



441 G St. N.W.  
Washington, DC 20548

November 17, 2023

Congressional Requesters

**Health Care Funding: Federal Funding for Certain Organizations Providing Health-Related Services, 2019 through 2022**

To achieve programmatic goals, some federal agencies provide funding to domestic and international organizations that, in turn, use the funds to implement programs and activities aligned with those goals. For example, federal agencies may award funding through grants or cooperative agreements to organizations that use the funds to engage in health-related activities. In addition, public health coverage programs, such as Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP), may pay for certain services that organizations provide to beneficiaries of those programs.<sup>1</sup>

Since 1995, we have reported periodically on federal funding to various domestic and international organizations that offer health care and additional health-related services, such as family planning or activities related to the treatment and prevention of HIV/AIDS.<sup>2</sup> The organizations have included domestic organizations—such as certain health centers and Planned Parenthood Federation of America—as well as international organizations, including International Planned Parenthood Federation and MSI Reproductive Choices (formerly known as Marie Stopes International).<sup>3</sup>

<sup>1</sup>Medicare is the federally financed health coverage program for persons aged 65 and over, certain individuals with disabilities, and individuals with end-stage renal disease. Medicaid is a joint federal-state financed health care program for certain low-income and medically needy individuals. CHIP is a joint federal-state financed program to provide health care to certain uninsured, low-income children.

<sup>2</sup>Our most recent reports on this topic were issued in June 2021 and December 2020. See GAO, *Health Care Funding: Planned Parenthood Federation of America Affiliates’ Expenditures of Federal Funds, 2016 through 2018*, [GAO-21-608R](#) (Washington, D.C.: June 22, 2021); and *Health Care Funding: Federal Obligations to and Funds Received by Certain Organizations Involved in Health-Related Services, 2016 through 2018*, [GAO-21-188R](#) (Washington, D.C.: December 21, 2020).

<sup>3</sup>Certain eligible community-based health services organizations receive funding under the Health Center Program, which is administered by the Bureau of Primary Health Care within the Department of Health and Human Services’ Health Resources and Services Administration. The Health Center Program provides grants to these organizations under section 330 of the Public Health Service Act (“Section 330”). See 42 U.S.C. § 254b. For purposes of this report, we refer to Section 330 recipients as “Health Center Program Award Recipients” or “Awardees.” Other health services organizations meet all Health Center Program requirements but do not receive federal grant funding through Section 330, which the Health Resources and Services Administration designates as Health Center Program Look-alikes. Look-alikes may receive other benefits, including support through other federal programs. For the purpose of this report, we use the term “Health Centers” to refer to both Awardees and Look-alikes. Health Centers and certain other health services organizations are eligible to apply for the Centers for Medicare & Medicaid Services certification as Federally Qualified Health Centers, which generally receive higher payment rates under Medicare and Medicaid, but are not the focus of this report.

You asked us to provide updated information on federal funding for certain organizations that provide health-related services.

### Federal funding: key terms

In this report, we use the term “federal funding” to mean funding awarded by federal agencies through grants, cooperative agreements, payments made by public health coverage programs such as Medicare, Medicaid and the Children’s Health Insurance Program, or through federally guaranteed loans.

**Obligations** are commitments made by a federal agency that create a legal liability to make payments, either immediately or in the future, such as when an agency awards a grant to a selected organization.

**Funds received** are the dollar amounts an organization received. In this report, these funds include: (1) grant funds disbursed by an awarding agency, (2) payments from public health coverage programs, and (3) loans from the Paycheck Protection Program.

**Expenditures** are the amount of money spent by organizations that receive federal funds.

Source: GAO. | GAO-24-106215

This report describes federal funding obligated to Health Centers, Planned Parenthood affiliates, four domestic regional organizations, International Planned Parenthood Federation, and MSI Reproductive Choices from 2019 through 2022. This report also describes federal funding received and expended by these organizations from 2019 through 2021. To address our two reporting objectives, we analyzed the most recent data available for each objective, and interviewed agency officials and representatives from the organizations in our review. (See text box for descriptions of key federal funding terms used in this report.)

To determine what federal funds were obligated to these organizations providing health-related services from 2019 (the first year of data since we last reported) through 2022, we analyzed data from the Department of Health and Human Services’ (HHS) Payment Management System and from the U.S. Agency for International Development’s

(USAID) Phoenix System (for international organizations only).

To determine what federal funds were received by certain organizations providing health-related services from 2019 through 2021, we analyzed data from multiple federal agency sources, including: (1) HHS’s Health Resources and Services Administration’s Uniform Data System, (2) HHS’s Payment Management System, and (3) USAID’s Phoenix System. In addition, we analyzed data from Planned Parenthood affiliates on federal grant and cooperative agreement funds received. To determine the amount Health Centers, Planned Parenthood affiliates, and domestic regional organizations received in payments from Medicare, Medicaid, and CHIP, we analyzed Uniform Data System data, Planned Parenthood affiliates’ annual financial reports, and Medicaid and CHIP payment data from state Medicaid agencies, respectively. We also analyzed data from the Small Business Administration’s (SBA) Paycheck Protection Program to estimate the number and amounts of federally guaranteed loans and loans forgiven for Health Centers and Planned Parenthood affiliates.<sup>4</sup>

To determine what federal funds were expended by certain organizations providing health-related services from 2019 through 2021, we analyzed data from 58 single audit reports for 35

<sup>4</sup>Administered by SBA through a network of authorized, participating lenders, and guaranteed at 100 percent by SBA, the Paycheck Protection Program provided forgivable loans, if certain conditions were met, for payroll and certain other eligible costs to support eligible entities, such as small businesses and nonprofits affected by the COVID-19 pandemic.

Planned Parenthood affiliates and data from International Planned Parenthood Federation and MSI Reproductive Choices.<sup>5</sup>

Based on our discussions with knowledgeable officials, analysis of the data provided, and review of source documentation, we determined these data were sufficiently reliable for the purposes of our reporting objectives. For more detailed information on our scope and methodology, including for funds expended, see enclosure I.

We conducted this performance audit from August 2022 to November 2023 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

## Background

The organizations included in our review—Health Centers, Planned Parenthood Federation of America, four domestic regional organizations, International Planned Parenthood Federation, and MSI Reproductive Choices—engage in health-related activities, including supporting or providing reproductive health services.<sup>6</sup> (See table 1.)

**Table 1: Descriptions of the Organizations in GAO’s Review**

Organization	Description
Health Centers	A network of approximately 1,500 community-based health services organizations that receive grants and other benefits from the Health Resources and Services Administration, within the Department of Health and Human Services. Health Centers provide comprehensive health care services to individuals, regardless of their ability to pay, through more than 15,000 service delivery sites. Health Center services include primary care, such as diagnostic testing and disease treatment, and preventive care, such as family planning and prenatal and postpartum care. <sup>a</sup>
Planned Parenthood Federation of America	A national, nonprofit organization that provides support services to about 50 affiliates— independent organizations that operate with financial and governing autonomy. <sup>b</sup> Affiliates operate approximately 600 centers across the country, providing sexual and reproductive health-related services, and abortions. Planned Parenthood affiliates also implement programs related to sexual education, information, and advocacy.
Domestic Regional Organizations	Four privately owned providers of health-related services within various regions of the United States. Services include sexual and reproductive health-related services and abortions.
International Planned Parenthood Federation	An international, nonprofit organization made up of seven offices throughout the world. International Planned Parenthood Federation works through approximately 140 autonomous member associations and partner organizations to provide access to sexual and reproductive health-related services, including contraception, abortions, and the treatment and prevention of HIV and AIDS, from approximately 41,000 locations worldwide.

<sup>5</sup>Nonfederal entities with expenditures of federal funding of \$750,000 or more within the entity’s fiscal year are required to undergo an audit in accordance with the Single Audit Act, as amended, and Office of Management and Budget (OMB) implementing guidance, and to provide the results of this audit to OMB. See 31 U.S.C. § 7502; 2 C.F.R. § 200.501 (2023). The Federal Audit Clearinghouse is the repository for single audits, as designated by OMB.

<sup>6</sup>Federal funds for domestic activities are generally not available to pay for abortions, except where the pregnancy is the result of rape or incest or the life of the pregnant woman would be endangered unless an abortion is performed. See, e.g., Further Consolidated Appropriations Act, 2020, Pub. L. No. 116-94, div. A, tit. V, §§ 506, 507, 133 Stat. 2534, 2606, 2607 (2019). Similarly, foreign assistance funds cannot be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions. See, e.g., Pub. L. No. 116-94, div. G, tit. III, “Bilateral Economic Assistance—Global Health Programs,” 133 Stat. at 2827.

MSI Reproductive Choices	An international, nonprofit organization that delivers services through nearly 9,000 team members in 37 countries. MSI Reproductive Choices services are related to contraception and abortion care. The organization also provides other sexual and reproductive health-related services.
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Source: GAO summary of information from organizations' websites and annual reports. | GAO-24-106215

Notes: Planned Parenthood Federation of America is a founding member of International Planned Parenthood Federation, but they are separate organizations.

<sup>a</sup>The Health Resources and Services Administration funds nearly 1,400 Health Center Program Award Recipients and approximately 100 Health Center Program Look-alikes, collectively operating more than 15,000 service delivery sites in communities across the country.

<sup>b</sup>During the period of our review, there were more than 50 Planned Parenthood Federation of America affiliates operating depending on the year. In 2022, Planned Parenthood reported 49 affiliates.

### Federal Funding Sources

Organizations in our review may receive federal funds through several different sources. Types of federal funding sources include:

- **Grant awards or cooperative agreements.** HHS and USAID may award funding through grants or cooperative agreements to domestic or

#### **Federal funding: Direct vs. pass-through**

Organizations in our review can receive grant and cooperative agreement funds in two ways.

**Direct funds** are federal funds that a federal agency directly awards, such as when the Department of Health and Human Services awards funding through the Health Center Program to a domestic organization.

**Pass-through** funds are federal funds received from a nonfederal entity. For example, a federal agency can award funding to a state, which in turn passes that funding through to an organization.

Source: GAO. | GAO-24-106215

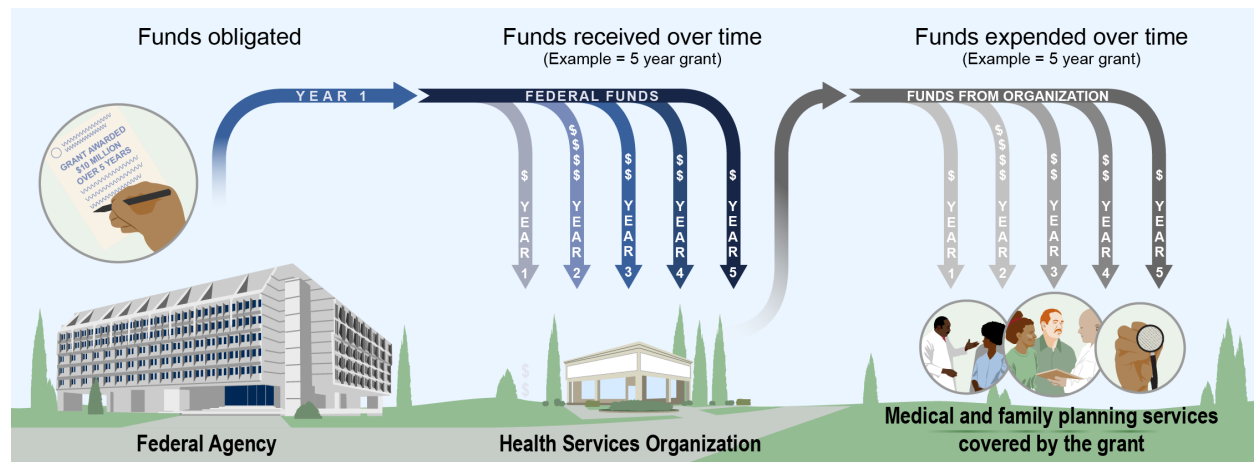
international organizations.<sup>7</sup> HHS, with a mission to enhance the health and well-being of all Americans, generally awards this funding to domestic organizations that provide health-related services. USAID, which leads the U.S. government's international development efforts, may award funding to organizations that provide health-related services in various countries. For each grant or cooperative agreement, the federal agency must first obligate the funds—that is, create a legal commitment to pay a promised amount to an organization. Agencies may obligate funds in one federal fiscal year, while entities awarded these funds may receive and expend them over

time, which may span multiple years.<sup>8</sup> As a result, the amount of federal funding obligated, versus received or expended, may differ within the same time period. See figure 1 for an example time sequence for obligating, receiving, and expending a 5-year direct grant or cooperative agreement.

<sup>7</sup>Grants are used when substantial involvement by the federal agency is not expected in carrying out the activity, and cooperative agreements are used when substantial involvement by the federal agency is expected.

<sup>8</sup>Federal agencies must obligate funds appropriated within the time frame specified in the appropriation, such as a single fiscal year; however, agencies may disburse the obligated funds for an additional 5 fiscal years beyond the availability of the appropriation. As a result, a federal agency may obligate the full amount of a grant or cooperative agreement within a single fiscal year, but disburse the award to the grant recipient over a multi-year period.

