diaphragms-Koromex 260	Ea	\$ 15.25	5	\$ 76.25	65.00	(11.25)
20265	Diaphragms-Koromex 265	Ea	\$ 15.25	7	\$ 106.75	130.00	(6.75)
20270	Diaphragms-Koromex 270	Ea	\$ 15.25	5	\$ 76.25	13.00	(5.50)
20275	Diaphragms-Koromex 275	Ea	\$ 15.25	10	\$ 152.50	39.00	(2.25)
20280	Diaphragms-Koromex 280	Ea	\$ 15.25	3	\$ 45.75	13.00	(5.50)
20285	Diaphragms-Koromex 285	Ea	\$ 18.50	1	\$ 18.50	283,988.00	(16.50)
20290	Diaphragms-Koromex 290	Ea	\$ 15.25	1	\$ 15.25	13.00	(5.50)
20295	Diaphragms-Koromex 295	Ea	\$ 18.50	3	\$ 55.50	130.00	(370.00)
20428	Ortho Tri-Cyclen Lo	Ea	\$ 2.25	23,664	\$ 53,244.00		
25000	Cervical Cap Fitting Set	Ea	\$ 50.00	10	\$ 500.00		
25022	Cervical Cap 22MM	Ea	\$ 46.00	1	\$ 46.00		



## APPENDIX V. (Continued)

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25025	Cervical Cap 25MM	Ea	\$	26.00	3	\$	78.00		(39.00)
25028	Cervical Cap 28MM	Ea	\$	46.00	2	\$	92.00		(66.00)
25031	Cervical Cap 31MM	Ea	\$	26.00	16	\$	416.00		(208.00)
30028	Ortho Tri-Cyclen	Ea	\$	2.95	76,507	\$	225,695.65		692,388.35
30300	IUD-Paragard	Ea	\$	149.80	245	\$	36,701.00		27,440.00
30400	IUD-Mirena	Ea	\$	301.82	40	\$	12,072.80		2,935.20
40100	Condoms (Lubricated)	Ea	\$	0.06	611,000	\$	34,827.00		2,108.07
40102	Realiti (Female Condom)	Ea	\$	1.09	171	\$	192.93		
40103	Condoms (Mint)	Ea	\$	0.09	2,305	\$	207.45		
40104	Condoms (Vanilla)	Ea	\$	0.09	3,590	\$	322.20		
40105	Condoms (Strawberry)	Ea	\$	0.09	6,090	\$	547.20		
40106	Condoms (Chocolate)	Ea	\$	0.09	5,685	\$	511.65		
40107	Condoms (Banana)	Ea	\$	0.09	2,607	\$	234.63		
40108	Condoms (Grape)	Ea	\$	0.09	2,180	\$	196.20		
40109	Condoms (Cola)	Ea	\$	0.09	1,745	\$	157.05		
40110	Latex Barriers (Vanilla)	Ea	\$	0.48	45	\$	21.60		
40111	Latex Barriers (Strawberry)	Ea	\$	0.48	79	\$	37.92		
40114	Slippery Stuff	Ea	\$	0.20	2,408	\$	481.60		
40117	Condoms, Non-Lubricated	Ea	\$	0.05	5,000	\$	265.00		
40200	Jelly Contra Kormx #115C	Ea	\$	2.70	282	\$	761.40		
40300	Applicator (Jelly #K528)	Ea	\$	0.60	148	\$	88.80		
40401	Contra. Foam Kormox 635C	Ea	\$	4.81	466	\$	2,241.46		
40500	Vaginal Contraceptive Fil	Ea	\$	0.60	2,968	\$	1,781.40		
								3,666.00	2,504.60
								1,935.20	1,835.20
								6,058.00	3,816.54
								38,597.00	36,815.60



## APPENDIX VI.

## LETTER FROM CONGRESSMAN STEVE KING, ET. AL, TO KATHLEEN SEBELIUS

Congress of the United States  
Washington, DC 20515

February 3, 2011

The Honorable Kathleen Sebelius  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Sebelius,

It has come to our attention that Planned Parenthood clinics in Iowa are using telemedicine or telehealth videoconferencing methods to dispense mifepristone, the abortion drug commonly known as RU-486, to patients without having a doctor present. We are concerned that this practice of "telemed abortions" may have received taxpayer funding and we are concerned that similar programs may receive taxpayer funding in the future, despite federal laws that prohibit taxpayer funding for abortion. If federal dollars are used for telemed abortions, it would make American taxpayers complicit in underwriting the destruction of innocent unborn children and supporting organizations that endanger women's lives and health by intentionally circumventing FDA guidelines for dispensing RU-486.

The Food and Drug Administration (FDA) requires that RU-486 "be provided by or under the supervision of a physician who meets the following qualifications: ability to assess the duration of pregnancy; ability to diagnose ectopic pregnancies; ability to provide surgical intervention in cases of incomplete abortion or severe bleeding..." We believe dispensing RU-486 via telemedicine violates FDA protocols and puts women's safety and health at risk.

According to the Associated Press, the manufacturer of RU-486, Danco Laboratories, says "it [RU-486] is effective about 95 percent of the time, with surgical procedures needed in most of the other cases to end the pregnancy or stop heavy bleeding."<sup>1</sup> Planned Parenthood, quoting the American College of Obstetricians and Gynecologists acknowledges, "about 92 percent of women will complete their [RU-486 induced] abortion without the need for a vacuum aspiration,"<sup>2</sup> meaning nearly one in ten women who take RU-486 will require surgical intervention by a doctor to complete the abortion. A doctor dispensing RU-486 over the internet from a location hundreds or even thousands of miles away is clearly unable to provide surgical intervention in cases of severe bleeding.

RU-486 is a dangerous drug that has been associated with at least 11 deaths and thousands of cases of excessive bleeding and infection. Evading FDA guidelines by dispensing RU-486

<sup>1</sup> <http://abcnews.go.com/US/wireStory?id=11710510&tid=kw-8&show=>

<sup>2</sup> [http://www.plannedparenthood.org/files/PPFA/mife\\_10-07.pdf](http://www.plannedparenthood.org/files/PPFA/mife_10-07.pdf)

## APPENDIX VI. (Continued)

through telemedicine has the potential to increase complications and fatalities associated with its use. We cannot allow taxpayer dollars to be used to support telemed abortions.

Most recently, in Fiscal Year 2010, Congress provided the Department of Health and Human Services' Health Resources and Services Administration (HRSA) with \$11.6 million for its telehealth program. While telemedicine may be a positive means of providing certain health services, abortion is not healthcare, and dispensing RU-486 without a doctor present is both risky to the mother and deadly to the unborn child. U.S. taxpayers should not be forced to underwrite abortions, nor should Americans' tax dollars be used to circumvent FDA guidelines regarding RU-486.

We are particularly concerned that affiliates of the Planned Parenthood Federation of America (PPFA), the largest abortion provider in the United States, may be receiving federal funding and using federally funded equipment to facilitate telemed abortions — meaning federal taxpayers are funding abortions. It has come to our attention that:

- Planned Parenthood of Utah is listed as a grant recipient in the HRSA 2007-2008 Office for the Advancement of Telehealth Grantee Directory;
- Planned Parenthood of the Heartland in Iowa is known to provide telemedicine RU-486 abortions;
- Planned Parenthood clinics at 10 locations in Wisconsin received a federal grant to pay for telemedicine video phones which cost \$15,000 each<sup>3</sup>;
- PPFA Vice President Dr. Vanessa Cullins said "There are many [PPFA] affiliates that are carefully considering [telemed abortion]";<sup>4</sup> and
- A June 2009 report by Tides and the California Endowment wrote of the 'unprecedented opportunity' due to 'new funding for health-information technology at the federal level,' listing nine California Planned Parenthoods as 'community clinics' for which telemed grants might be available.<sup>5</sup>

In light of these concerns, we respectfully request a response to the following questions no later than March 2, 2011:

1. In total, how much federal funding has been appropriated for telemedicine and what portion of those funds have been used to purchase telemedicine equipment?
2. Have any additional funds other than those described in question (1) been used to fund telemedicine? (E.g. have funds that were not specifically designated for telemedicine been used to support telemedicine.)
3. Has the Planned Parenthood Federation of America (PPFA), its affiliates, or clinics received any telemedicine funding? If so, please provide a list of PPFA affiliates and clinics that received funds for telemedicine and indicate the amount of funding provided to each. (Include both primary grantees and subgrantees.)
4. Have any other facilities that perform abortions received telemedicine funding? If so, please provide a list of the facilities and indicate the amount of funding provided to each. (Include both primary grantees and subgrantees.)

<sup>3</sup> <http://www.bizjournals.com/nitwaukeestories/2009/07/13/story12.html?si=print>

<sup>4</sup> <http://abcnews.go.com/US/wireStory?id=11730519&tid=8&show=1>

<sup>5</sup> <http://www.cpa.org/govaffairs/cuissues/documents/Non-FQHCandHITECH.pdf>

## APPENDIX VI. (Continued)

5. Has the Department of Health and Human Services taken any measures to ensure that federal funding for telemedicine and equipment is not used to facilitate telemed abortions? If so, please provide a copy of any memos or guidance issued to safeguard against taxpayer funding for telemed abortion.

We appreciate your attention to this matter and look forward to your response.

Sincerely,

Steve King  
Kenny Marcell

[Signature]

Randy E. Jeter

Debbie Jorg

Bill Blount

Daniel Liguori

Stephen H. Fink

W. G. G. G. G.

J. Morgan [Signature] M-09

Rich Hirsinger

Jim Conner

Phil Cobb

Jeff Finkenberry

Jim Mair Buehle

[Signature] NY-29

Shirley Pomeroy

Tim Huebskamp

**APPENDIX VI.** (Continued)

<u>J. McLothan (MI-11)</u>	<u>Scott Schmitt</u>
<u>James Becho</u>	<u>Robert B. Schuchman</u>
<u>Chris Smith</u>	<u>Jack Kingdon</u>
<u>Lynd Miller</u>	<u>Dan Burton</u>
<u>Rene L. Elmers</u>	<u>Tom Salham</u>
<u>Donald A. Manzullo</u>	<u>Ralph M. Hall</u>
<u>Lamar Smith</u>	<u>David Penn</u>
<u>J. R. G. Foster</u>	<u>John Klein</u>
<u>Jim L. G. Gorman</u>	<u>Jim Sy (IL-11)</u>
<u>Sam Cline</u>	<u>Jan Schmitt</u>
<u>Klaus Roy</u>	<u>Walter B. Jones</u>



## APPENDIX VI. (Continued)

<u>Peter Proskam</u>	<u>Marsha Blackburn</u>
<u>Bon Paul</u>	<u>Gregg Harper</u>
<u>Brett Hathorn</u>	<u>Rodney Alexander</u>
<u>Paul Brown</u>	<u>Scott Rigall</u>
<u>John Flitz</u>	<u>Tim L. Walker</u>
<u>David P. Roe</u>	<u>Jack Pitts</u>
<u>James Lamm</u>	<u>Steve Seabier</u>
<u>Doug Lamborn</u>	<u>Wag. Pomper</u>
<u>T. V. Jones</u>	<u>Randy Ungel</u>
<u>Alan Mumford</u>	<u>ATM</u>
<u>Charles F. Hirsch</u>	<u>Bobby Schilling</u>
<u>M. F.</u>	<u>Joy Wilson</u>

**APPENDIX VI.** (Continued)Stan ChabotNichole BuchananK. M. D. N. J.D. B. R.Robert St. LouisDonna L. L. P.A. L. L.

**APPENDIX VI.** (Continued)

Representative	Steve King
Representative	Kenny Marchant
Representative	Adam Kinzinger
Representative	Robert Latta
Representative	Billy Long
Representative	Bill Flores
Representative	Daniel Lipinski
Representative	Stephen Fincher
Representative	Todd Akin
Representative	Morgan Griffith
Representative	Bill Huizenga
Representative	Quico Canseco
Representative	Rick Crawford
Representative	Jeff Fortenberry
Representative	Ann Buerkle
Representative	Tom Reed
Representative	Mike Pence
Representative	Tim Huelskamp
Representative	Peter Roskam
Representative	Ron Paul
Representative	Brett Guthrie
Representative	Paul Broun
Representative	John Fleming
Representative	Phil Roe
Representative	James Lankford
Representative	Doug Lamborn
Representative	Tim Johnson
Representative	Alan Nunnelee
Representative	Chuck Fleischmann
Representative	Blake Farenthold
Representative	Marsha Blackburn
Representative	Gregg Harper
Representative	Rodney Alexander
Representative	Scott Rigell
Representative	Tim Walberg
Representative	Joseph Pitts
Representative	Steve Scalise
Representative	Mike Pompeo
Representative	Randy Neugebauer
Representative	Ted Poe
Representative	Bobby Schilling
Representative	Joe Wilson
Representative	Thaddeus McCotter
Representative	Spencer Bachus
Representative	Chris Smith
Representative	Gary Miller

**APPENDIX VI.** (Continued)

Representative	Renee Ellmers
Representative	Donald Manzullo
Representative	Lamar Smith
Representative	Randy Forbes
Representative	Jim Sensenbrenner
Representative	Tom Cole
Representative	Harold Rogers
Representative	Scott Garrett
Representative	Robert Aderholt
Representative	Jack Kingston
Representative	Dan Burton
Representative	Tom Latham
Representative	Ralph Hall
Representative	Steve Pearce
Representative	John Kline
Representative	John Shimkus
Representative	Jean Schmidt
Representative	Walter Jones
Representative	Steve Chabot
Representative	Michele Bachmann
Representative	Mike Conaway
Representative	Dennis Ross
Representative	Trent Franks
Representative	Louie Gohmert
Representative	Andrew Harris



## APPENDIX VII.

### FAILURE TO REPORT CRIMINAL CHILD SEXUAL ABUSE

Below are just a few examples of the numerous allegations that have surfaced concerning Planned Parenthood's failure to report the sexual abuse of young girls:

In 1999, an 11-year-old girl went to Planned Parenthood Golden Gate in San Francisco, California after her 17-year-old boyfriend raped her. She told clinic staff about the rape, but asked that they not tell anyone. Although California law requires health care professionals to report suspected sexual abuse to law enforcement,<sup>1</sup> Planned Parenthood disregarded the law. Planned Parenthood went so far as to feature a letter on its website from the girl praising the organization for covering up the incident.<sup>2</sup>

In 2002, a 13-year-old girl was impregnated by her 39-year-old stepfather. He took her to a local Planned Parenthood clinic in Santa Clara, California for a pregnancy test that summer, and again in December for an abortion. After the abortion, the girl's stepfather resumed sexual activity with her until the following summer when her mother discovered the medical records from the abortion. Planned Parenthood failed to comply with California law<sup>3</sup> requiring the report of statutory rape and returned this young girl to her abuser.<sup>4</sup>

In 2006, 21-year-old Kevon Walker impregnated his 14-year-old girlfriend three times. Each time, she was taken to a Planned Parenthood clinic for an abortion.<sup>5</sup> Disregarding Connecticut law,<sup>6</sup> the Planned Parenthood clinic failed to report the statutory rape to authorities, and the abuse continued. Walker was later charged with sexual assault in the second degree.<sup>7</sup>

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<sup>1</sup> CAL. PENAL CODE § 11165.7 (2010).

<sup>2</sup> See *Shared Stories: It Keeps Us Safe*, available at <http://web.archive.org/web/20041022181955/http://www.ppgg.org/action/stories.asp?ID=15> (last visited Apr. 13, 2011).

<sup>3</sup> CAL. PENAL CODE § 11165.7 (2010).

<sup>4</sup> See Press Release, Yes on 4, *Forced to Have an Abortion at 13, Then Molested for Seven More Months* (Sept. 8, 2008), available at [http://www.yeson4.net/pdf/Santa\\_Clara\\_Sex\\_Abuse\\_Case.pdf](http://www.yeson4.net/pdf/Santa_Clara_Sex_Abuse_Case.pdf) (last visited Apr. 13, 2011).

<sup>5</sup> See Rick Wesley, *Planned Parenthood May Face Charges* (May 30, 2007), available at <http://www.ccn-usa.net/news.php?id=462> (last visited Apr. 13, 2011).

<sup>6</sup> CONN. GEN. STAT. § 17a-101 (2010).

<sup>7</sup> See Appendix XIV. Criminal Record for Kevon Walker, Connecticut Court Report (search performed on LEXIS Mar. 26, 2011)).

## APPENDIX VII. (Continued)

In 2007, Denise Fairbanks filed suit against Planned Parenthood alleging that it had violated Ohio law by failing to report her sexual abuse.<sup>8</sup> Fairbanks, whose father had sexually abused her for four years, became pregnant at age 16.<sup>9</sup> Her father brought her to visit a Planned Parenthood clinic for an abortion.<sup>10</sup> Although she informed Planned Parenthood employees that she was being sexually abused by her father, they ignored state law<sup>11</sup> and failed to report the abuse, allowing it to continue for another year and a half.<sup>12</sup> (Planned Parenthood's motion to dismiss some of the claims in the lawsuit is pending.<sup>13</sup>)

Another lawsuit was filed against Planned Parenthood in Ohio for, among other allegations, violating Ohio law mandating the reporting of sexual abuse.<sup>14</sup> Fourteen-year-old Jane Roe was impregnated by her 21-year-old soccer coach. After being pressured by the perpetrator to have an abortion, Jane contacted Planned Parenthood. The minor's pregnancy and her boyfriend's involvement in her abortion should have incited Planned Parenthood's employees to report the statutory rape to the proper authorities, as required by Ohio law.<sup>15</sup> They did not. Planned Parenthood performed the abortion, which was paid for by the perpetrator.

In 2007, police in West Hartford, Connecticut discovered Danielle Cramer, a 15-year-old runaway, in the home of 41-year-old Adam P. Gault, locked in a storage space under the stairs.<sup>16</sup> Police detectives on the case said that Cramer recently had an abortion at Planned Parenthood's West Hartford location, the Planned Parenthood clinic staff, mandatory reporters under Connecticut law, made no report of Gault's abuse of Cramer to state authorities.<sup>17</sup> (Connecticut law requires mandatory reporters to report all instances where they suspect any person under the age of 16 has been the victim of abuse, including sexual molestation.<sup>18</sup>)

<sup>8</sup> See Complaint, *Denise Fairbanks v. Planned Parenthood Southwest Ohio Region*, No. 07CU68441 (Ohio Ct. of C.P. Warren County 2007), available in Appendix XIV.

<sup>9</sup> See News Release, Life Legal Defense Foundation, *Planned Parenthood must defend second suit alleging violations of Ohio law to the detriment of young girls* (May 10, 2007), available at <http://www.lldf.org/pdf/Press.PP.Fairbanks.pdf> (last viewed Apr. 13, 2011).

<sup>10</sup> *Id.*

<sup>11</sup> OHIO REV. CODE ANN. § 2151.421 (2010).

<sup>12</sup> See News Release, Life Legal Defense Foundation, *Planned Parenthood must defend second suit alleging violations of Ohio law to the detriment of young girls* (May 10, 2007), available at <http://www.lldf.org/pdf/Press.PP.Fairbanks.pdf> (last viewed Apr. 13, 2011).

<sup>13</sup> *Id.*

<sup>14</sup> Facts related to this story can be found in court documents as well as in AUL's *amicus curiae* brief in the case, which is available at [http://www.aul.org/xm\\_client/client\\_documents/briefs/Roe\\_v\\_PP\\_OH\\_05-2008.pdf](http://www.aul.org/xm_client/client_documents/briefs/Roe_v_PP_OH_05-2008.pdf) (last visited Mar. 9, 2011). The case is *Roe v. Planned Parenthood*, No. 07-1832 (Ohio 2008).

<sup>15</sup> OHIO REV. CODE ANN. § 2151.421 (2010).

<sup>16</sup> *Man Charged with Harboring Missing Connecticut Teen Helped Her File Abuse Complaint* (June 7, 2007), available at <http://www.foxnews.com/story/0,2933,279012,00.html> (last visited Apr. 18, 2011).

<sup>17</sup> *Gault Pleads Guilty in Teen's Sex Assault*, EYEWITNESS NEWS 3 (Mar. 5, 2008), available at <http://www.wfsb.com/news/15501981/detail.html> (last visited Apr. 13, 2011); see also CONN. GEN. STAT. § 17a-101 (2010).

<sup>18</sup> CONN. GEN. STAT. §46b-120

## APPENDIX VII. (Continued)

Nancy Mosher, President and CEO of Planned Parenthood of Northern New England, the largest abortion provider in Vermont, testified before the Vermont House of Representatives that Planned Parenthood has a “legal obligation to report instances of sexual assault,” but does not do so.<sup>19</sup>

Live Action’s undercover investigations in Planned Parenthood clinics across the nation corroborate the findings discussed above, further revealing Planned Parenthood’s willingness to disregard state law and to turn a blind eye to the sexual abuse of young girls.<sup>20</sup>

Footage recorded on July 10, 2008 by Live Action undercover investigators at a Planned Parenthood clinic in Arizona implicated the clinic in a sexual abuse scandal.<sup>21</sup> In Arizona, sexual relations between an adult and a 15-year-old is a felony.<sup>22</sup> If an adult-child sexual relationship is revealed, law enforcement must be contacted immediately.<sup>23</sup>

A Live Action investigator entered the clinic and told the nurse that she was 15-years-old and pregnant by her 27-year-old boyfriend. The nurse disregarded the age difference and even cautioned the young girl to avoid bringing her “boyfriend” to the judicial hearing (which Arizona law requires to waive parental consent for an abortion):<sup>24</sup>

**PP NURSE:** They say that it’s better to have him with you for support.

**15-YEAR-OLD GIRL:** ‘Cause he’s older.

**PP NURSE:** How old? Like is he, um, um, not a minor?

**15-YEAR-OLD GIRL:** No, he’s not. He’s 27.

**PP NURSE:** I wouldn’t take him with me, no. Don’t. I mean, don’t take him with you.

**15-YEAR-OLD GIRL:** Ok.

**PP NURSE:** Just say...

**15-YEAR-OLD GIRL:** Are they going to ask me about him?

**PP NURSE:** Read this. All this is in here, but you don’t have to say anything.

<sup>19</sup> See *Parental Notification of Abortion: Hearings on H.218 Before the H. Judiciary Comm.*, 2001-2002 Legis. Sess. (Vt. 2001) (statement of Nancy Mosher, President & Chief Executive Officer, Planned Parenthood of N. New England); Teresa Stanton Collett, *Protecting Our Daughters: The Need for the Vermont Parental Notification Law*, 26 VT. L. REV. 101, 120 (2001); see also VT. STAT. ANN. tit. 33, §§ 4912, 4913 (2010).

<sup>20</sup> See generally Live Action, *The Mona Lisa Project: Exposing Planned Parenthood*, available at <http://liveaction.org/monalisa> (last visited Apr. 13, 2011).

<sup>21</sup> *Id.*

<sup>22</sup> ARIZ. REV. STAT. ANN. § 13-1405 (2010).

<sup>23</sup> *Id.* § 13-3620 (2010).

<sup>24</sup> See Live Action, *Tucson, AZ: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/tucson-az> (last visited Apr. 13, 2011).

## APPENDIX VII. (Continued)

Rather than reporting the statutory rape—as Arizona law requires<sup>25</sup>—the Planned Parenthood nurse hid the identity of the statutory rapist and offered a secret abortion to the young girl.<sup>26</sup>

This is not the only example of Planned Parenthood of Arizona failing to report sexual abuse. Two clinics in Phoenix violated state law by failing to report suspected sexual abuse. A Live Action undercover investigator posed as a 15-year-old girl and told the Planned Parenthood staffer at one clinic that her boyfriend was “a lot older,” and the staffer at the other clinic that her boyfriend was 27 years old.<sup>27</sup> Both clinics failed to report the abuse.<sup>28</sup>

Excerpts from exchange at clinic #1:<sup>29</sup>

**15-YEAR-OLD GIRL:** How old do I have to be, in order to get one?

**PP STAFFER:** You have to be 18 or older. If you’re under 18, you can get a judicial bypass.

**15-YEAR-OLD GIRL:** I’m almost 16.

**PP STAFFER:** Um, what it is, is, um, you would have to call our counselor and arrange it with her and what she will do is she will go with you to court. From what I hear it’s a very, um, easy process.

**15-YEAR-OLD GIRL:** And where is the other place that you were saying where we have to go talk.

**PP STAFFER:** That’s where she would be located. That would be our 7th Street clinic.

**15-YEAR-OLD GIRL:** There’s another problem. Um, he’s a lot older than me.

**PP STAFFER:** Uh-huh.

**15-YEAR-OLD GIRL:** And I don’t know if she’s gonna ask questions about that or if the judge is gonna ask questions about that.

**PP STAFFER:** Uh, I don’t think, I mean, I would probably, confide in her about that. I know that she’s very, um, she’s really good at, she wants to help anybody who comes to her.

**YOUNG FRIEND OF 15-YEAR-OLD GIRL:** So like if he came in and paid for it, like with her, that wouldn’t be an issue.

**PP STAFFER:** No, we don’t ask any questions. It’s only a big issue if you’re under, um, if you’re 13 or under.

**15-YEAR-OLD GIRL:** Oh.

<sup>25</sup> ARIZ. REV. STAT. ANN § 13-3620 (2010).

<sup>26</sup> See Live Action, *Tucson, AZ: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/tucson-az> (last visited Apr. 13, 2011).

<sup>27</sup> See Live Action, *Phoenix, AZ: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/phoenix-az> (last visited Apr. 13, 2011).

<sup>28</sup> *Id.*

<sup>29</sup> *Id.*



## APPENDIX VII. (Continued)

Excerpts from exchange at clinic #2:<sup>30</sup>

**15-YEAR-OLD GIRL:** She's asking about getting a judicial bypass, so she said that Misty could give me that information, 'cause I'm only 15 and my parents can't know about it.

**PP STAFFER:** Yeah, that would be strictly with Misty.

**15-YEAR-OLD GIRL:** You guys can't even—'cause I really need to get this taken care of.

**PP STAFFER:** Yeah, you would need to see her. 'Cause she the only one that does that. She's the only counselor.

**15-YEAR-OLD GIRL:** I'm really scared right now because she's the only friend who knows about it, and my boyfriend knows about it, but my parents don't about it, and my boyfriend's like—"You need to get this taken care of 'cause I'm gonna get in trouble, and—"

**PP STAFFER:** Is he older? I mean everything's confidential here, you know what I mean?

**15-YEAR-OLD GIRL:** Mmmm, yeah. He's 27.

**PP STAFFER:** Ok.

**15-YEAR-OLD GIRL:** It's not like that at all, like he's a great guy.

**PP STAFFER:** No, I mean, you know, I mean, that's just you, it's not me, it's not her, you know what I mean? This is like, all I could give you is either advise you, or you know, help you out.

**15-YEAR-OLD GIRL:** Ok.

**PP STAFFER:** You know what I mean? I can't say, "Don't," you know or "I'm gonna go and do this," I cannot be that way. It's not me. Ok. So the thing is —

**15-YEAR-OLD GIRL:** So it's ok? Like, that.

**PP STAFFER:** See, when you go, um, you know he is older, right, but when you go over to the counselor's she might say some stuff, you know what I mean? But all that, it's up to you. You know what I mean?

**15-YEAR-OLD GIRL:** But what I say to her—

**PP STAFFER:** But the thing is, you know what I mean, is this your decision or his decision?

**15-YEAR-OLD GIRL:** Oh, it's my decision.

**PP STAFFER:** Ok.

**15-YEAR-OLD GIRL:** Yeah.

**PP STAFFER:** So then, it's strictly you then. You know what I mean? 'Cause, you know, the main concern is that nobody's forcing you to do something you don't want to do.

**15-YEAR-OLD GIRL:** Well if—he thought that he might get in trouble though. Which is why I didn't want you to talk about it.

**PP STAFFER:** But you know, um, everything's confidential, especially, even when you talk to Misty, and you can tell her everything that's going on—

**15-YEAR-OLD GIRL:** You think that's ok if I tell her that?

**PP STAFFER:** Yeah, I mean, you know, everything is confidential.

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<sup>30</sup> *Id.*

## APPENDIX VII. (Continued)

On June 24, 2008, a Live Action undercover camera inside an abortion clinic in Bloomington, Indiana revealed Planned Parenthood staff deliberately violating the state's mandatory reporting laws for sexual abuse.<sup>31</sup> The undercover investigator posed as a 13-year-old girl and told a Planned Parenthood nurse that a 31-year-old man impregnated her—a clear case of child sexual abuse under Indiana law.<sup>32</sup> In Indiana, sexual relations between an adult and a minor younger than 14 is a felony.<sup>33</sup> Indiana law also imposes a duty to report child abuse or neglect and makes failure to report suspected abuse a Class B misdemeanor.<sup>34</sup> If the minor is under 14 years of age and states she is pregnant, law enforcement must be contacted immediately.<sup>35</sup>

The Planned Parenthood nurse first told the young girl she did not want to know the age of the man who impregnated her:<sup>36</sup>

**PP NURSE:** Have you had a positive pregnancy test? And missed a period?

**13-YEAR-OLD GIRL:** A couple periods.

**PP NURSE:** A couple periods. Ok. Ok. How old are you?

**13-YEAR-OLD GIRL:** I'm 13.

**PP NURSE:** Ok. In the state of Indiana, you have to have a parent's signature to get an abortion.

**13-YEAR-OLD GIRL:** And they would want to know who, who is the, the father, and everything...

And I can't tell. I wouldn't want to tell 'bout all that stuff.

**PP NURSE:** Ok. Ok.

**13-YEAR-OLD GIRL:** 'Cause, I mean, he would be in really big trouble.

**PP NURSE:** Alright. 'Cause I don't want to know how old he is. Ok. Ok.

**13-YEAR-OLD GIRL:** What do you mean?

**PP NURSE:** I don't want to know how old he is. Ok. Because in the state of Indiana, anyone 13 years and younger, um, there has to be, um, a report done to CPS. You know.

**13-YEAR-OLD GIRL:** But he's not, he not as, I mean, he might be... um—

**PP NURSE:** Doesn't matter.

**13-YEAR-OLD GIRL:** A lot older, but he doesn't act a lot older. You know.

**13-YEAR-OLD GIRL:** And I act a lot older than I am, so it works out. Because he might be 31 now.

....

**PP NURSE:** In the state of Indiana, when anyone has had intercourse and they are age 13 and younger.

**13-YEAR-OLD GIRL:** I'm almost 14.

**PP NURSE:** It doesn't matter. You're 13. It has to be reported to CPS.

**PP NURSE:** Ok, I didn't hear the age. I don't want to know the age. It could be reported as rape.

<sup>31</sup> See Live Action, *Bloomington, IN: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/bloomington-in> (last visited Apr. 13, 2011).

<sup>32</sup> Indiana law makes sex with a minor younger than 14 a felony and classifies it as "child molesting." See IND. CODE § 35-42-1-3 (2010).

<sup>33</sup> *Id.*

<sup>34</sup> *Id.* §§ 31-33-5, 31-33-22-1 (2010).

<sup>35</sup> *Id.*

<sup>36</sup> See Live Action, *Bloomington, IN: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/bloomington-in> (last visited Apr. 13, 2011).

## APPENDIX VII. (Continued)

**13-YEAR-OLD GIRL:** Ok.

**PP NURSE:** And that's child abuse.

**13-YEAR-OLD GIRL:** So if I just say, I don't know who the father was but he's one of the guys at school or something.

**PP NURSE:** Right... Just... You know. You've seen him around, you know he's 14, he's in your grade and whatever. So. You know what I mean. Ok, so that's that problem solved.

