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PROTECTING INFANTS: ENDING TAXPAYER FUNDING
FOR ABORTION PROVIDERS WHO VIOLATE THE LAW

Thursday, September 17, 2015

House of Representatives,
Subcommittee on Health,
Committee on Energy and Commerce,
Washington, D.C.

The subcommittee met, pursuant to call, at 3:33 p.m., in Room 2123, Rayburn House Office Building, Hon. Joseph R. Pitts [chairman of the subcommittee] presiding.

Present: Representatives Pitts, Guthrie, Barton, Shimkus, Murphy, Burgess, Blackburn, McMorris Rodgers, Lance, Griffith, Bilirakis, Long, Ellmers, Bucshon, Brooks, Collins, Upton (ex officio), Green, Engel, Capps, Schakowsky, Butterfield, Castor, Sarbanes, Matsui, Lujan, Schrader, Kennedy, Cardenas, and Pallone (ex officio).

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Also Present: Representatives Westerman and DeGette.

Staff Present: Clay Alspach, Chief Counsel, Health; Gary Andres, Staff Director; David Bell, Staff Assistant; Sean Bonyun, Communications Director; Leighton Brown, Press Assistant; Karen Christian, General Counsel; Noelle Clemente, Press Secretary; Marty Dannenfelser, Senior Advisor, Health Policy & Coalitions; Jessica Donlon, Counsel, O&I; Charles Ingebretson, Chief Counsel, O&I; Peter Kielty, Deputy General Counsel; Emily Martin, Counsel, O&I; Katie Novaria, Professional Staff Member, Health; Graham Pittman, Legislative Clerk; Chris Sarley, Policy Coordinator, Environment & Economy; Adrianna Simonelli, Legislative Associate, Health; Alan Slobodin, Deputy Chief Counsel, Oversight; Heidi Stirrup, Health Policy Coordinator; Josh Trent, Professional Staff Member, Health; Jessica Wilkerson, Oversight Associate, O&I; Jeff Carroll, Minority Staff Director; Waverly Gordon, Minority Professional Staff Member; Tiffany Guarascio, Minority Deputy Staff Director and Chief Health Advisor; Una Lee, Minority Chief Oversight Counsel; Elizabeth Letter, Minority Professional Staff Member; Rachel Pryor, Minority Health Policy Advisor; Tim Robinson, Minority Chief Counsel; Samantha Satchell, Minority Policy Analyst.

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Mr. Pitts. The subcommittee will come to order. I apologize for starting late. We were on the floor voting, so have just concluded that. And I note that we have a large audience today.

Today's hearing topic is one that we all have strong feelings about. I respectfully ask that the audience maintain decorum so that we can all hear the testimony of the witnesses and the questions of our members, and I thank you for your courtesy.

The chair will recognize himself for an opening statement.

Earlier this summer, on July 15, 2015, many Americans learned for the first time about some of the torturous and gruesome practices in abortion clinics related to the destruction of unborn babies. In recent weeks, our Nation and our Nation's capital has reengaged in an examination about the purveyors of abortion and their grisly practices.

Abortion supporters cloak their support for abortion under the guise of women's right to choose. Yet they conveniently ignore the choices of thousands of unborn baby girls. How ironic that pro-choice advocates oppose letting unborn babies choose life.

Yet today advances in medical practice and science confirm what we have long known from morality and common sense: Modern medicine treats the unborn child as a patient. Medical pioneers have made great breakthroughs in treating the unborn for generic problems, vitamin deficiencies, irregular heart rhythms, and other medical conditions. Science has shown us earlier and earlier glimpses of tiny, unborn human

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beings who can feel pain. What must such a baby feel when she is approached by doctors who come to kill rather than to cure?

Anyone who sees the arms and legs of a tiny baby can hardly doubt whether it is a human being. The real question for all of us is whether that tiny human life has a God-given right to be protected by the law, the same right we have.

Abortion is not just about the unborn child. It is about each of us. We cannot diminish the value of one category of human life, whether born or unborn, without diminishing the value of all human life. When we talk about abortion, we are talking about two lives, the life of the mother and the life of the unborn child.

Medicaid, along with CHIP, pays for roughly half of all births in the United States each year. At the same time, Medicaid accounts for more than 15 percent of all healthcare spending in the United States and plays an increasingly large role in our Nation's healthcare system. Medicaid spending accounts for roughly 1 in every 4 dollars in an average State budget.

Today, no Federal funds can be used to perform elective abortions, and yet many in the abortion industry still seek ways to use government, taxpayer-funded resources to support their business. Some providers of elective abortions bill Medicaid and CHIP for other nonabortion-related healthcare services.

I support efforts to amend the law and give States the discretion

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to exclude abortion providers from receiving taxpayer funding through Medicaid. States currently have broad authority to exclude from Medicaid and CHIP providers who violate program requirements, including reasons outlined in detail in Federal statute and in State laws. Courts have also upheld the ability of a State to exclude providers suspected of fraud or who are under investigation. One of our witnesses will discuss this in more detail.

Given the factual record, some States have already taken steps to block taxpayer funding for providers, including Planned Parenthood, in light of some unconscionable atrocities, both apparent and documented, from State judicial and enforcement actions.

No State should be forced to continue to include providers in their Medicaid program who commit reprehensible acts, and taxpayers should not be forced to pay for it. The committee wants to ensure States have appropriate flexibility of excluding from their Medicaid programs providers who are suspected of serious violations of Federal law.

I look forward to hearing from our witnesses today. I yield the balance of my time to the distinguished vice chairman of the full committee, Mrs. Blackburn.

[The prepared statement of Mr. Pitts follows:]

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Mrs. Blackburn. Thank you Mr. Chairman.

Welcome to the witnesses. We are grateful that you all are here.

In 2002, the Born Alive Infants Protection Act became law. It passed the House on a voice vote. It was in response to troubling ideas that abortionists and pro-abortion activists did not regard infants as legal persons when they were born alive during an abortion. The law is explicit in definition that every infant who is born alive at any stage of development is a person for all Federal law purposes. And yet in 2015 we see evidence that some abortion providers feel that they may interpret this very clear law to suit their own purposes.

At the time the Born Alive Infants Protection Act was being debated on the floor, Senator Boxer said, and I am quoting: "All people deserve protection, from the very tiniest infant to the most elderly among us," end quote. And I could not agree more.

It is clear more must be done to protect the lives of those most vulnerable. It is why I have authorized the Protecting Infants Born Alive Act, which strengthens current law by giving States the authority to exclude providers from Medicaid when they are suspected of violating the law. Furthermore, if convicted, these providers will be excluded from all Federal programs, including Medicaid, Medicare, and CHIP. It is common sense. I look forward to the support of my colleagues.

And I yield back.

[The prepared statement of Mrs. Blackburn follows:]

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Mr. Pitts. The chair thanks the gentlelady.

I now recognize the ranking member of the subcommittee, Mr. Green, for 5 minutes for his opening statement.

Mr. Green. Thank you, Mr. Chairman.

And like our chairman, I apologize to our guests for being late, but they don't even let us set the schedule on the House floor.

Unfortunately, instead of using this time to advance legislation that improves our healthcare system, we are here in response to an aggressive smear campaign against Planned Parenthood based on highly edited videos that misrepresent the organization's practices. These two bills are transparent efforts to give politicians power to block women's access to their doctor of choice, jeopardizing the ability of millions of low-income Medicaid beneficiaries to see the provider they trust for their high-quality health care.

Federal law has long protected the ability of Medicare beneficiaries to receive family planning services. These bills fly in the face of a patient's choice and give politicians unchecked power to deny women access to the doctor of their choosing. If enacted, they would allow for unprecedented level of involvement by government in family planning decisions of low-income women. This hearing is part of an ongoing onslaught on not just choice, but on access to quality preventative health care services for millions of American women.

I am deeply disappointed by the willingness of some of my

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colleagues to shut down the government in response to sensational accusations and no evidence of wrongdoing. Efforts to block access to care and defund Planned Parenthood would do nothing more than prevent individuals who rely on these services from getting the care they need. More than 90 percent of what Planned Parenthood does is preventative care, including cervical, breast cancer screenings, family planning services, mostly for women with few resources and incomes below the poverty level.

We should not continue to play politics with women's health. This is real consequences for real people. Using women's health as a political football in order to advance an extreme agenda is nothing new, but this week's efforts reach a new low. We have real challenges that Congress should be spending its time addressing rather than going after women's health.

With that, Mr. Chairman, I would like to yield 1-1/2 minutes to my colleague and our ranking member of our O&I Subcommittee, Congresswoman DeGette.

[The prepared statement of Mr. Green follows:]

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Mr. Upton. Without objection, the gentlelady is recognized.

Ms. DeGette. Thank you very much, Mr. Chairman.

Thank you, Mr. Green.

In 2002, I voted for the Born Alive Act because obviously it is a crime to kill a baby that has been born. But this bill goes far, far beyond that, and this hearing goes far, far beyond that. The bills that we are considering today would redefine the freedom of choice of providers that is so critical to Medicaid's beneficiaries, and it would restrict a beneficiary's ability to seek care from a provider who is only suspected of having violated the provisions of the bill. This violates due process. This violates all of our justice system in this country.

Furthermore, the Democratic staff of the Oversight and Investigations Subcommittee did a complete investigation into the allegations made in these deeply altered videotapes. The conclusion was that this committee has received no evidence to substantiate the allegations that Planned Parenthood is engaged in the sale of fetal tissue for profit. It goes on to say the committee has received no evidence to support the allegations that the fetal tissue was procured without consent, that Planned Parenthood physicians altered the timing, method, or procedure of an abortion solely for the purposes of obtaining fetal tissue, and it goes on.

Mr. Chairman, I would ask unanimous consent to submit that report

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that we did dated September 9, 2015, into the record.

Mr. Pitts. I would note that the investigation continues, but there is no objection. Without objection, so ordered.

[The information follows:]

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Ms. DeGette. Thank you very much, and I yield back.

[The prepared statement of Ms. DeGette follows:]

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Mr. Green. Mr. Chairman, I would like to yield the remainder of my time to Congresswoman Schakowsky.

Ms. Schakowsky. Thank you, Mr. Chairman.

For the past few months, Republicans have insisted on a witch hunt based entirely on highly edited, misleading videos, videos that were released by a fraudulent organization that is now facing legal problems in both State and Federal courts. And then, when their own investigation failed to produce a single shred of evidence of wrongdoing by Planned Parenthood, Republicans doubled down and introduced these incredibly harmful bills.

And don't be fooled by the claim that these bills are about protecting infants. It is clear that their true purpose is to eliminate Planned Parenthood. And whether or not you agree with abortion, it is constitutionally protected and a choice that should be only made by women and their doctors, not politicians. But because Republicans can't overturn Roe v. Wade, they try every other way possible to erode this fundamental right. They try to cut off funding to the clinics that provide abortions, criminalize doctors that perform abortions, restrict access for millions of women every year.

Let me just end with a comment by a women from Illinois: "When I was sexually assaulted, I didn't know who to turn to for help. As the trauma I experienced during that event built up, I knew I needed to seek help, and I was encouraged to go to Planned Parenthood, and

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for \$10 received a full health screening and help coping with my trauma." That is what Planned Parenthood is about.

I yield back.

[The prepared statement of Ms. Schakowsky follows:]

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Mr. Pitts. The chair thanks the gentlelady.

And just as a courtesy, I might mention we have two members who are not on the Health Subcommittee sitting with us, Mr. Westerman, who was interested in attending, is sitting. He will not participate. But Ms. DeGette, who is a member of the full committee, without objection, will sit and be a part of the hearing.

And at this point the chair recognizes the chairman of the full committee, Mr. Upton, 5 minutes for his questions.

The Chairman. Well, thank you, Mr. Chairman.

Every human life deserves a voice, and that is why we are here today. This committee has spent the last couple of months investigating Planned Parenthood and a series of videos that raise important questions about if it or its affiliates are violating existing law. That investigation is ongoing, and we will continue to use the tools in the toolbox available to get to the facts.

In the meantime, there are steps that we can take today to help ensure that the laws, in fact, are being followed. The two bills being discussed today take important steps toward protecting infant lives and ensuring existing laws are being followed. The new vice chair, Marsha Blackburn, and Renee Ellmers have both demonstrated their leadership in authoring these bills to bolster the Born Alive Infants Protection Act and Partial-Birth Abortion Ban Act.

Today, Medicaid, as we know, pays for about half of the births

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in the U.S. Medicaid is also a significant portion of Planned Parenthood's revenue. And while States have some ability to enforce existing laws under Medicaid, these bills help ensure that States have more of the tools that they need to ban someone who is suspected of taking the life of an innocent baby from the State's Medicaid program.

These are commonsense measures to help ensure laws are being followed. And if healthcare providers break the law, of course they should be banned from Federal health programs. Further, if States suspect providers are violating the law, they should have the ability to ban that provider from Medicaid.

This hearing, these bills, and our ongoing investigation are about ensuring taxpayer dollars support human dignity, respect for all life, and adherence to all Federal laws.

I yield the balance of my time to my colleague from Washington State, Cathy McMorris Rodgers.

[The prepared statement of The Chairman follows:]

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Mrs. McMorris Rodgers. Thank you, Mr. Chairman.

I want to thank the committee for their work in advancing the cause of life, for Vice Chairman Blackburn's work introducing H.R. 3494, the Protecting Infants Born Alive Act, and for Congresswoman Ellmer's work on her legislation to prevent providers acting in contravention of the partial-birth abortion ban from getting tax dollars through Medicaid.

It has now been 2 months since the first undercover video surfaced, and the public concern has not subsided. These videos challenge all of us as legislators and as human beings to reflect and to work towards better protections for women, children, and families.

Today, the President promised that he would veto a bill that says babies that survive an abortion do not deserve life-saving care. It is unthinkable to me that we live in a country where we let living, breathing babies die simply because they were born during an abortive procedure. And the President doesn't want to just not let this happen, he is actively opposing efforts to save babies that were born alive.

This is a radical, extreme departure from what I know to be right. And I am grateful for this committee's work on this important issue and for my colleagues' important work here today.

And I would like to yield to the lady from North Carolina, Mrs. Ellmers.

[The prepared statement of Mrs. McMorris Rodgers follows:]

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Mrs. Ellmers. Thank you to my colleague from Washington.

And thank you to the panel for being here today for this very important hearing.

I thank the chairman for holding this important hearing.

We are here today to talk about protecting the life of the unborn and clarifying States' ability in their Medicaid programs to work with qualified providers. The legislation I have put forward provides States with greater clarity with respect to excluding those bad actors that perform partial-birth abortions.

Democrats have argued that the bills before us today and the bills on the floor would harm women's access to health care. This is false. As a nurse, I know these bills would protect the unborn, respect taxpayers, and preserve access to health care for millions of women.

If Planned Parenthood funding is put on hold or a State takes action against a clinic, women can still access care. Federally funded qualified healthcare centers provide healthcare services for over 22 million Americans. Planned Parenthood only provides services for 2.7 million individuals, only a portion of whom are women. And the only services Planned Parenthood offers that Federally qualified health centers do not is abortion. Yet health centers provide more types of important healthcare services than Planned Parenthood does.

Today and tomorrow we are not decreasing access for women. We are talking about legislation to protect the lives of the youngest and

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most vulnerable among us, babies, who have no voice to speak in their own defense.

Thank you, Mr. Chairman, and I yield back the remainder of this time.

[The prepared statement of Mrs. Ellmers follows:]

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Mr. Pitts. The chair thanks the gentlelady and now recognizes the ranking member of the full committee, Mr. Pallone, 5 minutes for his statement.

Mr. Pallone. Thank you, Mr. Chairman.