**Figure 1. Example Time Sequence for Obligating, Receiving, and Expending a Direct Federal Grant or Cooperative Agreement**



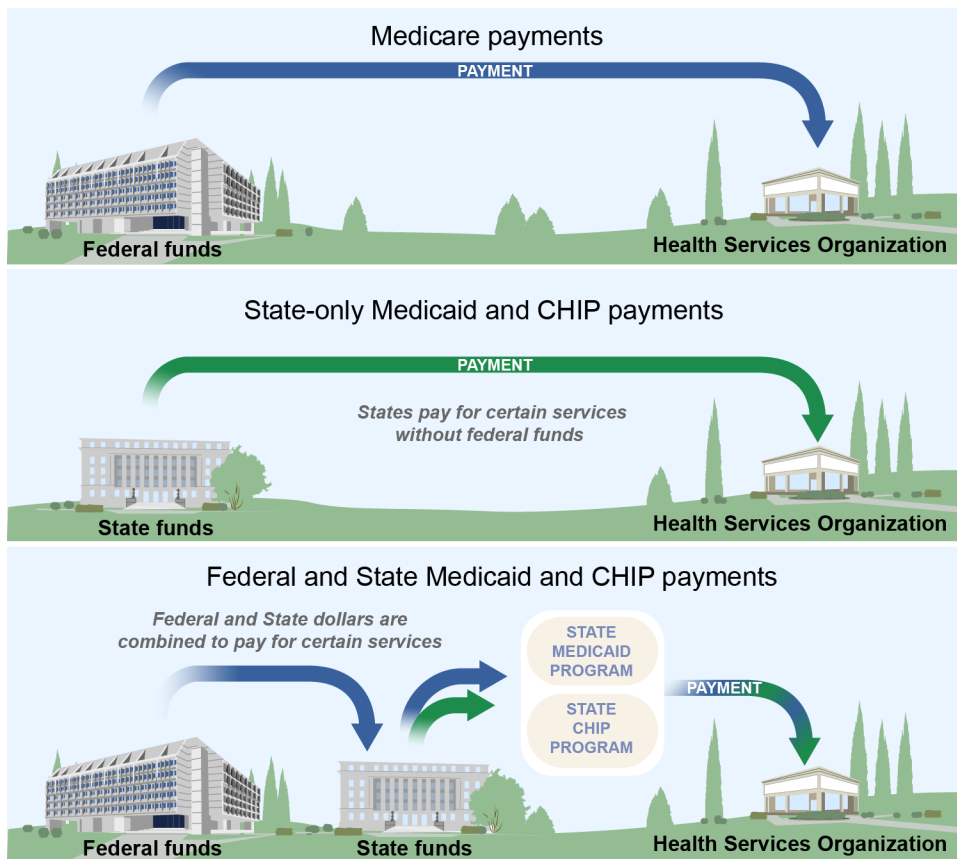
Source: GAO summary of Department of Health and Human Services grant information; GAO (illustrations). | GAO-24-106215

- Public health coverage programs.** Organizations can receive federal funds through payments for services provided to beneficiaries of public health coverage programs, specifically Medicare, Medicaid, and CHIP. Medicare is federally funded, while Medicaid and CHIP are both jointly funded by federal and state governments. With certain exceptions, under Medicaid and CHIP, the federal government matches a portion of each state's expenditures, and the matching rates can vary depending on a variety of factors, such as the services being provided or the populations served.<sup>9</sup> States have the flexibility to cover certain services that are not paid for using federal dollars.<sup>10</sup> Figure 2 below illustrates how federal and state dollars are used in three different examples to pay for Medicare, Medicaid, and CHIP-covered services.

<sup>9</sup>The federal government matches most state expenditures for Medicaid services based on a calculated percentage depending on each state's per capita income relative to the national average. Federal matching rates for CHIP are typically higher than Medicaid matching rates, and federal funding for CHIP is capped. Federal matching funds generally are not available for abortions except in circumstances expressly permitted by law.

<sup>10</sup>Medicaid by design, allows significant flexibility for states to design and implement their programs. States have some discretion in, among other things, setting Medicaid eligibility standards and provider payment rates, as well as determining the amount, scope, and duration of covered benefits. States can, at their own expense, choose to provide benefits beyond those outlined in federal law. For example, states may opt to cover optional populations and services, including abortions for which federal funding is not available.

**Figure 2. Examples of Federal and State Funding Sources for Medicare, Medicaid, and Children’s Health Insurance Program (CHIP)-Covered Services**



Source: GAO summary of Department of Health and Human Services information; GAO (illustrations). | GAO-24-106215

Note: Medicare is the federally financed health coverage program for persons aged 65 and over, certain individuals with disabilities, and individuals with end-stage renal disease. Medicaid is a joint federal-state financed health care program for certain low-income and medically needy individuals. CHIP is a joint federal-state financed program to provide health care to certain uninsured, low-income children. States have the flexibility to cover certain services that are not paid for using federal dollars to individuals enrolled in their Medicaid or CHIP programs. The examples shown for Medicare and Medicaid depict a fee-for-service arrangement in which federal or state dollars are paid directly to a health services organization for services provided. Medicare and Medicaid services can also be provided under a managed care arrangement, in which a managed care organization receives the federal or state dollars and pays the health services organizations.

- COVID-19-related funding.** In 2020 and 2021, Congress passed, and the President signed into law, the CARES Act, the American Rescue Plan Act of 2021, and four other COVID-19 relief bills, establishing a number of programs to support health-related service providers.<sup>11</sup> For example:

<sup>11</sup>Collectively, these laws provided about \$4.7 trillion to address the public health and economic threats posed by COVID-19. See the American Rescue Plan Act of 2021, Pub. L. No. 117-2, 135 Stat. 4; Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, 134 Stat. 1182 (2020); Paycheck Protection Program and Health Care Enhancement Act, Pub. L. No. 116-139, 134 Stat. 620 (2020); CARES Act, Pub. L. No. 116-136, 134 Stat. 281 (2020); Families First Coronavirus Response Act, Pub. L. No. 116-127, 134 Stat. 178 (2020); and the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, Pub. L. No. 116-123, 134 Stat. 146.

- **The Provider Relief Fund:** Congress appropriated a total of \$178 billion to reimburse eligible health care providers for health care-related expenses or lost revenues that are attributable to COVID-19.<sup>12</sup>
- **The Paycheck Protection Program,** administered by SBA, provided about \$814 billion in loans to eligible entities, such as small businesses and nonprofit entities affected by COVID-19 by June 30, 2021, when loan approvals ended.<sup>13</sup> The program offered qualifying applicants low-interest (1 percent) loans, made by lenders but guaranteed 100 percent by SBA, that are fully forgivable for payroll and certain other eligible costs if certain conditions are met. Borrowers can apply through their lender to have the loan forgiven any time on or before the maturity date of the loan—the date when final loan repayment is due—if the borrower has used all the loan proceeds for which the borrower is requesting forgiveness.<sup>14</sup> See figure 3 for the steps involved in applying for Paycheck Protection Program loans and loan forgiveness.

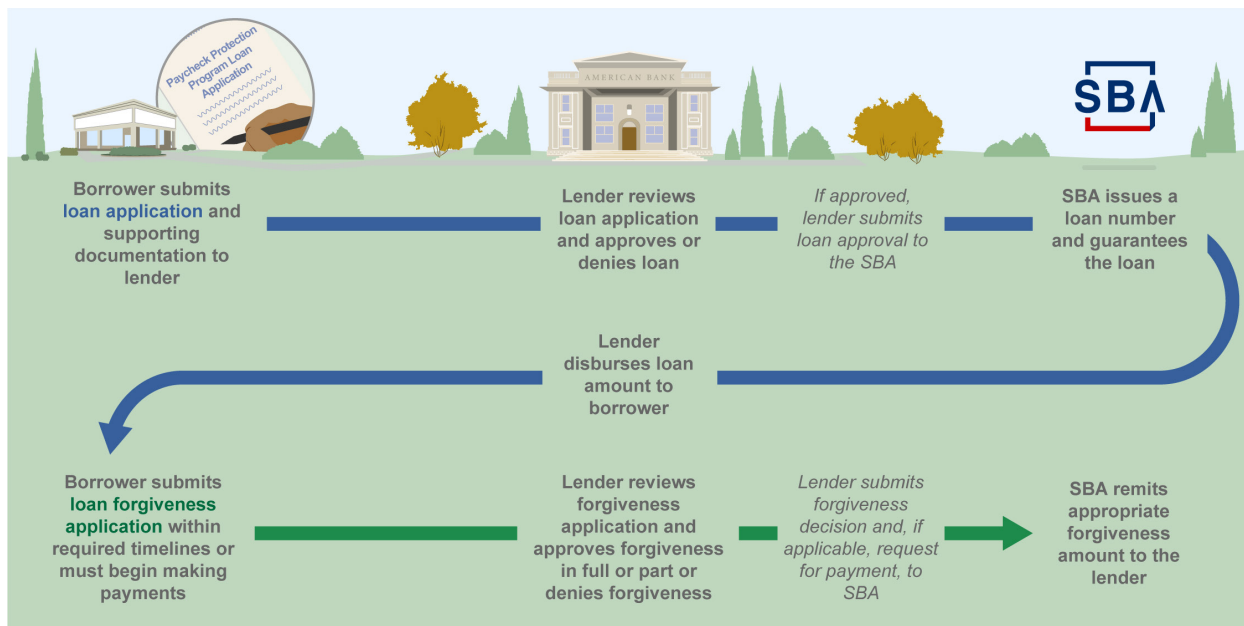
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<sup>12</sup>Pub. L. No. 116-260, div. M, tit. III, 134 Stat. 1182, 1920 (2020); Pub. L. No. 116-139, div. B, tit. I, 134 Stat. 620, 622 (2020); Pub. L. No. 116-136, div. B, tit. VIII, 134 Stat. 281, 563 (2020). In June 2023, the Fiscal Responsibility Act of 2023 rescinded unobligated Provider Relief Funds for provider relief payments. Pub. L. No. 118-5, div. B, tit. I, § 2, 137 Stat. 10, 23.

<sup>13</sup>On June 30, 2021, SBA's program authority expired and loan applications could no longer be processed.

<sup>14</sup>In a loan transaction, the maturity date refers to the date on which the term of the loan expires and the outstanding principal balance of the loan must be repaid to the lender. All other amounts payable by the borrower under the loan agreement, such as interest, fees, and expenses, must also be paid at maturity.

**Figure 3. Paycheck Protection Program Loan and Forgiveness Application Process**



Source: GAO analysis of Small Business Administration (SBA) regulations and guidance; GAO (illustrations), SBA (logo). | GAO-24-106215

Note: Paycheck Protection Program loans may be approved for forgiveness for up to the full amount of the loans including any interest accrued by the borrower depending on how the borrower spends the loan proceeds. For example, if a borrower uses less than 60 percent of the loan proceeds on payroll costs, then the borrower may be eligible for partial forgiveness based on the percentage of proceeds spent on payroll costs.

### Policies Affecting Certain Federal Funding, 2019 through 2022

Additions or changes to federal policies can affect the funding provided to certain organizations in our review. For example:

- Title X Family Planning Program (Title X).** Administered by the Office of Population Affairs within HHS, Title X of the Public Health Service Act provides grants to public and nonprofit agencies for family planning services, research, and training.<sup>15</sup> By statute, Title X funds may not be used in programs where abortion is a method of family planning.<sup>16</sup> In May 2019, HHS issued a final rule also prohibiting organizations receiving Title X funding from promoting, referring for, or supporting abortion as a method of family planning.<sup>17</sup> Effective November 2021, HHS revoked the requirements of the 2019 regulation.<sup>18</sup>
- Protecting Life in Global Health Assistance.** The Protecting Life in Global Health Assistance policy was issued through a Presidential Memorandum in January 2017 and implemented in May 2017. The policy applied to all global health assistance

<sup>15</sup>See 42 U.S.C. § 300a.

<sup>16</sup>See Family Planning Services and Population Research Act of 1970, Pub. L. No. 91-572, § 6(c), 84 Stat. 1504, 1506 (codified as amended at 42 U.S.C. § 300a-6).

<sup>17</sup>See 84 Fed. Reg. 7,714 (Mar. 4, 2019).

<sup>18</sup>See 86 Fed. Reg. 56,144 (Oct. 7, 2021).



implemented by all U.S. government departments or agencies, and required foreign nongovernmental organizations to agree, as a condition of receiving this funding, that they would not perform or actively promote abortion as a method of family planning or provide financial support to any foreign nongovernmental organizations that conduct such activities. The Protecting Life in Global Health Assistance policy was rescinded in January 2021.

- Medicaid continuous enrollment.** The Families First Coronavirus Response Act temporarily increased the federal share of Medicaid funding beginning January 1, 2020, and ending December 31, 2023.<sup>19</sup> To receive this increase, states must meet certain conditions, which included agreeing to keep most Medicaid beneficiaries who were enrolled on or after March 18, 2020, continuously enrolled through March 31, 2023.<sup>20</sup> Increased Medicaid enrollment also increased the number and percentage of federal dollars provided through the Medicaid program.

### Federal Obligations to Selected Organizations from 2019 through 2022

Our analysis of HHS data found that from 2019 through 2022, HHS obligated an estimated \$33.71 billion to certain organizations in our review. Specifically, HHS obligated an estimated \$33.67 billion to Health Centers and about \$49 million to Planned Parenthood affiliates. (See table 2 and enclosures II and III for more information on these HHS obligations.) HHS officials reported that the department obligated no funds to the four domestic regional organizations in our review.<sup>21</sup>

**Table 2: Department of Health and Human Services (HHS) Estimated Obligations to Certain Domestic Organizations through Grants or Cooperative Agreements, 2019-2022**

Dollars in millions					
Organization	2019	2020	2021	2022	Total
Health Centers <sup>a</sup>	5,844.97	7,958.98	13,380.78 <sup>b</sup>	6,480.47	<b>33,665.20</b>
Planned Parenthood Federation of America affiliates	12.05 <sup>c</sup>	4.08	5.71	27.06 <sup>d</sup>	<b>48.91</b>
Domestic regional organizations	0.00	0.00	0.00	0.00	0.00
<b>Total</b>	<b>5,857.02</b>	<b>7,963.06</b>	<b>13,386.49</b>	<b>6,507.53</b>	<b>33,714.11</b>

Source: GAO analysis of HHS data. | GAO-24-106215

Notes: Data are for the federal fiscal year, October 1 through September 30. Amounts in this table may not sum to totals due to rounding.

<sup>a</sup>Health Center data include data from Health Center Program Award Recipients, who receive federal awards authorized under section 330 of the Public Health Service Act, and from organizations that meet all Health Center Program requirements but do not receive such funds, which may be known as Health Center Program Look-alikes. See 42 U.S.C. § 254b. The data systems used to collect obligations data do not always distinguish between obligations directly to a Health Center from obligations to a larger organization that includes the Health Center. Therefore, the estimated amount of federal obligations to Health Centers likely

<sup>19</sup>See Pub. L. No. 116-127, div. F, § 6008, 134 Stat. 178, 208 (2020).

