Statement of Cecile Richards
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Before the House Committee on Oversight and Government Reform
September 29, 2015

Good morning, Chairman Chaffetz, Ranking Member Cummings, and Members of the Committee. I'm proud to be here today speaking for Planned Parenthood, a leading provider of high-quality reproductive health care in the United States. One in five women in America has sought care from a Planned Parenthood health center. They trust us, because our rigorous health standards have been developed with the nation's top medical experts over the course of our 99-year history.

The more than 10,000 people who work at Planned Parenthood's national office and 59 affiliates provide high-quality health care and information with compassion and a deep commitment to women's health, well-being, and dignity. Our health centers provide high-quality, affordable birth control, lifesaving cancer screenings, testing and treatment for sexually transmitted infections (STIs), and other essential care to 2.7 million patients. Planned Parenthood has extremely high medical and ethical standards, which are informed by the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists, and other national and international professional organizations and published literature.

Through health centers, programs in schools and communities, and online resources, Planned Parenthood is a trusted source of reliable health information that allows people to make informed health decisions. One and a half million youth and adults participate in our educational programs. We currently average 6 million visits a month on our websites where health care information is readily available in English and Spanish.

The vast majority of the federal funding Planned Parenthood receives allows doctors and clinicians at our health centers across the country to provide birth control, cancer screenings, and testing and treatment for sexually transmitted infections. No federal funds pay for abortion services, except in the very limited circumstances permitted by law — when the woman has been raped, has been the victim of incest, or when her life is endangered.

Planned Parenthood operates just like all other health care providers or hospitals that provide medical care to Medicaid patients. Medicaid reimburses us for the preventive health services we provide. The Department of Health and Human Services conducts routine audits of the Medicaid program to be sure these funds are used appropriately. And the same is true for grants such as Title X, the federal family planning program, which was first signed into law by President Nixon.

Planned Parenthood's nearly 700 health centers across the country are key access points for underserved communities, with a majority (54 percent) of Planned Parenthood health centers located in health professional shortage areas, rural areas, or medically underserved areas. Seventy-eight percent of Planned Parenthood patients have incomes at or below 150 percent of the federal poverty level (FPL), and approximately 60 percent of Planned Parenthood patients access care through the Medicaid program or the Title X family planning program. According to an independent analysis conducted by the Guttmacher Institute at the request of the Congressional Budget Office (CBO), in 21 percent of the counties with a Planned Parenthood health center, we are the only safety-net family planning provider and in 68 percent of the counties with a Planned

Parenthood health center, we serve at least half of all safety-net family planning patients.[1]

Without Planned Parenthood, many patients would not have timely access to basic reproductive health care. If this Congress were to succeed in blocking Medicaid patients from seeking care at Planned Parenthood health centers, the CBO estimates as many as 650,000 women could face reduced access and 390,000 women would *lose* access to preventive health care in the first year alone.[2] What's more, the CBO projects the net cost to taxpayers would be $130 million over 10 years because of an increase in unintended pregnancies without the high-quality contraceptive care we provide.[3] In fact, it is estimated Planned Parenthood health centers prevent 516,000 unintended pregnancies each year.

Planned Parenthood health centers often provide preventive services that other safety-net family planning providers simply do not offer. A Guttmacher Institute survey of providers offering publicly funded family planning care — including health departments, federally qualified health centers (FQHCs), and Planned Parenthood health centers — found that, "Planned Parenthood clinics surpass other clinics in terms of offering a wide variety of [contraceptive] methods and making those methods easily accessible."[4] The report also found that:

- Ninety-one percent of Planned Parenthood health centers provided 10 or more reversible contraceptive methods on-site, compared with 48-53 percent of all other provider types surveyed.
- Planned Parenthood health centers were more likely than all other provider types to provide at least a six-month pill supply of birth control (61 percent), which increases adherence to birth control.
- Ninety-two percent of Planned Parenthood health centers offer oral contraceptive supplies and refills on-site, compared with 86 percent of health department sites, 37 percent of FQHC sites, and 55 percent of other safety-net family planning providers.
- Planned Parenthood health centers are far more likely to offer rapid-result blood testing for HIV than any other provider (78 percent vs. 29–34 percent), meaning patients can get test results on the same day — an essential part of ensuring patients get results and that people with HIV are linked to treatment in a timely manner.