The Planned Parenthood nurse clearly knew she had a duty to report the suspected sexual abuse under Indiana law, but she willingly chose to ignore the law and told the young girl that she would not report the abuse: "I am supposed to report to Child Protective Services," but "Ok, I didn't hear the age [of the 31-year-old]. I don't want to know the age."<sup>37</sup>

The Planned Parenthood nurse "solved the problem" by telling the 13-year-old girl to lie about the age of the 31-year-old man who impregnated her. The nurse told her to say: "You've seen him around, you know he's 14, he's in your grade and whatever. You know what I mean."<sup>38</sup>

Further undercover footage taken at another Planned Parenthood clinic in Indiana revealed clinic counselors evading their legal responsibility to report the statutory rape of young girls. Two employees at this clinic stated they "don't care" about the age difference between a 31-year-old man and the 13-year-old girl he was reported to have impregnated. The clinic workers advised the girl to go across state lines to obtain an abortion and to lie about her boyfriend's age.<sup>39</sup>

**PP WORKER:** Um, how old are you?

**13-YEAR-OLD GIRL:** Um, um, I'm 13. If they find out about I, us, pregnant. Then they will find out about my boyfriend. And I don't want him to get in trouble.

**PP WORKER:** I can understand that. We have laws to follow here in Indiana. And you have to get approval if you're a minor. And we have to follow the laws.

**13-YEAR-OLD GIRL:** If they setup an appointment, um, if, are they gonna ask me how old my boyfriend is? 'Cause he told me that if people found out then he, um, they would be very mad at him.

**PP WORKER:** Um, we don't ask anything about your boyfriend. We don't really care about who, what the age of the, the boyfriend. It's consensual. It's your choice.

**13-YEAR-OLD GIRL:** Because he was a lot older.

**PP WORKER:** So he's a lot older.

**13-YEAR-OLD GIRL:** Um.

**PP WORKER:** He should help you. Well he should help you pay for it in my opinion. That's my, that's my personal feeling, it's that, that's my opinion.

. . . .

**13-YEAR-OLD GIRL:** And he's, he is a lot older and so she's going to find out. And then he'll get in—

**PP COUNSELOR:** Well a lot of people will say, well, you know. Yeah, he, he is over such and such. And you can do statutory rape and whatever but it's going to be in the papers. So most people will threaten stuff and don't go through with it. Ok.

<sup>37</sup> *Id.*

<sup>38</sup> *Id.*

<sup>39</sup> See Live Action, *Indianapolis, IN: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/indianapolis-in> (last visited Apr., 2011).

## APPENDIX VII. (Continued)

**13-YEAR-OLD GIRL:** 'Cause, he, he's 31.

**PP COUNSELOR:** I don't care how old he is.

**13-YEAR-OLD GIRL:** Ok. But I don't want her to find out about Mike.

Because if she finds out about Mike, she'll not let me ever see him until, like, [inaudible]

**PP COUNSELOR:** You got it? Thank you. Ok. [door opens and someone hands the counselor a sheet of paper]

**PP COUNSELOR:** The surrounding states. Do you have access to the internet? The surrounding states don't have parental consent.

**13-YEAR-OLD GIRL:** What states should I go to?

**PP COUNSELOR:** I can't tell you anymore.

**13-YEAR-OLD GIRL:** Ok.

**PP COUNSELOR:** I said surrounding states. So think about the states that are surrounding Indiana and do some research.

The Planned Parenthood counselor next coaches the 13-year-old girl on how to further conceal the abortion and prolong the relationship with the 31-year-old man.

**PP COUNSELOR:** If you're trying to really hide it I don't recommend the medication one. But, you—

**13-YEAR-OLD GIRL:** What do you mean?

**PP COUNSELOR:** There's a medication one that you can miscarry at home. Take a pill. It's \$500 and then you put some medicine in your cheeks and so forth. And I don't recommend that for your situation. You just need to get it over with.

**13-YEAR-OLD GIRL:** Do you see it? The blood.

**PP COUNSELOR:** Well, if you are in labor and pain for 10 or 12 hours. What's your mom gonna say? [crosstalk]

**PP COUNSELOR:** It would be harder to hide.

**13-YEAR-OLD GIRL:** Oh yeah.

**PP COUNSELOR:** How old are you?

**13-YEAR-OLD GIRL:** 13.

**PP COUNSELOR:** K.

**13-YEAR-OLD GIRL:** It's confidential?

**PP COUNSELOR:** Mmmhuh. Ok.

**13-YEAR-OLD GIRL:** Can I call back if I have a question?

**PP COUNSELOR:** Mmmh.

**13-YEAR-OLD GIRL:** What's your name?

**PP COUNSELOR:** I'm Janet.

**13-YEAR-OLD GIRL:** Can I talk to you?

**PP COUNSELOR:** Uh-huh.



## APPENDIX VII. (Continued)

On July 2, 2008, a Planned Parenthood counselor in Tennessee was caught on tape counseling a Live Action undercover investigator posing as a pregnant 14-year-old girl. The counselor advised the girl to lie about the age of her 31-year-old boyfriend to avoid legal scrutiny and to get a secret abortion so that her parents would not find out about her sexual relationship with the older man.<sup>40</sup> She also recommended that the “14-year-old girl” lie to a judge about her boyfriend’s age in order to bypass parental notification laws.

In Tennessee, sexual relations between an adult and a 14-year-old constitute a felony.<sup>41</sup> Tennessee Code §37-1-605 requires health professionals to report suspected cases of sexual abuse of minors to law enforcement immediately.<sup>42</sup> The staffer admitted that Tennessee law required her to report the abuse, but she chose to not report it.

Excerpts from exchange:<sup>43</sup>

**PP COUNSELOR:** You don’t want your parents to know?

**14-YEAR-OLD GIRL:** ‘Cause then if they knew they would find out about my boyfriend.

**PP COUNSELOR:** Mhm.

**14-YEAR-OLD GIRL:** And he is a lot older—um, he’s like he’s older. And you—it’s confidential here?

He’s older. And so if they saw that I was pregnant—because maybe they’d find out about this.

**PP COUNSELOR:** He’s just older than you? Like a lot older than you?

**14-YEAR-OLD GIRL:** He’s 31.

**PP COUNSELOR:** Ok. And how old are you?

**14-YEAR-OLD GIRL:** Um—is he gonna get in trouble?

**PP COUNSELOR:** No.

**14-YEAR-OLD GIRL:** You promise?

**PP COUNSELOR:** I don’t know... Ok, the main point is that you wanna—

**14-YEAR-OLD GIRL:** I’m 14, but I’m turning 15, um, in two months. So very soon.

**PP COUNSELOR:** Ok.

**14-YEAR-OLD GIRL:** Yeah.

**PP COUNSELOR:** And, look. If we keep on this conversation I’m gonna have to talk to my manager and yeah, he’s gonna get in trouble. Because he—I mean he’s not supposed to—I mean he is your age doubled and more one. But—in order to get the proced—I’m not gonna tell anybody, ok. I’m not going to tell anybody, ok.

**14-YEAR-OLD GIRL:** [Sigh]

**PP COUNSELOR:** And please don’t say that I told you this. But—you need to call them. You need to call her.

**14-YEAR-OLD GIRL’S FRIEND:** Are they going to ask questions about her boyfriend?

**PP COUNSELOR:** No.

**14-YEAR-OLD GIRL:** She’s—they don’t need to know?

**PP COUNSELOR:** If you don’t mention it—uh just—just say you have a boyfriend 17-years-old—whatever.

<sup>40</sup> See Live Action, *Student Undercover Video Shows Tennessee Planned Parenthood Coaching 14-year-old to Lie about Age of Boyfriend* (Apr. 20, 2009), available at <http://liveaction.org/press/student-undercover-video-shows-tennessee-planned-parenthood-coaching-14-year-old-to-lie-about-age-of-boyfriend> (last visited Apr. 13, 2011).

<sup>41</sup> TENN. CODE ANN. § 39-13-506 (2010).

<sup>42</sup> *Id.* § 37-1-605 (2010).

<sup>43</sup> See Live Action, *Memphis, TN: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/memphis-tn> (last visited Mar. 26, 2011).

## APPENDIX VII. (Continued)

**14-YEAR-OLD GIRL:** Mhm.

**PP COUNSELOR:** She's gonna say ok, just—uh—she's gonna give you a court date and you have to go to court that day—

**14-YEAR-OLD GIRL:** But—

**PP COUNSELOR:** And that day they're gonna ask you, “You wanna have this done, this is your decision?” and you're gonna say, “Yes.” Ok, the judge is gonna sign a paper and he's gonna give it to you.

**14-YEAR-OLD GIRL:** And he's not gonna ask about my boyfriend—the judge?

No. No... He's gonna ask you, “Is—you wanna have it because you wanna have it—nobody's forcing you?”

Um—He's gonna tell you some things and then he's gonna sign the paper and give it to you.

**14-YEAR-OLD GIRL:** Ok.

**PP COUNSELOR:** But she's gonna give you—Stevens—she's gonna give you all the information.

Live Action's video further exposes Planned Parenthood's counseling practices. The “14-year-old girl” states: “My boyfriend said he could pay for everything—But he shouldn't come here to pay 'cause you'll see him, right?”<sup>44</sup> The counselor replies: “It doesn't matter. As long as your parents are not here and can't identify him, he can just pay and that's it. He could be like your older brother or whatever.”<sup>45</sup> The counselor thus chose to protect a statutory rapist and continue the victimization of a young girl rather than follow state law and report the abuse.

On June 25, 2008, a Planned Parenthood counselor in Alabama was caught on hidden camera telling an alleged 14-year-old statutory rape victim that the clinic “does sometimes bend the rules a little bit” rather than report sexual abuse to state authorities.<sup>46</sup> Alabama law requires health professionals to disclose suspected cases of sexual abuse to state officials immediately.<sup>47</sup> In Alabama, sexual relations between an adult and a 14-year-old constitute a felony.<sup>48</sup> If an adult-child sexual relationship is revealed, law enforcement must be contacted immediately.<sup>49</sup>

Excerpts from exchange:<sup>50</sup>

**PP COUNSELOR:** How old's your boyfriend?

**14-YEAR-OLD GIRL:** What?

**PP COUNSELOR:** How old is your boyfriend?

**14-YEAR-OLD GIRL'S FRIEND:** Is everything here confidential?

**PP COUNSELOR:** Yeah—I can't say anything.

**14-YEAR-OLD GIRL:** Ok. He's 31.

<sup>44</sup> See Live Action, *State Lawmakers Clash with Planned Parenthood Officials over Undercover Footage* (Apr. 29, 2009), available at <http://liveaction.org/press/state-lawmakers-clash-with-planned-parenthood> (last visited Apr. 13, 2011).

<sup>45</sup> *Id.*

<sup>46</sup> See Live Action, *Birmingham, AL: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/birmingham-alabama> (last visited Apr. 13, 2011).

<sup>47</sup> ALA. CODE § 26-14-3 (2010).

<sup>48</sup> *Id.* § 13-A6-62 (2010).

<sup>49</sup> *Id.* §§ 26-14-1, -3 (2010).

<sup>50</sup> See Live Action, *Birmingham, AL: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/birmingham-alabama> (last visited Apr. 13, 2011).

## APPENDIX VII. (Continued)

**PP COUNSELOR:** He's 31. Ok.

....

**14-YEAR-OLD GIRL:** Is—is she—is it a problem—about my boyfriend?

**PP COUNSELOR:** Um... as long as you consented to having sex with him, there's nothing we can truly do about that.

**14-YEAR-OLD GIRL:** I consented. Very much. 'Cause he said he could get in big trouble.

**PP COUNSELOR:** He could. Especially if your parents find out that he's 31.

**14-YEAR-OLD GIRL:** That's why we have to be careful because my parents might find out.

**PP COUNSELOR:** Yeah, so, like I said that's—a big issue but you can call and talk to her she's the health center manager—

**14-YEAR-OLD GIRL:** Does she help other girls?

**PP COUNSELOR:** Um, I'm not sure. I don't know what she actually does. I know sometimes she does bend rules a little bit but in your case I don't know if she'll do that.

**14-YEAR-OLD GIRL:** Should I—what do you mean 'cause of he's older?

**PP COUNSELOR:** Mhm.

**14-YEAR-OLD GIRL:** What if I say that he's maybe younger? Like 20 or 19 or something?

**PP COUNSELOR:** Uh, doesn't matter either way—we'll probably find out. Ok? But you want to be up front with her. If she's gonna work with you need to be up front with her.

**14-YEAR-OLD GIRL:** Ok. But she's gonna work with me because she won't report me like—to my parents.

**PP COUNSELOR:** I don't think she—We can't say anything to your parents. Ok? It's the HIPAA law. We can't. Even if they call up here we can't disclose any information to anybody. Ok? Whatever you tell us stays within these walls.

The law is clear about a health care professional's duty to report, yet Planned Parenthood refused to comply with state law. Following the release of this video footage, Alabama Attorney General Troy King investigated the clinic and found multiple state law violations, including failure to report suspected sexual abuse of minors to authorities and failure to comply with parental consent laws.<sup>51</sup> After the Attorney General's investigation, the Alabama Department of Public Health put the Planned Parenthood clinic on probation for multiple state law violations.<sup>52</sup> A report by health officials stated:

"A reasonable person would suspect abuse or neglect of this 13-year-old child," in spectors wrote. "Neither the Registered Nurse, the Medical Doctor, nor any other Center staff reported the suspected abuse or neglect [of a 13-year-old child] to the authorities as required by law."<sup>53</sup>

<sup>51</sup> See Alabama Dep't of Public Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), available at <http://www.liveaction.org/files/PPViolations.pdf> (last visited Apr. 13, 2011).

<sup>52</sup> *Alabama puts Planned Parenthood Clinic on Probation After Undercover Sting* (Feb. 10, 2010), available at <http://www.foxnews.com/us/2010/02/10/alabama-puts-planned-parenthood-clinic-probation-undercover-sting/> (last visited Apr. 18, 2011).

<sup>53</sup> See Alabama Dep't of Public Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), available at <http://www.liveaction.org/files/PPViolations.pdf> (last visited Apr. 13, 2011).

## APPENDIX VII. (Continued)

Video footage taken on June 25, 2008 documents a Planned Parenthood clinic in Wisconsin covering up the sexual abuse of a minor.<sup>54</sup> The Planned Parenthood counselor told an allegedly pregnant, 14-year-old girl that the situation will be reported depending on whom she tells.<sup>55</sup> When the girl tells the counselor that her boyfriend is 31 years of age, the counselor says that the young girl does not have to say anything, and to “just give them the information that’s needed.”<sup>56</sup>

In Wisconsin, whoever has sexual contact or sexual intercourse with a person who has not attained the age of 16 is guilty of a Class C felony<sup>57</sup> and commits second degree sexual assault.<sup>58</sup> Health care professionals are required to report suspected abuse immediately.<sup>59</sup>

Excerpts from exchange:<sup>60</sup>

**14-YEAR-OLD GIRL:** Are they gonna ask about [inaudible] my boyfriend?

**PP COUNSELOR:** Um, they don’t. No. They don’t if you don’t want them to know—

**14-YEAR-OLD GIRL:** Because he’s a lot older.

**PP COUNSELOR:** He’s a lot older, ok.

**14-YEAR-OLD GIRL:** Yeah.

**PP COUNSELOR:** Um, if you disclose that information it’s up to them [inaudible] to see if they can report it. If it was not consensual—was it consensual?

**14-YEAR-OLD GIRL:** Yeah.

**PP COUNSELOR:** It was consensual? Ok. Um. It depends on that per—the person that you’re disclosing that information to.

**14-YEAR-OLD GIRL:** ‘Cause he’s 31.

**PP COUNSELOR:** Ok. Does he know how old you are?

**14-YEAR-OLD GIRL:** Um, I think well—not really.

**PP COUNSELOR:** You kinda lied to him right?

**14-YEAR-OLD GIRL:** Yeah.

**PP COUNSELOR:** Oh, ok.

**14-YEAR-OLD GIRL:** That’s why I don’t think [inaudible] you would tell or something.

**PP COUNSELOR:** No. Um. K. We’ll just um [inaudible]

**14-YEAR-OLD GIRL:** What

**PP COUNSELOR:** Mhm.

**14-YEAR-OLD GIRL’S FRIEND:** You don’t what?

**PP COUNSELOR:** If you don’t—it’s up to you—but please just give them the information that’s needed. You can tell them that um—Ok, so you go the family planning center—or you would call them up.

**14-YEAR-OLD GIRL:** So we could try going today?

**PP COUNSELOR:** Yeah.

<sup>54</sup> See Live Action, *Milwaukee, WI: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/milwaukee-wi> (last visited Apr. 13, 2011).

<sup>55</sup> *Id.*

<sup>56</sup> *Id.*

<sup>57</sup> WIS. STAT. ANN. § 948.02 (2011).

<sup>58</sup> *Id.*

<sup>59</sup> *Id.* § 48.981 (2011).

<sup>60</sup> See Live Action, *Milwaukee, WI: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/milwaukee-wi> (last visited Apr. 13, 2011).



## APPENDIX VII. (Continued)

**14-YEAR-OLD GIRL:** ‘Cause uh, my boyfriend talked with me [inaudible] and he said, “Take care of it.” Like, get your counseling—get your stuff and so if I go back and I say that I didn’t take care of it he’ll be really upset.

**PP COUNSELOR:** Oh. Um. Ok. But there’s steps involved in taking care of this because you are underage. But he doesn’t know that right?

**14-YEAR-OLD GIRL:** Well he knows it, actually.

**PP COUNSELOR:** Ok.

**14-YEAR-OLD GIRL:** Yeah he knows.

**PP COUNSELOR:** Ok, so. Will he be paying for it then?

**14-YEAR-OLD GIRL:** Yeah.

**PP COUNSELOR:** Ok. Um.

**14-YEAR-OLD GIRL:** He’ll pay for all of it... Are people gonna catch us?

**PP COUNSELOR:** For what? You have the right to an abortion you just have to have the proper documentation. Um.

**14-YEAR-OLD GIRL:** Ok.

**PP COUNSELOR:** So that’s why I’m [inaudible] I’m telling you that—that a judicial bypass is that you are underage. What is your name? I can call them and tell them you’re coming.

At a Planned Parenthood clinic in Los Angeles, California a Planned Parenthood employee told investigators posed as a 15-year-old girl with her 23-year-old boyfriend to change her age to be eligible for an abortion.<sup>61</sup>

Excerpts from exchange:<sup>62</sup>

**15-YEAR-OLD GIRL:** Umm... he’s 23, um... and I’m... 15. Do you have to report that?

**PP STAFFER:** It depends on how old you are.

**15-YEAR-OLD GIRL:** Well, how old do I have to be... to be... to be okay?

**PP STAFFER:** Let me double check that... If you’re 15, we have to report it. If not, if you’re older than that, we don’t need to.

**15-YEAR-OLD GIRL:** But if I just say I’m not 15... then it’s different?

**PP STAFFER:** That’s correct.

**15-YEAR-OLD GIRL:** So I could say—

**PP STAFFER:** You could say 16.

**15-YEAR-OLD GIRL:** I could say 16?

**PP STAFFER:** Yes.

**15-YEAR-OLD GIRL:** Okay... um, yeah... So I just write... I would just write 16?

**PP STAFFER:** Well, just figure out a birth date that works. And I don’t know anything.

The Live Action videos discussed above reveal a pattern and practice among Planned Parenthood clinics across the United States to circumvent state law and conceal the sexual abuse of young girls.

<sup>61</sup> See Live Action, *Planned Parenthood Covers Up Statutory Rape* (Nov. 9, 2007), available at [http://www.youtube.com/watch?v=YtyJ\\_7ZFgEw](http://www.youtube.com/watch?v=YtyJ_7ZFgEw) (last visited Apr. 13, 2011).

<sup>62</sup> See *id.*

## APPENDIX VIII.

### FAILURE TO COMPLY WITH PARENTAL INVOLVEMENT LAWS

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.”<sup>1</sup> According to Alabama law, minors must present abortion clinics with a consent form and verify that the signature on the form is that of their parent or legal guardian.<sup>2</sup> Though the statute requires the minor to sign the form as verification, the clinic’s forms did not include a designated space for such a signature.<sup>3</sup>

Alabama began its investigation after an undercover video was released by Live Action.<sup>4</sup> The video reveals Planned Parenthood employees telling an undercover investigator posing as a 14-year-old girl seeking an abortion that she can evade the state’s parental consent law by getting someone “with the same last name” to sign off on the abortion in her parent’s place.<sup>5</sup> The clinic workers refer the young girl to the clinic director, Dr. Desiree Bates, telling her that Bates “does sometimes bend the rules a little bit.”<sup>6</sup> Following the investigation, which resulted in findings of multiple state law violations, including failure to comply with the state’s parental consent law,<sup>7</sup> this Planned Parenthood clinic was put on probation.<sup>8</sup>

Excerpts from exchange:<sup>9</sup>

**PP COUNSELOR:** Now how old are you?

**14-YEAR-OLD GIRL:** Umm... 14.

**PP COUNSELOR:** Ok. In order to have one you’re going to have to have a parent’s consent.

**14-YEAR-OLD GIRL’S FRIEND:** What does that mean?

**PP COUNSELOR:** That means she can’t have an abortion until her parents sign some papers.

**14-YEAR-OLD GIRL:** Can we talk about that more? Because I can’t – I don’t want my parents to know.

**PP COUNSELOR:** It’s um – it’s a state law. Yeah, so you have to have some type of parent’s consent.

Do you have an older sister that’s over the age of 18?

**14-YEAR-OLD GIRL:** [inaudible]

**PP COUNSELOR:** That’s the only way you’re going to be able to get it, sweetheart.

<sup>1</sup> See Alabama Dep’t of Public Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), available at <http://www.liveaction.org/files/PPViolations.pdf> (last visited Apr. 13, 2011).

<sup>2</sup> ALA. CODE § 26-21-3 (2010).

<sup>3</sup> See *id.*; see also Alabama Dep’t of Public Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), available at <http://www.liveaction.org/files/PPViolations.pdf> (last visited Apr. 13, 2011).

<sup>4</sup> See Live Action, *Birmingham Planned Parenthood Put on Probation Following Nine Legal Violations*, available at <http://liveaction.org/press/birmingham-planned-parenthood-put-on-probation-following-nine-legal-violations> (last visited Apr. 13, 2011).

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> See Alabama Dep’t of Public Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), available at <http://www.liveaction.org/files/PPViolations.pdf> (last visited Apr. 13, 2011).

<sup>8</sup> *Alabama puts Planned Parenthood Clinic on Probation After Undercover Sting* (Feb. 10, 2010), available at <http://www.foxnews.com/us/2010/02/10/alabama-puts-planned-parenthood-clinic-probation-undercover-sting/> (last visited Apr. 18, 2011).

<sup>9</sup> See Live Action, *Birmingham, AL: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/birmingham-alabama> (last visited Apr. 13, 2011).

## APPENDIX VIII. (Continued)

**14-YEAR-OLD GIRL:** No.

**PP COUNSELOR:** He has to have the same last name.

**14-YEAR-OLD GIRL'S FRIEND:** There's nothing that she can do? Nothing else?

**PP COUNSELOR:** She can—um—

**14-YEAR-OLD GIRL:** Can you—can I talk to you about something?

**PP COUNSELOR:** Uh-huh. Have a seat I'll call you in one second. Let me take these two calls...

**PP COUNSELOR:** Ok. What's up?

**14-YEAR-OLD GIRL:** Ok, well. So my—um—I don't know what to say. Ok so I need an abortion and my parents can't know about it.

**PP COUNSELOR:** Umm—as far as I know you have to have a parent's consent 'cause you're under the age of 18—it's a state law.

**14-YEAR-OLD GIRL:** Ok.

**PP COUNSELOR:** Umm—if you don't have like a grandparent or somebody else who has the last name of you then you won't be able to get it done. . .

**14-YEAR-OLD GIRL:** What if my boyfriend gives his consent?

**PP COUNSELOR:** How old's your boyfriend?

**14-YEAR-OLD GIRL:** What?

**PP COUNSELOR:** How old is your boyfriend?

**14-YEAR-OLD GIRL'S FRIEND:** Is everything here confidential?

**PP COUNSELOR:** Yeah—I can't say anything.

**14-YEAR-OLD GIRL:** Ok. He's 31.

**PP COUNSELOR:** He's 31. Ok. He won't be able to do that because he doesn't have the same last name.

**14-YEAR-OLD GIRL:** He could get the same last name.

**PP COUNSELOR:** No, you can't do that. Just call back tomorrow and speak to somebody else ok?

Just call back I'm gonna give you a phone number you can call and ask to speak to Ms. [inaudible], she's the health center manager.

**14-YEAR-OLD GIRL:** She can tell me what to do?

**PP COUNSELOR:** Yeah, she can tell you what to do. Because like I said—as far as I know you have to have a parent's consent.

**14-YEAR-OLD GIRL:** Is—she—is it a problem—about my boyfriend?

**PP COUNSELOR:** Um... as long as you consented to having sex with him, there's nothing we can truly do about that.

**14-YEAR-OLD GIRL:** consented. Very much. 'Cause he said he could get in big trouble.

**PP COUNSELOR:** He could. Especially if your parents find out that he's 31.

**14-YEAR-OLD GIRL:** That's why we have to be careful because my parents might find out.

**PP COUNSELOR:** Yeah, so, like I said that's—a big issue but you can call and talk to her she's the health center manager—

**14-YEAR-OLD GIRL:** Does she help other girls?

**PP COUNSELOR:** Um, I'm not sure. I don't know what she actually does. ***I know sometimes she does bend rules a little bit*** but in your case I don't know if she'll do that. [emphasis added]

**14-YEAR-OLD GIRL:** Should I—what do you mean 'cause of he's older?

## APPENDIX VIII. (Continued)

**PP COUNSELOR:** Mhm.

**14-YEAR-OLD GIRL:** What if I say that he's maybe younger? Like 20 or 19 or something?

**PP COUNSELOR:** Uh, doesn't matter either way—we'll probably find out. Ok? But you want to be up front with her. If she's gonna work with you need to be up front with her.

**14-YEAR-OLD GIRL:** Ok. But she's gonna work with me because she won't report me like—to my parents.

**PP COUNSELOR:** I don't think she—we can't say anything to your parents. Ok? It's the HIPAA law. We can't. Even if they call up here we can't disclose any information to anybody. Ok? Whatever you tell us stays within these walls.

In Indiana, Live Action's undercover investigation revealed Planned Parenthood staff deliberately violating the state's parental consent law. The Planned Parenthood nurse coached a 13-year-old girl on how to obtain a secret abortion by having her 31-year-old "boyfriend" take her across state lines to circumvent Indiana's parental consent law.<sup>10</sup> "Now, I'm going to give you a piece of paper here. Because I cannot tell you this."<sup>11</sup> Ok. But I can show you this." The Planned Parenthood nurse circled an out-of-state clinic (in Illinois) and then covered her tracks by circling everything else on the page.<sup>12</sup>

In Virginia, video evidence from a Live Action undercover investigation in January 2011 showed a Planned Parenthood employee coaching a "pimp" about how girls as young as 14 years of age could circumvent parental consent laws to obtain an abortion.<sup>13</sup>

Excerpts from exchange:<sup>14</sup>

**PIMP:** But um—like, how, do you guys have like teen services?

**PP EMPLOYEE:** I mean we can give them the same information, the only thing that requires a legal guardian is an abortion. I mean you can get birth control, testing, like anything—without a parent. The only thing that requires over 18, if they're a minor, is an abortion. But there's also ways, like judicial bypasses that we can get around that—if you guys ever need it. There is a way to avoid that.

**PIMP:** How can we do that? 'Cause I mean if they need the help then, I don't know, I don't know.

**PP EMPLOYEE:** I mean, like the best thing for them to do is call here or walk in—the same way you're doing. There's also online appointments, scheduling, um, if they just have questions and want to talk to someone they can come in. Or, we can talk to them over the phone—I mean, everything's confidential. Um.

**PIMP:** What was that? What was that—what did you say it was, bypass?

**PP EMPLOYEE:** Judicial bypass. It's, um, if someone is a minor and they don't want their parents to know—they're on their parent's insurance—so an abortion would show up. You fill out paperwork and we help you kinda set it up and we have a confidential hotline that will call you at whatever number you give us and handle the whole thing. So for someone who's a mior, that's a really good option. We do 'em probably once or twice a month here.

**PIMP:** Wow.

**PP EMPLOYEE:** So we're pretty good at handling if someone, you know, doesn't want someone else to know, or doesn't want parents—

**PIMP:** Ok.

**PP EMPLOYEE:** Yeah.

**PIMP:** Ok.

**PP EMPLOYEE:** Uh-huh.

<sup>10</sup> See Live Action, *Bloomington, IN: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/bloomington-in> (last visited Apr. 13, 2011).

<sup>11</sup> *Id.*

<sup>12</sup> *Id.*

<sup>13</sup> See Live Action, *Richmond Virginia Planned Parenthood Clinic Shows Willingness to Aid and Abet Sexual Exploitation of Minors* (Feb. 3, 2011), available at <http://liveaction.org/blog/richmond-virginia-planned-parenthood-clinic-shows-willingness-to-aid-and-abet-sexual-exploitation-of-minors/> (last visited Apr. 13, 2011).

<sup>14</sup> See Live Action, *Caught on Tape: Planned Parenthood Aids Pimp's Underage Sex Ring* (Feb. 1, 2011), available at <http://liveaction.org/blog/planned-parenthood-aids-sex-ring/> (last visited Apr. 13, 2011).



## APPENDIX IX.

### ASSISTING PROSTITUTION AND/OR SEX TRAFFICKING?

As described in the report, Amy Woodruff, the Planned Parenthood employee in New Jersey, coached a man and woman who presented themselves as a pimp and a prostitute on how to lie about the age of the young girls they “manage” and how to circumvent reporting requirements. In addition, she advised the “pimp” on how he could obtain cheaper contraception for his prostitutes by claiming they are “students.”<sup>1</sup> “If they’re minors, put down that they’re students. Yeah, just kind of play along that they’re students – we want to make it look as legit as possible.”<sup>2</sup> Woodruff also provided disturbing advice on how to use the young girls in the sex trade while they are recovering from abortions and how to facilitate bribes in exchange for expedited service.<sup>3</sup>

Excerpts from exchange:<sup>4</sup>

**PIMP:** Ok, uh, so, we’re involved in sex work, alright, and there are some girls that we manage, that uh, we’re not quite sure if I got it from one of them—

**PP MANAGER AMY WOODRUFF:** Ok.

**PIMP:** Now the thing is, um, okay, so some of ‘em are like, eh, some of ‘em are young, they’re kind of like, something like 15, 14, and then some of them don’t speak any English.

**PP MANAGER AMY WOODRUFF:** Uh-huh, ok.

**PIMP:** You know, cause they’re not even from here, so it’s like—how can they come in here? ‘Cause it’s like, they don’t always feel comfortable coming into facilities.

**PP MANAGER AMY WOODRUFF:** One, minors are always accepted without parental consent.

**PIMP:** Ok, ok.

**PP MANAGER AMY WOODRUFF:** The only thing you do have to be careful is if they are minor, we are obligated, if we hear any certain information...

....

**PP MANAGER AMY WOODRUFF:** Yeah—14, you know once they get to 15, then there’s a little bit more play room. So as long as they just lie and say, “Oh, he’s 15, 16... you know, as long as they don’t say 14, and as long as it’s not too much of an age gap, then we just kind of like, we just kind of play with it a little bit.

....

**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.

<sup>1</sup> See Live Action, *Planned Parenthood Aids Pimp’s Underage Sex Ring* (Feb. 1, 2011), available at [http://www.youtube.com/watch?v=L9Zj9yx2j0Y&feature=player\\_embedded](http://www.youtube.com/watch?v=L9Zj9yx2j0Y&feature=player_embedded) (last visited Apr. 14, 2011); Live Action, *Caught on Tape: Planned Parenthood Aids Pimp’s Underage Sex Ring* (Feb. 1, 2011), available at <http://liveaction.org/blog/planned-parenthood-aids-sex-ring/> (last visited Apr. 14, 2011).

<sup>2</sup> *Id.*

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

## APPENDIX IX. (Continued)

**PIMP:** Ok.

**PP MANAGER AMY WOODRUFF:** If they're 14 and under [circles clinic 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]

...