<sup>20</sup>Increased matching funds are available to state Medicaid agencies for Medicaid expenditures through December 31, 2023. Increased matching funds are not direct payments to providers.

<sup>21</sup>HHS officials searched the Payment Management System based on the names of the organizations and found no results for the years under our review. The two organizations that responded to our request for information confirmed that HHS obligated no funds to them.

overstates the amounts obligated to Health Centers because they may include obligations to a Health Center's parent organization (such as a university or health department) that operates the Health Center.

<sup>b</sup>Health Resources and Services Administration officials attributed the large increase in obligations to Health Centers from fiscal year 2020 to fiscal year 2021 to one-time, emergency COVID-19 supplemental funding provided under the American Rescue Plan Act of 2021 for eligible Health Centers. See Pub. L. No. 117-2, 135 Stat. 4. Specifically, in fiscal year 2021, the Health Resources and Services Administration obligated over \$7.1 billion of American Rescue Plan Act of 2021 funding for Health Centers and Health Center construction and capital improvements.

<sup>c</sup>Planned Parenthood Federation of America officials attributed the decrease in funding for Planned Parenthood affiliates from fiscal year 2019 to fiscal year 2020 to the Department of Health and Human Services' issuance of new requirements in May 2019 restricting the promotion of, referral for, or support of abortions, which led almost all affiliates to discontinue using family planning grants under Title X of the Public Health Service Act. See 42 U.S.C. § 300a. Planned Parenthood affiliates continued to receive grants from other federal programs.

<sup>d</sup>The HHS data show a large increase in obligations to Planned Parenthood affiliates from fiscal year 2021 to fiscal year 2022 from Title X Family Planning Services and Family Planning Service Delivery Improvement Research grants. Planned Parenthood Federation of America officials also attribute the increased funding to American Rescue Plan Act of 2021 funding provided to affiliates. See Pub. L. No. 117-2, 135 Stat. 4.

Our analysis of USAID data found that from 2019 through 2022, the agency obligated about \$460,000 in awards to International Planned Parenthood Federation and de-obligated about \$1.46 million from awards to MSI Reproductive Choices.<sup>22</sup> De-obligations refer to USAID's cancellation or downward adjustment of previously incurred obligations. (See table 3 and enclosures V and VI for more information on these USAID obligations.) HHS officials reported that the department obligated no federal funds to these organizations for the years in our review.<sup>23</sup>

**Table 3: U.S. Agency for International Development (USAID) Obligations to Certain International Organizations through Grants or Cooperative Agreements, 2019-2022**

Dollars in millions					
Organization	2019	2020	2021	2022	Total
International Planned Parenthood Federation	0.51 <sup>a</sup>	-0.05 <sup>b</sup>	0.00	0.00	<b>0.46</b>
MSI Reproductive Choices	-0.70 <sup>c</sup>	-0.66 <sup>c</sup>	-0.10 <sup>c</sup>	0.00	<b>-1.46</b>
<b>Total</b>	<b>-0.19</b>	<b>-0.71</b>	<b>-0.10</b>	<b>0.00</b>	<b>-1.00</b>

Source: GAO analysis of USAID data. | GAO-24-106215

Notes: This table includes funds obligated directly to International Planned Parenthood Federation and MSI Reproductive Choices or their affiliates. It does not include funds obligated to other organizations and passed through to these organizations. Data are based on the federal fiscal year, October 1 through September 30.

<sup>a</sup>Funds in fiscal year 2019 represent a combination of obligated and de-obligated funds. In fiscal year 2019, the agency obligated about \$630,000 in an award to an International Planned Parenthood Federation affiliate related to humanitarian assistance. The agency also de-obligated about \$130,000 from an award to International Planned Parenthood Federation to close an award related to family planning and reproductive health.

<sup>b</sup>USAID de-obligated funds to International Planned Parenthood Federation to close an award related to family planning and reproductive health.

<sup>22</sup>We reported in 2020 that these organizations declined the terms and conditions of the Protecting Life in Global Health Assistance policy, which was implemented in May 2017 and rescinded in January 2021. For additional information on the implementation of the Protecting Life in Global Health policy and data on declined awards, see GAO, *Global Health Assistance: Awardees' Declinations of U.S. Planned Funding Due to Abortion-Related Restrictions*, GAO-20-347 (Washington, D.C. Mar. 18, 2020).

<sup>23</sup>HHS officials searched the Payment Management System based on the names of the organizations and their affiliates and unique identifiers when available and found no results for the years under our review.

<sup>c</sup>USAID’s reasons for de-obligating funds to MSI Reproductive Choices include closing certain awards and reducing excess obligations for other awards.

## Federal Funds Received by Selected Organizations from 2019 through 2021

**Grant and cooperative agreement funding received.** Our analysis of Health Resources and Services Administration and Planned Parenthood affiliate data found that, from 2019 through 2021, Health Centers and Planned Parenthood affiliates in our review received approximately \$21.7 billion and \$148 million respectively, of federal funding in the form of previously obligated grants and cooperative agreements.<sup>24</sup> HHS officials reported that federal agencies did not grant funding to the domestic regional organizations during these years.<sup>25</sup> (See table 4 and enclosures II and III for more information on these federal funds.)

**Table 4: Federal Funds Received by Certain Domestic Organizations through Grants or Cooperative Agreements, 2019-2021**

Dollars in millions

Organization	2019	2020	2021	Total
Health Centers <sup>a</sup>	5,494.35	7,547.65	8,652.89	<b>21,694.89</b>
Planned Parenthood Federation of America affiliates <sup>b</sup>	84.90 <sup>c</sup>	27.45	35.80	<b>148.15</b>
Domestic regional organizations	0.00	0.00	0.00	0.00
<b>Total</b>	<b>5,579.25</b>	<b>7,575.10</b>	<b>8,688.69</b>	<b>21,843.04</b>

Source: GAO analysis of Health Resources and Services Administration and Planned Parenthood Federation of America data. | GAO-24-106215

Notes: This table includes information self-reported annually by Health Centers to the Health Resources and Services Administration’s Uniform Data System and by Planned Parenthood affiliates to the Planned Parenthood Federation of America through annual financial reports. Data from Planned Parenthood affiliates include amounts of federal funds received directly from the federal government through grants or cooperative agreements and amounts passed through from other non-federal organizations, such as a state agency. Data on amounts of federal funds received by Health Centers are based on the calendar year, January 1 through December 31. Data on amounts of federal funds received by Planned Parenthood affiliates are based on affiliate fiscal years, which according to Planned Parenthood Federation of America officials, begin and end on several different dates. Amounts in this table may not sum to totals due to rounding.

<sup>a</sup>Health Center data include data from Health Center Program Award Recipients, who receive federal awards authorized under section 330 of the Public Health Service Act, and from organizations that meet all Health Center Program requirements but do not receive such funds, which may be known as Health Center Program Look-alikes. See 42 U.S.C. § 254b.

<sup>b</sup>The Planned Parenthood affiliate data may include some state funding.

<sup>c</sup>Planned Parenthood Federation of America officials attributed the decrease in funds received by Planned Parenthood affiliates from fiscal year 2019 to fiscal year 2020 to the Department of Health and Human Services’ issuance of new requirements in May 2019 restricting the promotion of, referral for, or support of abortions, which led almost all affiliates to discontinue using family planning grants under Title X of the Public Health Service Act. See 42 U.S.C. § 300a. Planned Parenthood affiliates continued to receive grants from other federal programs.

Our analysis of USAID data found that from 2019 through 2021, International Planned Parenthood Federation received about \$2 million and MSI Reproductive Choices received about \$1.4 million in previously obligated funds from USAID. HHS officials reported that these

<sup>24</sup>Federal funds obligated to an organization in any 1 year may be received and expended by the organization in a different year or across multiple years.

<sup>25</sup>HHS officials searched the Payment Management System based on the names of the organizations and found no results for the years under our review.

organizations received no funds from the department for the years in our review.<sup>26</sup> (See table 5 and enclosures V and VI for more information on these funds received.)

**Table 5: U.S. Agency for International Development (USAID) Funds Received by Certain International Organizations through Grants or Cooperative Agreements, 2019-2021**

Dollars in millions

Organization	2019	2020	2021	Total
International Planned Parenthood Federation	1.39	0.25	0.39	<b>2.03</b>
MSI Reproductive Choices	1.51	-0.07 <sup>a</sup>	-0.08 <sup>a</sup>	<b>1.35</b>
<b>Total</b>	<b>2.90</b>	<b>0.18</b>	<b>0.31</b>	<b>3.38</b>

Source: GAO analysis of USAID data. | GAO-24-106215

Notes: This table includes funds received directly by International Planned Parenthood Federation and MSI Reproductive Choices or their affiliates. It does not include funds that may have been received by other organizations and passed through to these organizations or their affiliates. Data are for the federal fiscal year, October 1 through September 30. Amounts in this table may not sum to totals due to rounding.

<sup>a</sup>These reductions represent the agency collecting certain funds that MSI Reproductive Choices had previously received, such as grant payment credits.

**Public health coverage program payments received.** Our analysis found that Health Centers, Planned Parenthood affiliates, and domestic regional organizations received about \$54.8 billion in payments from Medicare, Medicaid, and CHIP for 2019 through 2021. With respect to Medicaid and CHIP, these payments include state and federal spending. (See table 6 and enclosures II, III, and IV for more information on these public health coverage payments.)

**Table 6: Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) Payments Received by Certain Domestic Organizations, 2019-2021**

Dollars in millions

Organization	2019	2020	2021	Total
<b>Health Centers<sup>a</sup></b>				
Medicare <sup>b</sup>	2,743.08	2,901.89	3,427.11	<b>9,072.08</b>
Medicaid and CHIP <sup>b</sup>	13,890.04	14,013.90	16,139.82	<b>44,043.77</b>
<b>Planned Parenthood Federation of America affiliates</b>				
Medicare <sup>c</sup>	1.40	0.88	1.00	<b>3.28</b>
Medicaid and CHIP <sup>c</sup>	475.43	530.83	529.06	<b>1,535.32</b>
<b>Domestic Regional Organizations</b>				
Medicaid and CHIP <sup>d</sup>	42.15	31.95	33.64	<b>107.74</b>
<b>Total</b>	<b>17,152.10</b>	<b>17,479.45</b>	<b>20,130.63</b>	<b>54,762.18</b>

Source: GAO analysis of Health Resources and Services Administration, Planned Parenthood Federation of America, and State Medicaid Agency data. | GAO-24-106215

Notes: Medicare payments include only federal funds. Medicaid and CHIP payments include funding from both state and federal sources; thus, the Medicaid and CHIP payment data overstate the amount of funding received from the federal government. The actual amounts of Medicaid and CHIP payments from the federal government to states for qualifying expenditures to each of the organizations are lower than amounts presented in the table, and would be limited to a matching percentage that differs across

<sup>26</sup>HHS officials searched the Payment Management System based on the names of the organizations and their affiliates and unique identifiers when available and found no results for the years under our review.

states and types of services provided. Additionally, these payments include state expenditures for services for which states do not receive federal financial participation.

This table includes information self-reported annually by Health Centers to the Health Resources and Services Administration's Uniform Data System and by Planned Parenthood affiliates to the Planned Parenthood Federation of America through annual financial reports. Data on amounts of public health coverage payments Health Centers received are based on the calendar year, January 1 through December 31. Data on amounts of public health coverage payments Planned Parenthood affiliates received are based on affiliate fiscal years, which according to Planned Parenthood Federation of America officials, begin and end on several different dates. Data on amounts of public health coverage payments domestic regional organizations received were obtained from the state Medicaid agencies in which the organizations operated during the time of our review and are based on a fiscal year from July 1 through June 30. Amounts in this table may not sum to totals due to rounding.

<sup>a</sup>Health Center data include data from Health Center Program Award Recipients, who receive federal awards authorized under section 330 of the Public Health Service Act, and from organizations that meet all Health Center Program requirements but do not receive such funds, which may be known as Health Center Program Look-alikes. See 42 U.S.C. § 254b.

<sup>b</sup>Medicare and Medicaid payments to Health Centers include payments from managed care organizations which private insurers administer.

<sup>c</sup>Medicare and Medicaid payments to Planned Parenthood affiliates include payments from managed care organizations which private insurers administer.

<sup>d</sup>One domestic regional organization reported Medicare payments of \$2,311.87 for 2020 and \$2,258.05 for 2021.

**Federally guaranteed loans received.** Our analysis of SBA loan data found that as of May 1, 2023, 1,150 of the 1,521 Health Centers and 38 of the 55 Planned Parenthood affiliates in our review received an estimated \$2.6 billion in SBA-guaranteed loans through the Paycheck Protection Program, which are fully forgivable if certain conditions are met. This estimated amount represents approximately 0.32 percent of the total amount lent through the program.<sup>27</sup> Of the total amount lent to the organizations, \$2.5 billion of the value of the loans plus incurred interest had been approved for forgiveness. (See table 7 and enclosures II and III for more information on these federally guaranteed loans.)

**Table 7: Estimated Paycheck Protection Program Loan Amounts Received by and Forgiven for Health Centers and Planned Parenthood Federation of America Affiliates, as of May 1, 2023**

Dollars in millions

Organization	Loan amounts received	Loan amounts forgiven <sup>a</sup>
Health Centers <sup>b</sup>	2,473.64	2,449.25
Planned Parenthood affiliates	89.30	90.41
<b>Total</b>	<b>2,562.94</b>	<b>2,539.66</b>

Source: GAO analysis of Small Business Administration data. | GAO-24-106215

Notes: Total amount of loans forgiven may not equal the total amount of loans received for several reasons. For example, forgiveness totals include forgiven interest, while the loans received represent only the principal amount of the loans. Further, organizations may not have received full forgiveness, may not have applied for forgiveness, or their forgiveness applications were still in process.

<sup>a</sup>Loans forgiven include both forgiven principal and interest and therefore may exceed the amount of loans received upon origination—the amount originally approved. As of May 1, 2023, lenders had not submitted loan forgiveness decisions for four Paycheck Protection Program loans made to Health Centers. In addition, 12 Health Centers had not submitted loan forgiveness applications to their lenders for outstanding loans, as they generally have between 2 and 5 years to apply for forgiveness, depending on when the loan was made.