It is a real shame that we are here today to continue what is nothing more than a Republican assault on women's rights. I had hoped that our committee could rise above the fray, that we would not use misleading and unsubstantiated videos by antichoice extremists to attack Planned Parenthood, an organization who is responsible for providing care to millions of women across the Nation.

This concerted effort by Republicans under the guise of falsified videos is not about strengthening current law. It is about restricting access to women's health care. And if Republicans continue down this path, it will lead to a government shutdown.

Make no mistake, Republican policies under consideration here today would roll back the clock on longstanding provider choice protections that allow a woman to see a doctor that she trusts. Their end goal is to eliminate a woman's constitutional right to choose.

These proposals will have an immediate and chilling effect on access to care. They would give States the unprecedented ability to unilaterally eliminate providers from State Medicaid programs and eliminate providers from all Federal health programs wholesale based purely on unsubstantiated allegations, and that means suspicion alone.

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With the attempted efforts by States like Indiana and Louisiana, this will surely give credence to their actions, and this is not the American way. Like abortion, due process is a fundamental right.

I can't stand by and allow this committee and this Congress to support a witch hunt against Planned Parenthood, and I will not support undue, unconstitutional government intervention into a women's personal decisions with her doctor. Republicans must end this extreme agenda to roll back the clock on women's rights.

I have, I think, about 3 minutes left, Mr. Chairman. I would like to split that between Representative Matsui and Representative Capps. So I will yield first to Representative Matsui.

[The prepared statement of Mr. Pallone follows:]

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Ms. Matsui. I thank the gentleman for yielding to me.

The hearing today is looking for ways to deny low-income women and families access to health services by excluding Planned Parenthood from the Medicaid program. The termination of Medicaid funding for Planned Parenthood would create a serious deficiency in women's health providers across our country.

Medicaid serves nearly 12 million Californians, and Planned Parenthood provides services to nearly 1 million people at 117 health centers in California alone. Defunding Planned Parenthood would leave millions in California and across the country without access to essential health services. We should not allow politicians to deny a woman access to health care and to infringe upon her right to make decisions about her own body.

Even more appalling is the idea of the government infringing upon these rights, specifically for low-income women. That is not right. Our colleagues would deny women's health and Medicaid services because they don't like Planned Parenthood. They are even threatening to shut down the government in order to advance these extreme views.

I stand in opposition to these bills. I urge my colleagues to put aside partisan politics and refocus on efforts to expand and improve programs that our constituents rely upon.

And I yield to Representative Capps.

[The prepared statement of Ms. Matsui follows:]

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Mrs. Capps. Thank you for yielding.

Mr. Chairman, I must say I am disappointed in this committee. I am disappointed that here we have worked so hard this year to find common ground and compromise for the American people. We are now succumbing to the political theater that has taken over the rest of Congress.

The legislation we are being asked to considered is supposedly in response to heavily altered, deceptive videos that try to cast a shadow over one of the Nation's most trusted women's healthcare providers. But as our colleague on the Oversight Committee has testified, that committee has not found any evidence of wrongdoing, and without any basis in reality, we are still here considering bills in search of a problem.

In my years as a nurse in the public school system, I worked so closely with teen parents whose lives and education were disrupted by an unplanned pregnancy. These young mothers and students still had such promise, but now they were faced with the difficult role of balancing their responsibilities as parents and students, often limiting their opportunities.

We know it doesn't have to be this way. Comprehensive sex education and access to a wide range of birth control options, this is what Planned Parenthood brings to our communities, and they are exactly the types of education and interventions that prevent unintended pregnancies and the need for abortion in the first place.

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These bills before us would end these important services in our communities all for political gain. It is unacceptable. We need to stop being distracted and get this committee back to work on real issues facing this country.

I yield back to my colleague from New Jersey.

[The prepared statement of Mrs. Capps follows:]

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Mr. Pallone. I yield back, Mr. Chairman.

Mr. Pitts. The chair thanks the gentleman.

As usual, all the opening statements of the members will be put into the record if you submit them in writing.

[The information follows:]

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Mr. Pitts. And at this point we will go to our witnesses. Let me introduce them in the order that they will present.

First of all, thank you for coming. We appreciate you coming to present testimony today. And on our panel we have first Dr. Charmaine Yoest, president of Americans United for Life.

Welcome.

Then Mr. Casey Mattox, senior counsel for Alliance Defending Freedom. And finally Judy Waxman, an attorney.

So you will be each be given 5 minutes to summarize your testimony. Your written testimony will be part of the record. But you will be recognized for 5 minutes. And you will have a series of lights. The green will stay on for 4 minutes. And then, when the red comes on, that is the time for you to conclude.

So at this point the chair recognizes Dr. Yoest for 5 minutes for her opening statement.

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STATEMENTS OF CHARMAINE YOEST, PH.D., PRESIDENT, AMERICANS UNITED FOR LIFE; CASEY MATTOX, SENIOR COUNSEL, ALLIANCE DEFENDING FREEDOM; AND JUDY WAXMAN, ATTORNEY

STATEMENT OF CHARMAINE YOEST

Ms. Yoest. Thank you, Chairman Pitts and members of the committee, for inviting me to testify on behalf of Americans United for Life, the legal architects of the pro-life movement.

The videos released by the Center for Medical Progress, which document senior-level Planned Parenthood staff callously discussing its practice of harvesting the organs of aborted babies in exchange for money, are deeply troubling. We have previously submitted a legal analysis of the videos to the Energy and Commerce Committee detailing six potential felonies shown on the videos.

Today, I will focus on three issues that have received less attention to date, specifically Planned Parenthood's involvement in killing infants born alive after an abortion, performing illegal partial-birth abortions, and coordinating potentially unethical and illegal organ and body part harvesting at the corporate level.

The flagrant disregard for both life and law at Planned Parenthood that the videos depict is, unfortunately, not surprising. One of AUL's

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primary functions is promoting meaningful legislative protections for all human life, including laws to protect infants born alive after an abortion and health and safety standards. Yet Planned Parenthood regularly and publicly fights against these commonsense laws.

The videos provide insight into why Planned Parenthood desperately fights against lawful standards, even protections for babies born alive, like it recently did in Colorado. In one Colorado video, Dr. Savita Ginde, who is the vice president and medical director of Planned Parenthood of the Rocky Mountains, remarked, quote: "If someone delivers before we get to see them for a procedure, then they are intact. But that is not what we go for."

The videos raise credible concern that babies are regularly surviving an abortion, providing probable cause for investigating possible violations of the Federal Born Alive Infant Protections Act. Multiple people throughout the videos refer to the delivery of an intact specimen. For most of us, that is a baby, begging the question, was that child born alive?

In multiple instances throughout the videos, that appears to be true. For example, Dr. Ben Van Handel, executive director of Novogenix Laboratories, notes: "There are times when after the [abortion] procedure is done that the heart is actually still beating." Cate Dyer, CEO of StemExpress, says intact babies are common. Quote: "If you had intact cases, which we have done a lot, we sometimes ship those

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back to our lab in its entirety."

The videos also provide probable cause to investigate whether Planned Parenthood violates the Federal prohibition of partial-birth abortion in order to harvest more usable baby organs. It is important to note that Planned Parenthood actively opposed the Federal ban on partial-birth abortion and unsuccessfully tried to have it struck down in the courts.

Even so, Dr. Deborah Nucatola, who is the senior medical director of corporate Planned Parenthood, defiantly dismisses the Federal law, describing it as, quote, "up to interpretation," end quote, for abortionists like herself. Consider her description about, quote, "steps that can be taken to try to ensure," end quote, procurement of brain tissue. The abortion process she describes, deliberately changing the baby to breach presentation, has a very troubling similarity to the description of the illegal partial-birth abortion procedure.

And finally, the videos document a nationwide network of affiliates in close communication with and endorsement from the corporate headquarters of Planned Parenthood. As an organization, Planned Parenthood's enterprise liability is illustrated by the knowledge and complicity of its senior-level staff who set and direct policy. Dr. Nucatola stated multiple times that the legal department at Planned Parenthood was well aware of the harvesting and selling of

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infant body parts by affiliates but advised against issuing written national guidelines regarding the practice. Dr. Ginde made similar statements.

In fact, as this chart demonstrates, the undercover videos show that the scandal is extensive and reaches the highest levels of Planned Parenthood. For example, the videos include discussions with corporate Planned Parenthood's senior medical director, the president of Planned Parenthood's Medical Directors' Council, the vice president and medical director of Planned Parenthood Rocky Mountain, which is one of their largest affiliates, and the national director for Planned Parenthood's Consortium of Abortion Providers.

In conclusion, on behalf of Americans United for Life, I encourage you to take two legislative responses as a beginning. First, redirect the tax dollars that presently support Planned Parenthood to true healthcare providers not plagued by scandal. This abortion giant receives over \$1.25 million per day -- per day -- in government funding. We support the proposals to address Medicaid funding that is subsidizing Planned Parenthood because Americans should not be forced to fund the Nation's number one abortion provider.

And second, strengthen the Federal Born Alive Infant Protection Act with criminal penalties to ensure meaningful enforcement of the most basic human right to life for these infants who survive attempted abortions.

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Additionally, hold abortion workers to their legal duty to report crimes to law enforcement. Planned Parenthood cannot be permitted to operate while violating laws that protect human rights. Having shown and demonstrated that it cannot resist the financial incentive for delivering intact babies to harvest their organs, Planned Parenthood cannot be allowed to continue their inhumane practices unchecked.

And let me conclude by saying thank you for addressing this very important issue and holding this hearing.

[The prepared statement of Ms. Yoest follows:]

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Mr. Pitts. The chair thanks the gentlelady and now recognizes Mr. Casey Mattox, 5 minutes, for your opening statement.

STATEMENT OF CASEY MATTOX

Mr. Mattox. Mr. Chairman and members of the committee, thank you for the opportunity to speak to you today.

Planned Parenthood benefits substantially from Medicaid. Despite providing only a limited selection of medical services, it annually receives over a half billion taxpayer dollars. Over the last decade, Planned Parenthood's own annual reports indicate it has almost doubled its tax revenues, and it has reported \$765 million in what it calls excess revenue, \$127 million of that last year alone.

During the same time period, Planned Parenthood has reduced its cancer screenings by half and increased the number of abortions it performs even as the national abortion rate has declined, giving it a 40 percent market share, as Planned Parenthood's senior medical director, Deborah Nucatola, bragged in the first CMP video.

Planned Parenthood receives taxpayer dollars in many ways, but principally from Medicaid. Yet Planned Parenthood is unlike many other providers, not only because of its profits, but also because it has also been able to resist much of the corrective action that other Medicaid providers with its track record would expect. And unlike

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other Medicaid providers, Planned Parenthood has spent millions of dollars in recent elections supporting its preferred candidates. Planned Parenthood has a long history of actions that would have jeopardized its State Medicaid contracts were it any other provider.

The States regulate medicine, and the States supply their own tax dollars to Medicaid. Thus Congress did not create one Medicaid program. It created 50. States are free to craft their own programs to best serve their own citizens' needs, choosing which providers they will entrust with taxpayer dollars. The Medicaid Act itself and its legislative history affirm that States have broader authority than even the Federal Government to exclude providers from their Medicaid programs, and the courts have agreed.

Thus, over the last two decades, over 9,000 of the now 554,000 Medicaid providers in this country have been disqualified from State Medicaid programs. Those decisions are usually uncontroversial, but recent actions by the Federal Government to protect Planned Parenthood have undermined that Federal-State balance. When States choose not to contract with abortionists and their Medicaid programs, reasonably concerned that taxpayer dollars would subsidize those abortions, the administration issued a new interpretation of the Medicaid statute that purports to deny them the right to administer their State Medicaid program.

Recently, after several States terminated contracts with Planned

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Parenthood specifically, the administration expanded that interpretation, claiming that those States lacked the right to exclude individual providers suspected of violating the law, at least where Planned Parenthood is concerned. This despite the fact that each State has hundreds of other low-cost healthcare options for the few Planned Parenthood clinics' limited service.

The administration's actions are robbing the States of control over their own State Medicaid programs to protect a politically powerful but ethically and legally challenged organization. Congress can restore the proper balance, allowing States to determine which providers they trust with taxpayer dollars.

Any other Medicaid provider subject to multiple whistleblower lawsuits by former employees alleging tens of millions of dollars in waste, abuse, and potential fraud, which paid \$4.3 million after being accused of submitting false claims by the Obama administration Department of Justice, which has been specifically identified as the source of over \$8 million in Medicaid overpayments by government audits, including submitting claims for abortion-related services, any other provider like that would not be surprised to have its Medicaid billing privileges suspended or even terminated.

Any other Medicaid provider caught having failed to report sexual abuse of minors at least a dozen times, including most recently a 14-year-old girl in Mobile, Alabama, who was returned twice, after two

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abortions in Mobile, returned twice to her abuser without reporting that information to authorities, any other Medicaid provider in that position would be surprised to only have their Medicaid privileges terminated.

Any other Medicaid provider that was paid by a for-profit company, StemExpress, for baby body parts where that company has claimed in writing to provide "financial profits," quote, and "fiscal rewards" to abortion clinics in marketing materials bearing the endorsement of that Medicaid provider whose CEO acknowledged to Congress -- we are not talking about the videos -- acknowledged to Congress that it had received \$60 per baby body part and could provide no evidence that actually connected those payments with any actual expenses that Planned Parenthood experienced, whose top-level management has been captured on hours of videos negotiating prices for those organs and the alteration of abortion methods against the mother's knowledge to obtain those organs for sale would rightfully expect that its Medicaid contract would be in jeopardy.

But Planned Parenthood is not any other Medicaid provider. It is a politically powerful organization that spends substantial sums from its sizeable excess revenues to maintain its funding and its political power, and Planned Parenthood is being protected by this administration.

Congress can reaffirm that the States have the authority to govern

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their own State Medicaid programs and make decisions that are in the interest of their citizens, even where Planned Parenthood is concerned.

[The prepared statement of Mr. Mattox follows:]

***** INSERT 1-2 *****

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Mr. Pitts. The chair thanks the gentleman, and now recognizes Ms. Waxman, 5 minutes, for your opening statement.

STATEMENT OF JUDY WAXMAN

Ms. Waxman. Thank you for the opportunity to testify here today.

I have two points to make today. One, the two bills at issue here today clearly, as you heard already, have a single purpose, and that is to make it easier for State officials to target Planned Parenthood and other women's health providers.

The Medicaid program is rooted in due process protections for both patients and for providers. These bills are not. The two bills would amend Medicaid to allow State officials to exclude a provider from the program if they or one of their employees is simply suspected of violating either of the laws we are discussing today. The standard is unduly vague, and as Congressman Pallone said, it is not the American way.

Two, Planned Parenthood is, in fact, a respected, high-quality provider that provides essential healthcare services for millions of women nationwide. The Medicaid funds that they receive are reimbursement, and I will say even low reimbursement, directly for the services that they are providing these women -- family planning

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services, breast screening, STD screening, et cetera. And by giving States carte blanche to exclude these providers from Medicaid based on a politician's suspicion only, these bills will definitely put the health of millions of women at risk.

The bills before the committee today go dangerously beyond what the law currently provides. Based on a hunch or a rumor, all services the provider offers to Medicaid patients could totally evaporate. There would be no due process or any process at all for determining whether an accusation is true. The bills give unlimited power to exclude a provider without so much as an investigation, evidence to support the accusation, a hearing, court proceedings, an opportunity for the entity to defend itself, or appeal.

The result of giving the States this unlimited power would be that they would be free to wreak havoc on programs that advance women's health, and health care services for millions of women, particularly low-income women, around the country would be at risk.

Yesterday's Census Bureau report found that in 2014, fully 20 percent of all women and girls in this country received Medicaid to cover their healthcare services, which explains why Medicaid is so important to women throughout their lives. And because reimbursement rates for Medicaid is generally lower than other payers, there are just not always that many Medicaid providers available.