**PP MANAGER AMY WOODRUFF:** Trust me, like; I use this like my Bible. [laughter, inaudible] You get so many parents, [inaudible], I mean I understand where they're coming from, but they're like, "Oh, but she's a minor"—ok, yeah, so? [laughter]

**PROSTITUTE:** Yeah, but they still need to be seen.

**PIMP:** Yeah, you know.

**PP MANAGER AMY WOODRUFF:** Exactly, you know she's still entitled to care without Mom knowing what the hell's going on.

**PP MANAGER AMY WOODRUFF:** Yeah, you know, and I'm the office manager here, so if you guys have any questions, just let me know. So for the most part, I'm usually the one doing most of the interviewing before they go back to the exam room.

**PROSTITUTE:** Ok, great.

...

**PROSTITUTE:** And then, question, if it comes down that they do need an abortion, how long till they can be sexually active again?

**PP MANAGER AMY WOODRUFF:** Aaaaoh, minimum two weeks, minimum two weeks.

**PROSTITUTE:** Do you have any suggestions about what they could do in that time, like, 'cause they still need to work?

**PP MANAGER AMY WOODRUFF:** Yeah, um, waist up.

**PROSTITUTE:** Waist up?

**PP MANAGER AMY WOODRUFF:** Waist up or just be that extra action walking by. Because then they're at more risk for infection, and you don't want to do that. So, and they can't even wear tampons during that time period, so, yeah—

...

**PP MANAGER AMY WOODRUFF:** Exactly, and you just kind of, so the whole thing is with me we already know, I see you, we already know we're gonna kind of alter the story and kinda see what we can do to kinda tweak information.

**PIMP:** We might just need to uh, is there any way we could stream line this? Like, holla at you, slide you a little, you know, and you can just get 'em streamlined—

**PP MANAGER AMY WOODRUFF:** We can solve—depending on what the situation is, we might be able to do that.

**PIMP:** We could slide you like a \$100, to just like uh, help us.

**PP MANAGER AMY WOODRUFF:** And exactly, and then, I'm sure you guys are going to have a decent amount of money—

**PIMP:** Yeah, yeah—

## APPENDIX IX. (Continued)

**PIMP:** Yeah, I mean we could make this work for the both of us, I mean it's like, I mean if you could fill out a number—

**PP MANAGER AMY WOODRUFF:** Do, let me just find a pen...

In January 2011, Live Action undercover investigators discovered that a Planned Parenthood abortion center in Richmond, Virginia demonstrated a willingness to assist the sexual exploitation of minors. The clinic worker agreed to help the “pimp” obtain secret abortions and cheap birth control for the 14- to 17-year-old trafficked girls he managed.<sup>5</sup>

Excerpts from exchange:<sup>6</sup>

**PIMP:** Is there anyone I can talk to?... I just kinda want to be able to talk to somebody.

**PP WORKER:** Well, I can't like, I can't—I would still like have to charge you for like an office visit. I mean, I could like answer your questions about scheduling, and like what we do—but if it's like a medical question you still have to like make an appointment...

**PIMP:** Yeah, it's not really a medical question. Um...

**PP WORKER:** I can take you back to the room, and we can talk for a sec if you want.

**PIMP:** Ok.

**PP WORKER:** If you don't feel comfortable.

**PIMP:** Yeah, is there somebody I could talk to... like a manager or supervisor I could talk to?

**PP WORKER:** She's not in right now.

**PIMP:** She's not in?

**PP WORKER:** No, she's not.

**PIMP:** Any idea when she'll be back?

**PP WORKER:** Later, like half an hour to an hour—she's like out at the bank and post office and stuff, running errands for here.

**PIMP:** Well, yeah—if we can like talk...

**PP WORKER:** What's going on?

**PIMP:** I just sit right here?

**PP WORKER:** Yeah.

**PIMP:** It's kinda like, uh, I dunno. It's kinda a complicated situation. So like, I think I might have a STD?

**PP WORKER:** Mhm.

**PIMP:** That's kinda like the first part of it—so I think I might need testing. Alright, so—is this all confidential in here?

**PP WORKER:** Yeah, yeah—it's a medical office, I mean, HIPAA, everything applies, so. [laughter]

<sup>5</sup> See Live Action, *Richmond Virginia Planned Parenthood Clinic Shows Willingness to Aid and Abet Sexual Exploitation of Minors* (Feb. 3, 2011), available at <http://liveaction.org/blog/richmond-virginia-planned-parenthood-clinic-shows-willingness-to-aid-and-abet-sexual-exploitation-of-minors/> (last visited Apr. 13, 2011).

<sup>6</sup> See Live Action, *Richmond Planned Parenthood Transcript* (Jan. 12, 2011), available at <http://liveaction.org/files/transcripts/Richmond%20Transcript.pdf> (last visited Apr. 14, 2011).

**APPENDIX IX.** (Continued)

**PIMP:** Yeah, she's been trying to get me to come in here for awhile now. So yeah, I need the testing from you, right off the bat, but there's some, uh, we're involved in sex work.

**PP WORKER:** Ok.

**PIMP:** So there's some girls that we kinda we manage, and they kinda need help too.

**PP WORKER:** Right.

**PROSTITUTE:** Yeah, I've been trying to get him in here for awhile now, 'cause we gotta keep them safe.

**PP WORKER:** Yeah, of course. So we see people from every walk of life.

**PROSTITUTE:** Oh wow.

**PP WORKER:** And like, for a while we were treating like all the girls at Paper Moon, and like, you know.

**PROSTITUTE:** Whoa!

**PP WORKER:** And like, various places around town, so, you know.

**PROSTITUTE:** That's good.

**PP WORKER:** So, no judgment, no sharing of information, like, uh, nothing here.

**PIMP:** Yeah that's what we were worried about, you know, the health—the government, stuff like that. Yeah, so like what do you guys offer? I haven't been in here before—she's been in here before.

**PROSTITUTE:** Yeah, like I've been trying, I'm like, "Come in! They'll talk to you!"

[inaudible] and he's like, "I want to talk to somebody official." [?]

**PP WORKER:** Yeah, I mean we do like full STD screenings, which test for the most commonly transmitted diseases, so that's Herpes 1, Herpes 2, HIV, gonorrhea, chlamydia, syphilis. That's just like the full package. If you think that you were just exposed to just one thing, we can test just for that one thing. So it's your choice what you want to get tested for.

**PIMP:** Ok.

**PP WORKER:** If you're kinda unsure, like if you notice something is different, something feels wrong, you can just come in for a general visit and we kinda help you diagnose, you know, and we can recommend testing, based on what symptoms you're telling us, or even, um, you know a lot of times people come in, they have a rash, they think it's herpes, but you could think it's herpes, but it ends up being like, it's an inflamed hair follicle, or something. So, you know, there's a whole gamut of things in terms of testing. And then we do abortion services, well women exams, birth control—

**PROSTITUTE:** Yeah, just in case we might need it.

**PP WORKER:** Um, you know, pretty much everything, related to women's health—and then STD testing for guys.

**PIMP:** Now, now, the more complicated part of it though is, um, some of the girls, they're around like 14, 15, and like some of the girls are from like out of state, out of country. They don't know about the facilities, they don't know how to get help—I don't even know how to do it. So like, what are you like—

**PP WORKER:** Like are they legally here? Or, are they legally residents?

**PIMP:** Some of them don't have like their residency yet, or something like that.

**PP WORKER:** Ok.



## APPENDIX IX. (Continued)

**PIMP:** But um—like, how, do you guys have like teen services?

**PP WORKER:** I mean we can give them the same information, the only thing that requires a legal guardian is an abortion. I mean you can get birth control, testing, like anything—without a parent. The only thing that requires over 18, if they're a minor, is an abortion. But there's also ways, like judicial bypasses that we can get around that—if you guys ever need it. There is a way to avoid that.

**PIMP:** How can we do that? 'Cause I mean if they need the help then, I don't know, I don't know.

**PP WORKER:** I mean, like the best thing for them to do is call here or walk in—the same way you're doing. There's also online appointments, scheduling, um, if they just have questions and want to talk to someone they can come in. Or, we can talk to them over the phone—I mean, everything's confidential. Um.

**PIMP:** What was that? What was that—what did you say it was, bypass?

**PP WORKER:** Judicial bypass. It's, um, if someone is a minor and they don't want their parents to know—they're on their parent's insurance—so an abortion would show up. You fill out paperwork and we help you kinda set it up and we have a confidential hotline that will call you at whatever number you give us and handle the whole thing. So, for someone who's a minor, that's a really good option. We do 'em probably once or twice a month here.

**PIMP:** Wow.

**PP WORKER:** So we're pretty good at handling if someone, you know, doesn't want someone else to know, or doesn't want parents—

**PIMP:** Ok.

**PP WORKER:** Yeah.

**PIMP:** Ok.

**PP WORKER:** Uh-huh.

**PIMP:** And you said, they can get like the other stuff too? They can get access to that?

**PP WORKER:** Yeah, yeah, they have access to birth control here, there's like no cutoff for age. So if they're involved in sexual activity, we want to see them. I mean that's pretty much it. I mean if they're going to be doing it—we want them to be safe about it.

**PROSTITUTE:** And yeah that's why I wanted to come in here—we have to come in here to be sure they're safe about it...

**PIMP:** Yeah, I wasn't sure about it—like prices, so what are the prices?

**PP WORKER:** So, it depends on the service basically. So birth control um, itself is a different price than the visit to get. We have to prescribe it, make sure that you don't have any medical conditions that would make them not able to take a certain kind. So, for that first visit, if they are minors—it will be \$50.

**PIMP:** That's fine.

**PP WORKER:** And, that's to get the birth control. To do STD screening, it'll vary—if you do the full package it's \$165. And, that's for those most common ones that I listed. If someone's like "Well, I've been exposed to this, I just want to be tested for it," it'll be the cost of the test and the office visit. So, that's kind of variable, depending what test you choose, how many of them you choose. But in the end, usually it's more economical to do the whole thing, cause like once you have that office visit—it's \$50 dollars. Most tests are around like \$20 to \$40, so you're already kind of like halfway there at that point.

## APPENDIX IX. (Continued)

**PIMP:** Ok.

**PP WORKER:** So... But, it all depends on, you know, what you have money for, for now, and what you're comfortable with what you want.

**PIMP:** So, what would, how would you best suggest we go about it? Like, let's say, you know, one of our girls, she's like, "I think I might be pregnant."

**PP WORKER:** Mhm.

**PIMP:** What would we do?

**PP WORKER:** Free pregnancy tests here, anytime during our business hours—you can walk in, don't need an appointment, just get a pregnancy test and then we go from there. So if she's pregnant, if she wants to continue the pregnancy—we don't do any prenatal care, but we can set you up with the right people. If she wants an abortion, we can counsel her on that and start that process here.

**PIMP:** Ok, what if one of the 15-year-olds wants the abortion—how would you set up the other thing?

**PP WORKER:** Well, I mean the judicial bypass?

**PIMP:** Sure.

**PP WORKER:** You'd have to come in for what we call a pre-op visit first. It's an ultrasound, blood work, and paperwork to fill out—at that time she'll start the judicial bypass process, um, and then we do some counseling with them as well. And then, like I said, that separate organization will call them on whatever number they give us and do the process, and they come back for the actual abortion itself at a later date. So, you know if she's taken some tests at home, already knows she's pregnant, she should come in for her pre-op visit—'cause it is time sensitive. The State of Virginia only lets you go to 13 weeks, 6 days at the most—and at that point, you need to go to Maryland, DC—they have looser laws in terms of how far you can do an abortion. So, if she's going to do it in the state of Virginia with us, we have to make sure she's here, got the bypass, in time to actually do it legally. So, the sooner the better she sees us, if she already knows she's pregnant. Um, if she just needs the test though, she can come in—and we can make her an appointment for that first preoperative visit once she comes in. So it's up to her to either come in or call.

**PIMP:** Ok, so that would be good. What would you recommend is like the best birth control and all that to get on?

**PP WORKER:** Um, it depends on the woman really. I mean, young people usually find it difficult to take a pill everyday at the same exact time.

**PIMP:** Yeah, that's true, especially when we don't know that much, they might not read the—

**PROSTITUTE:** [inaudible]

**PP WORKER:** Yeah, and it's different you know, by country, like what kind of pills and how they are taken. So, um for young people who have a hard time with the pill, cause some people do fine with it. But, if you don't take it every day at the same time, it's not effective—you can still get pregnant.

**PIMP:** Yeah, that's what I heard.

**PP WORKER:** So the shot is every 3 months, it protects you for that whole time. So, you are only here 4 times a year. Come in for a 5 minute visit—we inject it—you're good.

**APPENDIX IX.** (Continued)

**PROSTITUTE:** Yeah, how much is that?

**PIMP:** That's for all ages? All ages?

**PROSTITUTE:** Yeah, how much is that?

**PP WORKER:** It's \$65, for every shot. But, then if you divide that out, by every month it's pretty cheap—in terms of birth control.

**PROSTITUTE:** Ooh, I like that.

**PP WORKER:** Um, if someone is a little bit older, and not looking to get pregnant in the next 5-10 years, we have IUDs, it's an intra-uterine device, it's actually this thing right here. It's placed in the uterus and just kinda sits up at the top—it protects you for 5-10 years. There's also the NuvaRing, which is inserted vaginally, it protects you for a month at a time. So, you know those are all options for people who aren't good with pills. But we do have the pills, we have like 15 different kinds here.

**PIMP:** Oh, wow.

**PP WORKER:** So, pretty much everything. We have condoms here for free.

**PIMP:** That's good.

**PP WORKER:** We kinda got it all.

**PIMP:** Yeah. Yeah, no that's a lot of information.

**PP WORKER:** And, a lot of this information is also on our website. 'Cause I know I'm like throwing a lot at you right now, if you want to visit our website, you can also book appointments through our website too.

**PROSTITUTE:** Oh, that would be good, like, if I needed to.

**PP WORKER:** Yeah.

**PIMP:** Alright, yeah, that's a lot of information. Alright, so yeah, um, I guess, I guess we gotta, our time is almost up.

**PP WORKER:** You have to get back to work?

**PROSTITUTE:** Yeah, [laughs] we gotta go, have to get back.

**PP WORKER:** Well, let me give you a card.

**PIMP:** Yes.

**PROSTITUTE:** Ah, perfect.

**PIMP:** And, what was your name again?

**PP WORKER:** I'm Kimberley. Haha, I'm here most of the time. Our number's on there, if you just like google Virginia League for Planned Parenthood, our website pops up right there.

**PIMP:** Do you guys like have a pen to get your number? Thank you.

**PP WORKER:** Mhm.

**PROSTITUTE:** Uh thanks. I appreciate it. Thank you so much.

**PP WORKER:** Yeah. Alright, so when you guys are ready, go ahead and give us a call.

**PIMP:** And this is on your website and everything like that?

**PP WORKER:** Mhm.

**PROSTITUTE:** We can set up the appointments with the website.

**PP WORKER:** Mhm, yeah.

## APPENDIX IX. (Continued)

Live Action undercover investigators also revealed employees of a Planned Parenthood clinic in Charlottesville, Virginia advising a “pimp” on how to obtain Planned Parenthood services, including STD testing and birth control for the 14- to 17-year-old girls he stated he managed as sex workers. The Planned Parenthood worker informed the pimp that he could acquire birth control as well as STD and pregnancy testing for underage girls with no questions asked: “Anybody here can help you. Everything here is confidential. We can’t give any information out.”<sup>7</sup>

Planned Parenthood clinic employees in Roanoke, Virginia also advised an investigator posing as a pimp on how to obtain Planned Parenthood services for the 14- to 17-year-old prostitutes he claimed to manage. A Planned Parenthood worker stated that providing birth control and STD testing for underage prostitutes was no problem: “From the age of 12 up, for birth control, you can just come in and do that. You don’t have to have a parent, Ok?” The staffer also stated regarding STD testing: “And the thing is, see this is the thing a lot of people don’t know that. . . Right, through the Health Department. And so, they’ll uh, they’ll track it. And they’re discreet. They’re confidential. They, you know, don’t tell people what’s going on, because—frankly—it’s nobody’s business.”<sup>8</sup>

In Falls Church, Virginia, Live Action’s undercover investigation team discovered yet another Planned Parenthood clinic willing to help an investigator posing as a pimp and sex-trafficker to obtain Planned Parenthood services for the 14- to 17-year-old girls he claimed to manage. The clinic manager stated that Planned Parenthood would give underage girls from foreign countries an abortion if the girls produced a photo ID. “We don’t necessarily look at the legal status, like I said. Abortion appointments do require photo ID. It’s nothing as far as records. It’s just photo ID that’s ever going to be required.”<sup>9</sup>

In Live Action’s undercover investigation in the Bronx in January 2011, the investigator posing as a pimp stated that he needed help with the girls he managed who were as young as 14 years of age.<sup>10</sup> The Planned Parenthood staffer offered: “We see people as young as 13... everything is totally confidential.”<sup>11</sup> When investigators told a Planned Parenthood staffer that they were involved in sex work, she told the “pimp” he could pose as a legal guardian to get taxpayer-funded services for his underage sex workers.<sup>12</sup> The Planned Parenthood employee continued to offer guidance on how the pimp’s underage girls could obtain insurance through taxpayer-funded programs to pay for abortion and other services, even though some of the underage girls were not U.S. citizens.<sup>13</sup>

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<sup>7</sup> For full video footage, see Live Action, *Planned Parenthood Child Sex Ring Coverup Investigation* (Feb. 8, 2011), available at <http://liveaction.org/blog/full-footage/> (last visited Apr. 14, 2011). For a full transcript, see Live Action, *Charlottesville Planned Parenthood Transcript* (Jan. 11, 2011), available at <http://liveaction.org/files/transcripts/Charlottesville%20Transcript.pdf> (last visited Apr. 11, 2011).

<sup>8</sup> For full video footage, see Live Action, *Planned Parenthood Child Sex Ring Coverup Investigation* (Feb. 8, 2011), available at <http://liveaction.org/blog/full-footage/> (last visited Apr. 14, 2011). For a full transcript, see Live Action, *Roanoke Planned Parenthood Transcript* (Jan. 11, 2011), available at <http://liveaction.org/files/transcripts/RoanokeTranscript.pdf> (last visited Apr. 11, 2011).

<sup>9</sup> For full video footage, see Live Action, *Planned Parenthood Child Sex Ring Coverup Investigation* (Feb. 8, 2011), available at <http://liveaction.org/blog/full-footage/> (last visited Apr. 14, 2011). For a full transcript, see Live Action, *Falls Church Planned Parenthood Transcript* (Jan. 11, 2011), available at <http://liveaction.org/files/transcripts/FallsChurchTranscript.pdf> (last visited Apr. 14, 2011).

<sup>10</sup> For full video footage, see Live Action, *Bronx, NY Planned Parenthood Staffer Tells “Pimp” he can Pose as Guardian to get Tax Payer Funded Services for Underage Sex Workers* (Feb. 8, 2011), available at <http://liveaction.org/blog/bronx-planned-parenthood/> (last visited Apr. 14, 2011). For a full transcript, see Live Action, *Bronx Planned Parenthood Transcript* (Jan. 14, 2011), available at [http://liveaction.org/files/transcripts/Bronx\\_Transcript.pdf](http://liveaction.org/files/transcripts/Bronx_Transcript.pdf) (last visited Apr. 14, 2011).

<sup>11</sup> *Id.*

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*



## APPENDIX IX. (Continued)

Excerpts from exchange:<sup>14</sup>

**PIMP:** Ah, ok, that's what I was wondering. Now, also, so we're involved in sex work, so we have some other girls that we manage and work with that they're going to need testing as well, so do you guys see them, or?

**PP COUNSELOR:** Yeah, we see them—

**PROSTITUTE:** Teen services.

**PP COUNSELOR:** Yeah, yeah.

**PIMP:** Ok.

**PP COUNSELOR:** We see people as young as 13 years old.

**PROSTITUTE:** How old?

**PP:** We see people as young as 13 and—

**PIMP:** As young as 13.

**PP COUNSELOR:** Everything is totally confidential.

**PROSTITUTE:** 'Cause they're 14 and 15 and—

**PP COUNSELOR:** Yeah, everything is totally confidential. They can come in make the appointments, I can give you guys the numbers, you can make the appointments over the phone, you guys can come in speak to one of us so we can set up the appointments. And if any of you guys don't have insurance we have our family planning benefit program and mostly everybody qualifies for that. Like it goes based on income, like all students, all minors they get health care and medical bills to be on sliding scale, 'cause it goes from A to D, so sliding scale A is free and that just does one student.

**PIMP:** Cool, cool.

**PROSTITUTE:** And then they don't speak English, because they just came in. We just got them in.

**PP COUNSELOR:** That's all right—

**PROSTITUTE:** So, so—

**PP COUNSELOR:** That's alright, I'm bilingual. I'm always here. I speak Spanish, and we also have other languages. We have CyraCom where you would call the phone and they have other languages.

**PIMP:** Cool cool cool.

**PROSTITUTE:** Because—

**PIMP:** So, how would you recommend for them best to do it? 'Cause we don't want them getting confused or what not, and it's kind of a sensitive subject, so we don't want you know, them saying the wrong thing, you know getting refused or turned away, so how would you suggest they go about you know being able to get the access even in spite of what they do, you know?

**PP COUNSELOR:** Yeah, like, like I said everything's confidential, they don't have to tell anybody what it is that they do when they make the appointment, it's just gonna be between them and the physician they see—

**PIMP:** Ok.

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<sup>14</sup> *Id.*

## APPENDIX IX. (Continued)

**PP COUNSELOR:** Just come in, let us know, what you wanna, like we do need to know what the appointments if it's going to be for testing, abortions, any kind of particular pain they're having or something 'cause we also do GYN exams and do annual exams which cover everything.

**PIMP:** Yeah.

**PP COUNSELOR:** Or just testing. So we're not gonna ask specific—all that “something burning, something itching”—Pimp: What if they don't, what if they are not a resident here? What if they are not a resident? What if they don't have—

**PP COUNSELOR:** That's fine. Like for our benefit program, we do require they bring us some documents, but if they don't have it we just ask they bring whatever they can—

**PIMP:** Just whatever they have?

**PROSTITUTE:** Just a photo ID or something?

**PP COUNSELOR:** We just ask them to bring a photo ID, proof of address, proof of income and—

**PIMP:** Proof of income?

**PP COUNSELOR:** And a birth certificate.

**PIMP:** They don't have like a 9-5 job, you know.

**PP COUNSELOR:** Yeah, if they're not working, or they might even work in an after school program—that's considered unemployed, so they can have a family member or friend or one of you guys—

**PIMP:** We can find somebody, we can find somebody.

**PP COUNSELOR:** Write them a letter, saying—

**PROSTITUTE:** You wouldn't need to know that they work at night? And whatever, that they do sex work at night?

**PP COUNSELOR:** None of that. We don't need to know anything. Everything is totally confidential. Just like you could even write the letter stating—

**PROSTITUTE:** Oh, oh good.

**PP COUNSELOR:** Like, “My name is so and so I support ‘whatever whatever’” and just put like contact information. They don't really call you.

**PROSTITUTE:** Contact number—

**PP COUNSELOR:** They just ask for contact information, but no one calls you and just sign and date it.

**PROSTITUTE:** Ok, and is there any problem I guess abortion-wise after they have the abortion—how long can until they can be sexually active? Because they have to work—

**PP COUNSELOR:** 2 weeks.

**PIMP:** 2 weeks. What would you recommend for them to do, during that time?

**PP COUNSELOR:** During that time? Well, like, sex-wise nothing can go inside of them, for 2 weeks. No fingers, no, like—

**PROSTITUTE:** Why is that?

**PP COUNSELOR:** It's just for the length of recovery process. We have them come back in 2 weeks for another check-up and make sure everything went okay with the abortion.

**PROSTITUTE:** So they can't do like any work?

**PP COUNSELOR:** Mm.

**APPENDIX IX.** (Continued)

**PROSTITUTE:** That's not good.

**PIMP:** What would you recommend that they do? 'Cause they gotta work.

Like is there something for them to do? Or?

**PP COUNSELOR:** For that, I'm not sure. I don't have any answer for that, I would recommend that they speak to the doctor.

**PROSTITUTE:** Ok, maybe the doctor would have like a, ok—

**PP COUNSELOR:** Mhm. Because I don't think there's like any risk or anything, I think they just want to avoid like any type of infections and stuff.

**PIMP:** That makes sense, that makes sense.

**PP COUNSELOR:** Since it's an open area, and they just had an abortion—it's like quicker prone to get infections.

**PIMP:** Ok, ok.

**PP COUNSELOR:** But we do have the women do—honestly I do have girls come in, like 3 days later asking me for the Plan B because they just couldn't just stop or for whatever reason they just had to.

**PIMP:** Ok.

**PP COUNSELOR:** So, I do have girls that do.

**PROSTITUTE:** Yeah.

**PIMP:** Ok, so it is possible?

**PP COUNSELOR:** Mhm.

**PIMP:** And there's stuff for them if they still do?

**PP COUNSELOR:** Mhm, yeah.

**PIMP:** Like what stuff exactly?

**PP COUNSELOR:** You can have them come in two weeks for a follow-up visit and make sure everything's ok—if they need medication or other follow-up visits, they can schedule that as well.

**PIMP:** Ok, ok. Now, what about um—

**PROSTITUTE:** I guess birth control. What do you guys offer for birth control for that like prices?

**PP COUNSELOR:** We carry pills and Depo shots. And we also do the IUD insertion. And if they qualify for that program it will all be—

**PROSTITUTE:** What, do you know what the qualifications are?

**PP COUNSELOR:** Just bring the documents, bring the documents that I told you.

**PROSTITUTE:** Ok, so ID—

**PP COUNSELOR:** And whatever you don't have they could just bring in whatever they do have, I'll speak to them and I'm sure we could work with them—

**PROSTITUTE:** Ok, good, glad it could work—

**PIMP:** And let me see—

**PROSTITUTE:** I think that covers a lot, that answers a lot.

**PP COUNSELOR:** There are lots of different kids in different situations, kids in foster care, you know kids in foster care can't get their hands on their documents—

**PIMP:** That's true.

**PP COUNSELOR:** And they're hiding things from their parents, 'cause everything's all about confidentiality here.

**APPENDIX IX.** (Continued)

**PIMP:** See, so we could just say that, say something like that.

**PP COUNSELOR:** Mhm, mhm.

**PROSTITUTE:** 'Cause they don't have parents or anything—

**PP COUNSELOR:** Yeah.

**PROSTITUTE:** They just came over, they're workin' with us, and we're helpin' them out—

**PP COUNSELOR:** Mhm.

**PROSTITUTE:** Just keeping them safe.

**PIMP:** Could we even sign off as guardians? Could we even sign off as a guardian, is that even possible?

**PP COUNSELOR:** If you were writing the support letter, yeah, you could say—

**PROSTITUTE:** Oh good.

**PP COUNSELOR:** That you take care of them, you support them.

**PIMP:** Cool!

**PP COUNSELOR:** But nothing here, like, our patients, we don't ask for guardian's signature. Everything is the patient. Like a 13-year-old could come in and get the services she needed, by herself.

**PIMP:** Ok, that works, that works. What was your name again? You helped us out a lot.

**PP:** My name's Krystal.

**PIMP:** Krystal, Krystal, alright—

**PROSTITUTE:** Thank you very much.

[PP Supervisor waiting at the elevator]

**PIMP:** Are you a—?

**PP SUPERVISOR:** You wanna ask me something?

**PIMP:** Yeah, I was gonna ask, are you a physician here?

**PP SUPERVISOR:** Yeah, I'm one of the practitioners here.

**PIMP:** Oh, ok. I was wondering, uh, do you have a moment?

**PP SUPERVISOR:** Mhm.

**PIMP:** I was wondering, um, so like is this still confidential?

**PP SUPERVISOR:** Yeah.

**PIMP:** We're involved in sex work—

**PP SUPERVISOR:** Mhm.

**PIMP:** We have some girls that are kind of young like, 14, 15, that they might need an abortion—

**PP SUPERVISOR:** Mhm.

**PIMP:** And, how is the best way should they could go about it?

**PP SUPERVISOR:** They just show up, and set up an appointment. Do they have insurance?

**PIMP:** They don't have insurance, some don't even speak that good of English 'cause you know, they just got here.

**PP SUPERVISOR:** Right. So we have an interpretation phone, so if they don't speak Spanish that's not a problem.

I mean if they don't speak English that's not a problem cause we can have an interpreter—

**PIMP:** Yeah.



## APPENDIX IX. (Continued)

**PP SUPERVISOR:** We also have staff here that are trained to interpret.

**PIMP:** Yeah, like some of ‘em are like Thai or something like that, so they really don’t even speak Spanish.

**PP SUPERVISOR:** But we do have a phone system that supports a lot of languages. That may be one of them.

**PIMP:** Cool, cool.

**PP SUPERVISOR:** In terms of insurance, they would probably speak to one of our entitlement people to get them set up on some insurance. They don’t have to be citizens to get the insurance and it is confidential.

**PIMP:** And, if they don’t have the information and all that?

**PP SUPERVISOR:** You, um, do you have our number to call, ‘cause they can tell you what documents to bring in.

**PIMP TO PROSTITUTE:** I think you did get that?

**PROSTITUTE:** Yeah.

**PP SUPERVISOR:** Yeah, so you call and you tell them that, and they’ll tell you what documents to bring in, but it doesn’t have to be, they don’t have to be citizens to qualify.

**PIMP:** Ok, thank you, thank you—that’s good information.

**PP SUPERVISOR:** You’re welcome.

**PIMP:** I’m sorry, what was your name again?

**PP SUPERVISOR:** Marquita. I’m the clinical supervisor.

Live Action also obtained evidence from a Planned Parenthood clinic in Washington, D.C. in January 2011 of a Planned Parenthood employee willing to assist a “prostitute” exploiting underage girls, including girls from foreign countries.<sup>15</sup> The Planned Parenthood clinic employee advised the “prostitute” on how to obtain STD testing for the young girls, the best way to access abortion, and how to manipulate the system for the young girls who did not have health insurance.<sup>16</sup>

Excerpts from exchange:<sup>17</sup>

**PP EMPLOYEE:** Well, you can ask me something, I don’t mind.

**PROSTITUTE:** Ok, yeah, well it’s, it’s kinda confidential, so I guess—

**PP EMPLOYEE:** You want to come around?

**PROSTITUTE:** Yeah, could I?

**PP EMPLOYEE:** Uh-huh.

**PP EMPLOYEE:** Push it.

**PROSTITUTE:** That’s a heavy door, that’s a heavy door, yeah, um, ok, so here’s—I’m, I’m a sex worker.

**PP EMPLOYEE:** Mhm.

<sup>15</sup> For a full sound recording, see Live Action, *DC Planned Parenthood Staffer Counsels Sex-Trafficker how Underage Girls can get Abortions and Testing, No Questions Asked* (Feb. 10, 2011), available at <http://liveaction.org/blog/dc-planned-parenthood-sex-trafficker/> (last visited Apr. 14, 2011). For a full transcript, see Live Action, *Egypt Center Washington, D.C. Planned Parenthood Transcript* (Jan. 12, 2011), available at <http://liveaction.org/files/transcripts/EgyptDCtranscriptv1.2.pdf> (last visited Apr. 14, 2011).

<sup>16</sup> *Id.*

<sup>17</sup> *Id.*

**APPENDIX IX.** (Continued)

**PROSTITUTE:** So, being a sex worker, I have to, you know, make sure I'm ok—

**PP EMPLOYEE:** Mhm.

**PROSTITUTE:** And then I have some girls that I manage.

**PP EMPLOYEE:** Mhm.

**PROSTITUTE:** And they're, they're like 14, 15—

**PP EMPLOYEE:** Mhm.

**PROSTITUTE:** And they're, they're like, they need the same thing. So I was kind of wondering what you guys could do to help us out. You know, like maybe bring 'em in, get them on like some good birth control, and like even, you know, STD testing also for them.