<sup>27</sup>We reported in April 2022 that, as of March 2022, lenders had made about 11.4 million Paycheck Protection Program loans totaling \$789 billion. Paycheck Protection Program loan applications were accepted through May 31, 2021, and SBA had until June 30, 2021, to process submitted applications. See GAO, *COVID-19: Current and Future Federal Preparedness Requires Fixes to Improve Health Data and Address Improper Payments*, [GAO-22-105397](#) (Washington, D.C.: April 27, 2022).

<sup>b</sup>Health Center data include data for Health Center Program Award Recipients, who receive federal awards authorized under section 330 of the Public Health Service Act, and for organizations that meet all Health Center Program requirements but do not receive such funds, which may be known as Health Center Program Look-alikes. See 42 U.S.C. § 254b. We refer to these organizations collectively as "Health Centers." The amount of loans received and forgiven for Health Centers represent estimates and likely overstate the amounts lent to these organizations, because they may include loans to a Health Center's parent organization (such as a university or health department) that operates the Health Center.

The first enclosure to this report provides detailed information about our methodology. Subsequent enclosures provide further information on federal funding for Health Centers (enclosure II), Planned Parenthood Federation of America (enclosure III), the four domestic regional organizations in our review (enclosure IV), International Planned Parenthood Federation (enclosure V), and MSI Reproductive Choices (enclosure VI).

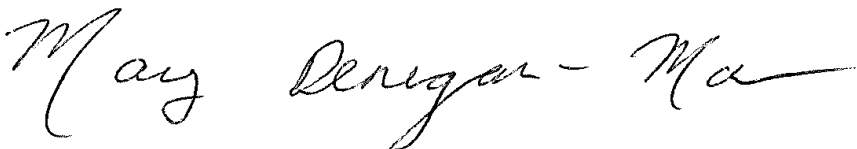
### **Agency and Third-Party Comments**

We provided a draft of this report to the Secretary of Health and Human Services, the SBA Administrator, and the USAID Administrator for comment. HHS and SBA provided us with technical comments, which we addressed as appropriate. USAID provided comments that are reprinted in Enclosure VII. We also provided International Planned Parenthood Federation, MSI Reproductive Choices, and Planned Parenthood Federation of America with excerpts of the draft report. Each organization was asked to review our presentation of the information they provided and review its accuracy. We incorporated their technical clarifications as appropriate.

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As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to appropriate congressional members, the Secretary of Health and Human Services, the Administrator of the U.S. Agency for International Development, and the Administrator of the Small Business Administration. In addition, the report will be available at no charge on the GAO website at <https://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or [deniganmacauleym@gao.gov](mailto:deniganmacauleym@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. In addition to the contact named above, Malissa G. Winograd (Assistant Director), Manuel Buentello (Analyst-in-Charge), Lily Besel, and Elise Pressma made key contributions to this report. Also contributing were Samuel Amrhein, Steven Flint, Jennifer Rudisill, and Ethiene Salgado-Rodriguez.



Mary Denigan-Macauley  
Director, Health Care

Enclosures—7

***List of Requesters***

The Honorable Mitch McConnell  
Minority Leader  
United States Senate

The Honorable Mike Johnson  
Speaker  
House of Representatives

The Honorable John Barrasso  
United States Senate

The Honorable Marsha Blackburn  
United States Senate

The Honorable John Boozman  
United States Senate

The Honorable Mike Braun  
United States Senate

The Honorable Shelley Moore Capito  
United States Senate

The Honorable Bill Cassidy, M.D.  
United States Senate

The Honorable Michael D. Crapo  
United States Senate

The Honorable Steve Daines  
United States Senate

The Honorable Joni K. Ernst  
United States Senate

The Honorable Deb Fischer  
United States Senate

The Honorable Josh Hawley  
United States Senate

The Honorable John Hoeven  
United States Senate

The Honorable Cindy Hyde-Smith  
United States Senate

The Honorable James Lankford  
United States Senate

The Honorable Roger Marshall, M.D.  
United States Senate

The Honorable Jerry Moran  
United States Senate

The Honorable Markwayne Mullin  
United States Senate

The Honorable James E. Risch  
United States Senate

The Honorable Marco Rubio  
United States Senate

The Honorable Rick Scott  
United States Senate

The Honorable Tim Scott  
United States Senate

The Honorable John Thune  
United States Senate

The Honorable Thom Tillis  
United States Senate

The Honorable Roger F. Wicker  
United States Senate

The Honorable Todd Young  
United States Senate

The Honorable Robert B. Aderholt  
House of Representatives

The Honorable Rick W. Allen  
House of Representatives

The Honorable Jodey C. Arrington  
House of Representatives

The Honorable Brian Babin, D.D.S.  
House of Representatives

The Honorable Don Bacon  
House of Representatives

The Honorable James R. Baird  
House of Representatives



The Honorable Troy Balderson  
House of Representatives

The Honorable Jim Banks  
House of Representatives

The Honorable Cliff Bentz  
House of Representatives

The Honorable Andy Biggs  
House of Representatives

The Honorable Gus M. Bilirakis  
House of Representatives

The Honorable Dan Bishop  
House of Representatives

The Honorable Lauren Boebert  
House of Representatives

The Honorable Mike Bost  
House of Representatives

The Honorable Larry Bucshon, M.D.  
House of Representatives

The Honorable Ted Budd  
House of Representatives

The Honorable Michael C. Burgess, M.D.  
House of Representatives

The Honorable Kat Cammack  
House of Representatives

The Honorable Earl L. 'Buddy' Carter  
House of Representatives

The Honorable Ben Cline  
House of Representatives

The Honorable Michael Cloud  
House of Representatives

The Honorable Andrew S. Clyde  
House of Representatives

The Honorable Eric A. "Rick" Crawford  
House of Representatives

The Honorable Dan Crenshaw  
House of Representatives

The Honorable Jeff Duncan  
House of Representatives

The Honorable Jake Ellzey  
House of Representatives

The Honorable Tom Emmer  
House of Representatives

The Honorable Ron Estes  
House of Representatives

The Honorable Randy Feenstra  
House of Representatives

The Honorable Michelle Fischbach  
House of Representatives

The Honorable Scott Fitzgerald  
House of Representatives

The Honorable Charles J. "Chuck" Fleischmann  
House of Representatives

The Honorable Virginia Foxx  
House of Representatives

The Honorable C. Scott Franklin  
House of Representatives

The Honorable Russ Fulcher  
House of Representatives

The Honorable Bob Good  
House of Representatives

The Honorable Garret Graves  
House of Representatives

The Honorable H. Morgan Griffith  
House of Representatives

The Honorable Glenn Grothman  
House of Representatives

The Honorable Michael Guest  
House of Representatives

The Honorable Brett Guthrie  
House of Representatives

The Honorable Andy Harris, M.D.  
House of Representatives

The Honorable Diana Harshbarger  
House of Representatives

The Honorable Richard Hudson  
House of Representatives

The Honorable Bill Huizenga  
House of Representatives

The Honorable Darrel Issa  
House of Representatives

The Honorable Ronny L. Jackson  
House of Representatives

The Honorable Bill Johnson  
House of Representatives

The Honorable Dusty Johnson  
House of Representatives

The Honorable Jim Jordan  
House of Representatives

The Honorable John Joyce  
House of Representatives

The Honorable Mike Kelly  
House of Representatives

The Honorable Trent Kelly  
House of Representatives

The Honorable Young Kim  
House of Representatives

The Honorable David Kustoff  
House of Representatives

The Honorable Darin LaHood  
House of Representatives

The Honorable Doug LaMalfa  
House of Representatives

The Honorable Doug Lamborn  
House of Representatives

The Honorable Robert E. Latta  
House of Representatives

The Honorable Jake LaTurner  
House of Representatives

The Honorable Debbie Lesko  
House of Representatives

The Honorable Julia Letlow  
House of Representatives

The Honorable Blaine Luetkemeyer  
House of Representatives

The Honorable Nancy Mace  
House of Representatives

The Honorable Thomas Massie  
House of Representatives

The Honorable Brian J. Mast  
House of Representatives

The Honorable Kevin McCarthy  
House of Representatives

The Honorable Lisa C. McClain  
House of Representatives

The Honorable Patrick T. McHenry  
House of Representatives

The Honorable Carol D. Miller  
House of Representatives

The Honorable Mary E. Miller  
House of Representatives

The Honorable Mariannette Miller-Meeks, M.D.  
House of Representatives

The Honorable John R. Moolenaar  
House of Representatives

The Honorable Alexander X. Mooney  
House of Representatives

The Honorable Barry Moore  
House of Representatives

The Honorable Blake D. Moore  
House of Representatives

The Honorable Ralph Norman  
House of Representatives

The Honorable Gary J. Palmer  
House of Representatives

The Honorable Scott Perry  
House of Representatives

The Honorable Guy Reschenthaler  
House of Representatives

The Honorable Mike Rogers  
House of Representatives

The Honorable John Rose  
House of Representatives

The Honorable Matthew M. Rosendale, Sr.  
House of Representatives

The Honorable Chip Roy  
House of Representatives

The Honorable John H. Rutherford  
House of Representatives

The Honorable Steve Scalise  
House of Representatives

The Honorable Austin Scott  
House of Representatives

The Honorable Adrian Smith  
House of Representatives

The Honorable Christopher H. Smith  
House of Representatives

The Honorable Jason Smith  
House of Representatives

The Honorable Lloyd Smucker  
House of Representatives

The Honorable Elise M. Stefanik  
House of Representatives

The Honorable Glenn "GT" Thompson  
House of Representatives

The Honorable William R. Timmons IV  
House of Representatives

The Honorable Beth Van Duyne  
House of Representatives

The Honorable Tim Walberg  
House of Representatives

The Honorable Michael Waltz  
House of Representatives

The Honorable Randy K. Weber, Sr.  
House of Representatives

The Honorable Daniel Webster  
House of Representatives

The Honorable Brad R. Wenstrup, D.P.M.  
House of Representatives

## Enclosure I: Objectives, Scope, and Methodology

This report describes (1) federal funding obligated to certain health centers, Planned Parenthood Federation of America, four domestic regional organizations, International Planned Parenthood Federation, and MSI Reproductive Choices (formerly known as Marie Stopes International) from 2019 through 2022; and (2) federal funding received and expended by these organizations from 2019 through 2021.<sup>1</sup> This report updates information we have reported periodically regarding federal funding provided to these types of organizations since 1995.<sup>2</sup>

To determine what federal funds were obligated to certain organizations providing health-related services from 2019 (the first year of data since we last reported) through 2022 (the most recent data available), we analyzed data on grants and cooperative agreements from the Department of Health and Human Services' (HHS) Payment Management System. We also analyzed data on grants and cooperative agreements from the U.S. Agency for International Development's (USAID) Phoenix System obligated to the international organizations—International Planned Parenthood Federation and MSI Reproductive Choices—in our review.<sup>3</sup>

We found that Payment Management System data likely overstate the amounts obligated to Health Centers because they may include obligations to a parent organization (such as a university or health department) that operates the Health Center.<sup>4</sup> Further, we did not find these data sufficiently reliable to report obligations made to Health Centers by non-HHS agencies or obligations to individual Health Centers, for the same reason. As such, we estimated obligations made to Health Centers in the report by taking the following steps:

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<sup>1</sup>In this report, we use the term "federal funding" to mean funding awarded by federal agencies through grants, cooperative agreements, payments made by federal health coverage programs such as Medicare, Medicaid and the Children's Health Insurance Program (CHIP), or federally guaranteed loans. The term "obligation" refers to a definite commitment by a federal agency that creates a legal liability to make payments immediately or in the future, such as when an agency awards a grant to a selected organization. The term "funds received" refers to the dollar amounts an organization received. In this report, these funds include: (1) grant funds disbursed by an awarding agency, (2) payments from public health coverage programs; and (3) loans from the Paycheck Protection Program. "Expenditures" refer to the actual spending of money by organizations that receive federal funds.

<sup>2</sup>Federal funds for domestic activities are generally not available to pay for abortions, except where the pregnancy is the result of rape or incest or the life of the pregnant woman would be endangered unless an abortion is performed. See, e.g., Further Consolidated Appropriations Act, 2020, Pub. L. No. 116-94, div. A, tit. V, §§ 506, 507, 133 Stat. 2534, 2606, 2607 (2019). Similarly, foreign assistance funds cannot be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions. See, e.g., Pub. L. No. 116-94, div. G, tit. III, "Bilateral Economic Assistance—Global Health Programs," 133 Stat. at 2827.

<sup>3</sup>Amounts for grants and cooperative agreements obligated and received do not include funds obligated or received by the organizations through pass-through funding or sub-awards, unless otherwise noted. Information on grants and cooperative agreement sub-awards were not sufficiently reliable for the purposes of this report.

<sup>4</sup>For purposes of this report, we use the term Health Centers to refer to centers that receive funds under the Health Resources and Services Administration's Health Center Program authorized under section 330 of the Public Health Service Act as well as centers, known as "look-alikes", which meet the requirements but do not receive such funds. See 42 U.S.C. § 254b. Health Centers may be part of a larger organization, such as a state health department or a university. The data systems used to collect obligations data do not always distinguish between obligations directly to a Health Center from obligations to a larger organization that includes the Health Center. Therefore the estimated amount of federal obligations to Health Centers likely overstates the amount provided to these organizations. The Health Resources and Services Administration is the primary HHS source of grants or cooperative agreements funding for Health Centers.

- We limited our analysis to only HHS awarding agencies, because HHS is the department that oversees agencies that most align with the purpose and activities of Health Centers.
- We further limited our estimates to only those HHS awarding agencies most likely to have obligated funds to Health Centers as confirmed by the Health Resources and Services Administration. The Health Resources and Services Administration is the primary HHS source of grants or cooperative agreements funding for Health Centers. According to the Health Resources and Services Administration officials, the most common obligating HHS agencies for Health Centers other than itself include the Substance Abuse and Mental Health Services Administration, the Indian Health Service, and the Office of the Secretary (Office of Minority Health).

After taking these steps, we found these data and the remaining HHS and USAID obligations data reliable for the purpose of our report.