The role that Planned Parenthood plays is to provide critical,

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essential care, and that role cannot be overstated. If Planned Parenthood were not available to Medicaid patients, unfortunately, unintended pregnancies and the number of abortions would increase dramatically. As the Guttmacher Institute found, in two-thirds of the almost 500 counties in which Planned Parenthoods are located, they serve at least half of all the women obtaining contraceptive care from safety net health providers. And in many communities, Planned Parenthood is, in fact, the sole safety net provider.

So what would happen if Planned Parenthood was defunded. Well, let's take Texas for example. In recent years, Texas decided to get out of the Medicaid program for family planning services so they could cut Planned Parenthood out of their networks, and as a result other clinics could not handle the deluge of new patients. In Hidalgo County alone, community health centers said they would require a 500 percent increase in capacity for women's health, something they simply could not do. Medicaid claims dropped 26 percent and contraceptive claims dropped 54 percent. That tells me women were not getting care.

Two other programs are cited as having the ability to fill the gap, Title X and community health centers. And while Title X offers critical services to women who need family planning services, it is already woefully underfunded and under severe attack. In fact, the House Appropriations Committee voted just this summer to totally defund this program.

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As for community health centers, let's be realistic. CHCs have grown nationwide since the passage of the Affordable Care Act, but they can't handle the patients they have now already, which, in fact, is a good thing. Many more people have insurance. But according to their own accounts, for every patient served at a CHC, nearly three go without access to primary healthcare services. And while some private doctors of course do see Medicaid patients, there will be enough of them, unfortunately, to fill the gap.

These bills give States an unprecedented ability to deny Medicaid enrollees from getting the healthcare services they need from their trusted healthcare provider. It is the women, and particularly the low-income women, that will be the losers if these bills are enacted. Thank you.

[The prepared statement of Ms. Waxman follows:]

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Mr. Pitts. The chair thanks the lady.

That concludes the opening statements of the witnesses. We will now begin questioning. I will recognize myself for 5 minutes for that purpose.

Before we begin, let me just warn the audience that the pictures that you are about to see are quite graphic. It is important to show exactly what we are talking about here.

So the first clip please.

[Video shown.]

Mr. Pitts. Let me read those words in case you couldn't hear them: It had a face. It wasn't completely torn up. Its nose was very pronounced. It had eyelids. Since the fetus was so intact, she said: Okay, well, this is a really good fetus, and it looks like we can procure a lot from it. We are going to procure a brain. That means we are going to have to cut the head open.

She takes the scissors. She makes a small incision right here and goes, I would say, maybe a little bit through the mouth. And she is like: Okay, can you go the rest of the way? And so she gave me the scissors and told me that I had to cut down the middle of the face, and I can't even describe what that feels like, end quote.

That is the whistleblower.

Next clip.

[Video shown.]

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Ms. Castor. Mr. Chairman, I have to object to this. You don't have any context for this. What we understand from all of the investigations is that these are manufactured videos, highly edited, selective. And I would object and say you need to run these by the minority so that we can provide some context.

Mr. Pitts. All right. Now that is the second video, and Dr. Nucatola, the senior director of the Planned Parenthood Medical Services, says: We have been very good at getting heart, lung, liver, because we know that. I am not going to crush that part. I am going to basically crush below --

Mr. Butterfield. Mr. Chairman, point of order.

Mr. Pitts. I am going to crush -- let me finish. I am on my time, please.

Mr. Butterfield. I am raising a point of order, Mr. Chairman, to prevent you from going further. Did you rule on the gentlelady from Florida's objection just a moment ago?

Mr. Pitts. Would you please state your point of order?

Mr. Butterfield. Did you rule on the gentlelady from Florida's objection a moment ago?

Mr. Pitts. I did not.

Mr. Butterfield. Would you please make a ruling for the record?

Mr. Pitts. She did not state her point of order. Reclaiming my time.

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And so it says: I am going to crush above. I am going to see if I can get it all intact. I would say a lot of people want liver, and for that reason most providers will do this case under ultrasound guidance so that they will know where they are putting their forceps, end quote.

All right. The final clip.

[Video shown.]

Mr. Pitts. All right. This is the clip of the unedited conversation which Dr. Nucatola explains how she plans her day, procedures around the baby's organs she would like to maintain intact. As she plans her day, these babies are not different than anyone else of us, and yet it, frankly, gives me chills to think about how someone could even think about removing their organs.

And so these clips have shown the gruesome reality we are talking about. They are available in the public domain. None of us can forget the images and words that we see when we look at these and the blatant disregard for human life. And no organization, especially one that receives millions of dollars from the Federal Government, should be able to participate in such horrific actions. That is why we are here today, and that is why we are going to act.

The chair now recognizes the ranking member, Mr. Green, 5 minutes for his questions.

Mr. Green. Thank you, Mr. Chairman.

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Frankly, this is unprecedented, what you have done, because this is a group, the shadow org called Center For Medical Progress. And let me, what is already in the record, the staff and the memorandum has found, to date the committee has received no evidence to substantiate the allegations that Planned Parenthood has engaged in the sale of fetal tissue for profit.

Furthermore, the committee has received no evidence to support the allegations that fetal tissue was procured without consent, that Planned Parenthood physicians altered the timing, method, or procedure of the abortions solely for the purposes of obtaining fetal tissue, or that Planned Parenthood physicians performed, violated the Partial-Birth Abortion Act in order to preserve fetal tissue for research.

I think this is a new low for our committee. We can't question this video, but I know the group that presented it. And for the last 10 years, this is the 10th attack in 15 years that abortion opponents have used the doctored evidence, and now it has been presented by our chair to a committee.

Now, I want to proceed to my questions.

Professor Waxman, I would like to ask you about the impact defunding Planned Parenthood would have on women's access to life-saving reproductive and primary care services. Unfortunately, this is not hypothetical in Texas. A few years ago former Governor

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Perry decided to refuse Federal Medicaid funds for our State planning program in order to exclude Planned Parenthood from its network, which is what the bill talks about.

Mr. Chairman, I would like to ask unanimous consent to enter a House Affairs post entitled "How Texas Lawmakers Continue to Undermine Women's Health," and it is a report by the Texas Health Human Services Commission on Texas Women's Health Program, which found a 54 percent decrease in contraception claims as a result of the exclusion of Planned Parenthood from its women's health.

Mr. Pitts. Without objection, so ordered.

[The information follows:]

***** COMMITTEE INSERT *****

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Mr. Green. Thank you, Mr. Chairman.

Professor Waxman, what was the reason for this exclusion? Do you acknowledge that there is anything wrong with the services Planned Parenthood was providing?

Ms. Waxman. It is my understanding that it was simply the administration in Texas that did not want to allow Planned Parenthood to operate anymore and to be able to provide services for women with Medicaid dollars.

Because there was really not a legal way for that to be accomplished, what the Governor did was just simply end the program through which Texas was getting family planning services.

Mr. Green. What happened in Texas as a result of the exclusion of Planned Parenthood?

Ms. Waxman. What happened was what we have already seen, and you said 54 percent decrease in services, in contraception services --

Mr. Green. And that is just not restating it, that is a State agency that did a study on Texas?

Ms. Waxman. Yes. And clearly women are not getting the care that they need, and this is a travesty that obviously some want to have happen all over the country.

Mr. Green. Do you think the impact of these cuts disproportionately fell upon low-income women?

Ms. Waxman. Absolutely. By definition, women who are on

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Medicaid are low-income, and those are the ones that are bearing the burden.

Mr. Green. What do you think about the impact on patients' continuity of care, which again Planned Parenthood provides? As I said before, 90 percent of what they do, at least, is women's health.

Ms. Waxman. Absolutely. Planned Parenthood is a trusted provider. About one in five American women have gone to see a Planned Parenthood. So if you see Planned Parenthood being wiped off the face of the country, one thing that will happen for sure is millions more unintended pregnancies and possibly close to a million more abortions because services will just not be available.

Mr. Green. Well, I am from Texas, a native Houstonian, and I am proud of being there. But I really don't want the Nation to do what Texas tried to do.

Mr. Chairman, I would like to yield to my colleague, Congresswoman Schakowsky, for a parliamentary question with the remainder of my time.

Mr. Pitts. The chair recognizes Ms. Schakowsky for the question?

Ms. Schakowsky. The questions I would like to ask, Mr. Chairman, whether the committee majority is in possession of the unedited -- you claim these are unedited, although the music behind the person I am sure wasn't a part of the scene -- from the Center For Medical Progress. A number of our committee members have been quoted in the press as having seen the videos before they were released to the public and others have

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referred to the existence of thousands of hours of additional tapes. Is any member of the committee, Mr. Chairman, in possession of any of the unedited videos from the Center for Medical Progress?

Mr. Pitts. The committee is not. They are publicly available. Anyone can access them.

Ms. Schakowsky. Has any member of the committee majority received any documents from the Center for Medical Progress?

Mr. Pitts. What is the parliamentary inquiry?

Ms. Schakowsky. The question I was asking, has any member of the committee majority received any documents from the Center for Medical Progress?

Mr. Pitts. All right. The gentlelady's question relates to the investigation taking place in the Oversight Subcommittee. It is my understanding that the minority has received its own copy set of all the documents produced to the committee in response to committee requests, and minority staff has also been present at the briefings and interviews conducted in this investigation. So there is no basis to raise the rule.

And I will at this point recognize Chairman Upton.

The Chairman. Thank you, Mr. Chairman.

I know a number of members have indicated, they have said during the hearing that there is no evidence of wrongdoing. I would just like to make a point that the investigation itself is far from complete.

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We have asked a number of questions we don't have the answers to yet. We have asked to speak to a number of witnesses, even a good number of weeks ago, and we have not yet had access to those particular individuals. Many are asking for legal counsel.

And to talk a little bit further about that in terms of the record not being complete, which is the reason why we have asked the Oversight and Investigations Subcommittee to pursue this, I would yield to the chairman of that subcommittee, Dr. Murphy.

Mr. Murphy. I thank the chairman for yielding so I can offer some clarification here, because I feel obligated to take this time, speaking as chairman of the committee's Oversight and Investigations Subcommittee, to address the remarks made by my colleague, the gentlelady from Colorado, regarding the status of the subcommittee's investigation.

Statements have been made to indicate the investigation is complete. It is not. The investigation we are conducting with invitations extended to our Democrat colleagues for every meeting is far from complete. In fact, the Oversight and Investigations Subcommittee is in the preliminary stages -- preliminary stages -- of its investigation into the practice of procuring and selling the tissue and parts from babies who have been aborted. A few witnesses have been interviewed and many have not. Some documents have been obtained. Others will be sought and reviewed, and these will be shared.

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The videotapes of these practices put very important issues into the public domain. It is our shared responsibility to collect the facts and present sound information to the American people. It is premature to draw any conclusions to this ongoing investigation. It is going to take a thorough investigation to get to the bottom of this practice, and at this point we simply cannot conclude that there has been no wrongdoing.

I yield back.

Mr. Pitts. The chair thanks the gentleman.

I now recognize the chairman of the full committee, Mr. Upton, 5 minutes for his questions.

The Chairman. I yield back.

Mr. Pitts. The chair yields back.

Now we recognize the ranking member of the full committee, Mr. Pallone, for his questions.

Mr. Pallone. Thank you, Mr. Chairman.

I wanted to ask these questions of Ms. Waxman. We are having this hearing today because of a series of videos that purport to show illegal and unethical activity on the part of Planned Parenthood, but what they actually show is something very different.

Professor Waxman, did you know that the first four short videos released by Mr. Daleiden have over 40 separate splices and edits that remove crucial context?

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Ms. Waxman. I did not know that. I knew they were doctored, but that is an interesting detail.

Mr. Pallone. Did you know that the edits removed key exculpatory statements, such as, and I quote: "Nobody should be selling tissue. That is just not the goal here." Or second, quote: "This is not a service they should be making money from. It is something they should be able to offer to their patients in a way that doesn't impact them," unquote. Or, quote, thirdly: "We are not looking to make money from this. Our goal is to keep access available."

Ms. Waxman. So in other words, the pieces we see are taken totally out of context?

Mr. Pallone. Right. And the statements where the Planned Parenthood individuals are saying that, you know, that they would not do any of these things have been taken out.

Let me ask you this: Do these seem like relevant statements to include in the videos?

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RPTR GENEUS

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[4:30 p.m.]

Ms. Waxman. I think that given that these videos are clearly doctored and that they are taken out of context, they don't seem really appropriate to be seen here today, to me.

What I do know is that Planned Parenthood has said that only about 1 percent of the activities they are engaged in have anything to do with fetal tissue. And I know fetal tissue research is, obviously, a controversial issue. I think if that is what the concern is, that seems to be another day for another hearing on that.

But in terms of what these videos show, I think without the whole context and without the splicing, I would say I am not sure it shows anything much.

Mr. Pallone. Did you know that in one of the videos, there are at least 16 substantial unexplained edits, including the removal of nine instances where the Planned Parenthood staff said there is no profit related to tissue donation?

Ms. Waxman. Very interesting.

Mr. Pallone. Does that seem like relevant material to include in the video?

Ms. Waxman. I would think not.

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Mr. Pallone. And does it seem misleading and fundamentally dishonest to remove statements like that?

Ms. Waxman. I would say it is fundamentally dishonest.

Mr. Pallone. Now, see, that is why the videos have been denounced as a total crock, distorted, unfair, dishonest, grossly misleading, and politically irresponsible, and swiftboating in editorials across the country. And it is also why a forensic analysis by expert investigators concluded that the videos have no evidentiary value and cannot be relied upon.

Yet our committee Republicans launched an investigation based on these discredited videos, and now they are using these videos as a pretext for shutting down the government -- and, of course, as part of the hearing today -- to say that States cannot allow Planned Parenthood to receive any Medicaid funding.

I just think it is so irresponsible, you know, to use this type of material, false, false material, false videos, inaccurate videos, misleading videos, to make any case at what is supposed to be a legislative hearing.

And, you know, this is what is so upsetting to us on the Democratic side, is that these are presented as if, you know, they have some evidentiary value to make a decision about the legislation that is before the committee, and the fact is that they have no evidentiary value.

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And that is why we issued a report a few days ago, I think Ms. Schakowsky mentioned it, saying basically that while it may be true that the committee continues to conduct investigation -- at least, you know, the Republicans want to continue the investigation -- nothing that has come before this committee gives us any indication that Planned Parenthood has done anything illegal, anything improper. And if they want to use these videos to make that case, then I think the Republicans have to show the unedited version, and that is not what we are getting. And the chairman even said the committee doesn't have the unedited version.

So, you know, this is really a charade. As some of my colleagues on the Democratic side said, it is a new low for a committee that usually operates not only on a bipartisan basis, but also based on the facts and the evidence, and we are not getting the facts and the evidence here today, Mr. Chairman. We are simply not. Thank you.

Ms. DeGette. Would the gentleman yield?

Mr. Pallone. Yes, sure.

Ms. DeGette. Furthermore, what I don't understand, if, as my friend Mr. Upton, the chairman says, the investigation in Oversight and Investigations is far from complete, why now today in the Health Committee's hearing the majority is showing these videotapes that are under the investigation, which the majority now claims is incomplete in the other subcommittee. It is obvious it is just a pretext for

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trying to move this legislation along, and that is far beneath the standards of this august committee.

I yield back.

Mr. Pitts. The gentleman's time has expired.

We are voting on the floor. We still have 13 minutes, so we will continue. And the chair recognizes the vice chairman of the full committee, Mrs. Blackburn, 5 minutes of questions.

Mrs. Blackburn. Thank you, Mr. Chairman.