**PP EMPLOYEE:** Ok.

**PROSTITUTE:** Yeah, what do you think?

**PP EMPLOYEE:** Ok, so what you're saying really like even make an appointment or something, it's better to make an appointment, because there's a law saying that you can't come in without—

**PROSTITUTE:** Ok.

**PP EMPLOYEE:** Saying 'cause they're might be a lot of people—

**PROSTITUTE:** Yeah.

**PP EMPLOYEE:** Um, but I would recommend them come in all alone with this I mean, it doesn't matter if it's on the same day, their slots—

**PROSTITUTE:** Ok.

**PP EMPLOYEE:** Just make them appointments, and if they don't have insurance—

**PROSTITUTE:** Mhm.

**PP EMPLOYEE:** Because they're teens, we'll put them under the teen thing—

**PROSTITUTE:** Ok, teen years have teen servi—services.

**PP EMPLOYEE:** Yeah and we'll waive like a \$5 or \$10 donation with them.

**PROSTITUTE:** Oh, ok.

**PP EMPLOYEE:** Um—

**PROSTITUTE:** And then you can like, you know, cause, cause they're 14 or 15, you'll just, you'll know kinda what to do?

**PP EMPLOYEE:** Yeah.

**PROSTITUTE:** And then the same thing maybe if they need an abortion or something? Well, what's the process for that?

**PP EMPLOYEE:** For that, we don't do it but we give referrals to the other ones—so on the card—

**PROSTITUTE:** Oh, on the card, yes—

**PP EMPLOYEE:** The downtown one does it, all of these does it except us.

**PROSTITUTE:** Oh, ok.

**PP EMPLOYEE:** Yeah, I just, I know that they have reduced fees through, um, people that's, like you know, low income. It's normally \$297, for actual procedure.

**PROSTITUTE:** Ok, a hundred—\$297?

**PP EMPLOYEE:** Yeah, yeah they take it down, from—

**PROSTITUTE:** And like, it doesn't matter like where they are?

**PP EMPLOYEE:** Mhm.

**APPENDIX IX.** (Continued)

**PROSTITUTE:** And they don't, so they don't speak English very well—like is that a big problem, like cause I could do maybe the paperwork for them—

**PP EMPLOYEE:** No, that's not a problem, we do have a Spanish, um—

**PROSTITUTE:** Oh, ok.

**PP EMPLOYEE:** ACA.

**PROSTITUTE:** Yeah, they're from out of the country, we just, just, got them in to do work, so—

**PP EMPLOYEE:** Yeah.

**PROSTITUTE:** Ok, good, and I think, let's see, thank you for talking—

**PP EMPLOYEE:** You're welcome.

**PROSTITUTE:** Good, it's like good to really like get a good founding, 'cause if, if my boss finds out like if—

**PP EMPLOYEE:** Yeah, you'll be fine, yeah—

**PROSTITUTE:** You know, if he just, I have to keep them safe, 'cause I want to protect them you know—

**PP EMPLOYEE:** Yeah, you'll be fine—

**PROSTITUTE:** So—

**PP EMPLOYEE:** Just make them an appointment or, you know, it'll be hard to have all of them walk in at once.

**PROSTITUTE:** Uh-huh, yeah, so yeah I need to like maybe make separate—ok, yeah.

**PP EMPLOYEE:** Yeah, and it's no problem, they'll just fill out the paperwork and, you know, we wouldn't have to have them in—

**PROSTITUTE:** Mhm, even if they're kind of like, they're still like working on their citizenship? So is that like, they don't, they're not like, if they say like I don't have documentation, like could they just like bring like a photo ID, or—?

**PP EMPLOYEE:** Yeah, they do have to, they do have to bring their photo ID with them.

**PROSTITUTE:** I think we could do that, yeah.

**PP EMPLOYEE:** Good, yup, you know, so I hope I answered your questions.

**PROSTITUTE:** Yeah, you did, and thank you and I was like, um I guess I have questions about like maybe how long like maybe after an abortion, like how long till they can be sexually active—I think that's my other last thing.

**PP EMPLOYEE:** Well, normally 2 weeks.

**PROSTITUTE:** Normally 2 weeks.

**PP EMPLOYEE:** Mhm, 2 to 3 week period.

**PROSTITUTE:** Ok.

**PP EMPLOYEE:** Yeah.

**PROSTITUTE:** Ok, and then do you maybe, I guess kind of like a personal, do you have any like suggestions maybe for them? For like anything else they can do? Or like, what can they do, I guess, if they can't be like, I guess, having vaginal sex I guess?

**PP EMPLOYEE:** Um, I don't really know—

**PROSTITUTE:** You don't know? Ok, that's ok.

**PP EMPLOYEE:** So the best one for you to call is probably the downtown, um, center, and see if they can—

**PROSTITUTE:** Ok, yeah, they can probably—yeah.

**PP EMPLOYEE:** As far as the abortion part goes.

**APPENDIX IX.** (Continued)

**PROSTITUTE:** Ok, and then the same thing for maybe the testing? I can come back you, said, come back here for the testing, maybe a little bit separately?

**PP EMPLOYEE:** Yeah, yeah.

**PROSTITUTE:** And not all of them at once, cause—that'd be good, 'cause they're kind of young and will get disoriented easily, especially cause they don't speak English you know? So.

**PP EMPLOYEE:** Yeah.

**PROSTITUTE:** Ok, thank you!

**PP EMPLOYEE:** You're welcome!

**PROSTITUTE:** Hopefully, I'll—bring them in here.

**PP EMPLOYEE:** Just make sure you call and you know—if it has to be the same day, as long as we have time, then we can do that. Ok?

**PROSTITUTE:** Ok, alright, thank you!

**PP EMPLOYEE:** You're welcome!



## APPENDIX X.

### MISINFORMATION ABOUT *ELLA* AND DISTRIBUTION OF “EMERGENCY CONTRACEPTION”

Girls under the age of 17 can only receive Plan B through a prescription. However, an employee at the Planned Parenthood clinic in Falls Church, Virginia advised a male Live Action actor—who represented himself as a sex-trafficker—that he can obtain the drug over-the-counter.

Excerpts from exchange:<sup>1</sup>

**PIMP:** Ok. And we have a couple of girls who are pretty young, about 14, 15, but they need to be safe as well. I need to make sure that they're safe. I'm not having them out there if they not gonna be safe.

**PP EMPLOYEE:** I mean, teens can obviously be a different issue, there's parental consent and everything in the state of Virginia and there's obviously statutory rape and issues as far as that goes, so that would be, we do require identification for [abortion services]—

**PIMP:** Testing?

**PP EMPLOYEE:** A specific age. Testing, not necessarily, but abortion appointments you definitely need to have an ID.

**PIMP:** But like, for birth control.

**PP EMPLOYEE:** For birth control counsel, no.

**PIMP:** What about the morning after, so—

**PP EMPLOYEE:** No, and that's over the counter, I mean, that's available at the pharmacy also.

At the Roanoke, Virginia Planned Parenthood the Live Action actors were advised that a man, believed to be exploiting girls, could obtain Plan B over-the-counter.

Excerpts from Exchange:<sup>2</sup>

**PIMP:** And, they're like kind of young, like 14, 15. That's just some of 'em. Really kind of young, how can they get help, if they need like, possibly an abortion?

**PP MANAGER:** Um, ok. In the state of Virginia. From the age of 12 up, for birth control, you can just come in and do that. You don't have to have a parent, ok? Now, for an abortion though, you have to have a parent up to the age of 18.

**PIMP:** What about... does the parent have to come in?

**PP MANAGER:** Yeah.

**PIMP:** Ok.

**PP MANAGER:** 'Cause the information has to be notarized. I'm actually the notary.

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<sup>1</sup> See Live Action, *Falls Church Planned Parenthood Transcript* (Jan. 11, 2011), available at <http://liveaction.org/files/transcripts/FallsChurchtranscript.pdf> (last visited Apr. 14, 2011).

<sup>2</sup> See Live Action, *Roanoke Planned Parenthood Transcript* (Jan. 11, 2011), available at <http://liveaction.org/files/transcripts/Roanoketranscript.pdf> (last visited Apr. 14, 2011).

**APPENDIX X.** (Continued)

**PIMP:** What if it's just a guardian?

**PP MANAGER:** Well, if it's a legal guardian, as long as there is documentation saying "I'm the guardian of this person" given by the court—

**PIMP:** What type of documentation do we need?

**PP MANAGER:** It's similar to like divorce papers. It is actually registered by the court saying "I'm the legal guardian."

**PIMP:** Yeah, I haven't had a divorce. Ok, so, how would they get help if like we don't have all the paperwork and all that stuff? Would they not be able to get help here?

**PP MANAGER:** It would be really hard to get an abortion for a minor.

**PIMP:** But, there's no way they could get help, at all?

**PP MANAGER:** What do you mean?

**PIMP:** Here at Planned Parenthood, they can't get any help?

**PP MANAGER:** They could get birth control, but for an abortion.

**PIMP:** But what about the pills?

**PP MANAGER:** Not for a minor.

**PIMP:** Don't they have like a pill, like they could just take?

**PP MANAGER:** No, um, we offer, emergency contraception, unprotected sex up to five days.

**PIMP:** Oh, um.

**PP MANAGER:** And, it's uh before they get pregnant. So, if you have unprotected sex, uh, it works up to five days to keep them from getting pregnant. That's 35—

**PIMP:** So, how, uh could we get that to them?

**PP MANAGER:** That's 35 bucks, you just have to be an adult.

**PIMP:** Ok, yeah, I could pick it up for them then.

**PP MANAGER:** 17, 18 years old—with an ID, you just pick it up.

**PIMP:** Yeah I could just pick it up for them.

**PP MANAGER:** That's 35 dollars.

## APPENDIX XI.

### PLANNED PARENTHOOD'S WILLINGNESS TO USE INACCURATE AND MISLEADING INFORMATION

In September of 2009, Live Action undercover investigators documented a Planned Parenthood facility in Indiana and two Planned Parenthood facilities in Wisconsin that gave inaccurate and misleading information to young women in an attempt to convince them to have abortions.<sup>1</sup>

Excerpts from exchange:<sup>2</sup>

**SARA:** Does it have a heartbeat?

**PP COUNSELOR:** Heart tones are at 7 weeks. Heart beat is when the fetus is active in the uterus—can survive—which is about 17 or 18 weeks.

**PP COUNSELOR:** Heart tones is a cardiac activity, but it is not a beat on your own—that you would survive outside the uterus. Obviously, if a fetus at ten weeks could survive outside the uterus you wouldn't be pregnant for 40 weeks.

...

**SARA:** What's "fetal"?

**PP COUNSELOR:** "Fetal" is a fetus. That's what's in your uterus right now is a fetus.

**SARA:** What's fetus?

**PP COUNSELOR:** A fetus is what's in the uterus right now. That is not a baby. A baby is what's born at 40 weeks. A fetus is what's in your uterus right now.

**SARA:** Oh ok.

**PP COUNSELOR:** If you're pregnant.

**SARA:** So when does it become a baby?

**PP COUNSELOR:** Birth.

[The girl asks to speak with the doctor.]

**SARA:** Like, what comes out? Is it—

**DR. P:** The pregnancy is going to be removed. The placenta and the fetus—

**SARA:** What's a fetus?

**DR. P:** The fetus is the develop—is the embryo that's developing inside.

**SARA:** Ok. What's an embryo?

**DR. P:** Well, that's the pregnancy. That's—you know there's something growing inside your uterus and it's called a fetus.

**SARA:** Ok.

**DR. P:** It's not a baby at this stage or anything like that.

**SARA:** When does it become a baby?

**DR. P:** When you're like seven months pregnant or so. Six, seven months pregnant. Right now you're just a little more than two months.

<sup>1</sup> See Live Action, *Rosa Acuna Project*, available at <http://liveaction.org/rosaacuna> (last visited Apr. 14, 2011).

<sup>2</sup> See Live Action, *Appleton, WI: The Rosa Acuna Project*, available at <http://liveaction.org/rosa-acuna/appleton-wi> (last visited Apr. 14, 2011).

## APPENDIX XI. (Continued)

Excerpts from exchange in Appleton, Wisconsin regarding safety of the abortion procedure:<sup>3</sup>

**DR. P:** But you don't want to wait because the sooner you do an abortion the easier it is and the quicker it is.

**SARA:** Ok. What's the farthest I can do it?

**DR. P:** Here? Thirteen weeks. But in the state here, you can have an abortion up to maybe twenty-two weeks or so. But you don't want to do that.

**SARA:** Why?

**DR. P:** Well because it's a lot harder for you. It's more expensive, a lot more difficult.

**SARA:** Ok.

**DR. P:** This is very safe. The stage you're at right now is very very safe. Safer than having a baby, actually.

**SARA:** Really?

**DR. P:** Mhm.

**SARA:** So—

**DR. P:** Much safer than having a baby. You know, women die having babies.

**SARA:** Do women die with abortions?

**DR. P:** Yes, but it's never happened to me. And I've been doing them for forty years.

**SARA:** Oh, ok.

**DR. P:** That's a lot of abortions.

**SARA:** Yeah, I trust you.

Excerpts from exchange in Milwaukee, Wisconsin:<sup>4</sup>

**SARA:** What comes out?

**PP WORKER:** Well you'd miscarry at home so the entire—whatever fetal matter is there.

**SARA:** So you see the baby?

**PP WORKER:** There's not a baby at this point. You wouldn't be able to identify any parts of the fetus whatsoever.

**SARA:** What's a fetus?

**PP WORKER:** 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.

The Planned Parenthood employee proceeds to pressure the woman by describing a child as a financial burden. Then she reaffirms her earlier assessment of the fetal development stating:

**PP WORKER:** "It's a quick procedure and women are early enough along where there is no real—real um—fetal matter. It's not like arms and legs and, you know—it's not. It's just embryos."<sup>4</sup>

<sup>3</sup> See Live Action, *A Second Wisconsin Planned Parenthood Caught on Tape Giving Misleading Medical Information*, available at <http://liveaction.org/press/a-second-wisconsin-planned-parent-hood-caught-on-tape> (last visited Apr. 14, 2011).

<sup>4</sup> *Id.*



## APPENDIX XI. (Continued)

On September 11, 2009, Live Action documented video evidence<sup>5</sup> that exposed an Indianapolis, Indiana Planned Parenthood clinic worker's willingness to give a young woman inaccurate and misleading information regarding the fetal development of her baby. The video footage also exposed Planned Parenthood's failure to inform this young woman about the risks of abortion to her health.

Excerpts from exchange in Indianapolis, Indiana:<sup>6</sup>

**GABY:** Um. When does like—when does the heart start to beat?

**PP WORKER:** Usually it can start—it's around I think the 8th or the 9th week that you can hear the heartbeat.

**FRIEND:** There was like people out there and they had like pictures.

**PP WORKER:** Yeah.

**FRIEND:** What—what is that? Like, what are those pictures? Why do they have—

**GABY:** Are those real babies?

**PP WORKER:** Um, I haven't see—I don't know what particular pictures they have out right now.

**GABY:** They're just nasty like abortion pictures.

**PP WORKER:** Yeah. They're fake. There's no way that they could have obtained those pictures.

**FRIEND:** They have like a poster [inaudible].

**PP WORKER:** Yeah. Yeah, no. There's no way they could have obtained those pictures.

**GABY:** What's—what's fetus?

**PP WORKER:** Um, fetus is the—what it's termed when it's in—in the uterus.

**GABY:** Oh, ok.

**PP WORKER:** Yeah.

**GABY:** It's not like a person?

**PP WORKER:** No.

**FRIEND:** It's not like killing a baby?

**PP WORKER:** It's not a baby, it's a fetus.

**GABY:** Oh.

Excerpts from exchange in Indianapolis, Indiana when asked about the risks associated with abortion:

**FRIEND:** But for the most part she'll be ok—everything will go—

**PP WORKER:** Oh, yeah. It's a very safe procedure it's actually safer than carrying to term.

**FRIEND:** What's carrying to term?

**PP WORKER:** Like having the—having the—carrying the baby to term.

**FRIEND:** Oh like having the baby?

**PP WORKER:** Yeah.

**FRIEND:** It's safer?

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<sup>5</sup> See Live Action, *Indianapolis, IN: The Rosa Acuna Project*, available at <http://liveaction.org/rosa-acuna/indianapolis-in> (last visited Apr. 14, 2011).

<sup>6</sup> *Id.*

## APPENDIX XI. (Continued)

**PP WORKER:** Mhm. In terms of number of complications it's safer. Having an abortion is safer than carrying to term.

**GABY:** Will, um—it won't—the abortion won't hurt me from having more kids in the future will it?

**PP WORKER:** Uh-uh. Nope.

Scientific and Medical Facts Planned Parenthood of Wisconsin and Indiana Failed to Disclose:

**FACT:** There is a 50% increased risk of an ectopic pregnancy after a single abortion.<sup>7</sup>

**FACT:** Previous induced abortions increase the risk of premature birth by 20% in later pregnancies.<sup>8</sup>

**FACT:** There exists a heightened risk of placenta previa to women who have had an induced abortion.<sup>9</sup>

**FACT:** There exists a heightened risk of suicide and psychiatric admissions to women who have had an induced abortion.<sup>10</sup>

**FACT:** There exists a heightened risk of alcohol and drug abuse to women who have had an induced abortion.<sup>11</sup>

**FACT:** There exists a heightened risk of breast cancer to women who have had an induced abortion.<sup>12</sup>

**FACT:** There exist medical risks attached to the abortion drug RU-486.<sup>13</sup>

**FACT:** There exists an increased risk of violence against women who have had an abortion.<sup>14</sup>

**FACT:** Abortion increases the risk of miscarriage by 55% in subsequent pregnancies.<sup>15</sup>

**FACT:** The heart starts to beat at 22-23 days gestation.<sup>16</sup>

**FACT:** At six to eight weeks gestation, the arms, legs, head, brain, and heart are present and some parts may be clearly visible on a sonogram.<sup>17</sup>

<sup>7</sup> Tharaux-Deneux et al., *Risk of ectopic pregnancy and previous induced abortion*, 88(3) AMER. J. PUB. HEALTH 401 (1998).

<sup>8</sup> Voigt et al., *Is Induced Abortion a Risk Factor in Subsequent Pregnancy?*, 37(2) J. PERINAT. MED. 144 (2009). A landmark analysis published in 2003 concluded that women should be informed of the increased risk of pre-term birth as a "major long-term health consequence" of abortion. Thorp et al., *Long-Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence*, 58 OBSTET. & GYN. SURVEY 67 (2003). Since then, three systematic evidence reviews demonstrating the increased risk of pre-term birth have been published. Shah & Zao, *Induced Termination of pregnancy and low birth weight and preterm birth: A systematic review and meta-analyses*, 116 BRIT. J. OBSTET. GYN. 1425 (Oct. 2009); Swingle et al., *Abortion and the Risk of Subsequent Preterm Birth: A Systematic Review with Meta-analyses*, 54 J. REPRO. MED. 95 (Feb. 2009); Freak-Poli et al., *Previous abortion and risk of preterm birth: A population study*, 22 J. MATERNAL-FETAL MED. 1 (Jan. 2009). Pre-term birth is a significant risk for the mother and a significant risk for cerebral palsy. Moreover, the national health care costs attributable to caring for mother and child after pre-term birth after abortion have been calculated at \$1.2 billion annually. Calhoun et al., *Cost Consequences of Induced Abortion as an Attributable Risk for Preterm Birth and Impact on Informed Consent*, 52 J. REPRO. MED. 929 (2007) (also listing 59 other studies on the risk of pre-term birth after abortion dating back to the 1960s).

<sup>9</sup> Thorp et al., *supra* n.8.

<sup>10</sup> Fergusson et al., *Abortion in Young Women and Subsequent Mental Health*, 47 J. CHILD PSYCHOLOGY & PSYCHIATRY 16 (2006); Cogle et al., *Generalized Anxiety Following Unintended Pregnancies Resolved Through Childbirth and Abortion: A Cohort Study of the 1995 National Survey of Family Growth*, 19 J. ANXIETY DISORDERS 137 (2005); Gissler et al., *Injury, Deaths, Suicides and Homicides Associated with Pregnancy, Finland 1987-2000*, 15 EUR. J. PUB. HEALTH 459 (2005); Gissler et al., *Methods for Identifying Pregnancy-Associated Deaths: Population-Based Data from Finland 1987-2000*, 18 PAEDIATR. PERINAT. EPIDEMIOL. 448 (2004); Cogle et al., *Depression Associated with Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort*, 9 MED. SCI. MONITOR 157 (2003); Gissler et al., *Suicides after Pregnancy in Finland, 1987-1994: Register Linkage Study*, 313 BRIT. MED. J. 1431 (1996).

<sup>11</sup> Coleman, *Induced Abortion and Increased Risk of Substance Abuse: A Review of the Evidence*, 1 CURRENT WOMEN'S HEALTH REVIEWS 21 (2005); Coleman et al., *A history of induced abortion in relation to substance use during subsequent pregnancies carried to term*, 187 AM J. OBSTET. GYN. 1673 (2002).

<sup>12</sup> Thorp et al., *supra* n. 8; Daling et al., *Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion*, 86 J. NAT'L CANCER INST. 1584 (Nov. 1994); Howe et al., *Early Abortion and Breast Cancer Risk among Women under Age 40*, 18 INTER'L J. EPID. 300 (1989).

<sup>13</sup> Miech, *Pathopharmacology of Excessive Hemorrhage in Mifepristone Abortions*, 41 ANNALS PHARMACOTHERAPY 2002 (Dec. 2007); Gary & Harrison, *Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient*, 40 ANNALS PHARMACOTHERAPY 191 (Feb. 2006); Miech, *Pathophysiology of Mifepristone Induced Septic Shock Due to Clostridium Sordellii*, 39 ANNALS PHARMACOTHERAPY 1483 (Sept. 2005); Calhoun & Harrison, *Challenges to the FDA Approval of Mifepristone*, 38 ANNALS PHARMACOTHERAPY 163 (Jan. 2004); Jensen et al., *Outcomes of Suction Curettage and Mifepristone Abortion in the United States: A Prospective Comparison Study*, 59 CONTRACEPTION 153 (1999); Fischer et al., *Fatal Toxic Shock Syndrome Associated with Clostridium Sordellii after Medical Abortion*, 353 N.E.J.M. 2352 (Dec. 2005). See also U.S. Food and Drug Administration, *Mifeprex (mifepristone) Information* (Feb. 24, 2010), available at <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111323.htm> (last visited Apr. 18, 2011). "Since its approval in September 2000, the Food and Drug Administration has received reports of serious adverse events, including several deaths, in the United States following medical abortion with mifepristone and misoprostol."

<sup>14</sup> Shadigian & Bauer, *Pregnancy-Associated Death: A Qualitative Systematic Review of Homicide and Suicide*, 60 OBSTET. GYNECOL. SURVEY 183 (2005); Gissler et al., *Injury, Deaths, Suicide*, *supra* n.10; Gissler & Hemminki, *Pregnancy-Related Violent Deaths*, 27 SCAND. J. PUB. HEALTH 54 (1999).<sup>15</sup> Thorp et al., *supra* n.8.

<sup>15</sup> Sun et al., *Induced abortion and risk of subsequent miscarriage*, 32(3) INT'L J. EPIDEMIOLOGY 449 (2003).

<sup>16</sup> Moore & Persaud, *THE DEVELOPING HUMAN: CLINICALLY ORIENTED EMBRYOLOGY* 330 (7th ed. 2002).

<sup>17</sup> Sadler, *LANGMAN'S MEDICAL EMBRYOLOGY* 89 (11th ed. 2010).

## APPENDIX XII.

### PLANNED PARENTHOOD'S EFFORTS TO OVERTURN LIFE-AFFIRMING LAWS

A Summary of Planned Parenthood's Legal Challenges to Common Sense Laws

#### Tax Payer Protection/Abortion Funding

Origin of the Law	Laws Challenged	Case	Year
PA	Abortion funding restriction	<i>Roe v. Casey</i> , 464 F. Supp. 483 (E.D. Pa. 1978) Note: Planned Parenthood was a plaintiff in this case.	1978
OH	State abortion funding restriction	<i>Planned Parenthood Affiliates v. Rhodes</i> , 477 F. Supp. 529 (S.D. Ohio 1979)	1979
MN	State abortion funding restriction	<i>Planned Parenthood of Minn. v. Minn.</i> , 612 F.2d 359 (8th Cir. 1980)	1980
US	Hyde Amendment	<i>McRae v. Califano</i> , 491 F. Supp. 630 (E.D.N.Y. 1980) (later <i>Harris v. McRae</i> ) Note: Planned Parenthood was a plaintiff in this case.	1980
IL	State abortion funding restriction	<i>Planned Parenthood Ass'n-Chicago Area v. Kempiners</i> , 531 F. Supp. 320 (N.D. Ill. 1981)	1981
PA	State abortion funding restriction	<i>Doe v. O'Bannon</i> , 91 F.R.D. 442 (E.D. Pa. 1981) Note: Planned Parenthood was a plaintiff in this case.	1981
AZ	State abortion funding restriction	<i>Planned Parenthood of Cent. &amp; N. Ariz. v. Ariz.</i> , 537 F. Supp. 90 (D. Ariz. 1982)	1982
OR	State abortion funding restriction	<i>Planned Parenthood Ass'n v. Dep't of Human Res.</i> , 63 Ore. App. 41 (Or. Ct. App. 1983)	1983
UT	State abortion funding	<i>Planned Parenthood Ass'n v. Schweiker</i> , 700 F.2d 710 (D.C. Cir. 1983)	1983

**APPENDIX XII.** (Continued)**Tax Payer Protection/Abortion Funding**

Origin of the Law	Laws Challenged	Case	Year
CA	State abortion funding restriction	<i>Planned Parenthood Affiliates v. Swoap</i> , 173 Cal. App. 3d 1187 (Cal. App. 1st Dist. 1985)	1985
MT	Additional location proviso to Title X fund recipients	<i>Planned Parenthood of Billings, Inc. v. Mont.</i> , 648 F. Supp. 47 (D. Mont. 1986)	1986
RI	Prohibition on insurance coverage for abortions (for both public employees and private insurance)	<i>Nat'l Educ. Ass'n v. Garrahy</i> , 598 F. Supp. 1374 (D. R.I. 1984) Note: Planned Parenthood was a plaintiff in this case.	1986
MO	State MO funding restriction	<i>Reprod. Health Serv. v. Webster</i> , 662 F. Supp. 407 (W.D. Mo. 1987) Note: Planned Parenthood was a plaintiff in this case.	1987
US	Mexico City Policy	<i>Planned Parenthood Fed'n, Inc. v. Agency for Int'l Dev.</i> , 670 F. Supp. 538 (S.D.N.Y. 1987)	1987
US	Title X restrictions on abortion	<i>Planned Parenthood Fed'n v. Bowen</i> , 687 F. Supp. 540 (D. Colo. 1988)	1988
US	Title X restrictions on abortion funding	<i>N.Y. v. Sullivan</i> , 889 F.2d 401 (2nd Cir. 1989) Note: Planned Parenthood was a plaintiff in this case.	1989
US	Title X restrictions on abortion funding	<i>Planned Parenthood Fed'n v. Sullivan</i> , 1989 U.S. Dist. LEXIS 14737 (E.D. Pa. Dec. 7, 1989)	1989
KS	County abortion funding restriction/policy	<i>Planned Parenthood of Kan., Inc. v. Wichita</i> , 729 F. Supp. 1282 (D. Kan. 1990)	1990
NC	State abortion funding restriction	<i>Whittington v. N.C. Dep't of Human Res.</i> , 100 N.C. App. 603 (N.C. Ct. App. 1990) Note: Planned Parenthood was a plaintiff in this case.	1990

**APPENDIX XII.** (Continued)**Tax Payer Protection/Abortion Funding**

Origin of the Law	Laws Challenged	Case	Year
US	Title X restrictions on abortion funding	<i>Planned Parenthood Fed'n v. Sullivan</i> , 913 F.2d 1492 (10th Cir. Colo. 1990)	1990
CA	City policy on abortion funding	<i>Planned Parenthood of Santa Barbara v. City of Santa Maria</i> , 16 Cal. App. 4th 685 (Cal. App. 2d Dist. 1993)	1993
CO	State abortion funding restriction	<i>Hern v. Beye</i> , 1994 U.S. Dist. LEXIS 6895 (D. Colo. May 12, 1994) Note: Planned Parenthood was a plaintiff in this case.	1994
MI	State abortion funding restriction	<i>Planned Parenthood Affiliates v. Engler</i> , 860 F. Supp. 406 (W.D. Mich. 1994)	1994
MT	State abortion funding restriction	<i>Planned Parenthood of Missoula Inc. v. Blouke</i> , 858 F. Supp. 137 (D. Mont. 1994)	1994
UT	State abortion funding restriction	<i>Utah Women's Clinic v. Graham</i> , 892 F. Supp. 1379 (D. Utah 1995) Note: Planned Parenthood was a plaintiff in this case.	1995
ID	State abortion funding restriction	<i>Roe v. Harris</i> , 128 Idaho 569 (Idaho 1996) Note: Planned Parenthood was a plaintiff in this case.	1996
MO	State abortion funding restriction	<i>Planned Parenthood of Mid-Mo. &amp; E. Kan., Inc. v. Ehlmann</i> , 137 F.3d 573 (8th Cir. 1998)	1998
NM	State abortion funding restriction	<i>N.M. Right to Choose/NARAL v. Johnson</i> , 126 N.M. 788 (N.M. 1998) Note: Planned Parenthood was a plaintiff in this case.	1998
AK	State abortion funding restriction	<i>Alaska v. Planned Parenthood of Alaska</i> , 28 P.3d 904 (Alaska 2001)	2001



**APPENDIX XII.** (Continued)**Tax Payer Protection/Abortion Funding**

Origin of the Law	Laws Challenged	Case	Year
MO	State abortion funding restriction	<i>Mo. v. Planned Parenthood of Cent. Tex.</i> , 37 S.W.3d 222 (Mo. 2001)	2001
TX	State Title X abortion funding restriction	<i>Planned Parenthood v. Sanchez</i> , 280 F. Supp. 2d 590 (W.D. Tex. 2003)	2003

**Sexual Abuse Reporting**

Origin of the Law	Laws Challenged	Case	Year
CA	Planned Parenthood challenged an official opinion of the AG which applied the child abuse reporting law to all sexual activity of minors under 14	<i>Planned Parenthood Affiliates v. Van De Kamp</i> , 181 Cal. App. 3d 245 (Cal. App. 1st Dist. 1986)	1986
IN	Requesting court grant an injunction against the AG and the IN Medicaid Fraud Control Unit (IMFCU), to prevent the IMFCU from gaining access to records of minor patients during state investigation of Planned Parenthood's reputed failure to report cases of child sexual abuse	<i>Planned Parenthood of Ind. v. Carter</i> , 854 N.E.2d 853 (Ind. Ct. App. 2006)	2006

**APPENDIX XII.** (Continued)**Parental Involvement for Abortion and Other Medical Services**

Origin of the Law	Laws Challenged	Case	Year
MO	Parental consent	<i>Planned Parenthood of Cent. Mo. v. Danforth</i> , 392 F. Supp. 1362 (E.D. Mo. 1975)	1975
PA	Parental consent (also includes spousal consent, determination of viability, and prohibition on advertising)	<i>Planned Parenthood Ass'n. v. Fitzpatrick</i> , 401 F. Supp. 554 (E.D. Pa. 1975)	1975
IL	Parental consent	<i>Wynn v. Scott</i> , 448 F. Supp. 997 (N.D. Ill. 1978) Note: Planned Parenthood filed an amicus brief in 1978.	1978
MA	Parental consent	<i>Planned Parenthood League v. Bellotti</i> , 499 F. Supp. 215 (D. Mass. 1980)	1980
MO	Parental consent	<i>Planned Parenthood Ass'n of Kan. City v. Ashcroft</i> , 483 F. Supp. 679 (W.D. Mo. 1980)	1980
IN	Parental notice	<i>Indiana Planned Parenthood Affiliates Ass'n v. Pearson</i> , 716 F.2d 1127 (7th Cir. 1983)	1983
US	HHS regulations on parental notice	<i>Planned Parenthood Fed'n, Inc. v. Schweiker</i> , 559 F. Supp. 658 (D. D.C. 1983)	1983
UT	Parental notice (contraception)	<i>Planned Parenthood Ass'n v. Matheson</i> , 582 F. Supp. 1001 (D. Utah 1983)	1983
NV	Parental notice	<i>Glick v. McKay</i> , 616 F. Supp. 322 (D. Nev. 1985) Note: Planned Parenthood was a plaintiff in this case.	1985