To determine what federal funds organizations received from 2019 through 2021 (the most recent data available), we analyzed data on: 1) grants and cooperative agreements; 2) payments from Medicare, Medicaid, and CHIP;<sup>5</sup> and 3) loans from the Small Business Administration's (SBA) Paycheck Protection Program. Specifically:

- To determine funds that organizations received from grants and cooperative agreements, we analyzed data from: (1) HHS's Health Resources and Services Administration's Uniform Data System; (2) HHS's Payment Management System; and (3) USAID's Phoenix System. We also analyzed data from annual financial reports to determine federal grant and cooperative agreement funds that Planned Parenthood affiliates received. We found these data reliable for the purpose of our report.
- To determine the amounts that Health Centers, Planned Parenthood affiliates, and domestic regional organizations received in payments from Medicare, Medicaid, and CHIP, we used several sources, each of which we found reliable for the purpose of our report:
  - To determine the amount that Health Centers received in such payments, we used data from the Health Resources and Services Administration's Uniform Data System. We also analyzed data from the Uniform Data System to report on individuals served by Health Centers and selected diagnostic tests, screenings, and preventive services Health Center patients received from 2019 through 2021.
  - To determine the amount Planned Parenthood affiliates received in such payments, we used data from the Planned Parenthood affiliates' annual audit reports.<sup>6</sup>

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<sup>5</sup>Medicare is the federally financed health coverage program for persons aged 65 and over, certain individuals with disabilities, and individuals with end-stage renal disease. Medicaid is a joint federal-state financed health care program for low-income and medically needy individuals. CHIP is a joint federal-state financed program to provide health care to certain uninsured, low-income children.

<sup>6</sup>According to Planned Parenthood Federation of America officials, during the period of our review several Planned Parenthood affiliates went through mergers or restructuring, causing the number and names of the affiliates in our review to change over time. For example, due to mergers or restructuring that occurred between 2019 and 2021,



- To determine the amount that domestic regional organizations received in Medicaid and CHIP payments, we obtained data from Medicaid agencies for states in which the domestic regional organizations operated during the years under review.<sup>7</sup>
- We analyzed data from the Small Business Administration’s (SBA) Paycheck Protection Program to estimate the number and amounts of federally guaranteed loans and loans forgiven to Health Centers and Planned Parenthood affiliates. As with Health Center obligations data, we found Paycheck Protection Program data likely overstate loans received by and forgiven for Health Centers, because they may include loans to a Health Center’s parent organization (such as a university or health department) that operates the Health Center. Most Health Center loans were provided to organizations that self-identified as belonging to the Health Care and Social Assistance sector. After reviewing the data, we consider the amount of loans made to Health Centers and the amount of these loans forgiven, in the report, to be estimates.

To determine what federal funding certain organizations expended from 2019 through 2021, we examined data from Planned Parenthood affiliates, International Planned Parenthood Federation, and MSI Reproductive Choices.<sup>8</sup> Expenditure information for Health Centers is not centrally maintained, and we determined it was impracticable to collect those data from about 1,500 individual Health Centers. For Planned Parenthood affiliates, we examined reported expenditures of federal funds through grants and cooperative agreements from audited financial reports that affiliates submitted to the Federal Audit Clearinghouse.<sup>9</sup> Specifically, we reviewed 58 audit reports for 35 Planned Parenthood affiliates. We analyzed the audit reports to determine the top 15 HHS programs by greatest reported expenditures across Planned Parenthood affiliates. We also determined the top 10 programs from federal agencies other than HHS. The 58 audit reports represent all single audits that Planned Parenthood affiliates submitted from fiscal years 2019 through 2021, as required by the Single Audit Act. That is, the 35 Planned Parenthood affiliates submitted a single audit report within at least one of the years covered by our review because they met the required annual audit threshold. The 35 Planned Parenthood affiliates are a subset of the 55 Planned Parenthood affiliates in our review.<sup>10</sup> As such, the data do not represent federal expenditures for all Planned Parenthood affiliates during

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Planned Parenthood of Mid-Hudson Valley, Inc., Planned Parenthood of Nassau County, Inc., Planned Parenthood of the Heartland, Planned Parenthood of the Southern Finger Lakes, and Planned Parenthood Mohawk Hudson no longer operated independently and therefore did not submit independent data in 2020 and 2021. The affiliates included in our data reflect all affiliates that operated and submitted data in any of the years under our review.

<sup>7</sup>Collecting information on Medicare payments to the domestic regional organizations was beyond the scope of this engagement.

<sup>8</sup>For International Planned Parenthood Federation, funds expended are limited to International Planned Parenthood Federation offices and does not include funding expended by International Planned Parenthood Federation affiliates.

<sup>9</sup>Non-federal entities with expenditures of federal funding of \$750,000 or more within the entity’s fiscal year are required to undergo an audit in accordance with the Single Audit Act, as amended, and Office of Management and Budget (OMB) implementing guidance, and to provide the results of this audit to OMB. See 31 U.S.C. § 7502; 2 C.F.R. § 200.501 (2023). The Federal Audit Clearinghouse is the repository for single audits, as designated by OMB.

<sup>10</sup>Because of mergers and restructuring that occurred during the period of our review, some self-reported Planned Parenthood affiliate names differ between the single audit reports and annual financial reports we analyzed. We explain those differences when possible.

the period of our review and are not generalizable. We determined that the data were sufficiently reliable for our reporting purposes.

To address both objectives, we interviewed agency officials from HHS (including the Health Resources and Services Administration), SBA, and USAID. We also interviewed representatives from Planned Parenthood Federation of America, International Planned Parenthood Federation, and MSI Reproductive Choices, and from two of the four domestic regional organizations.<sup>11</sup>

We conducted this performance audit from August 2022 to November 2023 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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<sup>11</sup>Two of the four organizations did not respond to our request for interviews.

## Enclosure II: Health Center Program Award Recipients and Health Center Program Look-alikes (Health Centers)

Certain health centers receive Health Center Program awards through grants or Health Center Program Look-alike designation from the Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (HHS).<sup>12</sup> These Health Centers form a network of about 1,500 community-based organizations that provide comprehensive health care services to individuals regardless of their ability to pay. Health Center services include primary care, such as diagnostic testing and disease treatment, and preventive care, such as family planning and prenatal and postpartum care.

**Funding obligated.** Our analysis of data from HHS found that it obligated an estimated \$33.7 billion to Health Centers through grants or cooperative agreements from 2019 through 2022.<sup>13</sup> Almost all of the funding obligated, about \$31.8 billion, came from HRSA. (See table 8.)

**Table 8: Department of Health and Human Services (HHS) Estimated Obligations to Health Centers through Grants or Cooperative Agreements by HHS Awarding Office or Agency, 2019-2022**

Dollars in millions

HHS office or agency	2019	2020	2021	2022	Total
Health Resources and Services Administration	5,525.64	7,553.50	12,699.61 <sup>a</sup>	6,054.11	<b>31,832.86</b>
Substance Abuse and Mental Health Services Administration	252.06	326	569.43	346.19	<b>1,493.68</b>
Office of the Secretary	36.50	49.97	82.89	43.29	<b>212.65</b>
Indian Health Service	30.77	29.52	28.84	36.88	<b>126.01</b>
<b>Total</b>	<b>5,844.97</b>	<b>7,958.98</b>	<b>13,380.78</b>	<b>6,480.47</b>	<b>33,665.20</b>

Source: GAO analysis of HHS data. | GAO-24-106215

<sup>12</sup>Certain eligible community-based health services organizations receive funding under the Health Center Program, which is administered by the Bureau of Primary Health Care within the Department of Health and Human Services' Health Resources and Services Administration. The Health Center Program provides grants to these organizations under section 330 of the Public Health Service Act ("Section 330"). See 42 U.S.C § 254b. For purposes of this report, we refer to Section 330 recipients as "Health Center Program Award Recipients" or "Awardees." Other health services organizations meet all Health Center Program requirements but do not receive federal grant funding through Section 330, which the Health Resources and Services Administration designates as Health Center Program Look-alikes. Look-alikes may receive other benefits, including support through other federal programs. For the purpose of this report, we use the term "Health Centers" to refer to both Awardees and Look-alikes. Health Centers and certain other health services organizations are eligible to apply for the Centers for Medicare & Medicaid Services certification as Federally Qualified Health Centers, which receive higher payment rates under Medicare and Medicaid, but are not the focus of this report.

<sup>13</sup>Health Centers may be part of a larger organization, such as a state health department or a university. The data systems used to collect obligations data do not always distinguish between obligations directly to a Health Center from obligations to a larger organization that includes the Health Center. Therefore, the estimated amount of federal obligations to Health Centers likely overstates the amounts provided to these organizations.

Federal funds for domestic activities are generally not available to pay for abortions, except where the pregnancy is the result of rape or incest or the life of the pregnant woman would be endangered unless an abortion is performed. See, e.g., Further Consolidated Appropriations Act, 2020, Pub. L. No. 116-94, div. A, tit. V, §§ 506, 507, 133 Stat. 2534, 2606, 2607 (2019).

Notes: Health Center data include data from Health Center Program Award Recipients, who receive federal awards authorized under section 330 of the Public Health Service Act, and from organizations that meet all Health Center Program requirements but do not receive such funds, which may be known as Health Center Program Look-alikes. See 42 U.S.C. § 254b.

HHS data likely overstate the amounts obligated to Health Centers because they may include obligations to a Health Center's parent organization (such as a university or health department) that operates the Health Center. The Health Resources and Services Administration is the primary HHS source of grants or cooperative agreements funding for Health Centers. According to Health Resources and Services Administration officials, the most common obligating HHS agencies for Health Centers other than itself include the Indian Health Service, the Office of Minority Health within the Office of the Secretary, and the Substance Abuse and Mental Health Services Administration. We therefore limited our analysis of HHS obligations to Health Centers to these HHS agencies.

Data on amounts of federal funds obligated to Health Centers are based on the federal fiscal year, October 1 through September 30. Amounts in this table may not sum to totals due to rounding.

<sup>9</sup>Health Resources and Services Administration officials attribute the large increase in obligations to Health Centers from fiscal year 2020 to fiscal year 2021 to one-time, emergency COVID-19 supplemental funding provided under the American Rescue Plan Act of 2021 for eligible Health Centers. See Pub. L. No. 117-2, 135 Stat. 4. Specifically, in fiscal year 2021, the Health Resources and Services Administration obligated over \$7.1 billion of American Rescue Plan Act of 2021 funding for Health Centers and Health Center construction and capital improvements.

**Grant funding received.**<sup>14</sup> Health Centers reported receiving approximately \$21.7 billion in federal funds through grants from both HHS and other federal agencies in 2019 through 2021.<sup>15</sup> (See table 9.) This amount includes the addition of \$1.3 billion in 2020 and \$2.2 billion in 2021 from COVID-19 supplemental grants, which includes funding from the CARES Act and the American Rescue Plan Act of 2021, among other COVID-19 related funds.<sup>16</sup>

**Table 9: Federal Funds Received by Health Centers through Grants, 2019-2021**

Dollars in millions				
Grant type	2019	2020	2021	Total
Health Resources and Services Administration (HRSA) grants				
HRSA primary care and capital development grants <sup>a</sup>	5,002.79	4,778.16	5,226.98	<b>15,007.92</b>
COVID-19 supplemental grants <sup>b</sup>	NA	1,318.72	2,239.78	<b>3,558.50</b>
Other federal grants <sup>c</sup>	491.56	1,450.78	1,186.13	<b>3,128.47</b>
<b>Total</b>	<b>5,494.35</b>	<b>7,547.65</b>	<b>8,652.89</b>	<b>21,694.89</b>

Source: GAO analysis of Health Resources and Services Administration data. | GAO-24-106215

<sup>14</sup>Health Center data include federal grants but do not include funding from cooperative agreements. According to HRSA officials, Health Centers do not enter into cooperative agreements with HRSA and do not report funding received through cooperative agreements from other federal sources in the Uniform Data System data used in this analysis.

<sup>15</sup>The amounts received were previously obligated. Federal funding obligated to an organization in any 1 year may be received by the organization in a different year or across multiple years. As a result, the amount of federal funding obligated, versus received or expended, may differ within the same time period. Additionally, obligations and amounts received should not be added together.

<sup>16</sup>In 2020 and 2021, Congress passed and the President signed into law six COVID-19 relief bills providing about \$4.7 trillion to address the public health and economic threats posed by COVID-19. See the American Rescue Plan Act of 2021, Pub. L. No. 117-2, 135 Stat. 4; Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, 134 Stat. 1182 (2020); Paycheck Protection Program and Health Care Enhancement Act, Pub. L. No. 116-139, 134 Stat. 620 (2020); CARES Act, Pub. L. No. 116-136, 134 Stat. 281 (2020); Families First Coronavirus Response Act, Pub. L. No. 116-127, 134 Stat. 178 (2020); and the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, Pub. L. No. 116-123, 134 Stat. 146.

Notes: Health Center data include data from Health Center Program Award Recipients, who receive federal awards authorized under section 330 of the Public Health Service Act, and from organizations that meet all Health Center Program requirements but do not receive such funds, which may be known as Health Center Program Look-alikes. See 42 U.S.C. § 254b.

While the majority of funds received by Health Centers came from the Department of Health and Human Services, data may include some funding from other federal agencies, such as the Department of Housing and Urban Development.

This table includes information self-reported annually by Health Centers to Health Resources and Services Administration's Uniform Data System. Data on amounts of federal funds received by Health Centers are based on the calendar year, January 1 through December 31. Amounts in this table may not sum to totals due to rounding.

<sup>a</sup>HRSA's primary care grants are grants provided under the federal Health Center Program and authorized under section 330 of the Public Health Service Act. See 42 U.S.C § 254b. Capital development grants include funds from the Health Center Program facility program, HRSA administered school-based health center capital grant program, Capital Assistance for Hurricane Response and Recovery Efforts, as well as other funds awarded by HRSA to assist in the reconstruction and repair of facilities destroyed or damaged by natural disasters.

<sup>b</sup>Reported COVID-19 supplemental grants include funding from the CARES Act, American Rescue Plan of 2021, funds for Expanding Capacity for Coronavirus Testing, as well as other supplemental funding from HRSA.

