

Inquiring Minds Topic – 18 August 2017

Riv Swartz, Moderator

PLANNED PARENTHOOD: PRO & CON

Planned Parenthood has created tremendous controversy in the United States over many decades. However, during the Trump presidency, emotions have clearly boiled over, and Republicans have been elected utilizing the mantra, "We must defund Planned Parenthood."

In fact, President Trump garnered many votes from religious organizations who would have never otherwise supported him if not for his stance on Planned Parenthood.

To understand this controversy, various questions should be considered:

1. What is the true controversy regarding Planned Parenthood?
2. Who would be the "losers" if Planned Parenthood were to be illuminated?
3. What methods have been employed to fight the existence of Planned Parenthood? How successful have these methods been?
4. Why has this controversy gained so much momentum under President Trump and during his candidacy?

What's Really At Stake In The Planned Parenthood Debate

Amelia Harnish

Update (March 31, 2017): Senate Republicans voted down an Obama administration rule that protects Title X funding to abortion providers yesterday.

What does that mean for you? Well, if you're among the [4 million](#) people (a third of whom go to Planned Parenthood) who get basic reproductive health screenings and birth control at a Title X clinic, it means you're at risk for losing your care.

Title X is a federally funded program that's been in place since the '70s. It gives money in the form of grants to clinics offering family planning services. Because the Republican Party is determined to cut off resources for Planned Parenthood and other abortion providers, one of President Obama's final actions before leaving office was a rule that said states cannot take Title X funding from clinics solely because they also provide abortions.

After Vice President Mike Pence broke a 50-50 tie in the Senate vote on the rule yesterday, Republican state legislators will be allowed to lock Planned Parenthood as well as other family planning clinics out of funding for purely political reasons — something they have shown themselves willing to do [time and time again](#).

To be clear, this doesn't mean Planned Parenthood has been "defunded," but it does put a significant chunk of money at risk, especially if you live in a state that is hostile to reproductive healthcare. Keep reading for our up-to-date explainer about how Planned Parenthood is funded, and what this debate is *really* about.

Update (March 14, 2017): A new government report underscores what we've known all along: Defunding Planned Parenthood would be disastrous for women (and men, too) who rely on the provider for care, and it'd lead to many thousands more unplanned pregnancies and births.

The non-partisan Congressional Budget Office released their analysis yesterday, as part of a larger look at the House GOP's plan to repeal and replace Obamacare. The CBO estimates that the hardest hit group would be low-income people who live in areas where few healthcare providers exist. About 15% of those people would completely lose their care. This would lead to savings for taxpayers of about \$178 million in 2017 and by \$234 million over the 2017-2026 period.

However, blocking people from getting these services would result in thousands more unplanned pregnancies and births. Since 45% of births in the U.S. are paid for by Medicaid, CBO estimates that this would result in costs of an extra \$21 million in 2017 and by \$77 million over the 2017-2026 period. Keep reading for more about the effects of defunding Planned Parenthood.

This story was originally published on January 9, 2017.

In news that surprised no one but still managed to terrify many, House Speaker Paul Ryan confirmed that a measure to strip Planned Parenthood funding would be included in the bill to repeal the Affordable Care Act. This isn't the first time the GOP has tried to gut the provider. But with President-elect Trump taking the White House in two weeks, the measure is expected to actually move forward.

“Defunding” Planned Parenthood has become a rallying cry among anti-choice advocates and a surefire way to enrage any red-blooded pro-choicer. Both sides tend to throw the term “defunding,” around as if the government is just forking over \$450 million a year to the organization that can be easily taken away or directed elsewhere. But guys, that’s not how it works. To truly understand this debate, you have to understand how taxpayer money *actually* makes its way to Planned Parenthood, and crucially, you have to understand the role Planned Parenthood plays in our healthcare system.

Let’s start with where the money comes from.