And I will remind my colleagues, we are not having a hearing today on the tapes. What we are having a hearing on is legislation that will strengthen the ability to keep these children alive. And it is important that we refocus that and return to this.

Yes, these videos are in the public domain now. And we are talking about babies. We are talking about human life. And we are talking about life rights. And it is important for us to return to that focus.

Dr. Yoest, I would like to come to you, if I may, please. You noted that the Born-Alive Infants Protection Act needed to be strengthened and that there needed to be some criminal penalties put in place that would ensure enforcement. And I would like for you to describe what you see as the weaknesses. I would like to hear from you about what you think we need to do. And then, of course, the legislation that I have brought forward that would address some of those

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flexibilities for the States.

So if you will take a couple of moments and do that, I would appreciate it.

Ms. Yoest. Thank you, Congressman Blackburn, I appreciate the opportunity to address many of the issues that have been raised. And particularly thank you for your legislation, which I believe is a tremendous first step in the direction of addressing some of these really troubling issues that we are discussing today.

I think one of the things that has been most surprising for many of us in getting into this time period where we have been looking at these questions is many people aren't even aware that the Born-Alive Infants Protection Act, as it was passed years ago, was simply a descriptive bill.

Mrs. Blackburn. If I may add there. It passed in 2002 on a voice vote in the House. Go ahead.

Ms. Yoest. It passed in a voice vote here, and in the Senate it was unanimous. And every Senator was present, including Senator Hillary Clinton and many other very prominent abortion right supporters.

So what I think is important to note is that this is an issue that is really common sense for everyone.

Most people aren't aware that there is no penalty attached to not providing humane care for a baby who is born alive after an abortion.

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And what we see in our work as Americans United for Life is just earlier this year I was invited to testify in front of the Colorado State Legislature, who was looking at a State-based protection for babies born alive. And the Colorado Planned Parenthood came and testified that babies are never born alive after an abortion.

And what particularly, I think, should be a concern to all of us from a human rights perspective is that when a baby is born alive after an abortion, they are at the mercy of someone who has been hired to ensure that their life is not continued.

Mrs. Blackburn. Let me interject right there and stop you and ask again, are you aware of cases that have demonstrated that abortion survivors, infants born alive from a botched abortion, that they are killed or denied treatment after birth? Do you know of any cases?

Ms. Yoest. Yes, ma'am. There was a very prominent incident with a pro-life nurse, Jill Stanek, who became pro-life after witnessing a baby that was discarded and set aside and left to perish after being born alive.

And going to the point about the veracity of the videos, I would just argue that what we are looking at is a question of probable cause for investigation. If we have a situation where a whistleblower has had the courage to come forward and state for the record that she observed a beating heart of a baby after an abortion, I think the burden of proof is then on Planned Parenthood to prove that this is not

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happening.

Mrs. Blackburn. Thank you. I appreciate that.

I have just a couple of seconds left, and I would like for you to weigh in on this. There was a memo circulated to members yesterday, it was a Planned Parenthood memo that warned the Born-Alive Abortion Survivors Protection Act that the House is going to vote on tomorrow, and I am quoting, "rolls back a carefully crafted bipartisan agreement reached in 2002 and would leave" -- and I am quoting again -- "significant uncertainty about what the bill actually does," end quote.

Would you talk about that just a moment, please, what the bill does?

Ms. Yoest. Well, I think the advantage of having this legislation right now is that it actually clarifies what the situation is. Because to have something as serious as a situation where a person is born alive and it is unclear as to what the approach is to that person's life -- for example, Planned Parenthood a couple of years ago testified in Florida when another State-based born-alive bill was being considered, the Planned Parenthood representative was asked what their policy is when a baby is born alive, and she said: Well, that is left up to the doctor.

So this legislation would clarify that if a baby is born alive it is a person and that not providing the humane standard of care that

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is available to a baby that is born in the same circumstances of timing under any other circumstances, that it is a question of fairness.

Mrs. Blackburn. Thank you.

I yield back, Mr. Chairman.

Mr. Pitts. The chair thanks the gentlelady, and now recognize the gentlelady California, Mrs. Capps, 5 minutes for questions.

Mrs. Capps. Thank you, Mr. Chairman.

In theory, we are here to address two bills, but we have yet to see any reliable evidence to show that these bills are anything more than a, quote, unquote, "solution in search of a problem."

In reality, though, the problems they would create for women and families across this country are very real. Any sort of chilling effect on women's health providers or barring of Federal grants and reimbursements for preventive healthcare services at Planned Parenthood would affect millions of Americans. And contrary to what some might claim, defunding Planned Parenthood would have a significant impact on the healthcare safety net in our communities.

Professor Waxman, I want to ask you a few questions about how defunding Planned Parenthood would jeopardize women's access to critical health services. Last week in the journal Health Affairs, Professor Sara Rosenbaum wrote a piece describing the potential impact of defunding Planned Parenthood. She wrote, and I quote: "A claim that community health centers readily can absorb the loss of Planned

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Parenthood clinics amounts to a gross misrepresentation of what even the best community health centers in this country would be able to do. For the millions of poor women who depend on Planned Parenthood clinics, this scenario 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. The assertion that community health centers could step into this breach of this magnitude is simply wrong and displays a fundamental misunderstanding of how the healthcare system works."

Similarly, last month, the California Primary Care Association wrote a letter to Senator Boxer about the impact of defunding Planned Parenthood on the Community Health Center Network. In it they say, and I quote: "Eliminating Planned Parenthood from our State's comprehensive network of care would provide untenable stress on the remaining providers. We do not have the capacity for such an increase in care."

This is direct from the providers, who some claim could easily pick up the slack if Planned Parenthood is defunded.

Now three quick questions for you.

Professor Waxman, do you think removing funding for the largest provider of contraception would increase or decrease the number of unintended pregnancies?

Ms. Waxman. According to the Guttmacher Institute, it would

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increase unintended pregnancies by about 2 million.

Mrs. Capps. Do you think it would improve or weaken women's access to essential life-saving health care services?

Ms. Waxman. Clearly, it would be a serious blow to women who need these services through Medicaid.

Mrs. Capps. And would this loss of services primarily affect wealthy women or would it disproportionately affect poor and minority women?

Ms. Waxman. Disproportionately poor and minority women.

Mrs. Capps. Thank you.

Republicans are willfully putting their heads in the sand. They think it is no big deal to shut down hundreds of clinics offering essential services that are not available anywhere else. They may think it is worth shutting down the government to achieve this goal.

Moreover, I would just like to emphasize, these women have chosen to go to Planned Parenthood for their care. Suggesting they can just get their care from other providers is both callous and condescending. With all due respect to my colleagues on the other side of the aisle, which provider a woman chooses to go to for her reproductive health care is not your decision to make, or at least it should not be.

I yield back.

I am happy to yield to someone -- no. I yield back.

Mr. Pitts. The chair thank the gentlelady, and now recognize the

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chair emeritus of the full committee, Mr. Barton, 5 minutes of questions.

Mr. Barton. Thank you, Mr. Chairman. I was going to make a brief opening statement, which I didn't get to, so let me just summarize before I ask my questions.

My lifetime voting record on pro-life issues is right at 100 percent. I consider myself to be a pro-life Congressman. I think every life is precious. I think the Congress should do everything that we can to protect that life. I do recognize Roe v. Wade is the law of the land, and under that court ruling, I recognize a woman's right under legal conditions to choose to have an abortion.

That is not what this debate is about. This debate is about a procedure that Planned Parenthood utilizes to take body parts and sell. That, I don't think, is in contention. I don't think there is any dispute that this practice is occurring. The question before the committee and to some extent the Congress, should we allow that practice or should we stop that practice? And if Planned Parenthood is the practitioner of that practice, should we stop funding Planned Parenthood because they continue to utilize it? That is the question.

With that, I want to ask Dr. Yoest, does Planned Parenthood provide any service that other women's health organizations could not provide?

Ms. Yoest. Thank you very much for that question, Congressman

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Barton.

The short answer is no. And I appreciate having the opportunity to address that question, because as a woman and a breast cancer survivor, it is very troubling to me that Planned Parenthood continues to offer themselves as a first-line responder to issues like cancer and particularly breast cancer. They do not provide mammograms. They simply refer out for that service. And on occasion --

Mr. Barton. I have got limited time.

Ms. Yoest. Sorry.

Mr. Barton. So Planned Parenthood is not the exclusive provider of services that other women's health organizations can also provide. That is correct, am I not right?

Ms. Yoest. That is correct.

Mr. Barton. Does Planned Parenthood, under current Federal law, have a guaranteed entitlement right to Federal Medicaid funding?

Ms. Yoest. No, sir.

Mr. Barton. They do not.

If Congress were to explicitly strip Planned Parenthood funding, are there other women's health organizations already in existence that could accept those funds and provide the same services?

Ms. Yoest. Yes, sir, to a very large degree.

Mr. Barton. So all of these other women's health services, there are other organizations that don't utilize this procedure that could

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provide all the services that Planned Parenthood does provide that are for women's health, not for abortion and not for harvesting body parts for sale?

Ms. Yoest. Yes, sir, and they can do it much more comprehensively.

Mr. Barton. Okay. Is there any, on this particular procedure, which I think is immoral and abhorrent, is there any medically necessary reason to utilize that procedure to get a body part to use in another medical situation?

Ms. Yoest. No, sir, there is not. And, in fact, one of the more troubling issues in the videos is that they appear to be changing their procedure in order to get parts that they can then sell.

Mr. Barton. Okay. I assume that you have seen all of these videos. Is that correct?

Ms. Yoest. Yes, sir, myself or my staff.

Mr. Barton. Okay. Now, the ranking member of the full committee, Mr. Pallone, has indicated they have been heavily edited, and that may be true. If he says it is true, I am going to assume that it is true. But what has been made available publicly, to your knowledge, has anybody from Planned Parenthood disputed what has been made publicly available? In other words, has anybody said, "That is not true, we don't do that"? Has anybody at Planned Parenthood said, "We don't conduct these procedures, we don't sell these body parts,

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we don't utilize this"?

Ms. Yoest. No, sir, not to my knowledge.

Mr. Barton. So they admit that they are doing it?

Ms. Yoest. Yes, sir.

Mr. Barton. With that, Mr. Chairman, I yield back.

Mr. Green. Mr. Chairman, would you yield just a second?

Mr. Barton. You can have the 20 seconds that I still have.

Mr. Green. I would ask you to look at -- when you are questions about can other providers do it, our Health and Human Services Commission in Texas in their report showed that they couldn't provide what Planned Parenthood has been doing. And, again, it is not my agency. It is a State of Texas agency.

Mr. Barton. I respect my friend from Houston, we are good friends. On this one, I am told in Texas there is not anything that Planned Parenthood is doing that other agencies in Texas that are already certified could not also do.

Mr. Green. But the report shows they can't do it. So be that as it may.

Mr. Barton. I yield back.

Mr. Pitts. The gentleman's time has expired.

The chair recognizes the gentlelady from Illinois, Ms. Schakowsky, 5 minutes for her questions.

Mr. Schakowsky. Okay. I want to just make a couple of things

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clear.

You know, this is a very, very emotional issue. The issue of abortion is at the heart of this. And I just want to say that when Roe v. Wade passed it was not the beginning of abortions in the United States of America. It was the end of women dying from abortions. Abortions are legal because women will continue to have abortions and make their own decisions. So that is where I am coming from. I want to be clear about that.

The other thing is that these attacks on Planned Parenthood I believe are a baseless smear campaign started with David Daleiden, an anti-abortion extremist, who spent years trying to entrap Planned Parenthood staff and then deceptively editing the videos he reported to stoke partisan anger. Again, I want to just note, I don't walk around with music behind me. Clearly, that was edited in.

Four congressional committees have started investigating Planned Parenthood and States around the country are rushing to investigate. But not merely enough focus has been paid to Mr. Daleiden and his numerous unethical and potentially illegal activities. Mr. Daleiden and his associates obtained their nonprofit status from the IRS by representing themselves as a nonprofit focused on biomedical research aimed at curing life-threatening diseases. They did not indicate that they were an anti-abortion political activist organization. They lied on tax forms and applications to the IRS, which is a serious and even

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criminal, that is under investigation, matter.

The California law prohibits forgery, fraud, and perjury. And Mr. Daleiden and his associates created fake driver's licenses and those may have violated the law. And his activities may have also violated California's Invasion of Privacy Act, its prohibition of false charitable solicitations, and its law against impersonation and Federal and California laws against credit card fraud.

And Mr. Daleiden continues to withhold key information from investigators and the public at large, and his attorneys say he intends to invoke his Fifth Amendment rights to avoid testifying in court. And it seems to me that Mr. Daleiden should release documentation about his organization's funding, affiliations, or practices, and release the full unedited versions of his video.

So I believe that the majority should either suspend its one-sided investigation of Planned Parenthood or should fully investigate Mr. Daleiden. And I just resent the fact that we have been having this hearing using these videos in as explosive way as possible to color the discussion of these bills.

And, by the way, even just the suspicion based on these highly edited videos could be enough then for a State to deny Medicaid funding. And let's be clear, if we want, as Ms. Waxman said, if we want to a discussion about the use of fetal tissue for medical research, then that is a separate conversation, used for investigating Alzheimer's

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and diabetes.

And there is no proof, in fact I think there is proof to the contrary, that Planned Parenthood made a profit on this. It was in order to transport the tissue with the consent of the woman and done to pay for the transportation.

I want to ask a question, though, just a quick yes or no of Dr. Yoest and Mr. Mattox. The Hyde amendment does have exceptions that would have exceptions including rape, incest, and endangering the life of the mother. I would like to know if you support exceptions to the Hyde amendment in the case of rape, incest, or endangering the life of the mother?

Dr. Yoest.

Ms. Yoest. Would you mind clarifying the context?

Ms. Schakowsky. The Hyde amendment.

Ms. Yoest. Right, but how you are applying it in this situation?

Mr. Schakowsky. I am asking you a question as testimony relevant to these issues, these two bills that are before us, and I would like to know if you believe that there ought to be exceptions to abortion?

Ms. Yoest. Americans United for Life was the organization that defended the Hyde amendment in front of the Supreme Court.

Mr. Schakowsky. So is the answer yes?

Ms. Yoest. We strongly support the Hyde amendment and we support the law as it is written.

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Mr. Schakowsky. Okay. And Mr. Mattox.

Mr. Mattox. I strongly support the law as it is written.

Mr. Schakowsky. Thank you. I yield back.

Mr. Pitts. The chair thank the gentlelady.

We have no time left. There are 100 people who still haven't voted. So we will recess for five votes on the floor. We will reconvene approximately 5:20. The subcommittee stands in recess.

[Recess.]

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RPTR KERR

EDTR CRYSTAL

[5:30 p.m.]

Mr. Pitts. All right. The subcommittee hearing will reconvene. And the chair recognizes the vice chairman of the Health Subcommittee, Mr. Guthrie, 5 minutes for questions.

Mr. Guthrie. Thank you, Mr. Chairman.

I want to begin by saying how I am disgusted with the videos that we saw. And I know every time it comes up, people are saying: Oh, if you see them on TV, or wherever, they are highly edited and they are out of context.

But as Mr. Barton asked and we found out, that nobody is debating the quotes that are in there. I mean, we need to look at the whole video, I agree with that. Nobody is debating the quotes. And those quotes, I am not sure you can take those out of context. I am not sure what context those are acceptable. And I am sorry just to hear that.

First, I want to ask Mr. Mattox. In your testimony you say the courts have upheld the rights of a State to exclude, quote, "an entity from its Medicaid program for any reason established by law," unquote. Can you elaborate on that?