**APPENDIX XII.** (Continued)**Parental Involvement for Abortion and Other Medical Services**

Origin of the Law	Laws Challenged	Case	Year
UT	Parental consent (to receive services from Title X funded family planning facilities)	<i>Jane Does 1 through 4 v. Utah Dep't of Health</i> , 776 F.2d 253 (10th Cir. 1985) Note: Planned Parenthood was a plaintiff in this case.	1985
GA	Parental notice	<i>Planned Parenthood Ass'n v. Harris</i> , 670 F. Supp. 971 (N.D. Ga. 1987)	1987
UT	Parental consent (contraception)	<i>Planned Parenthood Ass'n v. Dandoy</i> , 810 F.2d 984 (10th Cir. 1987)	1987
MN	Parental notice	<i>Hodgson v. Minn.</i> , 1985 U.S. Dist. LEXIS 23817 (D. Minn. Jan. 23, 1985) Note: Planned Parenthood was a plaintiff in this case.	1988
PA	Parental consent	<i>Planned Parenthood of S.E. Penn. v. Casey</i> , 686 F. Supp. 1089 (E.D. Pa. 1988)	1988
TN	Parental consent	<i>Planned Parenthood Ass'n v. McWhorter</i> , 716 F. Supp. 1064 (M.D. Tenn. 1989)	1989
AZ	Parental consent	<i>Planned Parenthood of S. Ariz. v. Neely</i> , 804 F. Supp. 1210 (D. Ariz. 1992)	1992
OH	Parental notice	<i>Cleveland Surgi-Center v. Jones</i> , 2 F.3d 686 (6th Cir. 1993) Note: Planned Parenthood was a plaintiff in this case.	1993
SD	Parental notice	<i>Planned Parenthood Sioux Falls Clinic v. Miller</i> , 860 F. Supp. 1409 (D. S.D. 1994)	1994
MA	Parental consent	<i>Planned Parenthood League of Mass. Inc. v. Attorney Gen.</i> , 424 Mass. 586 (Mass. 1997)	1997

**APPENDIX XII.** (Continued)**Parental Involvement for Abortion and Other Medical Services**

Origin of the Law	Laws Challenged	Case	Year
MT	Parental notice	<i>Wicklund v. Mont.</i> , 1997 Mont. Dist. LEXIS 516 (Mont. Dist. Ct. Nov. 3, 1997) Note: Planned Parenthood was a plaintiff in this case.	1997
VA	Parental notice	<i>Planned Parenthood of Blue Ridge v. Camblos</i> , 116 F.3d 707 (4th Cir. 1997)	1997
TX	Parental consent (to receive medication)	<i>Patterson v. Planned Parenthood of Houston &amp; S.E. Tex., Inc.</i> , 971 S.W.2d 439 (Tex. 1998)	1998
CO	Parental notice	<i>Planned Parenthood of the Rocky Mts. Servs. Corp. v. Owens</i> , 107 F. Supp. 2d 1271 (D. Colo. 2000)	2000
NJ	Parental notice	<i>Planned Parenthood of Cent. N.J. v. Farmer</i> , 165 N.J. 609 (N.J. 2000)	2000
AK	Parental consent	<i>Alaska v. Planned Parenthood of Alaska</i> , 35 P.3d 30 (Alaska 2001)	2001
AZ	Parental consent	<i>Planned Parenthood of S. Ariz. v. Lawall</i> , 307 F.3d 783 (9th Cir. 2002)	2002
NH	Parental notice	<i>Planned Parenthood of N. New Eng. v. Heed</i> , 296 F. Supp. 2d 59 (D. N.H. 2003)	2003
FL	Parental notice	<i>ACLU of Fla., Inc. v. Hood</i> , 881 So. 2d 664 (Fla. Dist. Ct. App. 1st Dist. 2004) Note: Planned Parenthood was an appellant in this case.	2004
ID	Parental consent	<i>Planned Parenthood of Idaho, Inc. v. Wasden</i> , 376 F.3d 908 (9th Cir. 2004)	2004

**APPENDIX XII.** (Continued)**Parental Involvement for Abortion and Other Medical Services**

Origin of the Law	Laws Challenged	Case	Year
FL	Parental notice	<i>Womancare of Orlando, Inc. v. Agwunobi</i> , 448 F. Supp. 2d 1293 (N.D. Fla. 2005) Note: Planned Parenthood was a plaintiff in this case.	2005
MO	Parental consent	<i>Planned Parenthood of Kan. &amp; Mid-Mo., Inc. v. Nixon</i> , 220 S.W.3d 732 (Mo. 2007)	2007
AK	Parental notice	<i>Planned Parenthood of Alaska v. Campbell</i> , 232 P.3d 725 (Alaska 2010)	2010

**Misuse RU-486**

Origin of the Law	Laws Challenged	Case	Year
FL	Law requiring that RU-486 be used in accordance with FDA protocol	<i>Planned Parenthood Cincinnati Region v. Taft</i> , 337 F. Supp. 2d 1040 (S.D. Ohio 2004) (ongoing)	2004

**Informed Consent for Abortion**

Origin of the Law	Laws Challenged	Case	Year
OH	Law requiring that RU-486 be used in accordance with FDA protocol	<i>Planned Parenthood Cincinnati Region v. Taft</i> , 337 F. Supp. 2d 1040 (S.D. Ohio 2004) (ongoing)	1978
TN	Informed consent (residency requirement, 2-day reflection period)	<i>Planned Parenthood of Memphis v. Blanton</i> , 1978 U.S. Dist. LEXIS 20391 (W.D. Tenn. July 14, 1978)	1981
RI	Informed consent	<i>Women's Med. Ctr. v. Roberts</i> , 512 F. Supp. 316 (D. R.I. 1981) Note: Planned Parenthood was a plaintiff in this case.	1984



**APPENDIX XII.** (Continued)**Informed Consent for Abortion**

Origin of the Law	Laws Challenged	Case	Year
PA	Requirement that physicians supply printed material to women seeking abortions	<i>Am. College of Obstetricians &amp; Gynecologists v. Thornburgh</i> , 737 F.2d 283 (3rd Cir. 1984) Note: Planned Parenthood was a plaintiff in this case.	1988
PA	Informed consent	<i>Planned Parenthood of S.E. Penn. v. Casey</i> , 686 F. Supp. 1089 (E.D. Pa. 1988)	1995
IN	Informed consent	<i>A Woman's Choice-East Side Women's Clinic v. Newman</i> , 904 F. Supp. 1434 (S.D. Ind. 1995) Note: Planned Parenthood was a plaintiff in this case.	1997
WI	Informed consent (in person, 24-hour reflection period)	<i>Karlin v. Foust</i> , 975 F. Supp. 1177 (W.D. Wis. 1997) Note: Planned Parenthood was a plaintiff in this case.	1999
MT	Informed consent	<i>Planned Parenthood of Missoula v. Mont.</i> , 1999 Mont. Dist. LEXIS 1117 (Mont. Dist. Ct. Mar. 12, 1999)	2003
DE	Informed consent (24-hour reflection period)	<i>Planned Parenthood of Del. v. Brady</i> , 250 F. Supp. 2d 405 (D. Del. 2003)	2005
SD	Informed consent	<i>Planned Parenthood Minn., N.D., S.D. v. Rounds</i> , 375 F. Supp. 2d 881 (D. S.D. 2005) (ongoing)	2006
MO	Informed consent	<i>Reprod. Health Servs. of Planned Parenthood of the St. Louis Region, Inc. v. Nixon</i> , 185 S.W.3d 685 (Mo. 2006)	2006

## APPENDIX XII. (Continued)

### Abortion Clinic Regulation

Origin of the Law	Laws Challenged	Case	Year
MO	Hospitalization requirement for certain abortions	<i>Planned Parenthood Ass'n. v. Ashcroft</i> , 483 F. Supp. 679 (W.D. Mo. 1980)	1980
IA	Certificate of need statutes to regulate the development of new or changed institutional health services	<i>Planned Parenthood of Memphis v. Blanton</i> , 1978 U.S. Dist. LEXIS 20391 (W.D. Tenn. July 14, 1978)	1997
MO	Requirement that abortion clinics meet ambulatory surgical center standards	<i>Planned Parenthood of Kan. &amp; Mid-Mo., Inc. v. Drummond</i> , 2007 U.S. Dist. LEXIS 63119 (W.D. Mo. Aug. 27, 2007)	2007

### Abortion Bans

Origin of the Law	Laws Challenged	Case	Year
UT	Abortion prohibition (with exceptions)	<i>Jane L. v. Bangerter</i> , 794 F. Supp. 1537 (D. Utah 1992) Note: Planned Parenthood intervened as a plaintiff in this case in 1995	1992
WY	Ballot initiative/abortion ban	<i>Planned Parenthood of the Blue Ridge v. Camblos</i> , 155 F.3d 352 (4th Cir. 1998)	1998

### Partial Birth Abortions Bans

Origin of the Law	Laws Challenged	Case	Year
AZ	Partial-birth abortion ban	<i>Planned Parenthood of S. Ariz., Inc. v. Woods</i> , 982 F. Supp. 1369 (D. Ariz. 1997)	1997
MT	Partial-birth abortion ban (also included hospitalization requirement for abortions after 3 months gestation and advertising restriction)	<i>Intermountain Planned Parenthood v. Mont.</i> , 1997 Mont. Dist. LEXIS 809 (Mont. Dist. Ct. Oct. 1, 1997)	1997

**APPENDIX XII.** (Continued)**Partial Birth Abortions Bans**

Origin of the Law	Laws Challenged	Case	Year
IA	Partial-birth abortion ban	<i>Planned Parenthood, Inc. v. Miller</i> , 1 F. Supp. 2d 958 (S.D. Iowa 1998)	1998
NJ	Partial-birth abortion ban	<i>Planned Parenthood of Cent. N.J. v. Verniero</i> , 22 F. Supp. 2d 331 (D. N.J. 1998)	1998
WI	Partial-birth abortion ban	<i>Planned Parenthood of Wis. v. Doyle</i> , 9 F. Supp. 2d 1033 (W.D. Wis. 1998)	1998
RI	Partial-birth abortion ban	<i>R.I. Med. Soc'y v. Whitehouse</i> , 66 F. Supp. 2d 288 (D. R.I. 1999) Note: Planned Parenthood was a plaintiff in this case.	1999
VA	Partial-birth abortion ban	<i>Richmond Med. Ctr. for Women v. Gilmore</i> , 55 F. Supp. 2d 441 (E.D. Va. 1999) Note: Planned Parenthood was a plaintiff in this case.	1999
MI	Partial-birth abortion ban	<i>WomanCare of Southfield, P.C. v. Granholm</i> , 143 F. Supp. 2d 827 (E.D. Mich. 2000) Note: Planned Parenthood was a plaintiff in this case.	2000
MO	Partial-birth abortion ban	<i>State v. Reprod. Health Servs. of Planned Parenthood of the St. Louis Region</i> , 97 S.W.3d 54 (Mo. Ct. App. 2002)	2002
US	Partial Birth Abortion Ban Act of 2003	<i>Planned Parenthood Fed'n of Am. v. Ashcroft</i> , 2003 U.S. Dist. LEXIS 20105 (N.D. Cal. Nov. 7, 2003)	2003
MI	Partial-birth abortion ban	<i>Northland Family Planning Clinic, Inc. v. Cox</i> , 394 F. Supp. 2d 978 (E.D. Mich. 2005) Note: Planned Parenthood was a plaintiff in this case.	2005

**APPENDIX XII.** (Continued)**Choose Life License Plates**

Origin of the Law	Laws Challenged	Case	Year
LA	"Choose Life" license plates	<i>Henderson v. Stadler</i> , 112 F. Supp. 2d 589 (E.D. La. 2000) Note: Planned Parenthood intervened as a plaintiff in this case in 2003	2000
SC	"Choose Life" license plates	<i>Planned Parenthood v. Rose</i> , 236 F. Supp. 2d 564 (D. S.C. 2002)	2002
TN	"Choose Life" license plates	<i>ACLU of Tenn. v. Bredesen</i> , 354 F. Supp. 2d 770 (M.D. Tenn. 2004) Note: Planned Parenthood was a plaintiff in this case.	2004

**Disposition of Fetal Remains**

Origin of the Law	Laws Challenged	Case	Year
OH	City ordinance on disposition of fetal remains	<i>Planned Parenthood Ass'n v. Cincinnati</i> , 635 F. Supp. 469 (S.D. Ohio 1986)	1986
MN	Disposition of fetal remains	<i>Planned Parenthood of Minn. v. Minn.</i> , 910 F.2d 479 (8th Cir. 1990)	1990
AZ	Prohibition of experimentation on fetal remains from abortion	<i>Forbes v. Woods</i> , 71 F. Supp. 2d 1015 (D. Ariz. 1999) Note: Planned Parenthood was a plaintiff in this case.	1999

**Other Cases**

Origin of the Law	Laws Challenged	Case	Year
RI	Spousal notification for an abortion	<i>Planned Parenthood of R.I. v. Bd. of Med. Rev.</i> , 598 F. Supp. 625 (D. R.I. 1984)	1984

**APPENDIX XII.** (Continued)**Other Cases**

Origin of the Law	Laws Challenged	Case	Year
NV	School district's refusal to allow Planned Parenthood to advertise in a school publication	<i>Planned Parenthood of S. Nev., Inc. v. Clark County School Dist.</i> , 887 F.2d 935 (9th Cir. 1989)	1989
OR	Law prohibiting the furnishing of sexually-explicit material to a child	<i>Powell's Books, Inc. v. Myers</i> , 599 F. Supp. 2d 1226 (D. Or. 2008) Note: Planned Parenthood was a plaintiff in this case.	2008



**APPENDIX XIII.****CRIMINAL RECORD FOR KEVON WALKER, CONNECTICUT COURT REPORT**

Page 1

**1 OF 1 RECORD(S)****Connecticut Court Report****Offender information**

**Name:** WALKER, KEVON D  
**Address:** 950A GREENE AVE  
BROOKLYN, NY 11221-2955  
KINGS COUNTY  
**Case Number:** 0291496  
**Case Filing Date:** 04/12/2007  
**DOB:** 03/1985  
**SSN:** 084-90-XXXX  
**Race:** Black  
**Sex:** Male

**Offenses****Offense #1**

**Case Filing Date:** 04/12/2007  
**Component:** 001  
**Number Counts:** 001  
**Offense Date:** 04/01/2006  
**Arrest Date:** 04/11/2007  
**Arrest Statute:** SEXUAL ASSAULT 2ND DEG  
**Arresting Agency:** Local Police  
**Arrest Level/Degree:** Felony-Class C  
**Court Description:** New London (Part A Court)  
**Court Case Number:** 0291496  
**Court Plea:** Guilty  
**Court Statute:** SEX 4-VICTIM UNDER 15 YRS OLD  
**Court Disposition:** Found Guilty  
**Court Disposition Date:** 04/28/2009  
**Court Level/Degree:** Felony-Class D  
**Sentence - Jail:** 9 Months  
**Sentence - Probation:** 5 Years

**Offense #2**

**Case Filing Date:** 04/12/2007  
**Component:** 002  
**Number Counts:** 001  
**Offense Date:** 04/01/2006  
**Arrest Date:** 04/11/2007  
**Arrest Statute:** RISK OF INJURY TO CHILD  
**Arresting Agency:** Local Police  
**Arrest Level/Degree:** Felony-Class C  
**Court Description:** New London (Part A Court)  
**Court Case Number:** 0291496  
**Court Plea:** Guilty  
**Court Statute:** RISK OF INJURY TO CHILD  
**Court Disposition:** Found Guilty  
**Court Disposition Date:** 04/28/2009  
**Court Level/Degree:** Felony-Class C

**APPENDIX XIII.** (Continued)

Page 2

**Sentence - Probation: 5 Years****Court Activity****Date:** 06/23/2009**Description:** Case Disposition TES: 10Y ESA 9M, 5Y PROBATION**Date:** 04/12/2007**Description:** Case Assigned**Date:** 04/11/2007**Description:** Arrest

**Important:** The Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. This system should not be relied upon as definitively accurate. Before relying on any data this system supplies, it should be independently verified. For Secretary of State documents, the following data is for information purposes only and is not an official record. Certified copies may be obtained from that individual state's Department of State.

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## APPENDIX XIV.

### CRIMINAL RECORD FOR JOHN BLANKS, OHIO COURT REPORT AND COMPLAINT, DENISE FAIRBANKS V. PLANNED PARENTHOOD SOUTHWEST OHIO REGION

Page 1

1 OF 1 RECORD(S)

#### Ohio Court Report

##### Offender information

Name: BLANKS, JOHN  
Address: 1000 SYCAMORE ST  
CINCINNATI, OH 45202-1340  
HAMILTON COUNTY  
Case Number: 06CR23345  
Case Filing Date: 06/26/2006  
County: Warren  
DOB: 11/1961  
SSN: 297-66-XXXX  
Race: BLACK  
Sex: Male

##### Offenses

Case Filing Date: 06/26/2006  
Component: 1  
Arrest Statute: 2907.03(A)(5)  
Arrest Level/Degree: Third Degree Felony  
Arrest Disposition Date: 20060929  
Court Offense: SEXUAL BATTERY 4CTS  
Court Statute: 2907.03(A)(5)  
Court Disposition: GUILTY/NO CONTEST TO ORIGINAL CHARGE  
Court Level/Degree: Third Degree Felony

##### Court Activity

[NONE FOUND]

**Important:** The Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. This system should not be relied upon as definitively accurate. Before relying on any data this system supplies, it should be independently verified. For Secretary of State documents, the following data is for information purposes only and is not an official record. Certified copies may be obtained from that individual state's Department of State.

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**APPENDIX XIV.** (Continued)

IN THE COURT OF COMMON PLEAS  
CIVIL DIVISION  
WARREN COUNTY, OHIO

COMMON PLEAS COURT  
WARREN COUNTY OHIO  
FILED

07 MAY -9 AM 8:38  
CLERK OF COURT

DENISE FAIRBANKS,  
c/o Crabbe Brown & James LLP  
30 Garfield Pl. Suite 740  
Cincinnati, Ohio 45202

Plaintiff,

vs.

PLANNED PARENTHOOD  
SOUTHWEST OHIO REGION  
Serve: Statutory Agent  
Alphonse A. Gerhardstein  
1409 Enquirer Building  
617 Vine Street  
Cincinnati, Ohio 45202

and

ROSLYN KADE, M.D.  
2314 Auburn Avenue  
Cincinnati, Ohio 45202

and

ANN MCMANN  
2314 Auburn Avenue  
Cincinnati, Ohio 45202

and

JULIA PIERCEY  
2314 Auburn Avenue  
Cincinnati, Ohio 45219

and

LAURA PROVIDENTI  
2314 Auburn Avenue  
Cincinnati, Ohio 45202

CASE NO.

07CV 6841  
Judge Branson

COMPLAINT  
(JURY DEMAND ENDORSED  
HEREIN)

**APPENDIX XIV.** (Continued)

and

ELIZABETH KRUMMEL  
2314 Auburn Avenue  
Cincinnati, Ohio 45202

and

JANE DOE # 1  
An Employee Or Former Employee of  
Planned Parenthood Southwest  
Ohio Region  
Name Unknown  
2314 Auburn Avenue  
Cincinnati, Ohio 45219

Defendants.

Plaintiff Denise Fairbanks (hereinafter also referred to as "Plaintiff" or "Denise") states the following complaint against defendants Planned Parenthood, Southwest Ohio Region ("Planned Parenthood"), Roslyn Kade, M.D. ("Kade"), Ann McMann ("McMann"), Laura Providenti ("Providenti"), Julia Piercey ("Piercey"), Elizabeth Krummel ("Krummel") and Jane Doe #1, whose name is currently unknown.

#### **INTRODUCTORY STATEMENT**

When Denise arrived at Planned Parenthood's clinic on November 15, 2004, she was 16 years old and had become pregnant as a result of the sexual abuse by her biological father. While at the clinic Denise tried to put an end to this abuse, which had started in 2000, by informing a Planned Parenthood employee that she has been forced to have sex and to do things she did not want to do. Tragically for Denise, Planned Parenthood's "don't ask/don't tell"<sup>1</sup> policy with respect to its duty to report suspected or known sexual abuse of minors was in full

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<sup>1</sup>See Ex. "1," a document that is part of Planned Parenthood's training files.



**APPENDIX XIV.** (Continued)

force on November 15, 2004. Indeed, less than two months earlier another 16 year old pregnant girl had informed Planned Parenthood that she had become pregnant as a result of a sexual assault, and, consistent with Planned Parenthood's don't ask/don't tell" policy, no report of that sexual abuse was made as was required under RC 2151.421.<sup>2</sup>

Following its "don't ask/don't tell" policy, Planned Parenthood and at least one of the other defendants did not report their knowledge that Denise was a victim of sexual abuse. This violation of their duties under RC 2151.421 resulted in Denise being subjected to the sexual abuse of her biological father for another one and one-half years. In other words, the refusal by Planned Parenthood and one or more of the defendants to meet their RC 2151.421 reporting obligations resulted in Denise being sexually abused on many occasions over the next one and one-half years.

By this litigation Denise seeks damages to compensate her for the severe harm she has suffered as a direct result of Defendants' breach of their duties owed her under RC 2151.421. In addition, Defendants' conduct was reprehensible because it was done in accordance with Planned Parenthood's "don't ask/don't tell" policy and as part of a pattern of wrongful conduct. For those reasons Denise also seeks an award of punitive damages that will be sufficient to not only punish Defendants for their reprehensible conduct, but also to deter Defendants and others who have reporting duties under RC 2151.421 from engaging in this type of conduct in the future.

**PARTIES**

1. Plaintiff Denise Fairbanks is and at all relevant times was a resident of the State of Ohio.

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<sup>2</sup>See Ex. "2."

**APPENDIX XIV.** (Continued)

In November, 2004 Denise was a resident of Warren County, Ohio.

2. Defendant Planned Parenthood is an Ohio corporation that in November, 2004 did and currently does business in 16 counties in Southwest Ohio, including Warren County, Ohio. Planned Parenthood operates a medical center at Auburn Avenue in Cincinnati, Ohio.

3. Defendant Kade at all relevant times was Planned Parenthood's Medical Director and shared responsibility for developing and implementing Planned Parenthood's policies, procedures and training programs. Kade at all relevant times also supervised employees located at the Auburn Avenue medical center. Kade at all relevant times was acting within the scope of her employment by Planned Parenthood. Kade is a resident of the State of Ohio.

4. Defendant McMann at all relevant times was Planned Parenthood's Vice President of Patient Services and shared responsibility for developing and implementing Planned Parenthood's policies and procedures at that facility. McMann at all relevant times was acting within the scope of her employment by Planned Parenthood. Denise states that, upon information and belief, McMann is a resident of the State of Ohio.

5. Defendant Providenti at all relevant times was Manager of Planned Parenthood's Auburn Avenue medical center and shared responsibility for developing and implementing policies and procedures and supervising employees at that center. Providenti at all relevant times was acting within the scope of her employment by Planned Parenthood. Denise states that, upon information and belief, Providenti is a resident of the State of Ohio.

6. Defendant Piercey at all relevant times was Planned Parenthood's Vice President of Education and Training and was in charge of developing training programs for Planned Parenthood employees, including training with respect to the duty to report knowledge or suspicion of sexual abuse of minors. Piercey at all relevant times was acting within the scope of

**APPENDIX XIV.** (Continued)

her employment by Planned Parenthood. Denise states that, upon information and belief, Piercey is a resident of the State of Ohio.

7. Defendant Krummel at all relevant times was an employee of Planned Parenthood who worked at its Auburn Avenue medical center. Denise states that, upon information and belief, on November 15, 2004 she met with Krummel at the medical center and informed Krummel that she had become pregnant as a result of forced and coerced sexual relations. Denise also states that Krummel did not report the notification of this sexual abuse as she was required to do under RC 2151.421. Krummel at all relevant times was acting within the scope of her employment by Planned Parenthood. Denise states that, upon information and belief, Krummel is a resident of the State of Ohio.

8. Defendant Jane Doe #1, whose name is currently unknown, at all relevant times was an employee of Planned Parenthood who worked at its Auburn Avenue medical center. If Defendant Krummel is not the Planned Parenthood employee who was informed by Denise that she had become pregnant as a result of forced and coerced sexual relations, Defendant Jane Doe #1 is the Planned Parenthood employee who was so informed and did not report the notification of this sexual abuse as she was required to do under RC 2151.421. Jane Doe #1 at all relevant times was acting within the scope of her employment by Planned Parenthood. Denise has not been able to discover Jane Doe #1's name.

**JURISDICTION AND VENUE**

9. Plaintiff incorporates paragraphs 1-8 as if fully rewritten herein.

10. When Denise was taken by John Blanks ("Blanks"), her biological father, to Planned Parenthood's Auburn Avenue medical center on November 15, 2004, she resided with Blanks in Warren County, Ohio, and Planned Parenthood knew that she resided with Blanks in Warren

**APPENDIX XIV.** (Continued)

County, Ohio.

11. Prior to November 15, 2004, Planned Parenthood, Kade, McMann, Providenti and Piercey had engaged in a pattern of conduct that they knew or should have known would result in the continued sexual abuse of minors in the counties in Southwest Ohio in which Planned Parenthood conducted business, including Warren County, Ohio. This reprehensible conduct was a direct and proximate cause of the harm suffered by Denise.

12. As a direct and proximate result of Defendants' actionable conduct that is the subject of this complaint, Blanks was able to continue to sexually abuse Denise in Warren County, Ohio.

13. Both jurisdiction and venue are proper.

**STATEMENT OF UNDERLYING FACTS**

14. Commencing in 2000, Blanks began sexually abusing Denise, who was 13 years old at that time. During the entire time Blanks sexually abused Denise, they lived together in the same residence. Blanks was the only adult who resided at the residence.

15. In late October or early November, 2004, Denise began having what she believed were stomach aches and problems.

16. In early November, 2004, Blanks took Denise to have her examined and treated for the stomach aches and problems she was experiencing. After Denise was examined and tests were completed, Blanks and Denise were informed that Denise was pregnant.

17. Blanks knew that, to reduce the risk of having his sexual abuse of Denise exposed, the only option that he could accept was an abortion.

18. On November 15, 2004, Blanks accompanied Denise to Planned Parenthood's Auburn Avenue medical center for the purpose of Denise having an abortion. Denise was a minor on November 15, 2004.



**APPENDIX XIV.** (Continued)

19. In connection with the abortion, Planned Parenthood required Denise to complete certain forms. Blanks was with Denise when the forms were completed, and Blanks participated in completing those forms.

20. After the abortion had been performed, Denise met alone with Krummel or Jane Doe #1. During that meeting Denise informed Krummel or Jane Doe #1 that she had been forced to engage in sexual acts.

21. Planned Parenthood and Krummel or Jane Doe #1 did not report their knowledge or suspicions of the sexual abuse of Denise as they were required to do under RC 2151.421.

22. Less than two months before Denise arrived at Planned Parenthood's clinic, another 16 year old girl informed Defendant Providenti that she had been sexually assaulted and had become pregnant as a result of the sexual assault. In clear violation of RC 2151.421, this incident of sexual abuse was not reported. The excuse Planned Parenthood and Defendant Providenti gave for this breach of their reporting duties under RC 2151.421 is that, even though the 16 year old girl had informed them that she had become pregnant as a result of a sexual assault, they were prohibited from reporting because the girl had not also reported that she had suffered "severe bodily injury." (Ex. "2.")

23. As a direct and proximate result of Planned Parenthood's and Krummel's or Jane Doe #1's failure to report their knowledge or suspicions of the sexual abuse of Denise, Blanks was able to continue his sexual abuse of Denise for approximately one and one-half years.

**PLANNED PARENTHOOD'S POLICIES AND PRACTICES  
WITH RESPECT TO REPORTING KNOWN OR SUSPECTED  
SEXUAL ABUSE OF MINORS**

24. Kade, McMann and Providenti were the Planned Parenthood employees responsible for the creation and implementation of Planned Parenthood's policies and practices that existed in



**APPENDIX XIV.** (Continued)

November, 2004, including the policies and practices relating to RC 2151.421 ("the RC 2151.421 Policies").

25. Between January 1, 2000 and November 15, 2004, Planned Parenthood, as a direct result of its policies and practices, did not fulfill its duties to make a report pursuant to RC 2151.421 each time it suspected or knew of the sexual abuse of a minor. This constitutes a pattern and practice of wrongdoing on the part of Planned Parenthood.

26. Kade, McMann and Providenti knew or should have known that the RC 2151.421 Policies that existed in November, 2004 were deficient and the implementation of those policies would result in Planned Parenthood's employees breaching their reporting duties under RC 2151.421. In fact, Planned Parenthood, had a "don't ask, don't tell" policy with respect to its duty to report suspected or known abuse of minors.

27. All acts and omissions of Krummel or Jane Doe #1 referred to in this complaint were done in accordance with the deficient RC 2151.421 Policies created, established, communicated, implemented and enforced by Kade, and/or McMann and/or Providenti.

28. All damages sustained by Denise as a result of defendants' acts and omissions referred to in the complaint were caused, in whole or in part, by Planned Parenthood's deficient RC 2151.421 Policies and practices.

**PLANNED PARENTHOOD'S TRAINING OF ITS EMPLOYEES  
WITH RESPECT TO REPORTING KNOWN OR  
SUSPECTED SEXUAL ABUSE OF MINORS**

29. In 2004 Kade and Piercey were the Planned Parenthood employees in charge of developing the training programs for Planned Parenthood employees at the Auburn Avenue facility.

30. Kade's and Piercey's duties included developing the program used to train Planned

**APPENDIX XIV.** (Continued)

Planned Parenthood's employees, including Krummel or Jane Doe #1, in connection with their duties to comply with RC 2151.421.

31. The training program developed by Kade and Piercey in connection with RC 2151.421 that was in place in November, 2004 was deficient in many ways. The deficiencies were the result of Planned Parenthood's, Kade's and Piercey's negligence, recklessness or intentional wrongdoing. These Defendants knew that the deficiencies in training would result in the failure to report suspected or unknown sexual abuse of minors, and it was part of a pattern and practice or wrongdoing.

32. All damages sustained by Denise as a result of Defendants' acts and omissions referred to in the complaint were caused, in whole or in part, by the deficiencies in the training provided to Planned Parenthood employees, including Krummel or Jane Doe #1, who worked at its Auburn Avenue medical clinic.

**BLANKS'S CRIMINAL CONVICTION**

33. In the spring of 2006 and approximately one and one-half years after Denise had informed Planned Parenthood and Krummel or Jane Doe #1 that she was a victim of sexual abuse, Denise told her future college basketball coach of the abuse. The coach reported the abuse to a law enforcement agency, which is precisely what Defendants Planned Parenthood and Krummel or Jane Doe#1 were required to do on November 15, 2004.

34. An investigation conducted by law enforcement and the Warren County, Ohio Prosecuting Attorney of Blanks's sexual abuse of Denise resulted in criminal charges being brought against him. Blanks was found guilty of sexual battery, and he is currently serving time in an Ohio prison.