<sup>c</sup>This category includes funding from a variety of sources, such as the Ryan White HIV/AIDS Program and Medicare and Medicaid Electronic Health Record Incentive Program grants. According to HRSA, the most common "other federal grants" reported are from the Indian Health Service, the Office of Minority Health, and the Substance Abuse and Mental Health Services Administration and the Department of Housing and Urban Development.

**Public health coverage program payments received.** In addition to funds associated with grants, Health Centers reported receiving approximately \$53 billion in payments from Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), from 2019 through 2021.<sup>17</sup> (See table 10.)

**Table 10: Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) Payments Received by Health Centers, 2019-2021**

Dollars in millions

Program	2019	2020	2021	Total
Medicare	2,743.08	2,901.89	3,427.11	<b>9,072.08</b>
Medicaid and CHIP	13,890.04	14,013.90	16,139.82	<b>44,043.77</b>
<b>Total</b>	<b>16,633.13</b>	<b>16,915.79</b>	<b>19,566.93</b>	<b>53,115.85</b>

Source: GAO analysis of Health Resources and Services Administration data. | GAO-24-106215

Notes: Health Center data include data from Health Center Program Award Recipients, who receive federal awards authorized under section 330 of the Public Health Service Act, and from organizations that meet all Health Center Program requirements but do not receive such funds, which may be known as Health Center Program Look-alikes. See 42 U.S.C. § 254b.

Medicare and Medicaid payments to Health Centers include payments from managed care organizations, which private insurers administer. Medicare payments include only federal funds. Medicaid and CHIP payments include funding from both state and federal sources; thus, the Medicaid and CHIP payment data overstate the amount of funding received from the federal government. The actual amounts of Medicaid and CHIP payments from the federal government to Health Centers are lower than amounts presented in the table and would be limited to a matching percentage that differs across states and types of services provided.

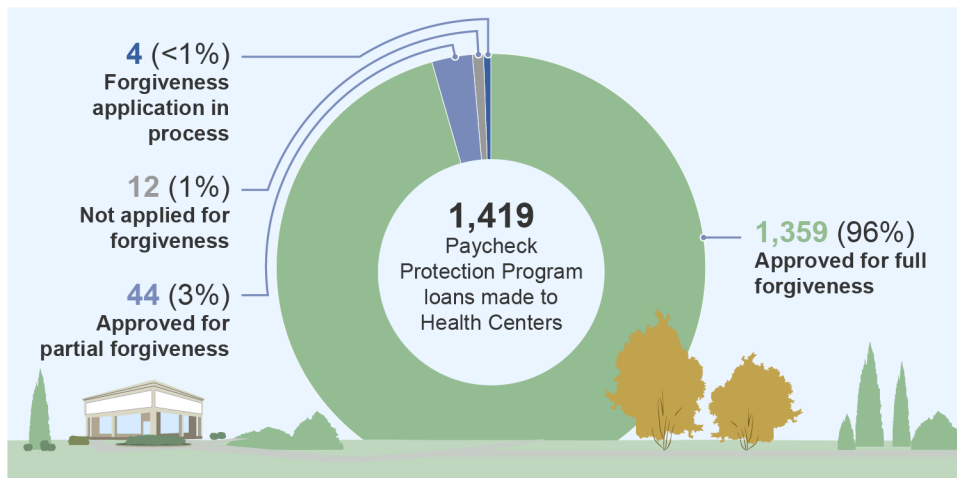
This table includes information self-reported annually by Health Centers to Health Resources and Services Administration's Uniform Data System. Data on amounts of federal funds received by Health Centers are based on the calendar year, January 1 through December 31. Amounts in this table may not sum to totals due to rounding.

<sup>17</sup>Medicare is the federally financed health coverage program for persons aged 65 and over, certain individuals with disabilities, and individuals with end-stage renal disease. Medicaid is a joint federal-state financed health care program for certain low-income and medically needy individuals. CHIP is a joint federal-state financed program to provide health care to certain uninsured, low-income children.

**Federally guaranteed loans received.** Our analysis of data from the Small Business Administration (SBA) found that between April 3, 2020, and June 30, 2021, an estimated 1,419 Paycheck Protection Program loans were made to Health Centers, ranging in amounts from \$625 to \$10 million.<sup>18</sup> Lenders provided an estimated \$2.47 billion in loans to Health Centers and approved \$2.45 billion, including interest, for loan forgiveness as of May 1, 2023.

Of the identified 1,419 loans, 1,359 of the loan applications were approved for full forgiveness, 44 for partial forgiveness, and four were being processed as of May 1, 2023. Health Centers had yet to apply for forgiveness for 12 of the loans, as of May 1, 2023.<sup>19</sup> (See figure 4 for loan forgiveness status for each of the 1,419 loans.)

**Figure 4. Forgiveness Status for Each of 1,419 Paycheck Protection Program Loans Made to Health Centers by Number and Percent of Total Loans, as of May 1, 2023**



Source: GAO analysis of Small Business Administration (SBA) data; GAO (illustrations). | GAO-24-106215

Notes: Health Center data include data for Health Center Program Award Recipients, who receive federal awards authorized under section 330 of the Public Health Service Act, and for organizations that meet all Health Center Program requirements but do not receive such funds, which may be known as Health Center Program Look-alikes. See 42 U.S.C. § 254b.

The Small Business Administration may approve forgiveness for the full amount of Paycheck Protection Program loans including any interest accrued by the borrower if the borrower has used at least 60 percent of the loan proceeds on eligible payroll costs and the balance has been spent on other eligible expenses. If a borrower uses less than 60 percent of the loan proceeds on payroll costs, then the borrower may be eligible for partial forgiveness based on the percentage of proceeds spent on payroll costs.

Paycheck Protection Program data likely overstate loans received and forgiven for Health Centers, because they may include loans to a Health Center's parent organization (such as a university or health department) that operates the Health Center.

<sup>18</sup>Administered by SBA through a network of authorized participating lenders, and guaranteed at 100 percent by SBA, the Paycheck Protection Program provided forgivable loans for payroll and certain other eligible costs to support small businesses and non-profits affected by the COVID-19 pandemic.

Paycheck Protection Program data likely overstate loans received and forgiven for Health Centers, because they may include loans to a Health Center's parent organization (such as a university or health department) that operates the Health Center.

<sup>19</sup>Paycheck Protection Program loans may be approved for forgiveness for up to the full amount of the loans including any interest accrued by the borrower depending on how the borrower spends the loan proceeds. For example, if a borrower uses less than 60 percent of the loan proceeds on payroll costs, then the borrower may be eligible for partial forgiveness based on the percentage of proceeds spent on payroll costs.

**Health Center patients and services.** Our analysis of data reported by Health Centers to the Health Resources and Services Administration found that Health Centers served an average of about 30 million individuals each year (over 90 million individuals from 2019 through 2021), largely with funds received through federal grants and public health insurance program payments, such as through Medicaid. These individuals accessed any of a variety of diagnostic tests, screenings and preventive services including vaccinations (28.9 million patients), Pap tests (5.1 million patients), and mammograms (2.9 million patients). (See tables 11, 12, and 13.)

Age groups	2019		2020		2021		Total
	Males	Females	Males	Females	Males	Females	
<1 through 17	4,696,482	4,678,814	4,017,944	4,039,827	4,468,195	4,449,502	<b>26,350,764</b>
18 through 64	7,030,730	11,096,855	7,160,545	11,044,336	7,408,145	11,426,001	<b>55,166,612</b>
65 and older	1,207,763	1,720,999	1,253,618	1,753,637	1,418,580	1,977,920	<b>9,332,517</b>
<b>Total</b>	<b>12,934,975</b>	<b>17,496,668</b>	<b>12,432,107</b>	<b>16,837,800</b>	<b>13,294,920</b>	<b>17,853,423</b>	<b>90,849,893</b>

Source: GAO analysis of Health Resources and Services Administration data. | GAO-24-106215

Notes: Health Center data include data from Health Center Program Award Recipients, who receive federal awards authorized under section 330 of the Public Health Service Act, and from organizations that meet all Health Center Program requirements but do not receive such funds, which may be known as Health Center Program Look-alikes. See 42 U.S.C. § 254b.

This table includes information self-reported annually by Health Centers to Health Resources and Services Administration's Uniform Data System. Data on amounts of federal funds received by Health Centers are based on the calendar year, January 1 through December 31.

Selected service	Number of patients			
	2019	2020	2021	Total
Childhood lead test screening (9 to 72 months)	593,190	478,132	523,823	<b>1,595,145</b>
Comprehensive and intermediate eye exams	655,808	488,079	640,234	<b>1,784,121</b>
Contraceptive management	1,727,453	1,550,813	1,637,483	<b>4,915,749</b>
Coronavirus (SARS-CoV-2) vaccine	NA	NA	4,731,545	<b>4,731,545</b>
Health supervision of infant or child (ages 0 through 11)	3,818,134	3,257,545	3,667,095	<b>10,742,774</b>
Hepatitis B test	939,423	784,194	1,144,677	<b>2,868,294</b>
Hepatitis C test	1,191,570	1,248,801	2,005,395	<b>4,445,766</b>
Human immunodeficiency virus (HIV) test	2,258,938	2,079,852	2,817,276	<b>7,156,066</b>
Mammogram	845,166	835,080	1,210,284	<b>2,890,530</b>
Novel coronavirus (SARS-CoV-2) antibody test	NA	285,314	222,097	<b>507,411</b>
Novel coronavirus (SARS-CoV-2) diagnostic test	NA	3,790,994	4,394,379	<b>8,185,373</b>
Pap test	1,838,805	1,436,955	1,832,650	<b>5,108,410</b>
Pre-Exposure Prophylaxis (PrEP) - associated management of all PrEP patients <sup>a</sup>	NA	398,587	88,092	<b>486,679</b>
Screening, Brief Intervention, and Referral to Treatment (SBIRT) <sup>b</sup>	1,385,326	1,257,905	1,494,914	<b>4,138,145</b>
Seasonal flu vaccine	4,884,754	4,656,636	4,150,317	<b>13,691,707</b>
Selected immunizations <sup>c</sup>	4,068,692	3,112,938	3,336,124	<b>10,517,754</b>
Smoke and tobacco use cessation counseling	1,420,059	1,622,756	1,900,596	<b>4,943,411</b>
<b>Total</b>	<b>25,627,318</b>	<b>27,284,581</b>	<b>35,796,981</b>	<b>88,708,880</b>

Source: GAO analysis of Health Resources and Services Administration data. | GAO-24-106215

Notes: Health Center data include data from Health Center Program Award Recipients, who receive federal awards authorized under section 330 of the Public Health Service Act, and from organizations that meet all Health Center Program requirements but do not receive such funds, which may be known as Health Center Program Look-alikes. See 42 U.S.C. § 254b.

These services do not reflect the full range of services rendered by a Health Center. The selected services represent those that are prevalent among Health Center patients, have been regarded as sentinel indicators of access to primary care, or are of special interest to the Health Resources and Services Administration.

This table includes information self-reported annually by Health Centers to Health Resources and Services Administration's Uniform Data System. Data on the number of patients receiving selected services by Health Centers are based on the calendar year, January 1 through December 31.

<sup>a</sup>Pre-exposure prophylaxis (PrEP) is a pill or injection taken to avoid contracting HIV.

<sup>b</sup>Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to delivering early intervention and treatment services for persons with substance use disorders and those at risk of developing these disorders.

<sup>c</sup>Selected immunizations include vaccinations for hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; and hepatitis B.

**Table 13: Number of Visits Provided by Health Centers for Selected Diagnostic Tests, Screenings, and Preventive Services, 2019-2021**

Selected service	Number of visits			Total
	2019	2020	2021	
Childhood lead test screening (9 to 72 months)	677,350	526,200	591,113	1,794,663
Comprehensive and intermediate eye exams	742,621	548,365	716,535	2,007,521
Contraceptive management	2,915,240	2,620,934	2,883,661	8,419,835
Coronavirus (SARS-CoV-2) vaccine	NA	NA	8,704,674	8,704,674
Health supervision of infant or child (ages 0 through 11)	5,856,761	5,129,902	5,767,962	16,754,625
Hepatitis B test	1,212,884	923,617	1,301,920	3,438,421
Hepatitis C test	1,447,286	1,401,332	2,217,187	5,065,805
Human immunodeficiency virus (HIV) test	2,746,280	2,529,547	3,362,458	8,638,285
Mammogram	957,814	938,230	1,408,074	3,304,118
Novel coronavirus (SARS-CoV-2) antibody test	NA	326,252	275,268	601,520
Novel coronavirus (SARS-CoV-2) diagnostic test	NA	4,939,680	6,454,090	11,393,770
Pap test	1,972,758	1,537,603	2,019,513	5,529,874
Pre-Exposure Prophylaxis (PrEP) - associated management of all PrEP patients <sup>a</sup>	NA	599,076	197,358	796,434
Screening, Brief Intervention, and Referral to Treatment (SBIRT) <sup>b</sup>	2,340,449	2,416,758	2,843,759	7,600,966
Seasonal flu vaccine	5,353,052	5,204,688	4,468,045	15,025,785
Selected immunizations <sup>c</sup>	5,546,244	4,196,332	4,489,634	14,232,210
Smoke and tobacco use cessation counseling	2,632,551	3,084,516	3,619,364	9,336,431
<b>Total</b>	<b>34,401,290</b>	<b>36,923,032</b>	<b>51,320,615</b>	<b>122,644,937</b>

Source: GAO analysis of Health Resources and Services Administration data. | GAO-24-106215

Notes: Health Center data include data from Health Center Program Award Recipients, who receive federal awards authorized under section 330 of the Public Health Service Act, and from organizations that meet all Health Center Program requirements but do not receive such funds, which may be known as Health Center Program Look-alikes. See 42 U.S.C. § 254b.

These services do not reflect the full range of services rendered by a Health Center. The selected services represent those that are prevalent among Health Center patients, have been regarded as sentinel indicators of access to primary care, or are of special interest to the Health Resources and Services Administration. During a single visit more than one test, screening, or preventive service may be provided.

This table includes information self-reported annually by Health Centers to Health Resources and Services Administration's Uniform Data System. Data on the number of visits provided by Health Centers for selected services are based on the calendar year, January 1 through December 31.