Mr. Mattox. Sure. Under the Medicaid Act -- and the legislative history of Medicaid Act also makes this very clear -- the

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Federal Government has certain bases that it can exclude providers, but States are much more free. States can exclude for any other reason, is the term used in the Medicaid Act. They have a lot more power than the Federal Government does to exclude. And so States have excluded Medicaid providers on a number of bases that aren't set out for the Federal Government to exclude.

That includes, in the Ninth Circuit -- and I am not typically in the position of citing decisions from the Ninth Circuit -- but in the Ninth Circuit, in *Guzman v. Shewry*, the court held that during a pending investigation, that a provider can be excluded.

What that recognizes is that there is no liberty interest or a protectable right that Planned Parenthood or any other provider has to continuing to receive Medicaid funds. That is a privilege that they need to be able to earn from the taxpayers. They can go through an administrative process to appeal that if they would like to. But they don't have a right during a pending investigation to continue to receive those funds.

And I think if you step back from this for a moment and imagine that we are talking about something other than Planned Parenthood, that that is a self-evident proposition. The idea that a Medicaid provider that, for example, is a gynecologist that has been accused of abusing women, the idea that we would require that Medicaid continue to provide funding to that doctor until a jury actually convicted them would be

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abhorrent to most people. So that is not the rule --

Mr. Guthrie. I would like to continue with a couple more questions for you if I can continue.

Mr. Mattox. Sure.

Mr. Guthrie. Your testimony also outlines a number of categories of misconduct from Planned Parenthood, and my understanding, most of these, in your testimony, were not from the videos. There were other things that you cited. All of which seems to be ground for State Medicaid programs to exclude that Planned Parenthood provider, clinic, or affiliate.

What have States done to exclude Planned Parenthood in the Medicaid program?

Mr. Mattox. States have acted in several ways. First of all, Texas actually made a decision to exclude Planned Parenthood from its Women's Health Program, which is a Medicaid waiver program.

Interestingly, when it made that decision, I have heard some discussion about that here today, Planned Parenthood excluded them, and the number of contraception claims did immediately drop, but the actual pregnancy rate in Texas declined, as did the abortion rate in Texas. So we haven't seen in Texas the sort of public health catastrophe we were told to expect.

But Texas has done that. Indiana has also taken action, as well as Arizona. And the Federal Government stepped in and told them they

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were no longer permitted to act in that way to manage their own Medicaid programs because Planned Parenthood was involved.

Mr. Guthrie. Which leads to my next question, is that you also note that, quote, this is from your testimony, "Medicaid providers cannot usually rely on the support of the Federal Government, including reinterpretation of the Medicaid Act, when a State disqualifies them from its Medicaid program. Planned Parenthood is a unique case."

Can you elaborate on this?

Mr. Mattox. Sure. There have been over the last two decades or so about 9,000 providers excluded from Medicaid, and in most of those cases they are completely uncontroversial. People don't question that at all. When it is Planned Parenthood, however, you have the Center for Medicaid Services reinterpret the Medicaid statute to deny States the opportunity to exclude those providers. That is a privilege that other providers don't get to have.

Mr. Guthrie. Thanks. And discovering that a provider violated Federal laws related to fetal tissue procurement certainly sounds like a provider failing to act in an ethical manner and should be grounds to terminate their status as a provider. Can you elaborate on that statement?

Mr. Mattox. Sure. That is actually from a decision from the Seventh Circuit decision. The Seventh Circuit clarified that while an entire class of providers couldn't be excluded, but when you are

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talking about the State's power to exclude an individual provider, that the State absolutely had the authority to exclude not only on legal grounds, but also on ethical grounds a provider, which I would think most of us would think is a good thing.

Mr. Guthrie. In my last 10 seconds, I am just hopeful that we can clarify the Federal law, ensure States are able to allow or exclude providers from their Medicaid program.

I thank you for the witnesses being here, and I yield back.

Mr. Pitts. The chair thanks the gentleman.

Now recognize the gentlelady from Florida, Ms. Castor, 5 minutes for questions.

Ms. Castor. Thank you.

Well, I respect my colleagues and my neighbors and many Americans have deeply held beliefs on the issue of personal health matters. But that is not what this is about. Today we are spending our time on a politically manufactured distraction. Republicans in Congress hope that you will be distracted from their failure to meet their fundamental responsibility of passing a budget because we are 6 legislative days away from shutting down the government.

But make no mistake about it, this is also an insult to women and families all across America. I am very disappointed in this committee, Mr. Chairman, very disappointed because this committee is party to lies, a smear campaign on Planned Parenthood, doctored videos. I

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objected early on because a few weeks ago press reports established the fact that the Center for Medical Progress, that video that you showed, was wholly inaccurate, and they said it was inaccurate, and you showed it anyway.

And I will read from the Christian Post: The Center for Medical Progress clarified that its most recent video, the baby depicted, it is from a stillborn birth. It is not a second trimester baby from Planned Parenthood. And I would have to think that your professional staff and maybe even some of the members on your side knew that. It was reported in the Christian Post. It was reported in The Hill. It was reported in other publications.

You know that stillborn baby, where that picture came from? It came from the blog of the grieving mother. It is not what you purported it to be. It is not what this group that is smearing and putting out these doctored videos said that it was. And the committee should not be a party to that.

I will submit for the record these press reports and ask that you please read them.

But you know, this is a disturbing pattern, and I wanted to focus also on what has happened in my home State of Florida. Because in July, after these videos surfaced, my Republican Governor, Rick Scott, ordered an investigation of all Planned Parenthood clinics across Florida, not other clinics, and it was determined, after investigation

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by the Agency for Health Care Administration, that there was no "there" there.

What happened subsequently falls into this pattern of doctoring evidence and distortions. You see, the Agency for Health Care Administration then put out a press statement, a press release to establish the fact, and here is their language, they put out a press release, said: Our investigation last week into Planned Parenthood clinics, blah blah, blah...however, there is no evidence of the mishandling of fetal remains at any of the 16 clinics we investigated.

But the press, the reporters in Florida did a public records request after the final press release came out that omitted this line, and it turns out that the press shop in the Governor's office took the Agency for Health Care Administration's press release and scrubbed it of that finding.

Just yesterday, the communications director from the Agency for Health Care Administration resigned. I am sure the Governor was not happy with the fact that emails were discovered by the press in Florida where the communications director said: I would have thought a line on no handling of fetal remains would be included as that is what questions will be on. The agency's secretary said agree, she agrees with the comment. Reporters subsequently obtained both versions, and it has been uncovered the Governor's office scrubbed it. He orchestrated the whole thing. This is part of a very disturbing

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pattern all across the country based on manufactured evidence, lies, and a smear campaign.

It is beneath the dignity of this committee. It undermines the important work we do to ensure women's health care and I would hope that everyone would disavow what is happening here, this smear campaign on women's health and the clinics they rely on.

I will yield the remaining time to Mr. Green.

Mr. Green. Thank you.

Ms. Castor. Oh, excuse me. I will ask unanimous consent that those be admitted into the record.

Mr. Pitts. Without objection, these will be made part of the record.

[The information follows:]

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Mr. Green. I would like to ask questions of Dr. Yoest and also Mr. Mattox and even Ms. Waxman. There is a report I submitted from the Texas Health and Human Services Commission, and your testimony in question said that there was no results. I want to call your attention to it.

And I am going to read it, Mr. Chairman. This is by a State agency that did a study on what happened after 2011. We actually saw a 25 percent drop in clients served in the Human Health Services Commission area, 25 percent loss from 11 to 13. So somewhere along the way, a lot of women, in a time Texas was growing, are no longer getting healthcare services in every region except the Upper Rio Grande Valley. The High Plains area, a loss of 53 percent, West Texas, a loss of 64 percent of services, people getting services.

So there is a problem here. And, Mr. Chairman, again, I am going to use this every time I get a chance because your testimony does not go with the facts that a Texas State agency used.

Mr. Pitts. The gentleman's time has expired.

The chair recognizes the gentleman, Dr. Murphy, 5 minutes for questions.

Mr. Murphy. Thank you. I am going to yield to Mr. Shimkus.

Mr. Shimkus. I thank my colleague.

And these are difficult issues, and I think, as I told some of the folks on the panel, those of us who are pro-life and vote that way

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who have served many, many years, we are saddened that these things still occur in our country.

On Tuesday I did a press conference tour of my district outside three Planned Parenthood clinics. Tuesday. One was closed, wasn't even open. So I want to talk about the access to care issue a little bit.

But before I do this, some of this moral outrage, and one of the benefit of being a member for a long time is you have the benefit of history. And we had a hearing when Republicans were in the minority on secret videos taken in a meatpacking plant. Downed cows. There was more outrage over the treatment of downed cows than we have of treatment of downed kids, babies. And there was no objection to the videos being presented. In fact, they didn't even call the video people to the hearing. It is just unfortunate that, again, I do think there is a double standard.

And also I want to mention the healthcare aspects. The other thing I did in Illinois, why I went to them is because federally qualified healthcare clinics in Illinois, we have 670 better alternatives for women's health care and only 18 Planned Parenthood locations. So this debate about our ability to affect women's health care, in fact, by these bills that we are going to move through the House, we are going to be able to provide better care because Planned Parenthood clinics don't provide all the range of health care.

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I am not a supporter of the Affordable Care Act, I didn't vote for it, I don't believe in it, I think it was terrible, but the premise of the Affordable Care Act was medical homes for people could go to have a medical home and a medical location for records. Guess where your medical home is? It is not in a Planned Parenthood clinic. Your medical home is found in a federally qualified healthcare clinic.

So we are on the right track if we move this debate to improving access to health care, expanding federally qualified healthcare clinics, rural clinics, in my case. I am in southern Illinois, three Planned Parenthood versus 40 accesses to rural care or community health clinics.

Mr. Mattox, the question I have, going back to the videos, do you believe these videos actually depict Planned Parenthood's practices?

Mr. Mattox. I believe -- first of all, you actually have a letter from Cecile Richards, which I assume is an unedited letter from Cecile Richards, in which she actually says that Planned Parenthood is receiving \$60 per part. At no point in that letter does she also say how they are actually accounting for that, how that applies in some way to any actual expenses. And remember that StemExpress, at least, is actually coming into the clinic. I have often seen the citations to, well, these are situations where, you know, this is compensating for transportation or storage. Well, it is not compensating for transportation or storage in those cases. And that is outside of the

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videos.

The full versions of these videos, let's be absolutely clear, if you have access to YouTube, you have access to the full versions of these videos. They are on YouTube. I know that because I have watched the full versions of the videos. They are there. As a matter of fact, without music.

So you can watch the full versions of the videos. The only portions of the videos that have been edited out are the portions when Mr. Daleiden or someone is in the bathroom, and I think we can all be grateful that he edited those portions out, and the portions where no one else is in the conversation, where it is him sitting alone or otherwise. So the full versions are available.

Mr. Shimkus. In follow-up, do you think States should be able to take action on these videos?

Mr. Mattox. Absolutely. The Guzman case in the Ninth Circuit indicates that States do not have to wait when they have reasonable belief that the law has been violated. They can suspend a Medicaid provider without having to have that person convicted by a jury.

Mr. Shimkus. Thank you.

And I am just going to finish by, obviously there is a list of services provided under federally qualified healthcare clinics versus those services provided by Planned Parenthood. The services provided by federally healthcare clinics, family homes, far outweigh anything

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provided at the Planned Parenthood clinics. And I yield back my time.

Mr. Pitts. Did you say you wanted to submit that for the record? I didn't understand.

Mr. Shimkus. No, I didn't.

Mr. Pitts. All right. The chair thanks the gentleman, and now recognizes Ms. Matsui, 5 minutes for questions.

Ms. Matsui. Thank you, Mr. Chairman.

First of all, I just want to point out that you are saying that these are -- people have said that there are unedited videos out there, but we don't have any proof that they are unedited videos. So that is just out there. We don't believe that they truly are unedited. And I want to go back to my questions here.

Now, Professor Waxman, I am going to get back to these radical bills. Each gives States the power to cut off funding to any provider that is, quote, "suspected of violating the partial-birth abortion ban or causing the termination of an infant born alive." I want to see if you can help me understand what this evidentiary standard might mean in practice.

If these bills became law, could a State that suspected a health center was violating these laws based on an anonymous tip cut off funding?

Ms. Waxman. I believe so, yes.

Ms. Matsui. Could a State that suspected a violation based on

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doctored videos released by an anti-abortion extremist cut off funding?

Ms. Waxman. I don't see why not.

Ms. Matsui. Does the legislation say anything about what evidence a State must provide to satisfy the standard for suspecting a violation?

Ms. Waxman. No, it does not.

Ms. Matsui. Does the legislation say anything about the due process a State must provide before it cuts off funding?

Ms. Waxman. No, it does not.

Ms. Matsui. Well, these bills would give State politicians who are opposed to abortion free rein to slash funding for women's health care based on nothing more than their own political views and a suspicion. Do you agree with that?

Ms. Waxman. Definitely.

Ms. Matsui. Let me ask you another question. What do you think the impact of these bills would be? Would States start slashing funding for women's health centers? Would access to reproductive health care increase or decrease?

Ms. Waxman. I think the goal of this particular legislation is clearly to go after Planned Parenthood and other -- I will assume, although it hasn't been mentioned -- other healthcare providers that perform abortion. This bill is about abortion.

There could be, you know, a hospital system in your State where

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in fact the hospital does do abortion, and it could very well happen that a politician might have some suspicion that there was wrongdoing in that hospital system, and then the whole system loses its Medicaid funding, all the services that it would provide.

There is in the Medicaid statute already, as has been testified, ways that if someone is convicted of a crime that would hurt the beneficiary of the program, they can then be excluded from the program. That is already law. If somebody would break the law, and that is actually be convicted of a partial-birth abortion, that already exists. If someone is convicted in a State, and I assume the State law would have laws against terminating a live birth, that person could be excluded.

Obviously, due process protections would apply, but if someone really did break these laws, the provisions already exist to exclude that provider from the program. And putting a law out there that just makes the suspicion the cause for ending Medicaid funding goes way, way beyond any law, I believe, in the whole country.

Ms. Matsui. Okay. Now, the majority continues to claim that current Planned Parenthood funding could be redirected to existing community health centers and that with this additional funding these community health centers could adequately absorb the increased demand that would inevitably follow if Planned Parenthood were to close its doors.

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Can you describe if there are enough clinics, if there is adequate capacity in existing the healthcare system to absorb all of Planned Parenthood's patients?

Ms. Waxman. There seems to be, I think, some talking across each other in that Planned Parenthood does not get blocks of money from Medicaid to do whatever it wants. Like any medical provider, like a private doctor, if they perform a service that is covered for a covered individual, then they get reimbursed, and, again, generally, at a pretty low reimbursement, unfortunately.

So it isn't as if there is some kind of pot of money that is helping them exist. They are professionals that do these very high-quality services in this area. And if people come to them that have Medicaid or private insurance, that is the reimbursement that they get.

Now, the community health centers have already said that they don't have the capacity right now to actually provide care for the patients that are coming their way. They have said, for every patient they serve, another three are going without primary care. We would have to enormously increase the number of community health centers if we really wanted to make sure the capacity was there.

Ms. Matsui. Well, thank you.

Ms. Waxman. Additionally, as I mentioned in my testimony, there is a public program, Title X, that gives dollars for family planning. This body, the Appropriations Committee has already zeroed that out

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in the next budget, so we wouldn't be able to count on them.

Ms. Matsui. Well, thank you very much. My time has run out.

Mr. Pitts. The chair thanks the gentlelady, and now recognizes Dr. Burgess 5 minutes for questions.