**APPENDIX XIV.** (Continued)

**FIRST CAUSE OF ACTION  
(VIOLATION OF RC 2151.421 BY PLANNED  
PARENTHOOD AND KRUMMEL OR JANE DOE # 1)**

35. Plaintiff incorporates paragraphs 1-34 as if fully rewritten herein.

36. Planned Parenthood and Krummel or Jane Doe #1 knew or suspected that Denise was a victim of sexual abuse.

37. At no time did Planned Parenthood or Krummel or Jane Doe # 1 report their knowledge or suspicion that Denise was a victim of sexual abuse as they were required to do under RC 2151.421.

38. Planned Parenthood and Krummel or Jane Doe #1 breached their duties under RC 2151.421.

39. As a direct and proximate result of Planned Parenthood's and Krummel or Jane Doe # 1's breach of their duties under RC 2151.421:

a. Blanks's sexual abuse of Plaintiff remained concealed, which enabled Blanks to continue to sexually abuse her for almost one and one-half years; and

b. Plaintiff has suffered severe emotional and psychological distress for which she has incurred and will continue to incur expenses for counseling.

**SECOND CAUSE OF ACTION  
(VIOLATION OF RC 2151.421 BY PLANNED  
PARENTHOOD, KADE, McMANN AND PROVIDENTI)**

40. Plaintiff incorporates paragraphs 1-39 as if fully rewritten herein.

41. Kade, McMann and Providenti are employees or former employees of Planned Parenthood who in November, 2004 were responsible for the creation and implementation of Planned Parenthood's RC 2151.421 Policies and practices.

42. Planned Parenthood, Kade, McMann and Providenti knew or should have known that the

**APPENDIX XIV.** (Continued)

RC 2151.421 Policies and practices that existed in November, 2004 were deficient and the implementation of the Policies and practices would result in the breach by Planned Parenthood's employees, including Krummel or Jane Doe #1, of their reporting duties under RC 2151.421.

43. All damages sustained by Denise referred to in this complaint were caused, in whole or in part, by Planned Parenthood's deficient RC 2151.421 Policies and practices.

44. As a direct and proximate result of Planned Parenthood's deficient RC 2151.421 Policies and practices:

a. Blanks's sexual abuse of Plaintiff remained concealed, which enabled Blanks to continue to sexually abuse her for almost one and one-half years; and

b. Plaintiff has suffered severe emotional and psychological distress for which she has incurred and will continue to incur expenses for counseling.

**THIRD CAUSE OF ACTION**  
**(DEFICIENT TRAINING BY PLANNED**  
**PARENTHOOD, KADE AND PIERCEY)**

45. Plaintiff incorporates paragraphs 1-44 as if fully rewritten herein.

46. In November, 2004 Kade and Piercey were the Planned Parenthood employees in charge of the training Planned Parenthood employees, including Krummel or Jane Doe #1.

47. Kade's and Piercey's duties included developing the training provided Planned Parenthood's employees, including Krummel or Jane #1, in connection with their duties to comply with RC 2151.421.

48. The "don't ask/don't tell" training developed and implemented by Kade and Piercey in connection with RC 2151.421 was deficient, and the deficiencies were the result of Kade's and Piercey's negligence, recklessness or intentional wrongdoing.

49. All damages sustained by Denise as a result of Defendants' acts and omissions referred

**APPENDIX XIV.** (Continued)

to in this complaint were directly caused, in whole or in part, by the deficiencies in the training provided Planned Parenthood's and its employees.

50. As a direct and proximate result of the deficient training Planned Parenthood. Kade and Piercey developed and provided Planned Parenthood's employees, including Krummel or Jane Doe #1:

- a. Blanks's sexual abuse of Plaintiff remained concealed, which enabled Blanks to continue to sexually abuse her for almost one and one-half years; and
- b. Plaintiff has suffered severe emotional and psychological distress for which she has incurred and will continue to incur expenses for counseling.

**FOURTH CAUSE OF ACTION**  
**(NEGLIGENT OR RECKLESS SUPERVISION BY PLANNED**  
**PARENTHOOD, KADE AND PROVIDENTI)**

51. Plaintiff incorporates paragraphs 1-50 as fully rewritten herein.

52. Planned Parenthood, Kade and Providenti negligently or recklessly supervised the Planned Parenthood employees, including Krummel or Jane Doe #1, who worked at Planned Parenthood's Auburn Avenue clinic.

53. As a direct and proximate result of their negligent or reckless supervision of Planned Parenthood's employees, including Krummel or Jane Doe #1, Planned Parenthood, Kade and Providenti breached their duty to Denise under RC 2151.421.

54. As a direct and proximate result of Planned Parenthood's, Kade's and Providenti's negligent or reckless supervision of Planned Parenthood's employees, including Krummel or Jane Doe #1:

- a. Blanks's sexual abuse of Plaintiff remained concealed, which enabled Blanks to continue to sexually abuse her for almost one and one-half years; and



**APPENDIX XIV.** (Continued)

b. Plaintiff has suffered severe emotional and psychological distress for which she has incurred and will continue to incur expenses for counseling.

**FIFTH CAUSE OF ACTION**  
**(INTENTIONAL INFLICTION OF EMOTIONAL  
DISTRESS BY ALL DEFENDANTS)**

55. Plaintiff incorporates paragraphs 1-54 as if fully rewritten herein.

56. Defendants' conduct as set forth in this complaint was so extreme and outrageous that it goes beyond the bounds of decency and is utterly intolerable in a civilized community.

57. Defendants' conduct was intentional, reckless and in knowing violation of Ohio law, and done to subvert and circumvent Denise's rights.

58. As a direct and proximate result of Defendants' conduct:

a. Blanks's sexual abuse of Plaintiff remained concealed, which enabled Blanks to continue to sexually abuse her for almost one and one-half years; and

b. Plaintiff has suffered severe emotional and psychological distress for which she has incurred and will continue to incur expenses for counseling.

**SIXTH CAUSE OF ACTION**  
**(NEGLIGENT INFLICTION OF EMOTIONAL  
DISTRESS BY ALL DEFENDANTS)**

59. Plaintiff incorporates paragraphs 1-58 as if fully rewritten herein.

60. Defendants' knew or should have known that their conduct as set forth in this complaint would cause Denise to suffer emotional distress.

61. As a direct and proximate result of Defendants' conduct:

a. Blanks's sexual abuse of Plaintiff remained concealed, which enabled Blanks to continue to sexually abuse her for almost one and one-half years; and

b. Plaintiff has suffered severe emotional and psychological distress for which she

**APPENDIX XIV.** (Continued)

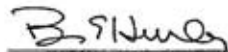
has incurred and will continue to incur expenses for counseling.

WHEREFORE, Plaintiff Denise Fairbanks demands judgment against Defendants, jointly and severally, in the following form:

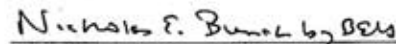
1. Compensatory damages in an amount not less than \$25,000.00;
2. Punitive damages in an amount not less than the compensatory amount awarded;
3. Her attorneys' fees and costs; and
4. All other relief to which she may be entitled.

Respectfully submitted,

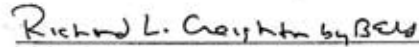
CRABBE, BROWN & JAMES LLP



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Co-counsel for Plaintiff Denise Fairbanks

**APPENDIX XIV.** (Continued)

Richard L. Creighton, Jr. (0021806)

William A. Posey (0021821)

Keating, Muething &amp; Klekamp PLL

One East Fourth Street

Suite 1400

Cincinnati, Ohio 45202

(513) 579-6513 telephone

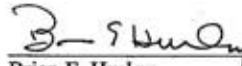
(513) 579-6457 facsimile

rcreighton@kmklaw.com

Co-counsel for Plaintiff Denise Fairbanks

**JURY DEMAND**

Plaintiff demands a jury trial on all claims that can be tried to a jury,



Brian E. Hurley

**Notice to the Clerk:**

Please serve Defendant Planned Parenthood Southwest Ohio Region at:

c/o Statutory Agent

Alphonse A. Gerhardstein

1409 Enquirer Building

617 Vine Street

Cincinnati, Ohio 45202

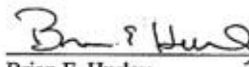
and

All Other Defendants at:

c/o Planned Parenthood

2314 Auburn Avenue

Cincinnati, Ohio 45202



Brian E. Hurley

**APPENDIX XIV.** (Continued)

1. informing pt. of report?
2. coercion v. assault  
clouds the issue.
3. suspect v. don't ask/don't tell
4. sexual v. child abuse
5. mentally handicapped



PP 001169  
Wallace v. Planned Parenthood

## APPENDIX XIV. (Continued)

6

Planned Parenthood Cincinnati Region

DOCUMENTATION FORM FOR SUSPECTED SEXUAL OR CHILD ABUSE REPORT

Date: 9/30/04

Patient Name: \_\_\_\_\_ Patient Number: \_\_\_\_\_

Birthdate: 8/1/88 Age: 16

Reason for visit: elective abortion

Reason for report: Patient reports pregnancy is a result of sexual abuse by a stranger.

Patient informed that report would be made: YES ☐ NO ☒

Is patient or guardian aware of situation/relationship? YES ☒ NO ☐ Comments: \_\_\_\_\_

Agency to which report was made: not reported - see note Phone number: \_\_\_\_\_

Individual who took report: \_\_\_\_\_

Date of report: \_\_\_\_\_ Time of report: \_\_\_\_\_

Summary of information provided: After consultation with PCH attorney, report of a sexual assault was not made; due to suspicion - patient says sexual abuse was not reported as no bodily injury was reported.

Other comments: \_\_\_\_\_

Staff Signature: Christa Brindley, Center Manager

Follow-up (if appropriate): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Redacted  
Confidential

Keep on file in center. Send one copy to Amy McMahon, Vice President for Patient Services.

April 30, 2004

Section X: Social Service Protocol

PP 001389



## **APPENDIX XV.**

### **POTENTIAL WITNESSES FOR CONGRESSIONAL HEARINGS TO INVESTIGATE PLANNED PARENTHOOD**

- 1) Cecile Richards, President, Planned Parenthood Federation of America (PPFA)
- 2) Vanessa Cullins, M.D., M.P.H., M.B.A., Vice President, Medical Affairs, PPFA
- 3) Maria Acosta, Chief Financial Officer, PPFA
- 4) Roger Evans, Senior Director, Public Policy Litigation and Law, PPFA
- 5) Maryana Iskander, Chief Operating Officer, PPFA
- 6) Laurie Rubiner, Vice President for Public Policy, PPFA
- 7) Leslie Kantor, National Director of Education Initiatives, PPFA
- 8) Beth Otten, Vice President and General Counsel, PPFA
- 9) Jill Cobrin, J.D., Director of Insurance & Claims Administration, PPFA
- 10) Kathleen Sebelius, U.S. Health and Human Services Secretary
- 11) Mary Jane Wagle, former Chief Executive Officer, Planned Parenthood of Los Angeles (PPLA)
- 12) Sharon Camp, President and Chief Executive Officer, Guttmacher Institute
- 13) The U.S. Office of Inspector General, Office of Audit Services
- 14) Doug Porter, Washington Medicaid Director during the investigation in Washington
- 15) Washington State Department of Social and Health Services
- 16) California Department of Health Services
- 17) Victor Gonzalez, former Vice President of Finance and Administration with Planned Parenthood of Los Angeles (PPLA) who brought suit against PPLA for over-billing
- 18) Abby Johnson, former Planned Parenthood Director
  - a. Other former Planned Parenthood employees
- 19) Victims of Planned Parenthood's failure to comply with the law and/or health regulations (who are over 18)
- 20) Parents of the victims of Planned Parenthood's abuse
- 21) Ken Cuccinelli, Virginia Attorney General
- 22) Troy King, Alabama Attorney General who investigated Planned Parenthood clinics in Alabama
- 23) Seth Williams, Philadelphia District Attorney who investigated the Women's Medical Society run by Kermit Gosnell (the District Attorney's Office released the Grand Jury Report containing the findings of Gosnell's criminal activity)
- 24) Joanne Pescatore, Assistant District Attorney, Philadelphia District Attorney's Office

**APPENDIX XV.** (Continued)

- 25) U.S. House Member or Senate Member
  - a. Expert on funding streams and appropriations
  - b. Expert on the authorization or appropriation of funds to Planned Parenthood
- 26) Amanda Stukenberg, Executive Director, Family Planning of the Coastal Bend (FPCB) (FPCB dropped affiliation with PPFA in January of 2011 after PPFA announced its new mandate for every affiliate to provide abortion by 2013)
- 27) Senator Kelly Ayotte, former Attorney General of New Hampshire who defended New Hampshire's parental involvement law before the United States Supreme Court
- 28) Congresswoman Renee Ellmers, former nurse who could speak to the trauma abortion causes women
- 29) Allan Sawyer, M.D., practices obstetrics and gynecology
- 30) Donna Harrison, M.D., practices obstetrics and gynecology
- 31) Byron Calhoun, M.D., practices obstetrics and gynecology
- 32) John Bruchalski, practices obstetrics and gynecology (formerly involved in performing abortions)
- 33) Helen Alvare, Associate Professor of Law, George Mason University School of Law
- 34) Lila Rose, President/Undercover Investigator of Planned Parenthood clinics, Live Action
- 35) Dr. Joxel Garcia, former Assistant Secretary of Health, Department of Health and Human Services
- 36) Chuck Donovan, Senior Research Fellow, Heritage Foundation
- 37) Charmaine Yoest, President and Chief Executive Officer, Americans United for Life
- 38) Clarke Forsythe, Senior Counsel, Americans United for Life
- 39) Richard A. Macias, Law Offices of Richard A. Macias, Steve Sanders, Law Offices of Steve Sanders L.C., Stephen Casey, Casey Law Office, P.C., and Gregory R. Terra, The Law Office of Gregory R. Terra, who obtained a temporary restraining order against Planned Parenthood of Kansas and Mid-Missouri to prevent a clinic from performing an abortion on a pregnant 15-year-old whose mother was trying to force the teen to abort her pre-born child
- 40) Rick Harris, Director, Bureau of Health Provider Standards, Alabama Department of Public Health
- 41) Thomas Frieden, M.D., MPH, Director, Centers for Disease Control and Prevention
- 42) Wendy Murphy, former child-abuse and sex crimes prosecutor
  - a. Other experts on sex-trafficking numbers.
- 43) Expert on the other services PPFA provides
- 44) Expert on how PPFA has failed to comply with health and legal standards

## ENDNOTES

- <sup>1</sup> See Planned Parenthood Fed'n of Am., *Planned Parenthood Celebrates National Women's Health Week* (May 14, 2008), available at <http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-celebrates-national-womens-health-week-20458.htm> (last visited Mar. 21, 2011).
- <sup>2</sup> See *infra* Part IV.D. and APPENDIX IX PROSTITUTION AND/OR SEX TRAFFICKING?
- <sup>3</sup> The Guttmacher Institute, a research policy organization formerly affiliated with PPFA and named after former PPFA President Alan Guttmacher, reports that "[i]n 2008, 1.21 million abortions were performed" in the United States. See Guttmacher Inst., *Facts on Induced Abortions in the United States* (Jan. 2011), available at [http://www.guttmacher.org/pubs/fb\\_induced\\_abortion.html](http://www.guttmacher.org/pubs/fb_induced_abortion.html) (last visited Apr. 20, 2011). In 2008, Planned Parenthood reported that it had performed 324,008 abortions, or 26.8 percent of the abortions reported that year. See PLANNED PARENTHOOD FED'N OF AM., INC., PLANNED PARENTHOOD SERVICES 2 (Sept. 2010), available at [http://www.plannedparenthood.org/files/PPFA/fact\\_ppservices\\_2010-09-03.pdf](http://www.plannedparenthood.org/files/PPFA/fact_ppservices_2010-09-03.pdf) (last visited Apr. 20, 2011).
- <sup>4</sup> See Carey, *Planned Parenthood plans to expand abortion services nationwide*, THE DAILY CALLER (Dec. 23, 2010), available at [www.dailycaller.com/2010/12/23/planned-parenthood-plans-to-expand-abortion-services-nationwide/](http://www.dailycaller.com/2010/12/23/planned-parenthood-plans-to-expand-abortion-services-nationwide/) (last visited Mar. 21, 2011). See also Foley, *Local PP chapter drops affiliation*, CORPUS CHRISTI CALLER TIMES (Dec. 20, 2010), available at [www.caller.com/news/2010/dec/20/local-planned-parenthood-chapter-drops/](http://www.caller.com/news/2010/dec/20/local-planned-parenthood-chapter-drops/) (last visited Mar. 21, 2011) (reporting that a Corpus Christi, Texas clinic planned to drop PPFA affiliation because of mandate); Livio, *Planned Parenthood may double the number of N.J. abortion clinics while expanding nationwide*, NJ.COM (Jan. 16, 2011), available at [www.nj.com/news/index.ssf/2011/01/planned\\_parenthood\\_to\\_double\\_t.html](http://www.nj.com/news/index.ssf/2011/01/planned_parenthood_to_double_t.html) (last visited Mar. 21, 2011).
- <sup>5</sup> PLANNED PARENTHOOD FED'N OF AM., INC., PLANNED PARENTHOOD SERVICES 2 (Feb. 2011), available at [http://www.plannedparenthood.org/files/PPFA/PP\\_Services.pdf](http://www.plannedparenthood.org/files/PPFA/PP_Services.pdf) (last visited Mar. 21, 2011).
- <sup>6</sup> See PLANNED PARENTHOOD FED'N OF AM., INC., PLANNED PARENTHOOD SERVICES 2 (Sept. 2010), available at [http://www.plannedparenthood.org/files/PPFA/fact\\_ppservices\\_2010-09-03.pdf](http://www.plannedparenthood.org/files/PPFA/fact_ppservices_2010-09-03.pdf) (last visited Apr. 20, 2011).
- <sup>7</sup> See PLANNED PARENTHOOD FED'N OF AM., INC., PLANNED PARENTHOOD SERVICES (Feb. 2011), available at [http://www.plannedparenthood.org/files/PPFA/PP\\_Services.pdf](http://www.plannedparenthood.org/files/PPFA/PP_Services.pdf) (last visited Mar. 21, 2011).
- <sup>8</sup> *Id.* Notably, PPFA failed to provide a number for its abortion referrals, though some Planned Parenthood affiliates do refer their patients to other (non-affiliated) abortion providers.
- <sup>9</sup> *Id.*
- <sup>10</sup> See APPENDIX II. PLANNED PARENTHOOD'S ANNUAL REPORTS OF SERVICES PROVIDED. Planned Parenthood stopped recording abortion referrals and prenatal care referrals in its annual reports after 1998. Between 1994 and 1998, both referral numbers dropped significantly. Planned Parenthood referred out 108,466 prenatal clients in 1994 and only 67,052 in 1998. Planned Parenthood's abortion referrals dropped from 98,325 to 36,870 during the same four-year interim. However, because Planned Parenthood was significantly increasing its own abortion procedures, the gap between abortion/abortion referrals and other pregnancy-related services/referrals continued to increase. Whereas in 1994 abortion was 64 percent of the total pregnancy-related services and referrals (including prenatal care, abortion, and adoption) at Planned Parenthood, abortion constituted 70 percent of Planned Parenthood's pregnancy-related services and referrals in 1998. *Id.*
- <sup>11</sup> See PLANNED PARENTHOOD FED'N OF AM., INC., PLANNED PARENTHOOD SERVICES 2 (Feb. 2011), available at [http://www.plannedparenthood.org/files/PPFA/PP\\_Services.pdf](http://www.plannedparenthood.org/files/PPFA/PP_Services.pdf) (last visited Mar. 21, 2011).
- <sup>12</sup> See PLANNED PARENTHOOD FED'N OF AM., INC., PLANNED PARENTHOOD BY THE NUMBERS (2011), available at [http://www.plannedparenthood.org/files/PPFA/PP\\_by\\_the\\_Numbers.pdf](http://www.plannedparenthood.org/files/PPFA/PP_by_the_Numbers.pdf) (last visited Mar. 27, 2011).
- <sup>13</sup> See Planned Parenthood Fed'n of Am., *In Clinic Abortion Procedures*, available at <http://www.plannedparenthood.org/health-topics/abortion/in-clinic-abortion-procedures-4359.asp> (last visited Mar. 27, 2011). Planned Parenthood reports that the "abortion pill" costs between \$350 and \$650. See Planned Parenthood Fed'n of Am., *The Abortion Pill*, available at <http://www.plannedparenthood.org/health-topics/abortion/abortion-pill-medication-abortion-4354.asp> (last visited Mar. 27, 2011).
- <sup>14</sup> PLANNED PARENTHOOD FED'N OF AM., INC., PLANNED PARENTHOOD SERVICES 2 (Sept. 2010), available at [http://www.plannedparenthood.org/files/PPFA/fact\\_ppservices\\_2010-09-03.pdf](http://www.plannedparenthood.org/files/PPFA/fact_ppservices_2010-09-03.pdf) (last visited Apr. 20, 2011); PLANNED PARENTHOOD FED'N OF AM., INC., PLANNED PARENTHOOD SERVICES 2 (Feb. 2011), available at [http://www.plannedparenthood.org/files/PPFA/PP\\_Services.pdf](http://www.plannedparenthood.org/files/PPFA/PP_Services.pdf) (last visited Mar. 21, 2011).
- <sup>15</sup> PLANNED PARENTHOOD FED'N OF AM., INC., ANNUAL REPORTS 2008-2009 29 (2010), available at [http://www.plannedparenthood.org/files/PPFA/PPFA\\_Annual\\_Report\\_08-09-FINAL-12-10-10.pdf](http://www.plannedparenthood.org/files/PPFA/PPFA_Annual_Report_08-09-FINAL-12-10-10.pdf) (last visited Mar. 27, 2011). The abortion portion of "clinic income" figure was calculated as follows: 328,143 abortions (on average in both 2008 and 2009) multiplied by \$350 (minimum cost) per abortion equals \$114.9 million.
- <sup>16</sup> The 2003-2004 PPFA Annual Report announced, "We enhance our mission by supporting a special affiliate, The Alan Guttmacher Institute (AGI)...." PLANNED PARENTHOOD FED'N OF AM., INC., ANNUAL REPORTS 2003-2004 2 (2004), available at <http://www.plannedparenthoodrx.com/annualreport/report-04.pdf> (last visited Mar. 27, 2011).
- <sup>17</sup> According to the Guttmacher Institute, in 2001, the average amount paid for a surgical abortion at 10 weeks gestation was \$372. Henshaw, *The accessibility of abortion services in the United States 2001*, 35(1) PERSP. ON SEXUAL & REPROD. HEALTH 19 (2003), available at <http://www.guttmacher.org/pubs/psrh/full/3501603.pdf> (last visited Mar. 27, 2011). Planned Parenthood reports the numbers of abortions it performs based on calendar years, but its financial information is reported for fiscal years that end in June. Therefore, to provide a more accurate estimation for the percentage of Planned Parenthood's health center income represented by abortion, we have used the average number of abortions performed during the two calendar years for which each fiscal year covers. For the calendar years 2000 and 2001, Planned Parenthood performed an average of 205,048 abortions. Thus, abortion represented approximately 32 percent of Planned Parenthood's reported \$241 million in clinic income for the fiscal year ending in June 2001.
- <sup>18</sup> According to the Guttmacher Institute, in 2006, the average amount paid for an abortion at 10 weeks gestation was \$413. Jones et al., *Abortion in the United States: incidence and access to services, 2005*, 40(1) PERSP. ON SEXUAL & REPROD. HEALTH 15 (2008). For the calendar years 2005 and 2006, Planned Parenthood performed an average of 277,347 abortions. Abortion, therefore, represented approximately 33 percent of Planned Parenthood's reported \$345.1 million in clinic income for the fiscal year ending in June 2006.

- <sup>19</sup> According to the Guttmacher Institute, in 2009, the average amount paid for an abortion at 10 weeks gestation was \$451. Jones & Kooistra, *Abortion incidence and services in the United States 2008*, 43(1) PERSP. ON SEXUAL & REPROD. HEALTH 47 (2011). For the calendar years 2008 and 2009, Planned Parenthood performed an average of 328,143 abortions. That would mean abortion accounted for approximately 37 percent of its reported \$404.9 million in clinic income for the fiscal year ending in June 2009.
- <sup>20</sup> See, e.g., Planned Parenthood of Southeast Texas Surgical & Comprehensive Health Services, *Fees*, available at <http://www.plannedparenthood.org/setexas-abortion/fees-29034.htm> (last visited Mar. 27, 2011).
- <sup>21</sup> PLANNED PARENTHOOD FED'N OF AM., INC., ANNUAL REPORTS 2008-2009 29 (2009), available at [http://www.plannedparenthood.org/files/PPFA/PPFA\\_Annual\\_Report\\_08-09-FINAL-12-10-10.pdf](http://www.plannedparenthood.org/files/PPFA/PPFA_Annual_Report_08-09-FINAL-12-10-10.pdf) (last visited Mar. 24, 2011).
- <sup>22</sup> The 1998-1999 annual report for Planned Parenthood reported \$176.5 million in "government grants and contracts." See Appendix I. PLANNED PARENTHOOD ANNUAL FINANCIAL REPORTS.
- <sup>23</sup> As will be discussed below, the most recent Government Accountability Office (GAO) report on federal funds expended by Planned Parenthood demonstrates that the exact amount of Planned Parenthood's federal funding is unknown.
- <sup>24</sup> Ramshaw, *Cecile Richards: The TT Interview*, THE TEXAS TRIBUNE (Mar. 3, 2011), available at <http://www.texastribune.org/texas-health-resources/abortion-texas/cecile-richards-the-tt-interview/> (last visited Mar. 21, 2011).
- <sup>25</sup> 48 C.F.R. § 52.203-13 (2009).
- <sup>26</sup> Before the Patient Protection and Affordable Care Act (PPACA) was enacted in 2010, no government health plans (including Medicaid, the Federal Employees Health Benefits Program, and the State Children's Health Insurance Program) covered elective abortions. For example, in the Federal Employees Health Benefits (FEHB) program, the government contributes to federal employees' premiums, allowing them to purchase private health insurance. Since 1983, the annual Financial Services and General Government Appropriations bill that provides funding for the FEHB program has prohibited these government contributions from being used toward insurance plans that cover abortion (with the exception of the period 1993-1995). Pub. L. No. 111-8, §§ 613-614 (2009).
- <sup>27</sup> See *State Funding Limitations: A proven weapon in reducing abortions*, DEFENDING LIFE 2011: PROVEN STRATEGIES FOR A PRO-LIFE AMERICA 341-352 (Americans United for Life 2011), available at <http://www.aul.org/2011/03/defending-life-2011/> (last visited Apr. 12, 2011). At least 14 states have enacted restrictions or limitations on the types of organizations, groups, or individuals that may receive family planning funding administered or appropriated by that state: California, Colorado, Michigan, Minnesota, Missouri, Nebraska, New Jersey, North Dakota, Ohio, Pennsylvania, South Carolina, Texas, Virginia, and Wisconsin. Eighteen states currently (a) prohibit organizations that receive state funds from using those funds to provide abortion counseling or to make referrals for abortion; and/or (b) prohibit organizations that receive state funds from associating with entities that provide counseling or referrals for abortion: Alabama, Arizona, Illinois, Indiana, Kansas, Kentucky, Louisiana, Minnesota, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, Virginia, and Wisconsin. In addition, 33 states place restrictions on state funding of abortions through Medicaid. See also Guttmacher Inst., *State Policies in Brief: State Funding of Abortion Under Medicaid* (Mar. 2011), available at [http://www.guttmacher.org/state-center/spibs/spib\\_SFAM.pdf](http://www.guttmacher.org/state-center/spibs/spib_SFAM.pdf) (last visited Mar. 27, 2011).
- <sup>28</sup> 448 U.S. 297 (1980).
- <sup>29</sup> *Id.* at 315.
- <sup>30</sup> Henshaw et al., *Restrictions on Medicaid Funding for Abortions: A Literature Review* (Guttmacher Inst. June 2009), available at <http://www.guttmacher.org/pubs/MedicaidLitReview.pdf> (last visited Mar. 21, 2011). The review cites 20 academic studies documenting this relationship and only four that found the impact of public-funding on the abortion rate inconclusive.
- <sup>31</sup> *Id.* at 27.
- <sup>32</sup> Quinnipiac University, *U.S. Voters Oppose Health Care Plan by Wide Margin, Quinnipiac National University Poll Finds; Voters Say 3-1, Plan Should Not Pay for Abortions* (Dec. 22, 2009), available at <http://www.quinnipiac.edu/x1295.xml?ReleaseID=1408> (last visited Mar. 27, 2011).
- <sup>33</sup> According to a Government Accountability Office (GAO) report dated May 28, 2010, nearly all of the reported expenditures of federal funding by PPFA and its affiliates were from programs administered by the U.S. Department of Health and Human Services (HHS). Ten HHS programs accounted for more than 90 percent of the total HHS funds PPFA and its affiliates reported spending from 2002-2008. These programs include Family Planning Services; Maternal and Child Health Services Block Grant to the States; Social Services Block Grants; Temporary Assistance for Needy Families; Medical Assistance Program (Medicaid); HIV Prevention Activities Health Department Based; Preventive Health Services Sexually Transmitted Diseases Control Grants; HIV Care Formula Grants; Cooperative Agreements for State-Based Comprehensive Breast and Cervical Cancer Early Detection Programs; and HIV Prevention Non-governmental Organization Based. U.S. GEN. ACCOUNTABILITY OFFICE, GAO-10-533R FEDERAL FUNDS FOR SELECTED ORGANIZATIONS (2010), available at <http://www.gao.gov/new.items/d10533r.pdf> (last visited Mar. 28, 2011).
- <sup>34</sup> The Medicaid program was created in 1965, when Congress added Title XIX to the Social Security Act for the purpose of providing federal financial assistance to states that choose to reimburse certain costs of medical treatment for needy persons. Social Security Act, 42 U.S.C. §§1396 et. seq. (1976). Although participation in the Medicaid program is entirely optional, once a state elects to participate, it must comply with the requirements of Title XIX, 42 U.S.C. §1396(c) (1976).
- <sup>35</sup> The Centers for Medicare & Medicaid Services (CMS) manages the Medicaid program at the federal level, while each state administers its Medicaid program in accordance with a CMS-approved state plan.
- <sup>36</sup> The Hyde Amendment, first enacted in 1976, and as included in the Omnibus Appropriations Act 2009, H.R. 1105, 111th Cong. (2009) (signed into law Mar. 11, 2009). The Hyde Amendment, Pub. L. No. 111-8 (2009).
- <sup>37</sup> Henry Hyde (R-IL) was a member of the House of Representatives from 1975 to 2007, representing the 6th District of Illinois. Representative Hyde chaired the Judiciary Committee from 1995 to 2001, and the House International Relations Committee from 2001 to 2007. Hyde, *Henry John*, BIOGRAPHICAL DIRECTORY OF THE UNITED STATES CONGRESS, available at <http://bioguide.congress.gov/scripts/biodisplay.pl?index=H001022> (last visited Apr. 20, 2011).
- <sup>38</sup> 410 U.S. 113 (1973).
- <sup>39</sup> It also requires that states cover abortions that meet specific exceptions. For a breakdown of current state funding of abortion under Medicaid, see Guttmacher Inst.,

*State Policies in Brief: State Funding of Abortion Under Medicaid* (Mar. 2011), available at [http://www.guttmacher.org/statecenter/spibs/spib\\_SFAM.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf) (last visited Mar. 28, 2011).

<sup>40</sup> However, the exceptions permitted by the Hyde Amendment have varied. In the past, Congress has broadened or narrowed the categories where reimbursement is allowed. For example, the Hyde Amendment applicable for fiscal year 1980 required that “[none] of the funds provided by this joint resolution shall be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term; or except for such medical procedures necessary for the victims of rape or incest when such rape or incest has been reported promptly to a law enforcement agency or public health service.” Pub. L. No. 96-123, § 109 (1980); Pub. L. No. 96-86, § 118 (1980). This version of the Hyde Amendment was broader than that applicable for fiscal year 1977, which did not include the “rape or incest” exception, but narrower than that applicable for most of fiscal year 1978 and all of fiscal year 1979 which had an additional exception for “instances where severe and long-lasting physical health damage to the mother would result if the pregnancy were carried to term when so determined by two physicians.” See, e.g., Pub. L. No. 94-439, § 209 (1976); Pub. L. 95-480 § 210 (1978).