<sup>a</sup>Pre-exposure prophylaxis (PrEP) is a pill or injection taken to avoid contracting HIV.

<sup>b</sup>Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to delivering early intervention and treatment services for persons with substance use disorders and those at risk of developing these disorders.



\*Selected immunizations include vaccinations for hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; and hepatitis B.

### Enclosure III: Planned Parenthood Federation of America

Planned Parenthood Federation of America is a national, nonprofit organization that provides support services to about 50 affiliates.<sup>20</sup> Planned Parenthood affiliates are independent organizations that operate with financial and governing autonomy. Affiliates operate approximately 600 centers across the country, providing sexual and reproductive health-related services, and abortions.

**Funding obligated.** Our analysis of data from the Department of Health and Human Services (HHS) found that it obligated approximately \$49 million directly to Planned Parenthood affiliates through grants or cooperative agreements from 2019 through 2022.<sup>21</sup> (See table 14.)

**Table 14: Department of Health and Human Services (HHS) Estimated Obligations to Planned Parenthood Federation of America Affiliates through Grants or Cooperative Agreements by HHS Awarding Office or Agency, 2019-2022**

Dollars in millions

HHS office or agency	2019	2020	2021	2022	Total
Office of the Secretary	10.94	2.78	3.79	25.00 <sup>a</sup>	<b>42.51</b>
Administration for Children and Families	1.12	1.10	1.28	1.28	<b>4.77</b>
Substance Abuse and Mental Health Services Administration	0.00	0.20	0.20	0.60	<b>1.00</b>
Centers for Medicare & Medicaid Services	0.00	0.00	0.22	0.18	<b>0.39</b>
Health Resources and Services Administration	0.00	0.00	0.23 <sup>b</sup>	0.00	<b>0.23</b>
<b>Total</b>	<b>12.05</b>	<b>4.08</b>	<b>5.71</b>	<b>27.06</b>	<b>48.91</b>

Source: GAO analysis of HHS data. | GAO-24-106215

Notes: This table includes funds obligated directly through grants or cooperative agreements. It does not include funds obligated to other organizations and passed through to Planned Parenthood affiliates. Data are based on the federal fiscal year, October 1 through September 30. Amounts may not sum to totals due to rounding.

<sup>a</sup>The large increase in obligations made by the Office of the Secretary between 2021 and 2022 is due to increased Title X Family Planning Services and Family Planning Service Delivery Improvement Research Grant funding obligated to Planned Parenthood affiliates in 2022.

<sup>b</sup>According to Health Resources and Services Administration officials, this one-time Health Resources and Services Administration funding was provided through a competitive grant award issued under the Community Based COVID 19 Workforce Vaccine Outreach program that was funded under the American Rescue Plan Act of 2021. See Pub. L. No. 117-2, 135 Stat. 4.

**Grant and cooperative agreement funding received.** Our analysis found that Planned Parenthood affiliates received approximately \$148 million in federal funds through grants or

<sup>20</sup>During the period of our review there were more than 50 Planned Parenthood affiliates operating depending on the year. In 2022, Planned Parenthood Federation of America reported 49 affiliates.

<sup>21</sup>Federal funds for domestic activities are generally not available to pay for abortions, except where the pregnancy is the result of rape or incest or the life of the pregnant woman would be endangered unless an abortion is performed. See, e.g., Further Consolidated Appropriations Act, 2020, Pub. L. No. 116-94, div. A, tit. V, §§ 506, 507, 133 Stat. 2534, 2606, 2607 (2019).

cooperative agreements from 2019 through 2021, mostly through HHS programs.<sup>22</sup> (See table 15.)

**Table 15: Federal Funds Received by Planned Parenthood Federation of America Affiliates through Grants or Cooperative Agreements, 2019-2021**

Dollars in millions

<b>Organization</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Total</b>
Planned Parenthood of Orange & San Bernardino Counties, Inc.	3.92	3.62	3.55	<b>11.09</b>
Planned Parenthood of Greater New York <sup>a</sup>	2.68	1.37	5.77	<b>9.82</b>
Planned Parenthood North Central States	5.54	1.56	2.31	<b>9.40</b>
Planned Parenthood of Michigan <sup>b</sup>	5.63	1.87	1.44	<b>8.94</b>
Planned Parenthood of Northern, Central and Southern New Jersey, Inc.	5.03	1.92	1.91	<b>8.86</b>
Planned Parenthood of Southern New England, Inc. <sup>c</sup>	4.28	2.67	1.61	<b>8.56</b>
Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky	6.09	2.14	--- <sup>d</sup>	<b>8.23</b>
Planned Parenthood of Maryland, Inc.	2.02	2.78	2.74	<b>7.53</b>
Planned Parenthood of Greater Ohio	4.81	0.46	0.14	<b>5.41</b>
Planned Parenthood of Illinois	4.49	0.19	0.00	<b>4.68</b>
Planned Parenthood of Wisconsin, Inc.	1.78	0.00	2.65	<b>4.43</b>
Planned Parenthood of Northern New England <sup>e</sup>	1.98	0.57	1.84	<b>4.39</b>
Planned Parenthood Great Plains	1.52	0.96	1.24	<b>3.73</b>
Planned Parenthood Northern California	1.86	0.80	0.76	<b>3.42</b>
Planned Parenthood Mohawk Hudson	3.11	--- <sup>f</sup>	--- <sup>f</sup>	<b>3.11</b>
Planned Parenthood of Greater Washington and North Idaho	2.41	0.51	0.00	<b>2.92</b>
Planned Parenthood South Atlantic	2.32	0.15	0.23	<b>2.70</b>
Planned Parenthood Mar Monte	2.59	0.00	0.00	<b>2.59</b>
Planned Parenthood Southeastern Pennsylvania	1.73	0.54	0.27	<b>2.54</b>
Planned Parenthood Association of Utah	2.31	0.10	0.06	<b>2.47</b>
Virginia League for Planned Parenthood	0.00	0.97	1.45	<b>2.42</b>
Planned Parenthood Keystone	1.42	0.54	0.23	<b>2.19</b>
Planned Parenthood Arizona, Inc.	2.00	0.10	0.05	<b>2.15</b>
Planned Parenthood of South, East and North Florida <sup>g</sup>	0.78	0.60	0.77	<b>2.15</b>
Planned Parenthood of Central and Western New York, Inc.	0.00	0.00	2.05	<b>2.05</b>
Planned Parenthood League of Massachusetts	0.88	0.05	1.08	<b>2.02</b>
Planned Parenthood Hudson Peconic, Inc.	0.77	0.65	0.44	<b>1.86</b>
Planned Parenthood of the Pacific Southwest	0.74	0.50	0.54	<b>1.78</b>

<sup>22</sup>The data include amounts of federal funds received directly from the federal government through grants or cooperative agreements and amounts passed through from other non-federal organizations such as a state agency. The data may also include some state funding. All funds were previously obligated, including those received directly from federal agencies as well as those that were passed through from non-federal agencies. Federal funding obligated to an organization in any 1 year may be received by the organization in a different year or across multiple years. As a result, the amount of federal funding obligated, versus received or expended, may differ within the same time period. Additionally, obligations and funds received should not be added together.

Planned Parenthood of the Rocky Mountains, Inc.	0.74	0.66	0.17	<b>1.58</b>
Planned Parenthood of the Southern Finger Lakes	1.58	--- <sup>f</sup>	--- <sup>f</sup>	<b>1.58</b>
Planned Parenthood of Metropolitan New Jersey	1.11	0.14	0.20	<b>1.45</b>
Planned Parenthood Columbia Willamette	0.88	0.34	0.21	<b>1.44</b>
Planned Parenthood Pasadena and San Gabriel Valley, Inc.	0.48	0.00	0.85	<b>1.33</b>
Planned Parenthood Los Angeles	1.12	0.09	0.08	<b>1.30</b>
Planned Parenthood Southwest Ohio Region	0.88	0.04	0.21	<b>1.13</b>
Planned Parenthood of Montana, Inc.	0.92	0.00	0.00	<b>0.92</b>
Planned Parenthood California Central Coast	0.63	0.00	0.29	<b>0.92</b>
Planned Parenthood of the Heartland	0.81	--- <sup>f</sup>	--- <sup>f</sup>	<b>0.81</b>
Planned Parenthood of the Mid-Hudson Valley, Inc.	0.76	--- <sup>f</sup>	--- <sup>f</sup>	<b>0.76</b>
Planned Parenthood of Western Pennsylvania	0.29	0.32	0.14	<b>0.75</b>
Planned Parenthood of the St. Louis Region and Southwest Missouri	0.48	0.13	0.00	<b>0.61</b>
Mt. Baker Planned Parenthood	0.54	0.01	0.00	<b>0.54</b>
Planned Parenthood of Metropolitan Washington, D.C., Inc.	0.13	0.00	0.29	<b>0.42</b>
Planned Parenthood of Nassau County, Inc.	0.34	--- <sup>f</sup>	--- <sup>f</sup>	<b>0.34</b>
Planned Parenthood of Delaware	0.30	0.00	0.00	<b>0.30</b>
Planned Parenthood of Greater Texas, Inc.	0.19	0.08	0.00	<b>0.27</b>
Planned Parenthood of the North Country New York, Inc.	0.00	0.00	0.16	<b>0.16</b>
Planned Parenthood Gulf Coast, Inc. <sup>h</sup>	0.00	0.00	0.06	<b>0.06</b>
Planned Parenthood of Southwestern Oregon	0.03	0.00	0.00	<b>0.03</b>
Planned Parenthood of Southwest and Central Florida	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Southeast, Inc.	0.00	0.00	0.00	<b>0.00</b>
Upper Hudson Planned Parenthood, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Tennessee and North Mississippi	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood South Texas	0.00	0.00	0.00	<b>0.00</b>
<b>Total</b>	<b>84.90</b>	<b>27.45</b>	<b>35.80</b>	<b>148.15</b>

Source: GAO analysis of Planned Parenthood Federation of America data. | GAO-24-106215

Notes: Amounts include funds from both the Department of Health and Human Services and other departments. The data include amounts of federal funds received directly from the federal government through grants or cooperative agreements and amounts passed through from other non-federal organizations such as a state agency. The data may also include some state funding. Planned Parenthood Federation of America data are based on affiliates' fiscal years ending in 2019, 2020, and 2021 which, according to Planned Parenthood Federation of America officials, begin and end on several different dates. Amounts in this table may not sum to totals due to rounding.

<sup>a</sup>According to Planned Parenthood Federation of America officials, Planned Parenthood of New York City, Inc. became Planned Parenthood of Greater New York in January 2020 after merging with several other affiliates, and as a result reported on 6 months of data for the organization's fiscal year 2020.

<sup>b</sup>According to Planned Parenthood Federation of America officials, Planned Parenthood of Michigan changed their fiscal year end date to June 30<sup>th</sup>, and as a result reported on 9 months of data for the organization's fiscal year 2021.

<sup>c</sup>According to Planned Parenthood Federation of America officials, Planned Parenthood of Southern New England, Inc. changed their fiscal year end date to June 30<sup>th</sup>, and as a result reported on 15 months of data for the organization's fiscal year 2020.

<sup>d</sup>According to Planned Parenthood Federation of America officials, Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky did not submit their fiscal year 2021 revenue data as of May 31, 2023.

<sup>e</sup>According to Planned Parenthood Federation of America officials, Planned Parenthood of Northern New England changed their fiscal year end date to June 30<sup>th</sup>, and as a result reported on 6 months of data for the organization's fiscal year 2020.

<sup>f</sup>According to Planned Parenthood Federation of America officials, due to mergers or restructuring that took place between 2019 and 2021, Planned Parenthood Mohawk Hudson, Planned Parenthood of the Mid-Hudson Valley, Inc., Planned Parenthood of Nassau County, Inc., Planned Parenthood of the Heartland, and Planned Parenthood of the Southern Finger Lakes no longer operated independently and therefore did not submit independent data in 2020 and 2021.

<sup>g</sup>According to Planned Parenthood Federation of America officials, Planned Parenthood of South, East and North Florida changed their fiscal year end date to June 30<sup>th</sup>, and as a result reported on 9 months of data for the organization's fiscal year 2020.

<sup>h</sup>According to Planned Parenthood Federation of America officials, Planned Parenthood Gulf Coast, Inc. changed their fiscal year end date to June 30<sup>th</sup>, and as a result reported on 10 months of data for the organization's fiscal year 2020.

**Public health coverage program payments received.** Our analysis also found that Planned Parenthood affiliates received approximately \$1.5 billion in federal payments from Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) from 2019 through 2021.<sup>23</sup> (See table 16.)

**Table 16: Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) Payments Received by Planned Parenthood Federation of America Affiliates, 2019-2021**

Dollars in millions

Program and organization	2019	2020	2021	Total
<b>Medicare</b>				
Planned Parenthood Mar Monte	0.28	0.32	0.36	<b>0.96</b>
Planned Parenthood North Central States	0.11	0.14	0.15	<b>0.40</b>
Planned Parenthood of Central and Western New York, Inc.	0.12	0.08	0.11	<b>0.31</b>
Planned Parenthood of Greater New York <sup>a</sup>	0.16	0.05	0.04	<b>0.25</b>
Planned Parenthood of Southern New England, Inc. <sup>b</sup>	0.08	0.08	0.06	<b>0.21</b>
Planned Parenthood of Northern California	0.18	0.00	0.00	<b>0.18</b>
Planned Parenthood of Greater Ohio	0.05	0.06	0.05	<b>0.16</b>
Planned Parenthood of Northern New England <sup>c</sup>	0.04	0.02	0.08	<b>0.14</b>
Upper Hudson Planned Parenthood, Inc.	0.04	0.04	0.02	<b>0.10</b>
Planned Parenthood of the North Country New York, Inc.	0.04	0.02	0.04	<b>0.09</b>
Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky	0.03	0.05	--- <sup>d</sup>	<b>0.08</b>
Planned Parenthood of the Southern Finger Lakes	0.07	--- <sup>e</sup>	--- <sup>e</sup>	<b>0.07</b>
Planned Parenthood of the St. Louis Region and Southwest Missouri	0.02	0.01	0.03	<b>0.06</b>
Planned Parenthood Mohawk Hudson	0.05	0.00	0.00	<b>0.05</b>
Planned Parenthood of the Mid-Hudson Valley, Inc.	0.05	0.00	0.00	<b>0.05</b>
Planned Parenthood Great Plains	0.03	0.01	0.00 <sup>f</sup>	<b>0.04</b>
Planned Parenthood California Central Coast	0.00	0.00 <sup>f</sup>	0.04	<b>0.03</b>

<sup>23</sup>Medicare is the federally financed health coverage program for persons aged 65 and over, certain individuals with disabilities, and individuals with end-stage renal disease. Medicaid is a joint federal-state financed health care program for certain low-income and medically needy individuals. CHIP is a joint federal-state financed program to provide health care to certain uninsured, low-income children.