Mr. Burgess. Thank you, Mr. Chairman. Mr. Chairman, you began your questioning by showing us three film clips, and in that third film clip where the discussion was you crush above, you crush below, and you get the part that you want in between, and this was all done under sonographic guidance, I would just ask, Mr. Chairman, I do want the committee, the subcommittee to make an effort to retrieve any ultrasound electronic media that may have been created during the performance of these procedures because I believe it could be instructive to the subcommittee to actually that.

Dr. Yoest, let me just ask you. Is your organization affiliated with the Texas -- is there a Texas organization that is an adjunct of yours, Texas Alliance for Life, is that associated with you?

Ms. Yoest. No, sir.

Mr. Burgess. Okay.

Mr. Chairman, I do want to submit for the record an article that discusses the Texas Alliance for Life. This is a PolitiFact article where the leader of the Texas Alliance for Life asserts that funding for women's health is actually at an all-time high in the State of Texas.

His statement was taken to task by PolitiFact. And as we know,

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they tend to be relatively left leaning. But the conclusion -- and I do want to submit the entire article to the committee -- the statement that was made that in Texas funding of women's health services is at historically high levels. And they have just increased their level another \$50 million for the next 2 years.

And, again, Texas lawmakers this year voted to appropriate more for women's health services than before, including a \$50 million bump. And I would just parenthetically add, it was my State senator, Senator Jane Nelson, who is the chairwoman of the Senate Finance Committee, who was responsible for that \$50 million bump.

But the bottom line on this PolitiFact article is we rate this claim to be true. And again, PolitiFact is not always friendly to conservative causes.

Mr. Pitts. Without objection, so ordered.

[The information follows:]

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Mr. Burgess. Now, Mr. Mattox, Mr. Green has been talking about a report from the Health and Human Services Commission from January of 2013. Do you have that report? Are you familiar with that?

Mr. Mattox. I have seen that report. I have read that report.

Mr. Burgess. And I guess what I am confused, because Mr. Green is sort of outlining a case where Texas is in pretty dire straits as far as being able to provide services, and, gosh, if we go after any one dime in Planned Parenthood funding it is going to create all kinds of havoc in the State of Texas.

But this article or this report that he is referencing, here is the conclusion: "Overall, the Texas Women's Health Program patient capacity survey results are positive. In most areas, the survey found that the State has the capacity to serve even more women in 2013." Remember, this was done in response to the fact that Governor Perry in 2011 said we are not giving any money to Planned Parenthood.

Capacity was especially robust in the Rio Grande Valley, San Antonio, Houston, Austin, the Abilene areas. The survey identified one area, San Angelo, where there was likely a capacity deficit. But it is not really -- the tenor of the report is not exactly that which was portrayed by the ranking member of the subcommittee.

So do you have any thoughts on this report that has been talked about at some length today and what the state of these services are in the State of Texas?

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Mr. Mattox. Certainly. Texas' experienced is that after Planned Parenthood was excluded, there was a very initial period where Texas had difficulty trying to find the right providers. They found those providers. And the result now in Texas is that -- and these are uncontroversial conclusions from the State -- the abortion rate has declined in Texas, the pregnancy rate has declined in Texas. So that has happened.

What we found is that when Planned Parenthood was taken out of the picture, the abortion rate and the pregnancy rate declined. Whether that is causation, I don't know.

But one reason why you might have seen the drop in claims actually submitted, another audit was just filed in March this year from HHS OIG that found another \$129 million in overbilling to the same Women's Health Program, the same Texas Women's Health Program by Planned Parenthood.

So it very well may be that a lot of these contraceptive claims that Planned Parenthood was no longer filing were claims that they never should have been filing in the first place.

Mr. Burgess. It is an interesting point and one that I, again, I think does deserve further study by this subcommittee. And I hope we have an opportunity to do that.

But let me just ask you. Is it really that usual for CMS to withhold funding in an area where they think something is amiss? Is

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this really a drastic departure from any normal behavior by CMS?

Mr. Mattox. Well, for CMS to act this way, it certainly is. For a State to act that way, no. For CMS to say we are no longer going to allow a State to make a decision about its Medicaid program because you have excluded a provider is a very new thing, and it is something that they have done with respect to Planned Parenthood, and I am not aware of any other provider that has received that kind of treatment.

For a State to act that way and say we are going to exclude certain providers because we think they are in violation of the law, States do that with some frequency. And there should be no question as to a State's power to do that, not only when there are convictions, but I would hope we could all agree that when a provider is suspected of fraud, as was the case in the Guzman case, that we are not going to require the government to continue to provide taxpayer money to an organization suspected of fraud, for example, while we find out if they are actually going to be convicted of that.

Mr. Burgess. Thank you, Mr. Chairman. I yield back.

Mr. Pitts. The chair thanks the gentleman.

I now recognize the gentleman from Massachusetts, Mr. Kennedy, 5 minutes for questions.

Mr. Kennedy. Thank you, Mr. Chairman.

Dr. Yoest, did you use the videos that were shown earlier at this hearing as part of your investigation?

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Ms. Yoest. I am sorry?

Mr. Kennedy. Did you use the videos that were shown as part of this hearing in your investigation that you quoted, and you got a chart put up earlier detailing the investigation that you have entered into to try to say that Planned Parenthood engaged in these activities?

Ms. Yoest. I consulted the videos in putting together the chart, yes.

Mr. Kennedy. Okay. Did you ever conduct an analysis of the authenticity of those videos?

Ms. Yoest. Of the authenticity of the videos. As the chairman stated, the full videos are available online --

Mr. Kennedy. Did you conduct --

Ms. Yoest. -- and our team has reviewed the full videos that are available online.

Mr. Kennedy. So the full videos, not the videos that we saw then up here, but the full videos, you say, you didn't, and that informed your investigation.

Ms. Yoest. Yes. And we have submitted to the Energy and Commerce Committee a 28-page legal analysis of the full videos.

Mr. Kennedy. Of the full videos. Okay. Thank you.

Do you have any idea how many, currently, how many House committees are conducting investigations of Planned Parenthood?

Ms. Yoest. I believe it is three. Three here and one in the

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Senate.

Mr. Kennedy. And do you have any idea how many States are conducting independent investigations of Planned Parenthood? I will give you --

Ms. Yoest. It is 12ish.

Mr. Kennedy. Twelveish is fine. Do you have any idea of how many of those in total 16 investigations have resulted in criminal charges to date?

Ms. Yoest. With all due respect, sir, I think it is still really early --

Mr. Kennedy. To date, ma'am.

Ms. Yoest. -- with an investigation that is -- as it was stated earlier --

Mr. Kennedy. Zero is the answer, right?

Ms. Yoest. -- investigations are still ongoing.

Mr. Kennedy. So I believe that is an answer, then zero, correct?

Ms. Yoest. So far.

Mr. Kennedy. Okay.

Ma'am, it has been a little while since I was trying cases. You mentioned in response to a question to one of our colleagues that the burden of proof would be on Planned Parenthood to try to disprove part of the allegations that were being made. Under what theory of criminal law would the burden of proof shift to them to disprove the allegations

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that a criminal charge would be brought?

Ms. Yoest. Can I clarify what my comment was?

Mr. Kennedy. Please.

Ms. Yoest. My assertion would be that the burden of proof is on Planned Parenthood to respond to something that is as serious an accusation with evidence that is as troubling as what we have seen to having their senior medical director on tape saying that she considers the law to be a suggestion --

Mr. Kennedy. But the burden of proof is not in a criminal sense at all.

Ms. Yoest. Pardon?

Mr. Kennedy. Not in a criminal sense at all, because if a charge is brought criminally, the burden of proof -- I am asking you what legal theory -- under what legal theory does the burden of proof shift to a defendant?

Ms. Yoest. I wasn't asserting a legal theory. I was asserting common decency.

Mr. Kennedy. Okay.

Mr. Chairman, I would like unanimous consent to enter into the record from the National Women's Law Center and the National Health Law Program a letter about the role of Medicaid in ensuring low-income women's access to health care. The letter, Mr. Chairman, states, quote: "It is no overstatement to say that if H.R. 3134 were to become

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law, our country would face a significant public health crisis."

Mr. Pitts. Without objection, so ordered.

[The information follows:]

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Mr. Kennedy. Thank you.

Ms. Waxman, I have about a minute-and-a-half for you. A couple of questions.

Mr. Mattox had indicated in his testimony that States are permitted to suspend Medicaid providers during the pendency of an investigation into whether a provider violated a State or Federal law. Is that your understanding as well?

Ms. Waxman. I think what he is referring to is this one case that he has mentioned a couple times where in fact there was one individual in an egregious situation and one circuit court that said it was okay to suspend the individual's Medicaid payment during that time. But beyond that, I don't think so.

Mr. Kennedy. And, Professor Waxman, in your expertise and review of this legislation, do the bills in question define what "suspicion" means?

Ms. Waxman. No, it did not.

Mr. Kennedy. So to clarify, a provider system or healthcare system under this legislation could potentially lose Medicare dollars on the suspicion that one of its doctors or medical providers had violated some aspect of what this legislation contemplates.

Ms. Waxman. That is right.

Mr. Kennedy. The entire system.

Ms. Waxman. That is right.

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Mr. Kennedy. So in other words, is it fair to say that these bills undermine the "any willing provider" principle of Medicaid regulations as well as due process?

Ms. Waxman. Without a doubt.

Mr. Kennedy. So, ma'am, in your opinion, is that what happened last month in Louisiana when the State terminated its agreement with Planned Parenthood Gulf Coast provided that it does not provide any abortion services at all and was found to be in compliance with all State and Federal law, and were due process principles and the "any willing provider" principle violated there?

Ms. Waxman. Yes. The "any willing provider" provision, because there aren't that many Medicaid providers, that is why the law recognizes anyone who is willing to take that reimbursement should take patients, any qualified provider, of course, and that is why Louisiana could not eliminate Planned Parenthood.

Mr. Kennedy. Thank you. Yield back.

Mr. Pitts. The chair thanks the gentleman.

Now recognize the gentleman from New Jersey, Mr. Lance, 5 minutes for questions.

Mr. Lance. Thank you, Mr. Chairman.

Mr. Mattox, you stated in your testimony that you explained how CMS issued a new set of interpretations based upon the existing statute. The new interpretation was in 2011 related to States' use of qualified

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medical providers. Could you explain in a little more detail what CMS did and your reviews on what CMS did in 2011 based upon an underlying statute that predates 2011?

Mr. Mattox. Sure. What CMS did was to interpret -- issue an interpretation of the Medicaid Act to say that States could not exclude a provider where it would violate this "free choice of provider" provision, applying that specifically -- or a class of providers -- applying that specifically to decisions made by Indiana and later Arizona to exclude abortionists broadly.

More recently what CMS has done is to take that decision, saying that you can't exclude a class of providers, and apply it to a State's decision to exclude an individual provider in Planned Parenthood.

Mr. Lance. Yes. Ms. Waxman or Professor Waxman or Dr. Waxman, is that your understanding of what occurred with the CMS in 2011?

Ms. Waxman. Yeah. I don't know what the last item he was referring to, but certainly before that, in the earlier date, that is true.

Mr. Lance. Thank you. So I am trying to reach a situation where we can agree on what the state of the law is before we change the law, and it is my view that everybody on the panel should have the opportunity to speak. I think you have been before this panel before, and that has been my position before.

Now, in the wake of CMS' 2011 interpretation, the Seventh and

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Ninth Circuits have held, on the basis of Medicaid free choice and qualified provider provision, that States may not exclude an entire class of otherwise qualified providers. Is that accurate? Do you both agree with that?

Ms. Waxman. Yes.

Mr. Mattox. Yes.

Mr. Lance. However, as I understand it, also that the courts have ruled that a provider can be excluded so long as it is not based upon an entire class. And I cite Planned Parenthood v. Indiana, of Indiana v. Commodore, is that right, is that the case, Mr. Mattox?

Mr. Mattox. Commissioner.

Mr. Lance. Commissioner. I guess because one of my degrees is from Vanderbilt, the Commodores. And that was the Seventh Circuit, and the cert was denied by the Supreme Court of the United States. Is that accurate?

Mr. Mattox. That is correct, yes, sir.

Mr. Lance. And so that stands as the law in the Seventh Circuit. Is that the law in any other circuit or has only the Seventh Circuit ruled on this?

Mr. Mattox. Only the Seventh and the Ninth Circuit have ruled on that.

Mr. Lance. And the Seventh Circuit is in the Middle West and the Ninth Circuit is in the West.

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Mr. Mattox. Right.

Mr. Lance. And so we have two circuit decisions that have permitted the disqualification of individual providers based upon the views of the State government.

Mr. Mattox. Well, those two decisions said that you couldn't exclude an entire class of providers. What the Seventh Circuit then went on to say was that the State does have very broad power, much broader than the Federal Government, to exclude an individual provider --

Mr. Lance. Yes.

Mr. Mattox. -- for both legal and ethical reasons.

Mr. Lance. And that is a decision, according to those circuits, or at least the Seventh Circuit, that can be made, and it is not a standard of proof based upon the criminal standard of proof, that States have broad discretion in this regard.

Mr. Mattox. That is correct.

Mr. Lance. And so we are not discussing here proof beyond a reasonable doubt, the criminal standard that, quite appropriately, applies in this country and should continue to apply regarding all matters of indictment for a criminal offense. We are not in that area of law regarding the broad discretion of States, under the sovereign power of States. And I come from a State legislature, I was the minority leader, and I believe in the powers of States, comity with

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what we do here, and certainly the courts have ruled, to the extent that they have ruled, that States have broad discretion in this regard. Is that accurate?

Mr. Mattox. That is correct. And in this case you actually have a -- you know, this a question of whether a provider is entitled to government money. They are not entitled to government money.

Mr. Lance. This is not a situation where they are entitled. States have broad discretion.

With 12 seconds to go, my point, Mr. Chairman, is that I believe in the power of States to have broad discretion, and I would hope that that might be the rule, if it were to be established by the Supreme Court, if this were ever to reach the Supreme Court. Thank you, Mr. Chairman.

Mr. Pitts. The chair thanks the gentleman.

Now recognize the gentleman from California, Mr. Cardenas, 5 minutes for questions.

Mr. Cardenas. Thank you very much, Mr. Chairman.

Witnesses, I only have a short period of time, so I would appreciate yes-or-no answers to my questions.

Congress is remarkably transparent. You can see the cameras filming us right now, and you can watch us on C-SPAN when you get home or any time you would like you can bring it up. You don't even have to have a hidden camera here. We are very transparent.

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That having been said, I have a question first to Dr. Yoest. Have you seen any pro-life organizations who have created similarly manipulated videos showing this government making cuts in prenatal care funding? Yes or no? Have you seen any videos like that?

Ms. Yoest. I am sorry. Could you repeat the question?

Mr. Cardenas. Have you seen any videos, manipulated or not, that show this government making cuts to prenatal care?

Ms. Yoest. Not that I am aware of.

Mr. Cardenas. Okay. Thank you.

Same question to you, Mr. Mattox, are you familiar with any videos like that showing those actions?

Mr. Mattox. I am aware of something very similar where there was an organization, NARAL, who did investigations of pregnancy resource centers.

Mr. Cardenas. Yes or no, please.

Mr. Mattox. So, I mean, NARAL did those investigations secretly, and you had a report that was actually submitted, the Waxman report, which is a well-known report, that was based on that sort of surreptitious evidence.

Mr. Cardenas. Okay. Mr. Mattox, have you seen any pro-life organizations who have created similarly manipulated videos showing the government making cuts to medical care for infants in this Nation?

Mr. Mattox. Other than NARAL's efforts, I don't know of another

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example like that.

Mr. Cardenas. Okay.

And, Dr. Yoest, have you seen any pro-life organizations who have created similarly manipulated videos showing this government making cuts in early childhood education?

Ms. Yoest. I can't say that I recall that.

Mr. Cardenas. Okay. Thank you.

