

NEUTRAL, HB 2319

House Health & Human Services Committee,

Chairman Dan Hawkins and committee members

Kansans for Life offers a few informational items while you consider public policy on health care.

1) Proponents of HB 2319 include Planned Parenthood of Kansas & Mid-Missouri, seeking another public funding stream. (Nationally, the Planned Parenthood 2013-2014 report shows 41% of its revenues are from "Government Health Services Grants & Reimbursements," (see http://www.plannedparenthood.org/files/6714/1996/2641/2013-2014_Annual_Report_FINAL_WEB_VERSION.pdf)

We would remind legislators that PPKMM sued Kansas to force KDHE to use them for Title X grants after the state enacted a funding priority to direct over 1/3 million dollars to full service public health clinics.

One year ago, the Tenth Circuit Federal Court of Appeals upheld the Kansas Title X budget proviso and PPKMM abandoned further appeals, but not before the state had to spend nearly \$400,000 in legal fees for the win.

The Kansas budget priority insured that reproductive service needs were met while utilizing medical personnel able to treat all ages. It makes no sense to make a funding stream for PPKMM, which employs ONE physician (see http://www.hiredupmissouri.org/grassrootsorg_ppkm) for all 8 of its clinics: 6 in Missouri and 2 in Kansas (Overland Park & Wichita).

Furthermore, PPKMM calls itself a source for cancer screenings, but there is no skill set exclusive to their facility needed to give women PAP smears or STD tests. And when it comes to breast cancer screenings, PPKMM can only do the same manual palpation of the breast that women are taught to do at home. If there is any further examination needed, or a potential lump detected, the woman is referred to other facilities because no Planned Parenthood facility has any mammogram machine or technicians.

2) Of great concern is that PPKMM calls itself "your trusted Healthcare provider" but an extensive and updated report from the Alliance Defending Freedom group has damning evidence that

Planned Parenthood has been documented under audit to have overbilled Medicaid Title XIX programs by \$8.3M. (see <http://www.adfmedia.org/files/ProfitNoMatterWhatReport.pdf>) They were assessed an additional \$4.3M in damages for fraudulent billing practices when they lost the court case REYNOLDS V. PLANNED PARENTHOOD GULF COAST. The HHS Office of the Inspector General details \$107M in overbilling by Planned Parenthood to a variety of state programs. **Ten distinct types of unlawful billing have been identified in audits** of the Planned Parenthood organization, apparently cheating a variety of Federal and State programs out of money.

Allegedly according to the report, Planned Parenthood has

- performed medically unnecessary services and charged the customer;
- sent duplicate bills and have improperly coded medical services to make bills more expensive;
- kept sloppy and incomplete records and have failed to pay bills for which government agencies have reimbursed them.

Also from the report: Seven former **Planned Parenthood employees stated that “PPFA failed to properly account for and maintain separation between government funds prohibited from use for elective abortions** and [other, unrestricted] funds . . .” Further, “PPFA failed to engage in appropriate financial controls and billing practices to ensure compliance with applicable state and federal laws.”

Alliance Defending Freedom identified an additional area of potential waste, abuse, and fraud, in connection with the Susan G. Komen breast health foundation’s controversial grant program. Over the last several years, this program distributed nearly **\$3 million in grants** to Planned Parenthood affiliates for the primary purpose of providing breast cancer screening and education services to low-income, Medicaid-eligible women. During this controversy and as detailed in the report, Planned Parenthood **repeatedly claimed that it used Komen’s grant funds to provide mammograms, clinical breast exams, and breast health education for low-income women. However, during the entire length of the grant program, not a single Planned Parenthood facility had mammography equipment on site or performed any mammograms.** Nor was any Planned Parenthood clinic capable of or licensed for mammography. **In essence, Planned Parenthood affiliates apparently were “double-dipping”:** accepting grant money to provide, in part, services they did not provide, **then billing the “payor of last resort” Medicaid** for the entire amount rather than reducing the bill by the amount already paid for by other insurance or a grant.

These are troubling allegations indeed, and should give the committee pause.

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