Many of the people with Medicaid coverage that Planned Parenthood serves would experience significant challenges in accessing Medicaid-covered preventive services without Planned Parenthood. For people with Medicaid insurance, access to a provider is significantly more challenging than it is for those with private insurance — as many private health care providers do not accept Medicaid or limit the number of Medicaid patients they will serve. In fact, a 2012 Government Accountability Office (GAO) report found that more than two-thirds of states reported difficulty in ensuring provider participation in Medicaid, with states being especially

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[1] Frost, Jennifer J. and Hasstedt, Kinsey. (2015, September 8). "Quantifying Planned Parenthood's Critical Role in Meeting the Need for Publicly Supported Contraceptive Care," *Health Affairs Blog*. [Online]. http://healthaffairs.org/blog/2015/09/08/quantifying-planned-parenthoods-critical-role-in-meeting-the-need-for-publicly-supported-contraceptive-care/, accessed Sept. 27, 2015.

[2] Congressional Budget Office (CBO). (2015, September 16). "Cost Estimate: H.R. 3134 Defund Planned Parenthood Act of 2015." Washington, DC: CBO, https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr3134.pdf, accessed Sept. 27, 2015.

[3] Ibid.

[4] Frost, Jennifer J, et al. (2012). "Variation in Service Delivery Practices Among Clinics Providing Publicly Funded Family Planning Services in 2010," New York: Guttmacher Institute, <https://www.guttmacher.org/pubs/clinic-survey-2010.pdf>, accessed Sept. 27, 2015.

challenged in recruiting OB/GYNs.[5] A report from the HHS Office of Inspector General (OIG) found that Medicaid managed care plans had extreme provider shortages, with only 42 percent of in-network OB/GYN providers able to offer appointments.[6]

Planned Parenthood health centers play an outsized role in serving women who need access to discounted family planning care. Nationwide, Planned Parenthood serves 36 percent of women receiving contraceptive care from safety-net family planning centers, even though they comprise only 10 percent of such centers.[7] In 18 states, Planned Parenthood health centers serve more than 40 percent of women receiving contraceptive care from safety-net family planning providers.[8]

Timely access to care is also important, especially when it relates to contraceptive and STI-related services. Planned Parenthood is significantly more likely than other safety-net family planning providers to offer same-day appointments, and average appointment wait times are significantly less than they are for other safety-net family planning providers.[9]

Because of Planned Parenthood's central role in delivering family planning care across this country, public health experts have rebuffed the notion that other providers, including FQHCs, could serve Planned Parenthood's patients. According to Sara Rosenbaum, J.D., the Founding Chair of the Department of Health Policy at George Washington University School of Public Health and Health Services, the absence of Planned Parenthood "would mean the loss of affordable and accessible contraceptive services and counseling, as well as breast and cervical cancer screenings and testing and treatment for sexually transmitted infections (STIs). The assertion that community health centers could step into a breach of this magnitude is simply wrong and displays a fundamental misunderstanding of how the health care system works."[10]

Despite the critical role Planned Parenthood plays in providing health care to millions of Americans, since July, Planned Parenthood has been the focus of extensive discussion and scrutiny for our health centers' limited involvement in fetal tissue research as a result of a deliberate and systematic effort by David Daleiden and other opponents of safe and legal abortion to infiltrate our health centers, try to entrap our staff into potentially illegal conduct, and create discredited, doctored videos designed to smear Planned Parenthood. As I stated in an August 27 letter to Congressional leadership, there are a couple important things to know about Planned Parenthood's work in this area.[11]

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[5] United States Government Accountability Office (GAO). (November 2012). "Report to the Secretary of Health and Human Services. GAO-13-55 Medicaid Access," Washington, DC: GAO, http://www.gao.gov/assets/650/649788.pdf, accessed Sept. 27, 2015.
[6] United States Department of Health and Human Services Office of Inspector General (OIG). (December 2014). "Access to Care: Provider Availability in Medicaid Managed Care," Washington, DC: OIG, http://oig hhs.gov/oei/reports/oei-02-13-00670.pdf, accessed Sept. 27, 2015.
[7] Frost, J. and Hasstedt, K., 2015.
[8] Ibid.
[9] Ibid.
[10] Rosenbaum, Sara. (2015, September 2). "Planned Parenthood, Community Health Centers and Women's Health: Getting the Facts Right," *Health Affairs Blog*. [Online]. http://healthaffairs.org/blog/2015/09/02/planned-parenthood-community-health-centers-and-womens-health-getting-the-facts-right/, accessed Sept. 27, 2015.
[11] Letter from Cecile Richards, President of Planned Parenthood Federation of America, to John A. Boehner, Speaker, U.S. House of Representatives, Mitch McConnell, Majority Leader, U.S. Senate, Nancy Pelosi, Minority Leader, U.S. House of Representatives, and Harry Reid, Minority Leader, U.S. Senate (August 27, 2015).