<sup>41</sup> Hyde Amendment, Omnibus Appropriations Act of 2009, Pub. L. No. 111-8, § 507(b) (2009).

<sup>42</sup> *Id.* §507(c).

<sup>43</sup> See Guttmacher Inst., *Women’s Issue Brief: Medicaid’s Role in Family Planning 5* (Oct. 2007), available at [http://www.guttmacher.org/pubs/IB\\_medicaidFP.pdf](http://www.guttmacher.org/pubs/IB_medicaidFP.pdf) (last visited Mar. 28, 2011). In 2001, all but seven states and the District of Columbia spent more than \$1 million for family planning services and supplies through their Medicaid programs. *Id.*

<sup>44</sup> States are assigned a “Federal Medical Assistance percentages (FMAP) and Enhanced Federal Medical Assistance percentages (eFMAP),” the proportion of the cost of providing services for which they will be reimbursed by the federal government. These “matching rates,” which range from 50 percent to 80 percent of the cost of services, are inversely related to per capita income in the state, so that less-affluent states are reimbursed by the federal government at a higher rate. FMAP and eFMAP rates for the 2011 fiscal year, available at <http://aspe.hhs.gov/health/fmap11.pdf> (last visited Mar. 28, 2011).

<sup>45</sup> Section 1905(a)(4)(C) of the Social Security Act requires States to furnish family planning services and supplies to individuals of childbearing age who are eligible under the State plan and who desire such services and supplies. Section 1902(a)(10)(A) of the Act specifies that family planning services be made available to “categorically needy” Medicaid beneficiaries, while § 1902(a)(10)(C) specifies that the services may be rendered to “medically needy” Medicaid beneficiaries at the State’s option. Section 1903(a)(5) of the Act and 42 C.F.R. §§ 433.10(c)(1) and 433.15(b)(2) authorize 90 percent federal funding for family planning services.

<sup>46</sup> Letter from Joseph E. Vengrin, Deputy Inspector Gen., Office of Inspector Gen., U.S. Dep’t of Health & Human Servs., to Herb Kuhn, Acting Deputy Adm’r, Cents. for Medicare & Medicaid Servs. (July 26, 2007), available at <http://oig.hhs.gov/oas/reports/region2/20501019.pdf> (last visited Mar. 21, 2011) (“This amount represents the difference between the enhanced 90% rate and the applicable 50% or 52.95% Federal medical assistance percentage.”).

<sup>47</sup> Pub. L. No. 111-148 (2010). Planned Parenthood stands to gain financially from PPACA in multiple ways. Under an amendment by Senator Barbara Mikulski (D-MD), all insurance plans—not just plans participating in the state Exchanges—are required to cover “preventive care for women” without cost-sharing. *Id.* § 2713(a)(4). Undefined by the statute, what constitutes “preventive care for women” has been tasked by HHS to the Institute of Medicine (IOM). The IOM held three public meetings on this preventive care mandate. The groups that were invited to present to IOM on “women’s issues” nearly all take a public stance in favor of abortion. Notably, the list included Planned Parenthood which advocated the inclusion of all *FDA-approved contraceptives* in the mandate. Planned Parenthood, as a distributor of contraceptives, stands to gain tremendously if insurance plans are required to cover contraceptives without a co-pay. Moreover, the inclusion of “all FDA-approved contraceptives” would include so-called “emergency contraception” such as the abortion-inducing drug *ella*. IOM meeting information and agendas are available at <http://iom.edu/Activities/Women/PreventiveServicesWomen.aspx> (last visited Apr. 5, 2011).

<sup>48</sup> See GUTTMACHER INST., *WOMEN’S ISSUE BRIEF: MEDICAID’S ROLE IN FAMILY PLANNING 5* (Oct. 2007), available at [http://www.guttmacher.org/pubs/IB\\_medicaidFP.pdf](http://www.guttmacher.org/pubs/IB_medicaidFP.pdf) (last visited Apr. 21, 2011).

<sup>49</sup> Pub. L. No. 111-148 (2010).

<sup>50</sup> In July 2010, the Center for Medicare and Medicaid Services (CMS) issued guidance on the implementation of PPACA Section 2303 noting “[a]ll rules applicable under the Medicaid program in general apply to this new optional eligibility group....” Family planning services and supplies described in § 1905(a)(4)(C) of the Social Security Act are “reimbursable at the 90% matching rate under the new family planning option.” Family planning-related services are also covered by the new option, but “are reimbursable at the State’s regular Federal medical percentage (FMAP) rate.” See Letter from Cindy Mann, Dir., Cents. for Medicare & Medicaid Servs., U.S. Dep’t of Health & Human Servs., to State Health Officials (July 2, 2010), available at <https://www.cms.gov/smdl/downloads/smd10005.pdf> (last visited Mar. 21, 2011).

<sup>51</sup> The Public Health Service Population Research and Voluntary Family Planning Programs, 42 U.S.C. §§ 300 *et seq.* (current through Pub. L. No. 112-6 (2011)).

<sup>52</sup> 42 U.S.C. § 300a-6 (Title X, § 1008, as added Dec. 24, 1970, Pub. L. No. 91-572, § 6(c), 84 Stat. 1508).

<sup>53</sup> H.R. Conf. Rep. No. 91-1667, p. 8 (1970).

<sup>54</sup> 42 C.F.R. §§ 59.2, 59.8, 59.9, 59.10 (1988).

<sup>55</sup> 500 U.S. 173, 194 (1991).

<sup>56</sup> *Id.* at 198.

<sup>57</sup> *Id.* at 187.

<sup>58</sup> President William J. Clinton, Memorandum for the Sec’y of Health & Human Servs., filed with the Office of the Fed. Register, *Memorandum on the Title X “Gag Rule”* (Jan. 22, 1993), available at <http://www.gpo.gov/fdsys/pkg/PPP-1993-book1/pdf/PPP-1993-book1-doc-pg10.pdf> (last visited Mar. 21, 2010).

<sup>59</sup> As a provision of the GAO Human Capital Reform Act of 2004, Pub. L. No. 108-271, 118 Stat. 811 (2004), the GAO’s legal name was changed from the “General Accounting Office” to the “Government Accountability Office.”

<sup>60</sup> The GAO reviewed expenditure information contained in publicly-available audit reports submitted in accordance with the Single Audit Act, 31 U.S.C. §§ 7501-7507. The law requires that organizations based in the United States with expenditures of federal funds of \$500,000 or more are required to have either a single audit or program-specific audit annually. U.S. GEN. ACCOUNTABILITY OFFICE, *GAO-10-533R Federal Funds for Selected Organizations 2* (2010).



<sup>61</sup> APPENDIX II. PLANNED PARENTHOOD'S ANNUAL REPORT OF SERVICES PROVIDED.

<sup>62</sup> U.S. GEN. ACCOUNTABILITY OFFICE, GAO-10-533R FEDERAL FUNDS FOR SELECTED ORGANIZATIONS 25 (2010).

<sup>63</sup> *Id.* at 2-3.

<sup>64</sup> See APPENDIX I. PLANNED PARENTHOOD'S ANNUAL FINANCIAL REPORTS.

<sup>65</sup> See U.S. GEN. ACCOUNTABILITY OFFICE, GAO-03-527R FEDERAL FUNDS: FISCAL YEAR 2001 EXPENDITURES BY SELECTED ORGANIZATIONS INVOLVED IN HEALTH RELATED ACTIVITIES (2003); U.S. GEN. ACCOUNTING OFFICE, GAO-02-81R FEDERAL FUNDS FOR REPRODUCTIVE HEALTH (2001); U.S. GEN. ACCOUNTING OFFICE, GAO/HEHS-00-147R FEDERAL FUNDS TO NONPROFIT ORGANIZATIONS (2000). See also APPENDIX I. PLANNED PARENTHOOD'S ANNUAL FINANCIAL REPORTS.

<sup>66</sup> THE PLANNED PARENTHOOD TRUST SAN ANTONIO AND SOUTH CENTRAL TEXAS, 2008 ANNUAL REPORT 10 (2008), available at [http://www.plannedparenthood.org/south-texas/files/South-Texas/Final\\_2008Annual\\_Report\\_EDITED.pdf](http://www.plannedparenthood.org/south-texas/files/South-Texas/Final_2008Annual_Report_EDITED.pdf) (last visited Mar. 27, 2011).

<sup>67</sup> Letter from Jan Inglish, Chief, Med. Rev. Branch, Cal. Dep't of Health Servs., to Bob Coles, Vice President & Chief Fin. Officer, Planned Parenthood of San Diego & Riverside Counties (Nov. 19, 2004).

<sup>68</sup> *Hearing on efforts to combat health care fraud, Before the Subcomm. on Oversight of the H. Comm. on Ways and Means*, 112th Cong. 3 (2011) (statement of Lewis Morris, Chief Counsel to the Inspector Gen., U.S. Dep't of Health & Human Servs.), available at [http://oig.hhs.gov/testimony/docs/2011/morris\\_testimony\\_03022011.pdf](http://oig.hhs.gov/testimony/docs/2011/morris_testimony_03022011.pdf) (last visited Mar. 21, 2011).

<sup>69</sup> *Id.*

<sup>70</sup> An improper payment is any payment that should not have been made or that was made in an incorrect amount under statutory, contractual, administrative, or other legally-applicable requirements. Pub. L. No. 111-204, §2(e), 124 Stat. 2224, 2227 (2010) (codified at 31 U.S.C. § 3321).

<sup>71</sup> See *Hearing on New Tools for Curbing Waste and Fraud in Medicare and Medicaid, Before the Subcomm. on Fed. Fin. Mgmt., Gov't Info., Fed. Servs., and Int'l Sec., S. Comm. on Homeland Sec. & Governmental Affairs*, 112th Cong. 2 (2011) (statement of Kathleen M. King, Dir., Health Care, U.S. Gov't Accountability Office) (citing *Department of Health and Human Services FY 2010 Agency Financial Report* (Washington, D.C. Nov. 15, 2010)).

<sup>72</sup> Planned Parenthood affiliates in California are providers under several federal and state programs and all ten Planned Parenthood affiliates in the state have signed contracts with the FPACT program which operates under the authority of § 1115(a)(2) of the Social Security Act and the State's Title XIX plan. The FPACT Manual (dated August 2001), the manual given to every Planned Parenthood affiliate in California, states, "Family PACT requires that drugs and supplies dispensed by the Family PACT provider must be billed at 'cost.'" See APPENDIX IV. FPACT MANUAL, AUGUST 2001. The intent of this provision was to prohibit entities like Planned Parenthood from buying contraceptives at deeply-discounted prices and then asking for reimbursement at a cost higher than the purchase or "acquisition" price.

<sup>73</sup> Letter from Jan Inglish, Chief, Med. Rev. Branch, Cal. Dep't of Health Servs., to Bob Coles, Vice President & Chief Fin. Officer, Planned Parenthood of San Diego & Riverside Counties (Nov. 19, 2004).

<sup>74</sup> No punitive, remedial, or even corrective actions were taken against the Planned Parenthood of San Diego and Riverside Counties.

<sup>75</sup> *Gonzalez ex rel. U.S. v. Planned Parenthood of L.A.*, No. CV05-8818 AHM (C.D. Cal.). In April 2010, the claims made under the federal False Claims Act were dismissed for failing to comply with Federal Rule of Civil Procedure 9(b). However, the plaintiff was granted leave to amend his complaint to remedy the deficiencies. State law claims made under the California False Claims Act were dismissed as time-barred.

<sup>76</sup> First Amended Complaint at 19, *Gonzalez ex rel. United States v. Planned Parenthood of L.A.*, No. CV05-8818 AHM (C.D. Cal. May, 1, 2008). Mr. Gonzalez was employed by PPLA between December 9, 2002 and March 9, 2004. *Id.* at 1.

<sup>77</sup> *Id.* at Exhibit 4. See APPENDIX V. ASSESSMENT OF OVER-BILLING PRACTICES, *GONZALEZ EX REL. U.S. V. PLANNED PARENTHOOD OF L.A.*

<sup>78</sup> *Id.* at 22.

<sup>79</sup> Letter from James Edert, Regional Inspector Gen., Office of the Inspector Gen., U.S. Dep't of Health & Human Servs., to Jennifer Velez, Comm'r, N.J. Dep't of Human Servs. (June 17, 2008); OFFICE OF INSPECTOR GEN., U.S. DEP'T OF HEALTH & HUMAN SERVS., REVIEW OF OUTPATIENT MEDICAID CLAIMS BILLED AS FAMILY PLANNING BY NEW JERSEY (2008). According to the audit report, covering February 1, 2001 through January 31, 2005, of the 107 claims sampled, "43 claims did not qualify as family planning services, and therefore were not eligible for Federal Medicaid reimbursement at the 90 percent rate."

<sup>80</sup> Maintenance Management Information System (MMIS) is a claims processing and information retrieval system for Medicaid. All states are required to operate a MMIS. See Centers for Medicare & Medicaid Services, Overview (Mar. 31, 2011), available at <https://www.cms.gov/MMIS/> (last visited Apr. 20, 2011).

<sup>81</sup> OFFICE OF INSPECTOR GEN., U.S. DEP'T OF HEALTH & HUMAN SERVS., REVIEW OF OUTPATIENT MEDICAID CLAIMS BILLED AS FAMILY PLANNING BY NEW JERSEY 5 (2008). To counter this abuse of federal funds, coming "especially" from Planned Parenthood affiliates, the State of New Jersey was advised to "issue guidance to family planning clinics that all services provided should not be billed to Medicaid as family planning services eligible for 90% Federal funding."

<sup>82</sup> Letter from Craig C. Francis, Dir., Bureau of Medicaid Audit, N.Y. City, N.Y. Office of the Medicaid Inspector Gen., to Caroline Greene, Chief Fin. Officer, Margaret Sanger Ctr., Planned Parenthood Diagnostic & Treatment Ctr. (Jan. 20, 2009).

<sup>83</sup> Letter from Craig C. Francis, Dir., Div. of Medicaid Audit, N.Y. City, N.Y. Office of the Medicaid Inspector Gen., to Jane Florek, Chief Fin. Officer, Margaret Sanger Ctr., Planned Parenthood Diagnostic & Treatment Ctr. (June 9, 2009). The audit examined Medicaid claims from January 1, 2004 through December 31, 2005. The report noted, "We are 95% certain that the amount of the overpayment is greater than the lower confidence limit." The State of New York, however, permitted Planned Parenthood to settle for the proposed amount.

<sup>84</sup> Letter from Steve Wilson, Auditor, Office of Program Integrity, Wash. Dep't of Soc. & Health Servs., to David B. Robbins, Attorney, Bennett Bigelow & Leedom, P.S. (July 20, 2009); OFFICE OF PROGRAM INTEGRITY, WASH. DEP'T OF SOC. & HEALTH SERVS., FINAL AUDIT REPORT PLANNED PARENTHOOD OF THE INLAND NORTHWEST (2009). The audit reviewed 333 procedures performed from March 15, 2004 through February 26, 2007. Based on the review, the auditors applied the sample findings to all 267,815 procedures performed during that timeframe to calculate the overpayment.

- <sup>85</sup> *Audit finds Planned Parenthood affiliate overcharged \$629,000 to Medicaid*, Catholic News Agency (Aug. 13, 2009), available at [http://www.catholicnewsagency.com/news/audit\\_finds\\_planned\\_parenthood\\_affiliate\\_overcharged\\_629000\\_to\\_medicaid/](http://www.catholicnewsagency.com/news/audit_finds_planned_parenthood_affiliate_overcharged_629000_to_medicaid/) (last visited Mar. 21, 2011).
- <sup>86</sup> OFFICE OF PROGRAM INTEGRITY, WASH. DEP'T OF SOC. & HEALTH SERVS., FINAL AUDIT REPORT OF PLANNED PARENTHOOD OF THE INLAND NORTHWEST 14 (2009) ("This med should have been included in the bundled facility fee and not billed under this provider number.").
- <sup>87</sup> *Id.* at 16-18. The guidelines issued by the Department of Health Nursing Commission require that a prior patient-clinician relationship be established as part of the standing-order protocol. However, the audit revealed that at PPINW, a registered nurse wrote contraceptive orders for new patients without a countersignature by a clinician.
- <sup>88</sup> Press Release, Wash. Dep't of Soc. & Health Servs., *Washington State Medicaid, Planned Parenthood of the Inland Northwest Settle 2009 Audit Findings* (Oct. 29, 2010), available at <http://www.dshs.wa.gov/mediareleases/2010/pr10098.shtml> (last visited Mar. 27, 2011). Hearing on efforts to combat health care fraud, Before the Subcomm. on Oversight of the H. Comm. on Ways and Means, 112th Cong. 5 (2011) (statement of Lewis Morris, Chief Counsel to the Inspector Gen., U.S. Dep't of Health & Human Servs.), available at [http://oig.hhs.gov/testimony/docs/2011/morris\\_testimony\\_03022011.pdf](http://oig.hhs.gov/testimony/docs/2011/morris_testimony_03022011.pdf) (last visited Mar. 21, 2011).
- <sup>89</sup> Hearing on efforts to combat health care fraud, Before the Subcomm. on Oversight of the H. Comm. on Ways and Means, 112th Cong. 5 (2011) (statement of Lewis Morris, Chief Counsel to the Inspector Gen., U.S. Dep't of Health & Human Servs.), available at [http://oig.hhs.gov/testimony/docs/2011/morris\\_testimony\\_03022011.pdf](http://oig.hhs.gov/testimony/docs/2011/morris_testimony_03022011.pdf) (last visited Mar. 21, 2011).
- <sup>90</sup> *Id.* at 6.
- <sup>91</sup> *Id.*
- <sup>92</sup> See, e.g., *Planned Parenthood Statement on H.R. 1: the Continuing Resolution that Represents the Most Devastating Assault on Women's Health in American History* (Feb. 11, 2011), available at <http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-statement-hr-1-continuing-resolution-represents-most-devastating-assault-wom-36191.htm> (last visited Apr. 20, 2011) ("Eliminating the Title X program and prohibiting all federal funding for Planned Parenthood, one of the largest women's health providers in the country, will result in millions of women across the country losing access to basic primary and preventive health care, including lifesaving cancer screenings, family planning, contraception, STI testing and treatment, and annual exams. In fact, six in 10 women who receive care from a family planning health center consider it to be their main source of health care.").
- <sup>93</sup> On March 9, 2011, Kathleen King, Director of Health Care for the Government Accountability Office (GAO) testified before the Senate Subcommittee on Federal Financial Management, Government Information, Federal Services, and International Security, Committee on Homeland Security and Governmental Affairs that GAO has "designated Medicare and Medicaid as high-risk programs." See *Hearing on New Tools for Curbing Waste and Fraud in Medicare and Medicaid, Before the Subcomm. on Fed. Fin. Mgmt., Gov't Info., Fed. Servs., and Int'l Sec., S. Comm. on Homeland Sec. and Governmental Affairs*, 112th Cong. (2011) (statement of Kathleen M. King, Dir., Health Care, U.S. Gov't Accountability Office).
- <sup>94</sup> President Barack Obama, Memorandum for the Heads of Executive Dep'ts & Agencies, *Memorandum on Enhancing Payment Accuracy Through a "Do Not Pay List"* (June 18, 2010), available at <http://www.whitehouse.gov/the-press-office/presidential-memorandum-enhancing-payment-accuracy-through-a-do-not-pay-list> (last visited Mar. 28, 2011).
- <sup>95</sup> 42 U.S.C. § 300a-6 (current through Pub. L. No. 112-6 (2011)).
- <sup>96</sup> See U.S. Dep't of Health & Human Servs., Office of Population Affairs, *Policy and Planning: Title X Statute and Regulations*, available at <http://www.hhs.gov/opa/familyplanning/policyplanningeval/policyplanningeval.html> (last visited Apr. 20, 2011).
- <sup>97</sup> See U.S. Dep't of Health & Human Servs., Office of Population Affairs, *Program Priorities*, available at <http://www.hhs.gov/opa/familyplanning/policyplanningeval/programpriorities/index.html> (last visited Apr. 25, 2011).
- <sup>98</sup> See Planned Parenthood Fed'n of Am., *Thinking About Abortion*, available at <http://www.plannedparenthood.org/health-topics/pregnancy/thinking-about-abortion-21519.htm> (last visited Apr. 4, 2011).
- <sup>99</sup> *Id.*
- <sup>100</sup> See PLANNED PARENTHOOD FED'N OF AM., INC., PLANNED PARENTHOOD SERVICES (Feb. 2011), available at [http://www.plannedparenthood.org/files/PPFA/PP\\_Services.pdf](http://www.plannedparenthood.org/files/PPFA/PP_Services.pdf) (last visited Mar. 21, 2011). See also PLANNED PARENTHOOD FED'N OF AM., INC., PLANNED PARENTHOOD BY THE NUMBERS (2011), available at [http://www.plannedparenthood.org/files/PPFA/PP\\_by\\_the\\_Numbers.pdf](http://www.plannedparenthood.org/files/PPFA/PP_by_the_Numbers.pdf) (last visited Mar. 27, 2011).
- <sup>101</sup> APPENDIX II. PLANNED PARENTHOOD'S ANNUAL REPORTS OF SERVICES PROVIDED.
- <sup>102</sup> *Id.*
- <sup>103</sup> In its 1994-1995 annual report, Planned Parenthood reported it had "more than 900" clinics. PLANNED PARENTHOOD FED'N OF AM., INC., ANNUAL REPORT 1994-1995 3. According to its 2007-2008 annual report, Planned Parenthood had "nearly 880" clinics. PLANNED PARENTHOOD FED'N OF AM., INC., ANNUAL REPORT 2007-2008 2 available at [http://www.plannedparenthood.org/files/AR08\\_vFinal.pdf](http://www.plannedparenthood.org/files/AR08_vFinal.pdf) (last visited Apr. 21, 2011). As of September 2010, Planned Parenthood reported it had "more than 825" clinics. PLANNED PARENTHOOD FED'N OF AM., INC., PLANNED PARENTHOOD SERVICES 2 (Sept. 2010), available at [http://www.plannedparenthood.org/files/PPFA/fact\\_ppservices\\_2010-09-03.pdf](http://www.plannedparenthood.org/files/PPFA/fact_ppservices_2010-09-03.pdf) (last visited Mar. 27, 2011). And, in January 2011, it reported "more than 800" clinics. Planned Parenthood Fed'n of Am., Inc., Planned Parenthood Services 1 (Feb. 2011), available at [http://www.plannedparenthood.org/files/PPFA/PP\\_Services.pdf](http://www.plannedparenthood.org/files/PPFA/PP_Services.pdf) (last visited Mar. 21, 2011).
- <sup>104</sup> See Carey, *Planned Parenthood plans to expand abortion services nationwide*, THE DAILY CALLER (Dec. 23, 2010), available at <http://www.dailycaller.com/2010/12/23/planned-parenthood-plans-to-expand-abortion-services-nationwide/> (last visited Mar. 21, 2011).
- <sup>105</sup> See, e.g., Abby Johnson, Opinion: Defund Planned Parenthood, AOL NEWS (Mar. 8, 2011), available at <http://www.aolnews.com/2011/03/08/opinion-defund-planned-parenthood/> (last visited Mar. 21, 2011).
- <sup>106</sup> See Region II, available at [http://www.hhs.gov/opa/familyplanning/grantees/services/titlexgdcg\\_regii.pdf](http://www.hhs.gov/opa/familyplanning/grantees/services/titlexgdcg_regii.pdf) (last visited Apr. 20, 2011). According to PPNYC's Form 990 from 2009, the affiliate received over \$3 million from the federal government that year. See Planned Parenthood of New York City, Inc., Form 990, available at

[http://www.plannedparenthood.org/nyc/files/NYC/990\\_form\\_2009.pdf](http://www.plannedparenthood.org/nyc/files/NYC/990_form_2009.pdf) (last visited Apr. 20, 2011).

<sup>107</sup> See APPENDIX III. PLANNED PARENTHOOD OF NEW YORK CITY 2008 ANNUAL REPORT. PPNYC's 2009 annual report states that abortion is 19 percent of its services. See PLANNED PARENTHOOD OF NEW YORK CITY, *SERVING OUR COMMUNITIES: 2009 ANNUAL REPORT*, available at [http://www.plannedparenthood.org/nyc/files/NYC/online\\_version\\_of\\_2009\\_annual\\_report.pdf](http://www.plannedparenthood.org/nyc/files/NYC/online_version_of_2009_annual_report.pdf) (last visited Apr. 20, 2011).

<sup>108</sup> See Region II, available at [http://www.hhs.gov/opa/familyplanning/grantees/services/titexgdcg\\_regii.pdf](http://www.hhs.gov/opa/familyplanning/grantees/services/titexgdcg_regii.pdf) (last visited Apr. 20, 2011).

<sup>109</sup> See Planned Parenthood Fed'n of Am., *The Bronx Center—Bronx, NY*, available at <http://www.plannedparenthood.org/health-center/centerDetails.asp?f=2524> (last visited Apr. 20, 2011).

<sup>110</sup> *Doe v. Planned Parenthood of Cent. & N. Ariz.*, No. CV 2001-014876 (Ariz. Super. Ct. Maricopa County Nov. 26, 2002); *Arizona Trial Judge Concludes Planned Parenthood Negligently Failed to Report Abortion*, HEALTH L. WK. 7 (Jan. 10, 2003); *Glendale Teen Files Lawsuit Against Planned Parenthood*, ARIZ. REPUBLIC B3 (Sept. 2, 2001).

<sup>111</sup> *Id.*

<sup>112</sup> *Id.* During this same time period, Planned Parenthood affiliates in Arizona (including PPCNA) challenged a parental consent statute—a statute which the Ninth Circuit Court of Appeals held to be constitutional. *Planned Parenthood of S. Ariz. v. Lawall*, 307 F.3d 783 (9th Cir. 2002).

<sup>113</sup> See APPENDIX VII. FAILURE TO REPORT CRIMINAL CHILD SEXUAL ABUSE

<sup>114</sup> GLOSSER ET AL., *STATUTORY RAPE: A GUIDE TO STATE LAWS AND REPORTING REQUIREMENTS* 1 (2004).

<sup>115</sup> *Id.*

<sup>116</sup> PLANNED PARENTHOOD FED'N OF AM., INC., *FACT SHEET: REDUCING TEENAGE PREGNANCY* 6 (April 2010), available at [http://www.plannedparenthood.org/files/PPFA/Reducing\\_Teenage\\_Pregnancy.pdf](http://www.plannedparenthood.org/files/PPFA/Reducing_Teenage_Pregnancy.pdf) (last visited Apr. 11, 2011).

<sup>117</sup> *Id.*

<sup>118</sup> *Id.*

<sup>119</sup> *Id.*

<sup>120</sup> In the *Fact Sheet* section entitled “Poor and High-Risk Teens Need Programs Aimed at Preventing Pregnancy” no specific program is posited to help abused girls, but Planned Parenthood does note, “[a]dolescent women with older partners also use contraception less frequently....” *Id.* 5-6. The document explicitly advocates increased contraception usage, funding, and confidentiality requirements as solutions to teen pregnancy.

<sup>121</sup> See RAINN, *Mandatory Reporting Database*, available at <http://www.rainn.org/public-policy/legal-resources/mandatory-reporting-database> (last visited Apr. 20, 2011).

<sup>122</sup> See U.S. Dep't of Health & Human Servs., Office of Population Affairs, *Legislative Mandates*, available at <http://www.hhs.gov/opa/familyplanning/policyplanningeval/legislative/index.html> (last visited Apr. 11, 2011) (“[N]o provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”).

<sup>123</sup> See ALA. CODE § 26-14-3 (2010); ARIZ. REV. STAT. ANN. § 13-3620 (2010); CAL. PENAL CODE § 11165.7 (2010); CONN. GEN. STAT. § 17a-101 (2010); IND. CODE § 31-33-5-1 (2010); OHIO REV. CODE ANN. § 2151.421 (2010); TENN. CODE ANN. §§ 37-1-605, 38-1-302, 38-1-305 (2010); VT. STAT. ANN. tit. 33, § 4913 (2010); WIS. STAT. ANN. §§ 48.981, 48.02 (2010).

<sup>124</sup> See *Roe v. Planned Parenthood S.W. Ohio Region*, 173 Ohio App. 3d 414 (Ohio Ct. App. 2007); see also Callahan, *Clinic may have to turn over confidential files*, The Pulse-Journal (May 17, 2007), available at <http://www.pulsejournal.com/n/content/oh/story/news/local/2007/05/17/pjm051707plannedparenthood.html> (last visited Apr. 20, 2011).

<sup>125</sup> See Ala. Dep't of Pub. Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), available at <http://www.liveaction.org/files/PPViolations.pdf> (last visited Apr. 20, 2011). Planned Parenthood of Alabama in Birmingham accepts Medicaid and Plan First payments. See PLANNED PARENTHOOD HEALTH INFO & SERVICES, BIRMINGHAM CENTER-BIRMINGHAM, ALABAMA, available at <http://www.plannedparenthood.org/health-center/centerDetails.asp?f=3253&a=90330&v=details> (last visited May 19, 2011).

<sup>126</sup> See *Parental Notification of Abortion, Hearings on H.218 Before the H. Judiciary Comm.*, 2001-2002 Legis. Sess. (Vt. 2001) (statement of Nancy Mosher, President & Chief Executive Officer, Planned Parenthood of N. New England). According to testimony before the committee, in 2000, 12 girls under 16 years of age obtained abortions at PPNNE clinics. These pregnancies were presumptively the result of criminal conduct, yet the organization's representative testified that PPNNE had not notified the authorities of any of the 12 cases. See also Teresa Stanton Collett, *Protecting Our Daughters: The Need for the Vermont Parental Notification Law*, 26 Vt L. Rev. 101, 132-33 (2001).

<sup>127</sup> See Live Action, *Tucson, AZ: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/tucson-az> (last visited Mar. 26, 2011); Live Action, *Phoenix, AZ: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/phoenix-az> (last visited Mar. 26, 2011).

<sup>128</sup> See Live Action, *Bloomington, IN: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/bloomington-in> (last visited Mar. 26, 2011); Live Action, *Indianapolis, IN: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/indianapolis-in> (last visited Apr. 25, 2011).

<sup>129</sup> See Live Action, *Student Undercover Video Shows Tennessee Planned Parenthood Coaching 14-year-old To Lie About Age Of “Boyfriend”* (Apr. 20, 2009), available at <http://liveaction.org/press/student-undercover-video-shows-tennessee-planned-parenthood-coaching-14-year-old-to-lie-about-age-of-boyfriend> (last visited Apr. 21, 2011); Live Action, *State Lawmakers Clash with Planned Parenthood Officials Over Undercover Footage; Unedited Undercover Videos Submitted to TN Law Enforcement* (Apr. 29, 2009), available at <http://liveaction.org/press/state-lawmakers-clash-with-planned-parenthood> (last visited Apr. 21, 2011).

<sup>130</sup> See Live Action, *Birmingham, AL: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/birmingham-alabama> (last visited Mar. 26, 2011).

<sup>131</sup> See Live Action, *Milwaukee, WI: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/milwaukee-wi> (last visited Mar. 26, 2011).

<sup>132</sup> See Live Action, *Planned Parenthood Covers Up Statutory Rape* (Nov. 9, 2007), available at [http://www.youtube.com/watch?v=YtJ\\_7ZFgEw](http://www.youtube.com/watch?v=YtJ_7ZFgEw) (last visited Apr. 21, 2011).

<sup>133</sup> See APPENDIX VIII. FAILURE TO COMPLY WITH PARENTAL INVOLVEMENT LAWS.

<sup>134</sup> GLOSSER ET AL., *STATUTORY RAPE: A GUIDE TO STATE LAWS AND REPORTING REQUIREMENTS 1* (2004).