First, it’s worth repeating: Planned Parenthood is not some kind of pseudo-federal agency in charge of distributing birth control (nor is it an abortion mill, but more on that in a sec). Instead, it gets paid by the government in two ways: reimbursement payments for services rendered, as well as grant money earmarked for family planning services.

Most of the taxpayer money — an estimated \$390 million, or 87% of the total paid out by government, per the [Congressional Budget Office](#) (CBO) — that Planned Parenthood gets comes through Medicaid payments. Medicaid, the health insurance program for low-income, elderly, and disabled people, is funded jointly by the federal as well as state governments.

Medicaid payments are issued the same way other insurers make payments to doctors' offices, through bills for specific services. Example: You get a pap smear at a clinic; said clinic bills your insurance for said pap smear, and then the insurance makes a payment to the clinic.

The rest of the taxpayer money, about 13% of that \$450 million annual estimate, comes through [Title X](#), a federally funded program that issues grants to clinics devoted exclusively to family planning services. (This is the funding that is currently protected by a new Obama administration rule that [bars states from blocking federal funding](#) to clinics solely because they perform abortions in addition to other services. This helps protect Planned Parenthood somewhat, though this rule, and in fact the whole program, could easily be changed by a Republican administration at any point later on, as well.)

Many community clinics and doctors' offices across the country get paid by the government in exactly the same way, via Medicaid reimbursements and Title X funding, explains Erica Sackin, political communications

director at Planned Parenthood Action Fund. The only difference is that these clinics either don't provide abortions, or they simply haven't yet caught the attention of anti-choice advocates.

Here's why people go to Planned Parenthood.

Anti-choice advocates regularly repeat the myth that Planned Parenthood is nothing but an “abortion factory,” and they've been scarily successful at drumming up rage and disgust at Planned Parenthood's mere existence because of it, despite the fact that [abortion accounts for just 3%](#) of all services performed at its clinics.

The vast majority of people go to Planned Parenthood, which operates more than [650](#) community health clinics across the country, to access preventive care, including pap smears, STI tests, and birth control, according to the organization's annual report — and no federal or state funds go to abortions, unless the woman's life is in danger or she was the victim of rape or incest. That has been the law of the land since 1977, with the passing of the (also controversial) [Hyde Amendment](#).

Because roughly 40% of Planned Parenthood's total income comes from payments from the federal government (with again, most of this being in the form of Medicaid payments) to provide low-income women with family planning and reproductive health care, the fear is that these women would simply have nowhere to go.

In 21% of counties with a Planned Parenthood clinic, it is the only safety-net provider of family planning in the area.

Opponents counter that “[whole woman health care centers](#)” are a better place to spend taxpayer dollars because they offer all the preventative services Planned Parenthood does, except for abortion.

This sounds sensible, perhaps, but first of all, “whole woman health care centers” do not exist. What does exist are Community Health Centers (CHCs) and Federally Qualified Health Centers (FQHCs). This network of community-based clinics is indeed important and they do provide family planning services, but they do so in addition to diverse things such as [annual physicals, dental care, treatment of diabetes and cardiovascular disease](#). These clinics are already overburdened with all the various people they are designed to serve, and it's [unlikely that they will be able](#) handle an influx of patients who need pap smears, STI tests, birth control, and prenatal care.

What about regular, stand-alone ob-gyn offices, you ask? Those are also unlikely to be able to handle the mass of new patients, not only because these doctors are less likely to even take Medicaid but also because there are simply not enough of them. “The closure of Planned Parenthood clinics would be gravely disappointing and damaging for patients and health care providers, alike,” says the American Congress of Obstetricians and Gynecologist's Executive Vice President and CEO, Hal Lawrence, MD. “For women's health-care providers, the closure of Planned Parenthood clinics would put immense pressure on existing private and unaffiliated public practices to accommodate an even larger population of patients. Increased demands on fewer practices affects patients by making it more difficult to see doctors quickly, particularly for routine visits, or delaying screening results as the volume increases, and staff struggle to keep up with the pace.”