First, Planned Parenthood adheres to the highest standards. Second, Planned Parenthood is proud of its limited role in supporting fetal tissue research. Overwhelming bipartisan majorities in both the House and Senate recognized the value of this medical research when Congress passed the National Institutes of Health (NIH) Revitalization Act of 1993, and it has led to lifesaving discoveries that are helping millions of Americans. Third, our affiliates' facilitation of tissue donation in support of fetal tissue research is a miniscule part of the work of Planned Parenthood. Of the hundreds of health centers that are part of the Planned Parenthood network, currently just 1 percent facilitate their patients' tissue donation in support of fetal tissue research. Women who visit our affiliates regularly express a desire to donate tissue from their abortion. But whether because researchers have not requested tissue from the local affiliate or because the local affiliate has chosen not to participate, very few of our health centers offer women this opportunity.

For the few centers that are involved with fetal tissue research, our guidance goes above and beyond the requirements of the law. In fact, despite Mr. Daleiden's nearly three-year effort to entrap Planned Parenthood, he failed to succeed in convincing even a single affiliate to enter into a procurement contract with his fake company.

Even though our work involving fetal tissue research is a small part of what Planned Parenthood does, we are committed to continual improvement and meeting the highest medical and ethical standards in all we do, including facilitating tissue donations.

In my letter to Congress on August 27, I also shared information about the outrageous activities of Mr. Daleiden and his associates. As I explained, they sought to infiltrate Planned Parenthood affiliates and tried unsuccessfully to entrap Planned Parenthood physicians and staff for nearly three years. It is clear they acted fraudulently and unethically — and perhaps illegally. Yet it is Planned Parenthood, not Mr. Daleiden, that is currently subject to four separate congressional investigations.

Fifteen years ago, a congressional committee launched a similar investigation into allegations that Planned Parenthood centers sold fetal tissue. Like the current investigations, this investigation was prompted by video from a hidden camera and statements from an anti-abortion extremist claiming to have witnessed large-scale violations of federal law. At the congressional hearing, questioning revealed multiple contradictions in the testimony of the star witness. When the witness recanted his most inflammatory claims, a Republican committee member stated, "I found there to be so many inconsistencies in your testimony ... your credibility, as far as this member is concerned, is shot."[12]

While our involvement with fetal tissue research is a small component of Planned Parenthood, it offers the potential of lifesaving research. Last month, the Department of Health and Human Services wrote Congress that "fetal tissue continues to be a critical resource for important efforts such as research on degenerative eye disease, human development disorders such as Down syndrome, and infectious diseases, among a host of other diseases."[13] We stand behind our affiliates that contribute to these efforts to discover medical breakthroughs.

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[12] Hearing before the Subcommittee on Health and Environment, Committee on Commerce, U.S. House of Representatives, "Fetal Tissue: Is it Being Sold In Violation of Federal Law?" 106th Congress (March 9, 2000), http://www.gpo.gov/fdsys/pkg/CHRG-106hhrg63102/html/CHRG-106hhrg63102.htm, accessed Sept. 27, 2015.

[13] Letter from Jim Esquea, Assistant Secretary for Legislation at the Department of Health and Human Services, to Senators Joni Ernst and Roy Blunt (August 14, 2015).

As I wrote to NIH Director Dr. Francis Collins on July 29, if changes to the nation's fetal tissue laws are to be considered, they should be guided by the deliberations of a new blue-ribbon panel.[14] The sensationalistic atmosphere the doctored videos seek to create is exactly the opposite of the reasoned and deliberate process President Reagan set in motion with the Human Fetal Tissue Transplantation Research Panel. The videos mislead rather than inform the public debate.

But in our case, four congressional committees have launched investigations into our conduct — and none are investigating the person behind this fraud — and we are also facing votes to defund our entire organization even though 99 percent of our health centers do not participate in tissue donations.

Thank you for the opportunity to testify today on behalf of the 2.7 million patients who rely on Planned Parenthood for essential, high-quality health care every year, as well as our doctors and clinicians who want nothing more than to continue providing essential health services to women, men and young people across the country.

Thank you.

[14] Letter from Cecile Richards, President of Planned Parenthood Federation of America, to Francis Collins, Director of the National Institutes of Health (July 29, 2015).