<sup>135</sup> Facts related to this story can be found in court documents as well as in AUL's amicus curiae brief in the case. See Brief of Amici Curiae Members of the U.S. Congress, *Roe v. Planned Parenthood Southwest Ohio*, No. 07-1832 (Ohio 2008), available at [http://www.aul.org/xm\\_client/client\\_documents/briefs/Roe\\_v\\_PP\\_OH\\_05-2008.pdf](http://www.aul.org/xm_client/client_documents/briefs/Roe_v_PP_OH_05-2008.pdf) (last visited Mar. 9, 2011).

<sup>136</sup> *Id.*

<sup>137</sup> *Id.*

<sup>138</sup> See *Ohio Lawsuit Over Teen Abortion Resolved*, ASSOCIATED PRESS, Apr. 28, 2011, available at <http://www2.nbc4i.com/news/2011/apr/28/2/ohio-lawsuit-over-teen-abortion-resolved-ar-469385/>. In addition, the minor's pregnancy and boyfriend's involvement in her abortion should have incited Planned Parenthood's employees—mandatory reporters under Ohio law—to report her sexual abuse/statutory rape to the proper authorities, but Planned Parenthood allegedly failed to do so.

<sup>139</sup> See APPENDIX VIII. FAILURE TO COMPLY WITH PARENTAL INVOLVEMENT LAWS.

<sup>140</sup> *Parental Involvement Laws: Protecting minors and parental rights*, DEFENDING LIFE 2011: PROVEN STRATEGIES FOR A PRO-LIFE AMERICA 306-315 (Americans United for Life 2011), available at <http://www.aul.org/dl2011-abortion/> (last visited Apr. 21, 2011).

<sup>141</sup> *Id.* States include Alabama, Arkansas, Arizona, Idaho, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Wisconsin, and Wyoming.

<sup>142</sup> *Id.* States include Colorado, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Maryland, Minnesota, Nebraska, South Dakota, and West Virginia.

<sup>143</sup> See U.S. Dep't of Health & Human Servs., Office of Population Affairs, *Legislative Mandates*, available at <http://www.hhs.gov/opa/familyplanning/policyplanningeval/legislative/index.html> (last visited Apr. 11, 2011).

<sup>144</sup> See V. PLANNED PARENTHOOD'S OPPOSITION TO LEGISLATION THAT PROTECTS WOMEN.

<sup>145</sup> See APPENDIX VIII. FAILURE TO COMPLY WITH PARENTAL INVOLVEMENT LAWS.

<sup>146</sup> See Alabama Dep't of Public Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), available at <http://www.liveaction.org/files/PPViolations.pdf> (last visited Apr. 13, 2011). Planned Parenthood of Alabama in Birmingham accepts Medicaid and Plan First payments. See PLANNED PARENTHOOD HEALTH INFO & SERVICES, BIRMINGHAM CENTER-BIRMINGHAM, ALABAMA available at <http://www.plannedparenthood.org/health-center/centerDetails.asp?f=3253&a=90330&v=details> (last visited May 19, 2011).

<sup>147</sup> Prather, *Judge Faults St. Paul Clinic in Abortion Lawsuit*, ST. PAUL PIONEER PRESS A1 (Oct. 2005). Planned Parenthood of Minnesota/North Dakota/South Dakota receives money from the United States Department of Health and Human Services and from Title X. See PLANNED PARENTHOOD OF MINNESOTA/NORTH DAKOTA/SOUTH DAKOTA, 2009 ANNUAL REPORT (2009), available at [http://www.plannedparenthood.org/mn-nd-sd/images/Minnesota-NDakota-SDakota/PP09\\_C3AR.pdf](http://www.plannedparenthood.org/mn-nd-sd/images/Minnesota-NDakota-SDakota/PP09_C3AR.pdf) (last visited May 19, 2011).

<sup>148</sup> See U.S. Dep't of Health & Human Servs., Office of Population Affairs, *Legislative Mandates*, available at <http://www.hhs.gov/opa/familyplanning/policyplanningeval/legislative/index.html> (last visited Apr. 21, 2011).

<sup>149</sup> Statement from *Hearings before the Subcomm. on Near E. and S. Asian Affairs of the Comm. on Foreign Relations in the U.S. Senate*, 106th Congress (Feb. 22 and Apr. 4, 2000), available at <http://purl.access.gpo.gov/GPO/LPS7989> (last visited Apr. 21, 2011).

<sup>150</sup> See U.S. DEP'T OF STATE, *TRAFFICKING IN PERSONS REPORT* (June 2007), available at <http://www.state.gov/documents/organization/82902.pdf> (last visited Apr. 21, 2011).

<sup>151</sup> 18 U.S.C. §§ 1591, 2421, 2422, 2423 (2011).

<sup>152</sup> *Id.* § 2.

<sup>153</sup> Pub. L. 106-386 §103 (9), 114 Stat. 1464 (2000) (codified at 22 U.S.C. §§7101 et. seq.).

<sup>154</sup> *Id.* §103 (3).

<sup>155</sup> *Id.* §103 (8).

<sup>156</sup> Dept. of Health & Human Servs., *Sex Trafficking Fact Sheet*, available at [http://www.acf.hhs.gov/trafficking/about/fact\\_sex.pdf](http://www.acf.hhs.gov/trafficking/about/fact_sex.pdf) (last visited May 4, 2011).

<sup>157</sup> See U.S. DEP'T OF STATE, *TRAFFICKING IN PERSONS REPORT* (2007); U.S. Dep't of Justice, Child Exploitation & Obscenity Section, *Trafficking and Sex Tourism*, available at <http://www.state.gov/documents/organization/82902.pdf> (last visited May 4, 2011).

<sup>158</sup> *Id.*

<sup>159</sup> ESTES & WEINER, *COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN IN THE U.S., CANADA AND MEXICO 11-12* (2001). Children and teens living on the streets in the United States are particularly vulnerable. The study found approximately 55 percent engage in formal prostitution. *Id.* at 7. Of the girls engaged in formal prostitution, about 75 percent work for a pimp. *Id.*

<sup>160</sup> *Id.* at 92.

<sup>161</sup> See APPENDIX IX. ASSISTING PROSTITUTION AND/OR SEX TRAFFICKING?

<sup>162</sup> *Id.*

<sup>163</sup> See Live Action, *Planned Parenthood Aids Pimp's Underage Sex Ring* (Feb. 1, 2011), available at [http://www.youtube.com/watch?v=L9Zj9yx2j0Y&feature=player\\_embedded](http://www.youtube.com/watch?v=L9Zj9yx2j0Y&feature=player_embedded) (last visited Apr. 21, 2011); Live Action, *Caught on Tape: Planned Parenthood Aids Pimp's Underage Sex Ring* (Feb. 1, 2011), available at <http://liveaction.org/blog/planned-parenthood-aids-sex-ring/> (last visited Apr. 21, 2011).

<sup>164</sup> *Id.*

<sup>165</sup> *Id.*

<sup>166</sup> See Planned Parenthood of Cent. N.J., *Planned Parenthood of Central New Jersey is Nationally Recognized for Excellence in Professional Training* (Apr. 14, 2009), available at <http://www.plannedparenthood.org/about-us/newsroom/local-press-releases/planned-parenthood-central-new-jersey-nationally-recognized-excellence-professional-training-28847.htm> (last visited Apr. 21, 2011).

<sup>167</sup> See O'Reilly Factor, *Abby Johnson Speaks About Defunding Planned Parenthood* (Fox News Broadcast Feb. 18, 2011), available at [http://www.youtube.com/watch?v=dKr8IElyUY&feature=player\\_embedded](http://www.youtube.com/watch?v=dKr8IElyUY&feature=player_embedded) (last visited Apr. 21, 2011).

<sup>168</sup> See, e.g., *Planned Parenthood Cincinnati Region v. Taft*, 459 F. Supp. 2d 626, 630 n.7 (S.D. Ohio 2006); *Planned Parenthood Arizona Inc. v. Goddard*, Minute Entry, CV 2009-029110 (Super. Ct. Ariz., Maricopa County Feb. 17, 2010).

<sup>169</sup> Dickinson, *Faraway doctors give abortion pills by video*, DES MOINES REGISTER (May 16, 2010), available at <http://www.9news.com/news/local/article.aspx?storyid=140688&catid=188> (last visited Mar. 26, 2011).

<sup>170</sup> For example, Iowa law requires that any abortion in the state must be performed by a doctor. However, by using telemedicine, Planned Parenthood of the Heartland appears to be effectively violating this law. IOWA CODE ANN. § 707.7 (2010). The law's requirement that only a doctor can perform an abortion was intended to protect women from various harms associated with abortion, but a Planned Parenthood affiliate in Iowa bypasses those protections by making the doctor's presence merely "virtual."

<sup>171</sup> According to the single clinical trial submitted to the FDA for approval:

- 1) The RU-486 regimen fails in 1 out of 12 women with pregnancies less than or equal to 49 days. Those failures increase to 1 out of every 6 women with pregnancies just one week further (50-56 days), and increase still further to nearly 1 out of every 4 pregnancies at 57-63 days gestational age.
- 2) When using RU-486, 1 out of 100 women with pregnancies less than or equal to 49 days will require emergency surgery, most often for hemorrhage. But this number increases to 1 out of every 11 women with pregnancies of 57-63 days gestational age.
- 3) Moreover, 2 out of every 100 women with pregnancies less than or equal to 49 days will be hospitalized for emergency treatment (usually hemorrhage). But this number doubles to 4 out of every 100 women with pregnancy of 57-63 days.

<sup>172</sup> *Id.*

<sup>173</sup> See U.S. Food & Drug Admin., *Mifeprex (mifepristone) Information* (Feb. 24, 2010), available at <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111323.htm> (last visited Apr. 21, 2011).

<sup>174</sup> See Planned Parenthood Fed'n of Am., *The Abortion Pill*, available at <http://www.plannedparenthood.org/health-topics/abortion/abortion-pill-medication-abortion-4354.asp> (last visited Mar. 28, 2011).

<sup>175</sup> See Spitz et al., *Early pregnancy termination with mifepristone and misoprostol in the United States*, 338 N.E.J.M. 1241 (1998).

<sup>176</sup> See AM. CONGRESS OF OBSTETRICIANS & GYNCOLOGISTS, *ECTOPIC PREGNANCIES* (Feb. 2009), available at [http://www.acog.org/publications/patient\\_education/bp155.cfm](http://www.acog.org/publications/patient_education/bp155.cfm) (last visited Apr. 21, 2011). See also National Center for Biotechnology Information, *Ectopic Pregnancy* (Feb. 21, 2010), available at <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001897/> (last visited Apr. 5, 2011) ("Ectopic pregnancies occur in 1 in every 40 to 1 in every 100 pregnancies.").

<sup>177</sup> See U.S. Food & Drug Admin., *Mifeprex Questions and Answers* (updated Feb. 24, 2010), available at <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111328.htm> (last visited Apr. 21, 2011) ("FDA has received reports of ectopic pregnancy (a pregnancy located outside of the womb, such as in the fallopian tubes), including one case of ectopic pregnancy resulting in death.").

<sup>178</sup> Mifeprex Label, available at [http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2000/206871bl.htm](http://www.accessdata.fda.gov/drugsatfda_docs/label/2000/206871bl.htm) (last visited Apr. 21, 2011).

<sup>179</sup> Letter from Congressman Steve King, et. al, to Kathleen Sebelius, Sec'y, U.S. Dep't of Health & Human Servs. (Feb. 3, 2011). See APPENDIX VI. LETTER FROM CONGRESSMAN STEVE KING, ET. AL, TO KATHLEEN SEBELIUS.

<sup>180</sup> Planned Parenthood Fed'n of Am., *Planned Parenthood Applauds Launch of a New Emergency Contraception in the U.S.* (Dec. 1, 2010), available at <http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-applauds-launch-new-emergency-contraception-us-35386.htm> (last visited Apr. 21, 2011).

<sup>181</sup> At the FDA advisory panel meeting on *ella* in June 2010, Planned Parenthood's Dr. Vanessa Cullins boasted about the organization's off-label use of Plan B, which is also advertised on Planned Parenthood's website. Plan B was approved for use "within 72 hours of intercourse." See Plan B Label (0.75mg levonorgestrel) Tablets (Aug. 23, 2006), available at [http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2006/021045s011bl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2006/021045s011bl.pdf) (last visited Apr. 21, 2011). However, according to Planned Parenthood, "emergency contraception," which includes Plan B, "can be started up to 120 hours—five days—after unprotected intercourse." See Planned Parenthood Fed'n of Am., *Morning After Pill (Emergency Contraception)*, available at <http://www.plannedparenthood.org/health-topics/emergency-contraception-morning-after-pill-4363.asp> (last visited Mar. 24, 2011). See *supra* Part IV.E. for discussion of Planned Parenthood's off-label use of RU-486.

<sup>182</sup> *ella* Labeling Information, (Aug. 13, 2010), available at [http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2010/022474s000bl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022474s000bl.pdf) (last visited Apr. 21, 2011). The prescribing instructions state, "Pregnancy should be excluded before prescribing *ella*. If pregnancy cannot be excluded on the basis of history and/or physical examination, pregnancy testing should be performed. A follow-up physical or pelvic examination is recommended if there is any doubt concerning the general health or pregnancy status of any woman after taking *ella*."

<sup>183</sup> PLANNED PARENTHOOD FED'N OF AM., INC., *BACKGROUND ON ULIPRISTAL ACETATE (ELLA)* (2010). Planned Parenthood's background paper on *ella* cites a 1998 study for the proposition that "[e]mergency contraception prevents ovulation. It has no impact on pregnancies that are already underway." *Id.* (citing Van Look & Stewart, *Emergency Contraception, CONTRACEPTIVE TECHNOLOGY* 277 (17th ed. 1998)). However, to make this point, the study examined progestin-based drugs. In fact, the study also acknowledges that RU-486, and similar drugs, could be used as "emergency contraception." There is no debate that RU-486 also causes abortions in "pregnancies that are already underway."



- <sup>184</sup> Planned Parenthood Fed'n of Am., *Morning After Pill (Emergency Contraception)*, available at <http://www.plannedparenthood.org/health-topics/emergency-contraception-morning-after-pill-4363.asp> (last visited Mar. 24, 2011) ("Emergency contraception is also known as the morning-after pill, emergency birth control, backup birth control, and by the brand names Plan B One-Step, *ella*, and Next Choice.").
- <sup>185</sup> *Id.*
- <sup>186</sup> RU-486 and *ella* are Selective Progesterone Receptor Modulators (SPRMs).
- <sup>187</sup> "The mechanism of action of ulipristal in human ovarian and endometrial tissue is identical to that of its parent compound mifepristone." Harrison & Mitroka, *Defining Reality: The Potential Role of Pharmacists in Assessing the Impact of Progesterone Receptor Modulators and Misoprostol in Reproductive Health*, 45 ANNALS PHARMACOTHERAPY 115 (Jan. 2011).
- <sup>188</sup> The FDA and the drug manufacturer do not hide the fact that it will prevent the implantation of an embryo. See Plan B Approved Labeling, available at [http://www.accessdata.fda.gov/drugsatfda\\_docs/nda/2006/021045s011\\_Plan\\_B\\_PRNTLBL.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/nda/2006/021045s011_Plan_B_PRNTLBL.pdf) (last visited Apr. 21, 2011).
- <sup>189</sup> In approving *ella*, the FDA also acknowledged that *ella* "may affect implantation." *ella* Labeling Information (Aug. 13, 2010), available at [http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2010/022474s000lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022474s000lbl.pdf) (last visited Apr. 21, 2011). Moreover, studies confirm that *ella* can harm a pregnancy. The FDA's prescribing instructions also cite animal studies demonstrating high embryo-fetal loss. *Id.* In addition, the European Medicines Agency (EMA), the EU equivalent of the FDA, indicated that *ella* "is embryotoxic at low doses, when given to rats and rabbits." EUROPEAN MEDICINES AGENCY, EVALUATION OF MEDICINES FOR HUMAN USE: CHMP ASSESSMENT REPORT FOR ELLA-ONE 16 (2009), available at [http://www.ema.europa.eu/docs/en\\_GB/document\\_library/EPAR\\_-\\_Public\\_assessment\\_report/human/001027/WC500023673.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/001027/WC500023673.pdf) (last visited Apr. 21, 2011).
- <sup>190</sup> See Planned Parenthood Fed'n of Am., *New Emergency Contraceptive Product Approved!*, available at <http://www.plannedparenthood.org/health-systems/plan-b-one-step-approved-29573.htm> (last visited Apr. 21, 2011).
- <sup>191</sup> For full video footage, see Live Action, *Planned Parenthood Child Sex Ring Coverup Investigation—Full Footage* (Feb. 8, 2011), available at <http://liveaction.org/blog/full-footage/> (last visited Apr. 21, 2011). For a full transcript, see Live Action, *Falls Church Planned Parenthood Transcript* (Jan. 11, 2011), available at <http://liveaction.org/files/transcripts/FallsChurchtranscript.pdf> (last visited Apr. 21, 2011). Relevant portions of the exchange are also contained in APPENDIX X. MISINFORMATION ABOUT ELLA AND DISTRIBUTION OF "EMERGENCY CONTRACEPTION."
- <sup>192</sup> For full video footage, see Live Action, *Planned Parenthood Child Sex Ring Coverup Investigation—Full Footage* (Feb. 8, 2011), available at <http://liveaction.org/blog/full-footage/> (last visited Apr. 21, 2011). For a full transcript see Live Action, *Roanoke Planned Parenthood Transcript* (Jan. 11, 2011), available at <http://liveaction.org/files/transcripts/Roanoketranscript.pdf> (last visited Apr. 21, 2011). Relevant portions of the exchange contained in APPENDIX X. MISINFORMATION ABOUT ELLA AND DISTRIBUTION OF "EMERGENCY CONTRACEPTION."
- <sup>193</sup> According to a survey conducted by the Kaiser Family Found. in 2009, "26 of the 44 surveyed states cover emergency contraception as a family planning benefit." Ranji et al., *State Medicaid Coverage of Family Planning Services* (Kaiser Family Found. Nov. 2009), available at <http://www.kff.org/womenshealth/upload/8015.pdf> (last visited Mar. 28, 2011).
- <sup>194</sup> *Planned Parenthood of S.E. Penn. v. Casey*, 505 U.S. 833, 882 (1992).
- <sup>195</sup> *Id.* at 882.
- <sup>196</sup> *Gonzales v. Carhart*, 550 U.S. 124, 159 (2007).
- <sup>197</sup> *Informed Consent Laws: Protecting a Woman's Right to Know*, DEFENDING LIFE 2011: PROVEN STRATEGIES FOR A PRO-LIFE AMERICA 341-352 (Americans United for Life 2011), available at <http://www.aul.org/2011/03/defending-life-2011/> (last visited Apr. 12, 2011). Twenty-four states require informed consent with a one-day reflection period (usually 24-hours): Alabama, Arkansas, Georgia, Idaho, Indiana (18 hours), Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Virginia, West Virginia, and Wisconsin. Seven states require informed consent with no reflection period: Alaska, California, Connecticut, Florida, Maine, Nevada, and Rhode Island. Five states have enacted informed consent laws that are in litigation or enjoined: Arizona, Delaware, Massachusetts, Montana, and Tennessee.
- <sup>198</sup> Am. Med. Ass'n, AMA Code of Ethics, Opinion 8.08 Informed Consent, available at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion808.shtml> (last visited March 27, 2011).
- <sup>199</sup> In addition, as discussed *infra* Part VI., Planned Parenthood fights against informed consent laws that protect a woman's right to know accurate information about the medical risks of abortion and the physical characteristics of the developing life within her.
- <sup>200</sup> See Live Action, *Appleton, WI: The Rosa-Acuna Project*, available at <http://liveaction.org/rosa-acuna/appleton-wi> (last visited Apr. 21, 2011).
- <sup>201</sup> See APPENDIX XII. PLANNED PARENTHOOD'S WILLINGNESS TO USE INACCURATE AND MISLEADING INFORMATION.
- <sup>202</sup> See, e.g., Sun et al., *Induced abortion and risk of subsequent miscarriage*, 32(3) INT'L J. EPIDEMIOLOGY 449 (2003).
- <sup>203</sup> Fergusson et al., *Abortion in Young Women and Subsequent Mental Health*, 47 J. CHILD PSYCHOLOGY & PSYCHIATRY 16 (2006); Cogle et al., *Generalized Anxiety Following Unintended Pregnancies Resolved Through Childbirth and Abortion: A Cohort Study of the 1995 National Survey of Family Growth*, 19 J. ANXIETY DISORDERS 137 (2005); Gissler et al., *Injury, Deaths, Suicides and Homicides Associated with Pregnancy, Finland 1987-2000*, 15 Eur. J. Pub. Health 459 (2005); Gissler et al., *Methods for Identifying Pregnancy-Associated Deaths: Population-Based Data from Finland 1987-2000*, 18 PEDIATRIC PERINAT. EPIDEMIOL. 448 (2004); Cogle et al., *Depression Associated with Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort*, 9 MED. SCI. MONITOR 157 (2003); Gissler et al., *Suicides after Pregnancy in Finland, 1987-1994: Register Linkage Study*, 313 BRIT. MED. J. 1431 (1996).
- <sup>204</sup> See Live Action, *A Second Wisconsin Planned Parenthood Caught on Tape Giving Misleading Medical Information*, available at <http://liveaction.org/press/a-second-wisconsin-planned-parenthood-caught-on-tape> (last visited Apr. 21, 2011).
- <sup>205</sup> SADLER, LANGMAN'S MEDICAL EMBRYOLOGY 89 (11th ed. 2010).
- <sup>206</sup> See *generally*, Smith & Cates, THE PUBLIC NEED FOR ABORTION STATISTICS, 93 Pub. Health Reports 194 (1978).
- <sup>207</sup> See REPORT OF THE GRAND JURY, Misc. No. 0009901-2008 (Ct. Common Pleas, 1st Jud. Dist. Penn. Crim. Trial Div. Jan. 17, 2011), available at <http://www.phila.gov/>

districtattorney/PDFs/GrandJuryWomensMedical.pdf (last visited Apr. 21, 2011).

<sup>208</sup> See Office of the Dist. Attorney, City of Philadelphia, *Investigation of Women's Medical Society*, available at [http://www.phila.gov/districtattorney/grandjury\\_womensmedical.html](http://www.phila.gov/districtattorney/grandjury_womensmedical.html) (last visited Apr. 21, 2011).

<sup>209</sup> See REPORT OF THE GRAND JURY, Misc. No. 0009901-2008 (Ct. Common Pleas, 1st Jud. Dist. Penn, Crim. Trial Div. Jan. 17, 2011), available at <http://www.phila.gov/districtattorney/PDFs/GrandJuryWomensMedical.pdf> (last visited Apr. 21, 2011).

<sup>210</sup> *Id.* at 8.

<sup>211</sup> *Id.* at 199-202. Using the name "Family Medical Society," Gosnell's clinic provided vaccines under a program administered by the Philadelphia Health Department's Division of Disease Control. Gosnell's clinic allegedly was "improperly trying to count abortion patients as vaccination patients." In addition, the grand jury report notes that "the clinic listed 20 children on Keystone Mercy, a Medicaid health plan."

<sup>212</sup> See Live Action, *Planned Parenthood Aids Pimp's Underage Sex Ring* (Feb. 1, 2011), available at [http://www.youtube.com/watch?v=L9Zj9yx2j0Y&feature=player\\_embedded](http://www.youtube.com/watch?v=L9Zj9yx2j0Y&feature=player_embedded) (last visited Apr. 21, 2011); Live Action, *Caught on Tape: Planned Parenthood Aids Pimp's Underage Sex Ring* (Feb. 1, 2011), available at <http://liveaction.org/blog/planned-parenthood-aids-sex-ring/> (last visited Apr. 21, 2011).

<sup>213</sup> See PLANNED PARENTHOOD OF INDIANA, 2007 ANNUAL REPORT (2007), available at [http://www.ppin.org/documents/ppin\\_2007\\_annual\\_report.pdf](http://www.ppin.org/documents/ppin_2007_annual_report.pdf) (last visited Apr. 21, 2011); Planned Parenthood of Indiana, *Health Centers: Patient Services: Abortion Services*, available at [http://www.ppin.org/healthcenters/patientservices\\_aborton\\_services.html](http://www.ppin.org/healthcenters/patientservices_aborton_services.html) (last visited Apr. 21, 2011).

<sup>214</sup> See Live Action, *Indianapolis, IN: Is Planned Parenthood Underreporting Abortions?*, available at <http://liveaction.org/mona-lisa/indianapolis-in-is-planned-parenthood-underreporting-abortions> (last visited Apr. 21, 2011).

<sup>215</sup> See Live Action, *Indianapolis, IN: Mona Lisa Project*, available at <http://liveaction.org/mona-lisa/indianapolis-in> (last visited Apr. 25, 2011); see also *supra* Part IV.B. FAILURE TO REPORT CRIMINAL CHILD SEXUAL ABUSE.

<sup>216</sup> 2001 Tex. Gen. Laws. 1420 §5.003 (H.B. 2812) (amending Tex. Fam. Code §261.101). See also Tex. Dep't of State Health Servs., *DSHS Child Abuse Screening, Documenting, and Reporting Policy for Contractors Providers Revised effective January 1, 2009* (May 7, 2010), available at [http://www.dshs.state.tx.us/childabusereporting/gsc\\_pol.shtm](http://www.dshs.state.tx.us/childabusereporting/gsc_pol.shtm) (last visited Apr. 21, 2011).

<sup>217</sup> In 2000, there were 6,925 confirmed allegations of sexual abuse of children in Texas. See TEX. DEP'T OF FAMILY AND PROTECTIVE SERVS., 2000 DATA BOOK 54 (2000). After the implementation of the new mandatory reporting requirements, confirmed allegations rose fairly steadily. By 2006, however, the number of confirmed allegations of sexual abuse of children had fallen back near 2000 levels (to 7,176). See TEX. DEP'T OF FAMILY AND PROTECTIVE SERVS., 2006 DATA BOOK 54 (2006).

<sup>218</sup> See Planned Parenthood of Illinois, *The War on Women Comes to Illinois*, available at <http://liveaction.org/blog/wp-content/uploads/2011/03/pp-screenshot.jpg> (last visited Apr. 21, 2011) ("This bill creates redundant regulations that have the potential to overload the Department of Children and Family Services.").

<sup>219</sup> LB 690 (2011), available at <http://nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB690.pdf> (last visited Apr. 7, 2011).

<sup>220</sup> See GALLUP, *Americans Favor Parental Involvement in Teen Abortion Decisions* (Nov. 30, 2005), available at <http://www.gallup.com/poll/20203/americans-favor-parental-involvement-teen-abortion-decisions.aspx> (last visited Apr. 21, 2011).

<sup>221</sup> See Transcript Prepared By the Clerk of the Legislature, Judiciary Committee (March 09, 2011) available at <http://www.legislature.ne.gov/FloorDocs/Current/PDF/Transcripts/Judiciary/2011-03-09.pdf> (last visited Apr. 21, 2011).

<sup>222</sup> Jonathan Klick & Thomas Stratmann, *Abortion Access and Risky Sex Among Teens: Parental Involvement Laws and Sexually Transmitted Diseases*, 24 (1) J.L. Econ. & Org 2-21(2008).

<sup>223</sup> Haas-Wilson, *The Impact of State Abortion Restrictions on Minors' Demand for Abortions*, 31(1) J. HUMAN RES. 140, 155 (1996); Haas-Wilson, *The economic impact of state restrictions on abortion: Parental consent and notification laws and Medicaid funding restrictions*, 12(3) J. POL'Y ANALYSIS & MGMT. 498, 509 (1993); Donovan, *Judging teenagers: How minors fare when they seek court authorized abortions*, 15(6) FAMILY PLANNING PERSP. 259 (1983); Blank et al., *State Abortion Rates: The Impact of Policies, Providers, Politics, Demographics, and Economic Environment*, 15 J. HEALTH ECON. 513 (1996); Ohsfeldt & Gohmann, *Do Parental Involvement Laws Reduce Adolescent Abortion Rates?*, 12(2) CONTEMP. ECON. POL'Y 65 (1994).

<sup>224</sup> See AUL *Applauds Introduction of Nebraska Parental Consent Bill* (Jan. 26, 2011), available at [http://www.1011now.com/political/headlines/AUL\\_Applauds\\_Introduction\\_of\\_Nebraska\\_Parental\\_Consent\\_Bill\\_114666254.html](http://www.1011now.com/political/headlines/AUL_Applauds_Introduction_of_Nebraska_Parental_Consent_Bill_114666254.html) (last visited Apr. 21, 2011).

<sup>225</sup> See Planned Parenthood of Illinois, *Stop the Ultrasound Mandate*, available at <https://secure.ppaction.org/site/Advocacy?pagename=homepage&page=UserAction&id=12996&AddInterest=1563&JServSessionIdr004=tx09iiiqq2.app202b> (last visited Apr. 21, 2011).

<sup>226</sup> See Planned Parenthood Southeast, MS Legislative Update (Apr. 21, 2011), available at <http://www.plannedparenthood.org/ppse/ms-legislative-update-32329.htm> (last visited Apr. 21, 2011).

<sup>227</sup> *Id.*

<sup>228</sup> *Id.*

<sup>229</sup> 2007 U.S. Dist. LEXIS 70808 (W.D. Mo. Sept. 24, 2007).

<sup>230</sup> *Id.* at \*21.

<sup>231</sup> 483 F. Supp. 679, 687 (W.D. Mo. 1980).

<sup>232</sup> *Id.* at 697. The court cited testimony elicited by Planned Parenthood of Judith Widdicombe, R.N., Executive Director of Reproductive Health Services.

<sup>233</sup> *Id.* at 699.

<sup>234</sup> 42 U.S.C. § 1988 (2009).

<sup>235</sup> *Planned Parenthood of N. New England v. Kelly Ayotte* (D. N.H. No. C-03-491-JD).

<sup>236</sup> *Planned Parenthood of the Heartland v. Heineman*, 2011 U.S. Dist. Lexis 19650 (D. Neb. Feb. 28, 2011).

<sup>237</sup> *Planned Parenthood Minn., N.D., S.D. v. Rounds*, 2006 U.S. Dist. Lexis 47723 (D. S.D. July 7, 2006).

<sup>238</sup> See APPENDIX XII. PLANNED PARENTHOOD'S EFFORTS TO OVERTURN COMMON-SENSE LAWS.

<sup>239</sup> *McGrain v. Daugherty*, 272 U.S. 135, 174 (1927).

<sup>240</sup> *Eastland v. U.S. Servicemen's Fund*, 421 U.S. 491, 505 (1975).

<sup>241</sup> *McGrain*, 273 U.S. at 175.

<sup>242</sup> *Wilkinson v. U.S.*, 365 U.S. 399, 408-09 (1961); *Ashland Oil, Inc. v. Fed. Trade Comm'n*, 409 F. Supp. 297, 305 (1976).

<sup>243</sup> *Id.*

<sup>244</sup> *Eastland*, 42 U.S. at 509

<sup>245</sup> *Id.* at 180.

<sup>246</sup> *Exxon Corp. v. Fed. Trade Comm'n*, 589 F.2d 582, 592 (D.C. Cir. 1978), cert. denied, 441 U.S. 943 (1979).

<sup>247</sup> *Id.*

<sup>248</sup> See, e.g., Letter from Robin Brooks, Dir., Freedom of Info., U.S. Dep't of Health & Human Servs., to Rita Diller, Am. Life League (Sept. 7, 2010).

<sup>249</sup> 5 U.S.C. § 552(d) (2000).

<sup>250</sup> See U.S. GEN. ACCOUNTING OFFICE, GAO-03-527R FEDERAL FUNDS: FISCAL YEAR 2001 EXPENDITURES BY SELECTED ORGANIZATIONS INVOLVED IN HEALTH RELATED ACTIVITIES 3 (2003).