The fact is, Planned Parenthood provides a specific and crucial service in our healthcare system by focusing solely on reproductive health, especially when it comes to birth control access, for low-income women. According to a 2015 analysis from the [Guttmacher Institute](#), 36% of the close to 7 million women receiving contraceptive care from government-funded “safety net” providers went to Planned Parenthood in 2010. And even though there are technically more community health centers and FQHCs in total than Planned Parenthood clinics, in 21% of counties with a Planned Parenthood clinic, it is the only safety-net provider of family planning in the area.

In the end, this debate is much bigger than the abortion question. Medicaid and Title X already do not cover abortion services, much to abortion-rights advocates' dismay. What this is about is birth control, pap smears, STI tests, and sex education, and whether it's in the public interest to make sure everyone has access to those things.

10 reasons taxpayers should defund Planned Parenthood

By Joe Carter

On Thursday, House Speaker Paul Ryan announced that as part of the process to repeal the Affordable Care Act, Republican congressional leaders would include a provision that would prevent Planned Parenthood from receiving any federal funding.

Here are ten reasons why every taxpayer should support congressional efforts to defund Planned Parenthood:

1. Planned Parenthood is the largest provider of abortions in America—and the largest recipient of federal funding for family planning.

Planned Parenthood Federation of America (PPFA) has 57 affiliates that operate approximately 650 “health centers.” PPFA require that at least [one clinic per affiliate](#) must perform abortions. The result is that PPFA is America’s largest abortion provider, performing more than [323,000 abortions a year](#).

PPFA is also the largest single recipient of federal funding for family planning. A [report produced by the U.S. Government Accountability Office](#) in 2015 found that over a three year period (2010-2012), PPFA received \$344.5 million in direct federal funds and an additional \$1.2 billion in funding from Medicaid (which includes a combination of federal and state funds). Altogether, Planned Parenthood gets nearly a half a billion dollars every year from the American taxpayer.

2. Planned Parenthood covers up the crimes of rapists, pimps, and sex traffickers

Planned Parenthood has repeatedly and consistently turned a blind eye to [reports of statutory rape](#). Some of their clinics have also demonstrated a willingness to [partner with pimps and sex traffickers](#) to exploit young women instead of safeguarding their health and safety.

In 2015, Planned Parenthood even encouraged Congressional Democrats to [oppose a domestic anti-trafficking bill](#) because it would prohibit money in a restitution fund from being spent on abortions.

3. Planned Parenthood’s corporate profits come at the taxpayer’s expense

Based on Planned Parenthood’s latest annual report, taxpayer dollars accounted for at least 40 percent of all the corporation’s revenue—and 100 percent of the corporation’s profits. As [Americans United for Life notes](#), that is profit after paying all expenses, including not only its employees’ salaries and benefits (such as the half a million dollars compensation to the corporation’s president) but also over half a billion dollars for categories it describes in its reports as “public policy,” “building advocacy capacity,” “increase access,” “renew leadership,” “refresh our brand,” and “engage communities. Without this taxpayer funding it is unlikely that Planned Parenthood would be able to earn a profit or to fund their advocacy for abortion.

4. Planned Parenthood opposes abstinence-only education and promotes sexual deviancy

Planned Parenthood strongly opposes [sex education that focuses on abstinence](#) and has gone so far as to file lawsuits against school districts that have decided to implement abstinence-only programs. The organization claims to offer “value-neutral” sex education. (As an example, on their website aimed at teenagers, they [included an article](#) that teaches kids that, “Some straight couples use anal sex as a way to preserve the woman's virginity.”)