Finally, Mr. Mattox, have you seen any pro-life organizations who have created similarly manipulated videos showing the government making cuts in funding for food and medicine that otherwise would go to starving sick children and mothers in this Nation?

Mr. Mattox. I would first have to object to the term "manipulated," because these videos, the full versions of the videos have been released.

Mr. Cardenas. You didn't show full versions here as you made your presentation, so that is what I am going on, sir, what you presented today -- excuse me -- what Dr. Yoest presented today before both of your testimony.

Mrs. Blackburn. Mr. Chairman, I think that we need to clarify. He did not present those videos. Mr. Mattox did not present those videos.

Mr. Cardenas. I just clarified that he did not.

Mr. Green. Mr. Chairman, whose time is being used on this?

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Shouldn't it be a parliamentary inquiry instead of taking Mr. Cardenas' time?

Mr. Pitts. Yes, it should be.

Do we have a point of parliamentary inquiry? If not, Mr. Cardenas, you are recognized.

Mr. Cardenas. You reserving my time or -- okay.

So the videos that were shown today in this committee were not the full-length videos, suffice it to say. So I will go on.

Ms. Waxman, you heard all of these questions. Have you heard any pro-life organizations making videos that create similar outcries and false narratives in this area?

Ms. Waxman. No.

Mr. Cardenas. Thank you.

You know, I have asked you these questions because I have not seen a pro-life organization come out and attack my friends on the right who have devastated every service that provides for the health of babies once they are born. In fact, I have heard so much about personhood lately and about life beginning at conception that it caused me to realize something, and that is that people who say life begins at conception seem to believe it ends at birth when we look at all the cuts to what I just mentioned.

The people who say they are pro-life who will go to the ends of the Earth to defend a fetus have consistently, over decades and decades,

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made budget cuts with anti-science rhetoric and outright disregard for the lives of children whose hungry and sick cries echo throughout our Nation and have cut to the bone funding to keep them healthy and alive.

We have one of the highest infant mortality rates in the industrialized world. More American babies die in infancy in this country than in Canada, in Croatia, and even in Cuba. I can't help but think maybe because there is no political gain to be had in caring for our kids, but there is plenty of money to be made in riling up people with anger and misinformation.

The vast majority of what Planned Parenthood does is to keep mothers, children, and families healthy, and now there is an attack to even cut that.

I have a question for you, Ms. Waxman. Have you noticed that my Republican colleagues have failed to admit the truth about the contributions of Planned Parenthood overall?

Ms. Waxman. I would say yes.

Mr. Cardenas. Your mike, please.

Ms. Waxman. Sorry. Yes.

Mr. Cardenas. Okay. Thank you for answering the question.

Basically too many people in this room are dodging the real issue, and if I wanted to see people dodge, I would go someplace else. I would never think that I would have to be in the committee of Congress to see that happen.

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Thank you. I yield back my time.

Ms. Yoest. May I respond very briefly?

Mr. Cardenas. I yield back my time.

Mr. Pitts. The gentleman yields back.

The chair recognize Mr. Griffith 5 minutes for questions.

Mr. Griffith. Dr. Yoest, you wanted to respond briefly. Please do so.

Ms. Yoest. Thank you, sir.

I would just like to briefly object to the characterization of the pro-life movement, and I would like to invite you, sir, to visit a pregnancy care center in California that takes care of babies after they are born.

Mr. Griffith. Thank you very much. And, Dr. Yoest, I am going to read you some testimony from the past.

"Dr. Haskell went in with forceps and grabbed the baby's legs and pulled him down into the birth canal. Then he delivered the baby's body and the arms, everything but the head. The doctor kept the head right inside the uterus. The baby's little fingers were clasping and unclasping, and his little feet were kicking.

"Then the doctor struck the scissors into the back of his head, and the baby's arms jerked out like the startled reaction, like a flinch, like a baby does when he thinks he is going to fall. The doctor opened up the scissors and stuck a high-powered suction tube into the

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opening and sucked the baby's brains out.

"Now the baby went completely limp. He cut the umbilical cord and delivered the placenta. He threw the baby into a pan, along with the placenta and the instruments he had just used."

Do you recall that testimony being in a prior case? And if you don't, that is okay. Yes or no?

Ms. Yoest. Roughly speaking, yes.

Mr. Griffith. Yes, ma'am. And at the time -- that was partial-birth abortion -- and at the time, Roger Evans, Planned Parenthood's senior director for public policy litigation says: "There is no substance to the opponents' arguments. That is ideological poppycock, totally unsupported by the medicine." Evans says: "The judges who have heard the testimony on the subject have consistently concluded it is a safer method of abortion for many women and it is a medically necessary method of abortion for women in some circumstances." That is a quote from CQ Researcher back in 2006.

And the quote I gave you earlier actually came from the *Gonzales v. Carhart* case in the majority opinion where they were talking about partial-birth abortion and how bad it was.

Now, earlier we heard testimony from Ms. Waxman that, you know, if somebody was found guilty of violating partial-birth abortion that, you know, they would be convicted and that would be a different story.

You made the point earlier that you were not making a legalistic

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case, you were making a moralistic case in answering questions from Mr. Kennedy, and I think that is instructive. Because just like the O.J. Simpson case, you may not have the evidence to put somebody in jail because that is a beyond a reasonable doubt standard, but you might have the evidence to take their money away from them, which is exactly what happened in the O.J. Simpson case.

And isn't that what these bills are about, is to say that if you do something wrong, even if we don't have proof beyond a reasonable doubt, you should lose some of the money that you might get otherwise? Isn't that what these bills are really about, Dr. Yoest?

Ms. Yoest. Yes, sir. I am very glad that you read from *Gonzales v. Carhart* because the ban on partial-birth abortion was a very hotly contested issue in our country, and the Supreme Court was very clear in upholding its legality.

And I didn't have a whole lot of time to elaborate on Dr. Deborah Nucatola's scoffing at the partial-birth abortion law, but after she made the quote about the fact that she thought this was basically just kind of a guideline for her behavior, she went on to say that she felt that intent came into play in that if she didn't intend to perform a partial-birth abortion, that it didn't count.

But in actual fact, to switch back to talking about the law, aside from common decency, the law is very clear that intent doesn't let you off the hook from performing a partial-birth abortion.

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Mr. Griffith. And there should be punishments, not only the criminal punishments but punishments to those providers who allow people to do these things by taking away their monetary sources.

I mean, if somebody determines that they are charging excessively or something else, they have the right to take away their reimbursement. Shouldn't that be the same case if there is good reason to believe that they, in fact, have violated the law whether with a baby that is born alive or by doing a partial-birth abortion in order to get more organs to harvest from our babies?

And I don't know this, so I want to track this down. I tried looking it up and I couldn't find it. Ms. Waxman, were you in favor of partial-birth abortion? Did you argue against either publicly or as a part of your law class against partial-birth or for partial-birth?

Ms. Waxman. I was not part of that debate.

Mr. Griffith. You were not part of that debate at all. Okay. I appreciate that. Thank you. I wanted to have that out there.

These are very serious issues, and it is not a matter of determining guilt beyond a reasonable doubt. It is trying to decide whether or not somebody is doing it the way the law intends it to be done or not to be done and whether or not taxpayer dollars should be used to reimburse those people for doing those acts.

And I appreciate both you, Mr. Mattox, and you, Dr. Yoest, for being here, and also you, Ms. Waxman, because in this country we always

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have the opposing side, and that is the way it ought to be.

Thank you very much, and I yield back.

Mr. Pitts. The chair thanks the gentleman.

Now recognize the gentleman from Florida, Mr. Bilirakis, 5 minutes for questions.

Mr. Bilirakis. Thank you, Mr. Chairman. I appreciate you holding this hearing. Very important hearing.

Mr. Mattox, in your testimony you mentioned that Planned Parenthood had great financial success in Medicaid. Unlike other Medicaid providers, they have been able to avoid some of the oversight and corrective actions that most Medicaid providers would expect. Can you elaborate on what they have been doing to maybe what they have been getting away with all these years?

Mr. Mattox. Sure. First of all, Planned Parenthood has received over the last 10 years about \$4 billion in taxpayer funds. And the HHS OIG does investigations every so often of family planning programs. Usually those are not as to a specific provider, but in a few instances they are.

And what they have found in just 45 recent public audits, and these are all publicly released, we have a report that was just out this morning that details all of the publicly released audits, and what that shows is that Planned Parenthood specifically has been pointed to as having overbilled the government by \$8.5 million in those publicly

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released audits from HHS OIG and some from State sources.

In addition to that, you have another \$4.3 million that Planned Parenthood paid -- Planned Parenthood Gulf Coast paid to the Justice Department when the Obama administration Justice Department said that they thought that Planned Parenthood had overbilled the Federal Government in the Texas Women's Health Program and the Texas Medicaid.

So in addition to that, you have a number of False Claims Act cases that ADF and others have represented around the country representing whistleblowers from Planned Parenthood, these are individuals who have worked at Planned Parenthood for a number of years, Abby Johnson, Sue Thayer in Iowa, and others who have alleged tens of millions of dollars in Medicaid fraud, and there are several of those cases that are ongoing around the country.

So there is a substantial reason for the taxpayers to be very concerned this is an organization that is able to profit off of Medicaid. As a matter of fact, if you look at their annual reports, again, you see \$127 million in excess revenue last year. We have heard testimony earlier that Medicaid is not usually a program that you can profit from, but it seems that Planned Parenthood has found a way.

Mr. Bilirakis. Thank you.

Next question. For you, Mr. Mattox. Federal law states that, quote: "No alteration of the timing method or procedures used to terminate the pregnancy was made solely for the purpose of obtaining

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the tissue," end quote.

In the videos, the Planned Parenthood representative seemed to almost be boasting that they are flaunting the law. Does that seem to be the case to you? And do you think that this should be sufficient grounds to terminate Medicaid funding?

Mr. Mattox. Having watched the videos, the full videos, I have seen those quotes, and that does seem to certainly violate Federal law. That was a bipartisan law on how we are going to handle this fetal tissue donation question, and Congress agreed that we are not going to have people changing the way they are doing abortions for that purpose, and it certainly seems that is the case. And as a matter of fact, Cecile Richards in her letter of August 27 stated that that was the case, that they would adjust the procedures.

So I am not sure. Setting the videos aside, we have the current statement from the CEO of Planned Parenthood saying that they would adjust the procedures in order to obtain better tissue.

Mr. Bilirakis. Thank you.

And Representative Griffith touched on this, but I want to elaborate a little bit.

Dr. Yoest, does the Planned Parenthood video show that they are willing to do partial-birth abortions in defiance to the law? Can you explain these types of abortion procedures, what they are?

Ms. Yoest. Yes, sir. If I could connect it to your previous

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question of Mr. Mattox. One of the things that is most troubling, through this whole process I think many of us have become much more familiar with abortion procedures than we would ever care to be. But the hard truth of the matter is that in order -- the reason it is so relevant, this question of them changing their procedures, is that in order to get useable tissue they cannot use the most lethal and most -- forgive me -- most effective way of ending the baby's life by using a chemical called Digoxin that kills the baby before it is born.

So by moving away from using that procedure and altering their technique in order -- because, excuse me, I failed to mention that Digoxin then makes the baby's tissues unusable for harvesting and selling it -- and so that is what moves them toward doing these kinds of procedures that are much more likely to result in partial-birth abortion and live births.

And so I think that is a really important point for all of us to understand, that there is a cohesive whole here in terms of the violation of the law, the targeting of the organs that they want, of maintaining tissues that are the most financially marketable for them.

Mr. Bilirakis. Okay. Thank you, Mr. Chairman. I yield back.

Mr. Pitts. The chair thanks the gentleman.

Now recognize the gentleman from Missouri, Mr. Long, 5 minutes for questions.

Mr. Long. Thank you, Mr. Chairman.

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And thank you all for being here today.

Ms. Waxman, have you watched any of these videos, edited, unedited, whatever you want to call them, but the recent videos that have come out --

Ms. Waxman. I saw them today.

Mr. Long. -- at Planned Parenthood? I am sorry?

Ms. Waxman. I saw excerpts today.

Mr. Long. Does it bother you to watch those?

Ms. Waxman. Let's say all medical procedures bother me. When I hear doctors talk about many different kinds of things, I am uncomfortable. So, yes, it is uncomfortable.

Mr. Long. So it was disturbing to watch them.

Ms. Waxman. I would say uncomfortable.

Mr. Long. Yeah. I would say you are right, because I didn't watch them today. I have watched them before. I was watching you. You have got a video monitor 90 degrees to your right, you have got a video monitor 90 degrees to your left, and you looked up once or twice.

Ms. Waxman. I don't think that is true, Your Honor. I did. I watched them. And I have seen them before.

Mr. Long. But it is disturbing to you is my point. I am not getting on you for not doing it. Some people can't watch them. They are very disturbing. So you are disagreeing with what I said?

Ms. Waxman. I think I answered the question. I do find them

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uncomfortable.

Mr. Long. I am not trying to be argumentative at all. I don't know where you think I am going. You act like you are defensive, like I am trying to be --

Ms. Waxman. Okay. I find them uncomfortable. I think I said that.

Mr. Long. Yeah. Sure. A lot of people do, and there is nothing wrong with that. I am not trying to trap you. I am not a lawyer. I don't play one on TV.

Ms. Waxman. We are on the same page.

Mr. Long. I have got a friend that can't watch those videos either. And the reason -- I know nothing about your background, but I do know his background -- the reason he can't watch those videos is that when his mother became pregnant with him at a young age, her family, her friends told her to abort him, said that your life will be a lot better, you will have a very hard life if you carry this child to term. And thankfully she didn't listen to her family and here friends and people that told her to abort the child, and today he is a United States Congressman. He is not the one sitting before you. It is not my story. But he is a United States congressman.

He says, "I cannot watch these videos," he said, "because when I watch them, I see myself. I see myself as that baby that my mom thought about aborting," and it is extremely upsetting to him. And

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I think that it is extremely upsetting to a lot of people.

And like I said, I am not trying to be argumentative with you, but I noticed, I was watching you as they were playing it, and you, as you admitted, you know, they are kind of tough to watch.

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RPTR GENEUS

EDTR CRYSTAL

[6:30 p.m.]

Ms. Waxman. May I respond?

Mr. Long. Not yet. If I have time at the end I will be glad for you to.

When I came up to this hearing, it has been a few hours ago now, but when I came up to this hearing the elevator door opened as we were getting on the elevator down on G3 to come up here to floor 1, and a lady -- I didn't even focus on her, but she was pushing a baby carriage. And she had a screaming -- I guarantee you, I am not a doctor, I don't know how old the kid was, but he was less than a month old, all red, screaming. The Congressman that got on with me, as she got off pushing her baby in the baby carriage, said that is the most beautiful sound in the world.

And I graduated high school in 1973. In 1973 Roe v. Wade came down, the ruling. And the people say: Oh, the pro-lifers are doing this for everything. I didn't understand abortion when I was a senior in high school when they ruled it legal at the Supreme Court. I still don't. I don't make any apologies for that. But seeing that young baby as we come into here, it just, you know, a few months ago, would have been okay to take that life. I make no apologies, but I don't

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understand that. And so when we have hearings like this, it is difficult for me.

I was at a luncheon today, Speaker Pelosi was there, Gene Green was there, the ranking member, his wife was there. It was the 23rd Annual Congressional Families Cancer Prevention Luncheon. I sat next to my daughter, who is 26 years old, that had her last chemotherapy treatment on August 10 of this year. She is doing great. She has a PET scan coming up here, and we think she is fine.