5. Planned Parenthood systematically engages in fraudulent ‘overbilling’ to maximize revenue from government-funded programs

Investigations of [Planned Parenthood financial data and practices](#) conducted in 12 states found hundreds of thousands of abortion related claims were billed unlawfully to Medicaid. Auditors and investigators have specifically identified Planned Parenthood affiliates as the source of at least \$12.8 million in waste, abuse, and potentially fraudulent overbilling and penalties. The audits also found numerous improper practices resulting in significant federal funding overpayments of more than \$8.5 million, and overbilling of state family planning programs amounted to more than \$123.8 million.

6. While taxpayer funding for Planned Parenthood doubled, the number of cancer screenings they provided dropped by half

One of the justifications Planned Parenthood uses to acquire federal funding is the claim that they provide necessary medical services, such as cancer screening. But [taxpayer funding of the abortion provider has doubled](#) since 2005 while the number of cancer screening has been cut by 50 percent (and the number of abortions provided increased by more than 12 percent).

7. Planned Parenthood may have violated federal law in selling fetal tissue for monetary gain

A [recent Congressional investigation](#) uncovered documents and received testimony from confidential informants indicating that four Planned Parenthood clinics may have violated federal law forbidding the transfer of fetal tissue for “valuable consideration.” Congress has referred the matter to the U.S. Department of Justice for further investigation.

8. Planned Parenthood altered abortion techniques to increase success of harvesting fetal tissue from abortions

The recent Congressional investigation uncovered that Planned Parenthood would change abortion techniques to maximize recovery of intact fetal parts (i.e., body parts from unborn babies). When congressional investigators [questioned a Los Angeles Planned Parenthood abortion provider](#), she admitted she would change abortion procedures as to increase the likelihood of a successful procurement of specific fetal tissue for resale.

9. Planned Parenthood violated patient confidentiality to facilitate sale of fetal tissue from aborted babies

Some Planned Parenthood affiliates seem to be more concerned with making a sale on body parts than they are with securing their patient’s privacy.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) established the [Privacy Rule](#), which protects all individually identifiable health information by setting limits and conditions on the uses and disclosures that may be made of such information without patient authorization. A [recent Congressional investigation](#) found that several Planned Parenthood clinics violated this rule by disclosed patients’ individually identifiable health information in an effort to resale human fetal tissue obtained from abortions to a biomedical supply company.

10. Planned Parenthood supports infanticide through advocacy of partial-birth abortion

For more than two decades, Planned Parenthood has consistently supported [partial-birth abortion](#) and opposed any efforts to ban this infanticidal practice.

In this gruesome procedure, the abortionist pulls a living baby out of the womb feet-first and into the birth canal, except for the head, which the abortionist purposely keeps lodged just inside the cervix. The abortionist then punctures the base of the baby’s skull with a surgical instrument.

In 2013, a Planned Parenthood of Florida lobbyist, testifying against Florida's Born Alive Infants Protection Act, told lawmakers that if a baby survives an abortion, it is [debatable whether that baby should live or die](#). And while in the Illinois state senate, Barack Obama worked with Planned Parenthood to determine how he [should vote on partial-birth abortion legislation](#). (With Planned Parenthood's blessing, he voted “present” to protect his “100 percent” record on pro-abortion votes.)



How Defunding Planned Parenthood Could Affect Health Care

Amelia Thomson-DeVeaux - Mar. 9, 2017 at 8:00 AM

When Dr. Cecilia Norris, a primary care physician in Iowa City, Iowa, sees a patient who wants an intrauterine device or a contraceptive implant, she takes out a pad and writes down the phone number for Planned Parenthood. Because of limited staff and resources, Norris can't offer these forms of contraception at the free clinic where she works as the medical director, and most of her patients don't have the money to get them anywhere else. "If you're uninsured, like many of my patients, Planned Parenthood is the only remotely affordable option in town," Norris said.

This could change if GOP lawmakers make good on a ubiquitous campaign promise: defunding Planned Parenthood. The House Republicans' plan to replace the Affordable Care Act, announced Monday, would bar reproductive health care providers who offer abortion from receiving federal Medicaid reimbursements for one year.¹ Although no federal money is spent on abortions except in cases of rape, incest or where the mother's life is at risk, about 40 percent of Planned Parenthood's revenue for other services — including contraception, sexually transmitted infection testing and cancer screenings — comes from the government, mostly through Medicaid. Because Medicaid is jointly financed by the states and the federal government, Congress's action wouldn't cut off all public funds to Planned Parenthood — states could even make up the difference if they wished. But some states have already made an effort to stop funding Planned Parenthood, and more are poised to follow suit: A bill pending in Iowa's House of Representatives would cut off state Medicaid funding for abortion providers, a move clearly targeting the state's 12 Planned Parenthood clinics.

The proposed cuts would affect large numbers of Planned Parenthood patients, many of whom are low-income. According to 2014 data from Planned Parenthood, three-quarters of the organization's patients had incomes at or below 150 percent of the federal poverty level, and about 60 percent access its services for free or at a low cost through Medicaid or Title X, a federal family planning program that accounts for a smaller proportion of Planned Parenthood's funding. Losing some or all of these patients would be a huge blow to the organization, which would likely have to close clinics or scale back services — affecting all of its patients, regardless of income.

When responding to critics who say that low-income women won't be able to get care without Planned Parenthood, Republican leaders such as House Speaker Paul Ryan [have pointed](#) to a simple solution: federally qualified health centers, which receive government funding and provide care to patients regardless of their ability to pay. At a CNN town hall in January, Ryan said that shifting funding to these health centers, which offer family planning in addition to broader primary care services, would give women more options, because there are far more community health centers than Planned Parenthoods nationwide. In Iowa, state Sen. Amy Sinclair made a similar argument, saying that other health care sites that don't provide abortion would be able to pick up the slack.

Federal community health centers are "vastly bigger in network, there are so many more of them, and they provide these kinds of services without all of the controversy surrounding this [abortion] issue," [Ryan said in January](#).

Reproductive health care experts, though, say it's a mistake to view Planned Parenthood and community health centers as interchangeable simply because they both offer government-subsidized contraception. Instead, they say, it's more accurate to consider Planned Parenthood part of a vast health care ecosystem, where it has made itself indispensable by providing one thing — reproductive health care — well.

"Community health centers, unlike Planned Parenthood, have an obligation to see everyone in their communities for everything," said Sara Rosenbaum, a professor of health policy at George Washington University. "Ideally you want community health centers working hand in glove with organizations like Planned Parenthood, not replacing them." Removing Planned Parenthood from the fabric of the health care system wouldn't just mean that community health centers would have to scale up their family planning departments; they'd have to be prepared to offer a full range of services. This could be an ambitious and expensive goal.

The question of whether community health centers would be able to provide reproductive health care in lieu of Planned Parenthood isn't entirely hypothetical. Texas provided a dry run, of sorts, when it embarked on a series of efforts to divert funding away from Planned Parenthood in 2011. First, the legislature instituted broad cuts to family planning services, [spurring the closure of 82 clinics, one-third of which were affiliated with Planned Parenthood](#). Then, after an attempt to steer funds away from Planned Parenthood in the state's federally funded Medicaid program was stymied by the federal government, Texas decided to forgo federal Medicaid dollars for family planning and set up a state-funded Medicaid lookalike called the Texas Women's Health Program, which could legally exclude any clinic affiliated with an abortion provider. Iowa is considering a similar move: It would also create a women's health network with no federal Medicaid support and no participation by abortion providers.