But to think of what people do to save themselves and to prevent cancer and to treat cancer once they have cancer and to fight for life, the emcee was Jennifer Griffin of Fox News, national security correspondent, 46 years old, I believe, breast cancer. The other lady, I can't call her name right this second, but a cook on TV, 49 years old. But when you see the emotion that the people in the room, Democrat, Republican, rallied together for the 23rd time, 23rd luncheon, to fight for life, it just, to me, it is just a real shame that it is okay to kill a child 3 months before it is born, but you kill it 3 months after it is born and you are going to go to jail. And I just, you know, I am sorry, but I don't get that.

There was a lady that had an opportunity to abort a United States Congressman, didn't do it. I don't know how many Congressmen have been aborted over the years, how many Senators, how many Presidents, how many brain surgeons, whatever. But those of us that people want to

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call us pro-life or whatever, we don't come to it because we are Republicans, we don't come to it for political reasons. Some of us just don't understand stopping a beating heart.

And with that, Mr. Chairman, I yield back.

Mr. Pitts. I thank the gentleman.

And I now recognize the gentlelady from North Carolina, Mrs. Ellmers, 5 minutes for questions.

Mrs. Ellmers. Thank you, Mr. Chairman.

And, again, I thank the panel for being with us today.

Dr. Yoest, it is good to see you. And I want to ask you a couple of questions. And my colleague, Mr. Griffith from Virginia, was touching on some of the discussion and some of your testimony regarding Dr. Nucatola. In the quote that she had made, quote: "The Federal abortion ban is the law and the laws are up to interpretation," unquote.

Now, I think you clearly state that that is not your view, that it is not just up for interpretation, that it is very clear. Am I correct?

Ms. Yoest. The law is very clear about what it has banned.

Mrs. Ellmers. And I did want to touch back on the comment you made about the Supreme Court and their review of the current partial-birth abortion ban and upholding it. Is that correct?

Ms. Yoest. Yes.

Mrs. Ellmers. Okay. So, you know, like my colleague

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Mrs. Blackburn, I have one of the bills. And, you know, just for the panel and the discussion of clarifying the situation for our States, I just want to state that I would like to say to the panel that my draft bill seeks to clarify existing State authorities over providers serving Medicaid patients so that those States who suspect a provider may have violated the partial-birth abortion ban can immediately end their State's relationship with that provider. If a provider was proven guilty under the draft law, he or she would also be mandatorily excluded from the Federal healthcare program.

I don't think that is unreasonable to allow States to provide that ability. I believe that States should have those rights.

Dr. Yoest, have you seen or read anything recently over these past few weeks that causes you to think that some providers are, indeed, violating the partial-birth abortion ban and billing Medicaid for it?

Ms. Yoest. Well, I think, you know, there has been a lot of conversation about the context and the editing of the videos. But I think that in looking at the full totality of Dr. Nucatola's testimony, I just don't see that context is helpful at all when she is quite clear that she starts the day with a list of organs that she is targeting, and then she describes a procedure that she uses in order to ensure that those organs that she is harvesting are then usable.

Mrs. Ellmers. You know, and I would just like to say, as a nurse and dealing with these issues of, you know, taking care of patients

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and dealing in the world of health care, I agree. As difficult as it is to watch the videos, and as difficult as it is to hear her describe in such a matter-of-fact manner how she kind of tallies up the day and moving forward -- my husband is a general surgeon, and we have many discussions about the surgeries that he will have that day, and, you know, what his hopes are, obviously, to take good care of those patients and hopefully everything will go well.

That is what I hear her talk about, only from a perspective of, again, retrieving fetal body organs in the best possible manner that she can do that. And it is chilling to me, and it truly is sickening to hear that because of the matter-of-fact manner in which she does that.

Furthermore, Dr. Yoest, you noted in your testimony and I will quote what you had said: "Planned Parenthood has a track record of opposing partial-birth abortion bans." And I do believe that you have stated that and that in the past that this is something that they have done. And I will just further quote you: "States should be permitted to withdraw or deny Medicaid funding to individuals and entities that violate the letter and spirit of the widely supported laws against infanticide," unquote.

In addition to the bills that we are considering, that my colleague from Tennessee and I are moving forward in the committee this week, and, you know, with our chamber, what other Federal approaches

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would you recommend we consider to better protect the lives of our most vulnerable young Americans?

Ms. Yoest. Well, I think that in addition to -- well, first, can I just say that we do appreciate both what you and Congresswoman Blackburn are doing with your bills and that we just very much appreciate that.

There is also the bill that I believe will soon be introduced by Congressman Franks to add criminal penalties to the Born-Alive Infants Protection Act. And then I believe there is also another bill to be soon introduced by Congresswoman Black to propose a moratorium on Planned Parenthood funding.

So I think that there are -- there is a lot of conversation going on right now, and I think that there are quite a few different approaches that we can take that could be a productive approach.

Mrs. Elmers. Thank you so much.

And, Mr. Chairman, I yield back the remainder of my time. Thank you.

Mr. Pitts. The chair thanks the gentlelady.

Now recognizes the gentlelady from Colorado, Ms. DeGette, 5 minutes for questions.

Ms. DeGette. Thank you very much, Mr. Chairman. And I want to thank you for your comity in allowing me to waive onto this committee. It is a tough topic, and it is important.

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The title of this hearing is "Protecting Infants: Ending Taxpayer Funding for Abortion Providers Who Violate the Law."

Ms. Waxman, under current law, the Federal Government right now, if somebody who violates any law is found by due process to violate that law, Federal funding can be cut off right now under current law, correct? Yes or no?

Ms. Waxman. Yes, if what we are talking --

Ms. DeGette. Thank you.

Ms. Waxman. Yes.

Ms. DeGette. So the real issue is, has Planned Parenthood violated the law, correct?

Ms. Waxman. That would be the issue.

Ms. DeGette. Okay.

Now, at the beginning of this hearing we were shown some small film snippets. But I just want to ask, Dr. Yoest, you, yourself, did not make those film snippets, correct? Yes or no?

Ms. Yoest. No, ma'am.

Ms. DeGette. And, Mr. Mattox, you, yourself, did not make those films, correct? Yes or no?

Mr. Mattox. I did not create them. I have watched them.

Ms. DeGette. You have watched them.

And, Dr. Yoest, you and your staff also watched film clips on the Internet, yes or no?

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Ms. Yoest. We have watched --

Ms. DeGette. You have watched the films on --

Ms. Yoest. -- the unedited ones.

Ms. DeGette. You watched what you are told are unedited films online, yes? Correct?

Ms. Yoest. Yes.

Ms. DeGette. But you don't know for a fact -- you didn't make those films, so you don't know from personal experience that they are unedited, correct? Yes or no? I mean, you didn't make the film, so you don't know if they are edited or not?

Ms. Yoest. No, I can't. You are right, I can't.

Ms. DeGette. And same with you, Mr. Mattox, you didn't make the films, right?

Mr. Mattox. I did not make the films.

Ms. DeGette. So, Mr. Chairman, we have been told, the minority has been told on Oversight and Investigations and this committee that we have been provided with all of the unedited films online, but we haven't had the person from the Center for Medical Progress who made those videos here. He is not here today. We haven't had him in the committee. On the Oversight Subcommittee, we take testimony under oath. And what I would like to see -- and I see my chairman is here, Mr. Murphy -- what I would like to see is I would like to see him come in to the committee under oath and talk to us about how he made those

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videotapes.

But let's accept the assertions from our witnesses that the unedited videotapes are online, let's accept that. So today, Mr. Chairman, what we did, this hearing started out with several film clips. The first film clip was of a baby who apparently was not an aborted fetus. It was a baby named Walter Fretz, who had been born prematurely at 19 weeks. And along with a picture of that baby, there was a woman talking. She apparently was a woman who used to work for an organization that was a procurement technician talking about late-term abortion procedures, which was totally unrelated to the baby, Walter Fretz, who was shown.

And to make this even more horrifying to me as a mother, apparently, Walter Fretz's mother did not agree that her baby, her precious baby, could be used in this way.

So that was the first video clip that we were shown today to give us the impression that Planned Parenthood was somehow harvesting organs from this little baby. I can hardly get over that. The second and third and fourth clips were very small clips from what are many, many, many hours of videotapes that were apparently taken.

So the Oversight and Investigations Democrats reviewed all of the videotapes that we were given, which the majority tells us are all of the videotapes. There was no illegal activity found. There was no illegal activity found in what we saw.

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When we pointed that out today, you know what the majority says to us? They say: Well, that is because the O&I investigation is not completed. Well, I would ask you, Mr. Chairman, and I would ask you, Chairman Murphy, if there is more information that we haven't been given in order to have this legislative hearing today, I would suggest that the majority should produce it to us. Because otherwise all we are going on is allegation and innuendo.

And the lives of millions of American women are being put at stake at this; 4.2 million visits to Planned Parenthood centers last year, not for abortions, for mammogram, for cervical cancer screening, for well-women screening, 4.2 million visits last year are in jeopardy because of innuendos and allegations and videotapes that, for the purposes of the hearing today, were highly edited, misconstrued, and doctored. And that is why we are so mad.

And, again, I thank you for letting me talk. I thank you for doing this. But I think we should take this very, very seriously.

Mr. Pitts. The chair thanks the gentlelady.

Dr. Murphy, you can respond briefly.

Mr. Murphy. Mr. Chairman, I just want to say that we will continue to investigate this thoughtfully as you and I do with the Oversight and Investigations Committee, continue to invite you to be thoroughly involved, will continue to share all information together, each side will do that.

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There is a lot to review here. I will restate, as I said before, it is premature for any of us to draw conclusions. There is a lot to review and investigate this. As you know, we do with all of our hearings gather information and we follow the facts where they take us, and we will continue to be thoughtful in our approach.

Ms. DeGette. I certainly will look forward to that hearing.

Mr. Pitts. The chair thanks the gentleman.

Now recognize the gentleman, Dr. Bucshon, 5 minutes for questions.

Mr. Bucshon. Thank you, Mr. Chairman.

I just want to say, I am a physician who has operated on premature babies as young as 23 weeks gestation. In fact, the smallest baby I operated on in my practice weighed only 650 grams. I did a specific operation call a patent ductus ligation of premature babies. And so I find the discussion, the callousness of the discussion, particularly appalling in the videos based on that, as well as the fact that I am a father of four and a pro-life person.

But also as a physician, I take access to health care very seriously and it is very important to me. And that is why I think it is such a ridiculous argument that the minority makes that Republicans in some way want to limit access to health care for women. That is a debunked argument. It has failed politically and it has failed factually many, many times. But they continue to make it because that

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is the only thing they have.

So with that, I want to also outline some statistics on Planned Parenthood about access to health care. And this is their own data. They treat just 2 percent of the Nation's women for any reason, 2 percent. Ninety-eight percent of women get their health care other places other than Planned Parenthood.

They also don't offer women some basic primary care. Mammograms were just mentioned. But, Ms. Waxman, does Planned Parenthood perform mammograms?

Ms. Waxman. You know, my own doctor doesn't --

Mr. Bucshon. That is a yes-or-no, yes-or-no answer. Does Planned Parenthood --

Ms. Waxman. It is no, as most primary care don't.

Mr. Bucshon. So Ms. DeGette's statement was false, they don't perform mammograms, okay?

Ms. Waxman. They do breast exams, however.

Mr. Bucshon. Well, any physician can do that. In fact, you know it is the law that if a woman comes into your office and they haven't had a breast exam within a year, even a cardiovascular surgeon must perform a complete breast exam? Do you know that that is true?

Ms. Waxman. I don't, but that is great.

Mr. Bucshon. That is the fact.

Ms. Waxman. That is great.

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Mr. Bucshon. Yeah. Do they provide cardiovascular blood tests for women?

Ms. Waxman. I don't know.

Mr. Bucshon. They don't, I will tell you.

Do they offer bone mass measurements for women, which is very important, as you know, because women are at risk for osteoporosis? Do they do that?

Ms. Waxman. I don't know.

Mr. Bucshon. The answer is no, they don't.

And I think you do know this one. Their cancer screenings have decreased by half over the past 10 years.

Ms. Waxman. I don't know that, either.

Mr. Bucshon. The answer is yes, it has.

So the argument here, and I am speaking from a physician's standpoint, this is purely about pro-choice people trying to protect the organization that performs, what, 40 percent of the abortions in the United States. This is not about women's health care. Republicans want all women to have access to quality, affordable health care regardless of their ZIP Code, regardless of what socioeconomic status they are. That is just a false argument.

And to stand here and try to say that if we don't redirect money to health centers that can be funded by the Federal Government and that Planned Parenthood loses their funding that all of a sudden women aren't

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going to have access to health care is just a false argument. I mean, it is just not true.

The other thing is, you know, I looked up the laws in Indiana about if you did this to a pet, you know, if you did some of the things described in these videos to, you know, an animal that was born alive and you destroyed them and took their body parts, in Indiana you would go to prison for 180 days and \$1,000 fine. That is for a pet. And so to argue that we shouldn't have -- that this should be something we should just callously talk about, about a human being, is ridiculous.

So I just think that we need to seriously look at our country and whether or not, as a people, we are willing to accept this activity, and quit trying to protect people that are doing things that really are morally and potentially legally not correct.

I would yield my last 30 seconds to anyone that wants to make any final comments.

Mr. Bucshon. I yield to Mrs. Blackburn.

Mr. Pitts. The chair recognizes Mrs. Blackburn.

Mrs. Blackburn. Thank you, Mr. Chairman. And I appreciate that we have spent the time on this issue.

As Ms. DeGette was questioning Dr. Murphy about where we continue, I think it is important to note, we are at the beginning of an investigation and we are just starting this process. We do know from Planned Parenthood's own statistics that they perform over 300,000

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abortions a year. Compare that to the 1,800 adoption referrals that they make and the 18,000 prenatal health visits they give for women.

So, you know, as all of this has tried to be made a discussion about the videos, I think it is imperative that we refocus this, Mr. Chairman. We are here to make certain that women and children are protected and that unborn children, children that are yet unborn, have the right to life. That is the point of this discussion.

And I yield back to the gentleman.

Mr. Pitts. The chair thanks the gentlelady.

Mr. Bucshon. I yield back.

Mr. Pitts. That concludes the questions of the members.

We will have some follow-up questions that we will send to you in writing. We ask that you please respond promptly.

[The information follows:]

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Mr. Pitts. I remind members that they have 10 business days to submit questions for the record, and so they should submit their questions by the close of business on Thursday, October 1.

[The information follows:]

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Mr. Pitts. I want to thank the members, the witnesses, everyone, for staying late and long. You have been very patient, but this is a very important issue.

We have a UC request?

Mr. Green. Yeah.

Mr. Pitts. Go ahead.

Mr. Green. Okay. Mr. Chairman, I would like to ask unanimous consent to place into the record a Texas Policy Evaluation Project research paper, since Texas' coverage has been an issue. Also, an article from healthaffairs.org, "How Texas Lawmakers Continue to Undermine Health Care." And also from the Health Affairs organization, Planned Parenthood, community centers, getting the facts straight.

Mr. Pitts. Without objection, so ordered.

[The information follows:]

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Mr. Pitts. And without objection, the subcommittee is adjourned.

Mr. Burgess. Mr. Chairman, I have a unanimous consent request.

Mr. Pitts. Go ahead.

Mr. Burgess. So the Texas Women's Health Program's provider survey, patient capacity report, January 7, 2013, from the State of Texas; National Review, "What Texas PolitiFact Won't Admit About the State's Defunding of Planned Parenthood"; and the Daily Signal, "If Planned Parenthood Loses Government Funding, Here is a Map of Healthcare Clinics That Could Take its Place."

Mr. Pitts. Without objection, so ordered.

[The information follows:]

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Mr. Pitts. With that, the subcommittee is adjourned.

[Whereupon, at 6:52 p.m., the subcommittee was adjourned.]