Texas's example foreshadows what could happen if the Republicans' defunding proposal goes through and states and localities don't step in to fill the gap. It's hard to know exactly how many low-income women rely on Planned Parenthood; in Iowa, Planned Parenthood served 62 percent of women who received publicly funded contraception from a safety-net center in 2010, according to [an analysis by the Guttmacher Institute](#), a research organization that supports abortion rights. Since then, some [Iowa Planned Parenthood](#) facilities have closed, and more women may have gained insurance under the Affordable Care Act, so the numbers aren't up to date. Supporters of the Iowa bill say 221 existing health care sites are eligible to offer family planning care under their plan. But even if the same amount of money is being spent on family planning, some women, when faced with a loss of coverage at Planned Parenthood, [may not continue receiving services](#) at other local clinics — either because of a lack of capacity or a lack of knowledge about where to go.

“When the funding cuts went into place [in 2013], my clinic was already maxed out — we weren't accepting new patients,” said Regina Rogoff, CEO of Austin People's Community Clinic in Texas. This is not atypical: [A recent study](#) of appointment availability for new patients at primary care practices showed that about 60 percent of practices surveyed in Texas were able to accommodate new Medicaid patients. Rogoff added that it's expensive and time-consuming to expand facilities and add staff. “It's definitely not something you can do overnight. You're talking six to nine months just to find more clinicians.”

Then there's the fact that even if they are accepting new patients, community health centers are likely to have longer wait times for an appointment and might not carry a woman's preferred brand or type of contraception at all. “Other clinics don't necessarily have night or weekend hours,” said Kami Geoffray, CEO of Women's Health and Family Planning Association of Texas, a network of family planning providers. At Planned Parenthood, “you can pick up your birth control pills at the counter and get a same-day IUD insertion.” Guttmacher data shows that Planned Parenthood sites are more likely than community health centers to offer a wide range of contraceptive services and to have a pharmacy on site. Planned Parenthood clinics are also likelier than other health care providers to offer same-day appointments.

In Texas, getting women in the door also proved to be a challenge. Tara Haskell Ashmore was the CEO of a Planned Parenthood clinic in Lubbock, a college town in West Texas, when the cuts went into effect in 2013. She and her staff found a way to keep the lights on for a while — even merging with an adoption agency in an attempt to rebrand — but the clinic closed the next year. Now the chief financial officer of a rural health center outside Lubbock, she says her clinic is accepting new patients, but they haven't seen an uptick in requests for family planning. “At Planned Parenthood we were seeing about 30 patients every day before the cuts, and now I think many of those women are going without care,” she said.

Research conducted in Texas after Planned Parenthood was defunded showed that the organization seemed to have an outsize impact. [An analysis](#) conducted by researchers at the University of Texas found that although only 23 of Texas's 254 counties had a Planned Parenthood clinic before 2013, those clinics served 60 percent of the state's low-income women of childbearing age. The study looked at pharmacy and medical claims for two kinds of long-acting contraception and found that in counties where a Planned Parenthood had been, the number of claims for these contraceptives declined by 36 percent in the first three months after the Texas Women's Health Program went into effect. There was no similar decrease in counties without Planned Parenthood, suggesting that some women may have stopped receiving these contraceptives when their local clinics closed.

Some Texas legislators criticized the study as “biased,” saying that the researchers should have looked at data from other sources.

In the U.S. House, Republicans’ Obamacare replacement bill would allocate additional funding for community health centers, but it’s unclear whether the influx of cash would be enough to cover services previously provided by Planned Parenthood. Rosenbaum said the abruptness of the transition could hurt some patients: Planned Parenthood would lose funding as soon as the bill became law, but community health centers couldn’t be ready immediately. Compounding this challenge is the fact that other proposed changes to the Affordable Care Act — like the [eventual freezing of new enrollment in Medicaid expansion and changes in health insurance subsidies](#) — seem likely to result in more people without insurance, broadening the pool of women the community health centers would need to serve.

In Iowa, Norris is concerned about where she can refer her patients if the local Planned Parenthood closes or scales back. “My biggest frustration is that lawmakers don’t seem to be listening to the people on the ground level,” she said. “We just don’t have the resources here in Iowa to replace what Planned Parenthood is offering my patients.”