Mt. Baker Planned Parenthood	0.01	0.01	0.01	<b>0.03</b>
Planned Parenthood of the Heartland	0.02	--- <sup>e</sup>	--- <sup>e</sup>	<b>0.02</b>
Planned Parenthood of Western Pennsylvania	0.01	0.00	0.00	<b>0.01</b>
Virginia League for Planned Parenthood	0.00	0.00	0.01	<b>0.01</b>
Planned Parenthood of Montana, Inc.	0.01	0.00	0.00	<b>0.01</b>
Planned Parenthood of Delaware	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Maryland, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Arizona, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Association of Utah	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Columbia Willamette	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Gulf Coast, Inc. <sup>g</sup>	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Hudson Peconic, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Keystone	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood League of Massachusetts	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Los Angeles	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Greater Texas, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Greater Washington and North Idaho	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Illinois	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Metropolitan New Jersey	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Metropolitan Washington, D.C., Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Michigan <sup>h</sup>	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Nassau County, Inc.	0.00	--- <sup>e</sup>	--- <sup>e</sup>	<b>0.00</b>
Planned Parenthood of Northern, Central and Southern New Jersey, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Orange & San Bernardino Counties, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of South, East and North Florida <sup>i</sup>	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Southwest and Central Florida	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Southwestern Oregon	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Tennessee and North Mississippi	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of the Pacific Southwest	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of the Rocky Mountains, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Wisconsin, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Pasadena and San Gabriel Valley, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood South Atlantic	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood South Texas	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Southeast, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Southeastern Pennsylvania	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Southwest Ohio Region	0.00	0.00	0.00	<b>0.00</b>
<b>Total Medicare</b>	<b>1.40</b>	<b>0.88</b>	<b>1.00</b>	<b>3.28</b>

<b>Medicaid</b>				
Planned Parenthood Mar Monte	71.19	90.57	82.35	<b>244.11</b>
Planned Parenthood of the Pacific Southwest	59.53	81.39	76.65	<b>217.57</b>
Planned Parenthood of Orange & San Bernardino Counties, Inc.	56.84	73.32	74.53	<b>204.69</b>
Planned Parenthood Los Angeles	50.47	69.14	75.78	<b>195.39</b>
Planned Parenthood of Northern California	33.60	38.82	33.91	<b>106.33</b>
Planned Parenthood of Greater New York	19.13	10.14	20.81	<b>50.08</b>
Planned Parenthood Pasadena and San Gabriel Valley, Inc.	14.66	16.53	15.89	<b>47.08</b>
Planned Parenthood of Wisconsin, Inc.	12.24	13.54	19.36	<b>45.14</b>
Planned Parenthood North Central States	13.09	12.24	13.65	<b>38.99</b>
Planned Parenthood of Southern New England, Inc. <sup>b</sup>	11.69	14.33	12.28	<b>38.29</b>
Planned Parenthood California Central Coast	11.46	14.61	12.20	<b>38.27</b>
Planned Parenthood of the Rocky Mountains, Inc.	9.62	8.71	9.40	<b>27.73</b>
Planned Parenthood Columbia Willamette	9.35	8.25	8.41	<b>26.00</b>
Planned Parenthood Hudson Peconic, Inc.	8.75	8.78	6.06	<b>23.60</b>
Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky	11.49	10.14	--- <sup>d</sup>	<b>21.63</b>
Planned Parenthood of Illinois	5.22	6.24	9.94	<b>21.40</b>
Planned Parenthood of Greater Washington and North Idaho	5.72	5.89	7.11	<b>18.73</b>
Planned Parenthood of Northern, Central and Southern New Jersey, Inc.	6.10	5.28	5.63	<b>17.01</b>
Planned Parenthood of Central and Western New York, Inc.	5.35	3.84	5.86	<b>15.05</b>
Planned Parenthood of Greater Ohio	4.43	4.16	4.68	<b>13.27</b>
Planned Parenthood League of Massachusetts	4.46	4.18	4.46	<b>13.09</b>
Planned Parenthood of Southwestern Oregon	5.23	3.78	2.42	<b>11.43</b>
Planned Parenthood of Maryland, Inc.	3.64	3.30	3.51	<b>10.45</b>
Planned Parenthood of Northern New England <sup>c</sup>	3.64	1.47	3.03	<b>8.14</b>
Planned Parenthood Southeastern Pennsylvania	3.41	2.25	1.65	<b>7.31</b>
Upper Hudson Planned Parenthood, Inc.	2.33	2.04	2.36	<b>6.73</b>
Planned Parenthood Gulf Coast, Inc. <sup>g</sup>	3.07	1.71	1.54	<b>6.32</b>
Planned Parenthood Mohawk Hudson	5.24	--- <sup>e</sup>	--- <sup>e</sup>	<b>5.24</b>
Planned Parenthood of Metropolitan New Jersey	1.92	1.54	1.42	<b>4.88</b>
Planned Parenthood of Michigan <sup>h</sup>	2.14	1.21	0.95	<b>4.29</b>
Planned Parenthood of the North Country New York, Inc.	1.05	1.04	1.83	<b>3.92</b>
Planned Parenthood Southwest Ohio Region	1.54	1.14	1.21	<b>3.89</b>
Planned Parenthood Keystone	1.71	0.95	1.20	<b>3.86</b>
Planned Parenthood of the St. Louis Region and Southwest Missouri	0.51	1.32	1.77	<b>3.60</b>
Planned Parenthood of Southwest and Central Florida	0.93	0.99	1.34	<b>3.26</b>
Planned Parenthood South Atlantic	0.99	1.34	0.69	<b>3.02</b>

Planned Parenthood of Nassau County, Inc.	2.70	--- <sup>e</sup>	--- <sup>e</sup>	<b>2.70</b>
Mt. Baker Planned Parenthood	0.88	0.81	0.89	<b>2.59</b>
Planned Parenthood of Metropolitan Washington, D.C., Inc.	0.64	0.70	0.96	<b>2.30</b>
Planned Parenthood Great Plains	0.91	0.54	0.61	<b>2.06</b>
Virginia League for Planned Parenthood	0.00	0.84	1.14	<b>1.98</b>
Planned Parenthood of Western Pennsylvania	0.74	0.57	0.64	<b>1.95</b>
Planned Parenthood of Montana, Inc.	1.78	0.00	0.00	<b>1.78</b>
Planned Parenthood of the Southern Finger Lakes	1.78	--- <sup>e</sup>	--- <sup>e</sup>	<b>1.78</b>
Planned Parenthood Arizona, Inc.	0.46	1.14	0.00	<b>1.60</b>
Planned Parenthood of Greater Texas, Inc.	0.74	0.72	0.03	<b>1.49</b>
Planned Parenthood of the Mid-Hudson Valley, Inc.	1.35	--- <sup>e</sup>	--- <sup>e</sup>	<b>1.35</b>
Planned Parenthood of Delaware	0.40	0.41	0.39	<b>1.20</b>
Planned Parenthood South Texas	0.50	0.63	0.05	<b>1.19</b>
Planned Parenthood of South, East and North Florida <sup>1</sup>	0.20	0.19	0.39	<b>0.79</b>
Planned Parenthood of the Heartland	0.46	--- <sup>e</sup>	--- <sup>e</sup>	<b>0.46</b>
Planned Parenthood Association of Utah	0.10	0.07	0.06	<b>0.23</b>
Planned Parenthood Southeast, Inc.	0.00	0.01	0.01	<b>0.02</b>
Planned Parenthood of Tennessee and North Mississippi	0.00	0.00	0.00	<b>0.00</b>
<b>Total Medicaid</b>	<b>475.40</b>	<b>530.82</b>	<b>529.05</b>	<b>1,535.27</b>
<b>CHIP</b>				
Planned Parenthood of the Southern Finger Lakes	0.03	--- <sup>e</sup>	--- <sup>e</sup>	<b>0.03</b>
Planned Parenthood of Western Pennsylvania	0.01	0.01	0.01	<b>0.02</b>
Mt. Baker Planned Parenthood	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Arizona, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Association of Utah	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood California Central Coast	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Columbia Willamette	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky	0.00	0.00	--- <sup>d</sup>	<b>0.00</b>
Planned Parenthood Great Plains	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Gulf Coast, Inc. <sup>9</sup>	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Hudson Peconic, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Keystone	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood League of Massachusetts	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Los Angeles	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Mar Monte	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Mohawk Hudson	0.00	--- <sup>e</sup>	--- <sup>e</sup>	<b>0.00</b>
Planned Parenthood North Central States	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Northern California	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Central and Western New York, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Delaware	0.00	0.00	0.00	<b>0.00</b>



Planned Parenthood of Greater New York	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Greater Ohio	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Greater Texas, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Greater Washington and North Idaho	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Illinois	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Maryland, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Metropolitan New Jersey	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Metropolitan Washington, D.C., Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Michigan <sup>h</sup>	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Montana, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Nassau County, Inc.	0.00	--- <sup>e</sup>	--- <sup>e</sup>	<b>0.00</b>
Planned Parenthood of Northern New England <sup>c</sup>	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Northern, Central and Southern New Jersey, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Orange & San Bernardino Counties, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of South, East and North Florida <sup>l</sup>	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Southern New England, Inc. <sup>b</sup>	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Southwest and Central Florida	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Southwestern Oregon	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Tennessee and North Mississippi	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of the Heartland	0.00	--- <sup>e</sup>	--- <sup>e</sup>	<b>0.00</b>
Planned Parenthood of the Mid-Hudson Valley, Inc.	0.00	--- <sup>e</sup>	--- <sup>e</sup>	<b>0.00</b>
Planned Parenthood of the North Country New York, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of the Pacific Southwest	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of the Rocky Mountains, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of the St. Louis Region and Southwest Missouri	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood of Wisconsin, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Pasadena and San Gabriel Valley, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood South Atlantic	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood South Texas	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Southeast, Inc.	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Southeastern Pennsylvania	0.00	0.00	0.00	<b>0.00</b>
Planned Parenthood Southwest Ohio Region	0.00	0.00	0.00	<b>0.00</b>
Upper Hudson Planned Parenthood, Inc.	0.00	0.00	0.00	<b>0.00</b>
Virginia League for Planned Parenthood	0.00	0.00	0.00	<b>0.00</b>
<b>Total CHIP</b>	<b>0.04</b>	<b>0.01</b>	<b>0.01</b>	<b>0.05</b>
<b>Total Medicare, Medicaid and CHIP</b>	<b>476.84</b>	<b>531.71</b>	<b>530.06</b>	<b>1,538.60</b>

Notes: Medicare payments include only federal funds. Medicaid and CHIP payments include funding from both state and federal sources; thus, the Medicaid and CHIP payment data overstate the amount of funding received from the federal government. The actual amounts of Medicaid and CHIP payments from the federal government to Planned Parenthood affiliates are lower than amounts presented in the table, and would be limited to a matching percentage, which differs across states and types of services provided. Both Medicare and Medicaid payments to Planned Parenthood affiliates include payments made through these programs by managed care organizations.

Planned Parenthood Federation of America data are based on affiliates' fiscal years ending in 2019, 2020, and 2021 which, according to Planned Parenthood Federation of America officials, begin and end on several different dates. Amounts in this table may not sum to totals due to rounding.

<sup>a</sup>According to Planned Parenthood Federation of America officials, Planned Parenthood of New York City, Inc. became Planned Parenthood of Greater New York in January 2020 after merging with several other affiliates, and as a result reported on 6 months of data for the organization's fiscal year 2020.

<sup>b</sup>According to Planned Parenthood Federation of America officials, Planned Parenthood of Southern New England, Inc. changed their fiscal year end date to June 30<sup>th</sup>, and as a result reported on 15 months of data for the organization's fiscal year 2020.

<sup>c</sup>According to Planned Parenthood Federation of America officials, Planned Parenthood of Northern New England changed their fiscal year end date to June 30<sup>th</sup>, and as a result reported on 6 months of data for the organization's fiscal year 2020.

<sup>d</sup>According to Planned Parenthood Federation of America officials, Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky did not submit their fiscal year 2021 revenue data as of May 31, 2023.

<sup>e</sup>According to Planned Parenthood Federation of America officials, due to mergers and restructuring that took place between 2019 and 2021, Planned Parenthood Mohawk Hudson, Planned Parenthood of the Mid-Hudson Valley, Inc., Planned Parenthood of Nassau County, Inc., Planned Parenthood of the Heartland, and Planned Parenthood of the Southern Finger Lakes no longer operated independently and therefore did not submit independent data in 2020 and 2021.

<sup>f</sup>The affiliates each reported negative Medicare payment revenue of less than \$5,000. Planned Parenthood Federation of America officials did not have information about why the affiliates reported negative revenue amounts.

<sup>g</sup>According to Planned Parenthood Federation of America officials, Planned Parenthood Gulf Coast, Inc. changed their fiscal year end date to June 30<sup>th</sup>, and as a result reported on 10 months of data for the organization's fiscal year 2020.

<sup>h</sup>According to Planned Parenthood Federation of America officials, Planned Parenthood of Michigan changed their fiscal year end date to June 30<sup>th</sup>, and as a result reported on 9 months of data for the organization's fiscal year 2021.

<sup>i</sup>According to Planned Parenthood Federation of America officials, Planned Parenthood of South, East and North Florida changed their fiscal year end date to June 30<sup>th</sup>, and as a result reported on 9 months of data for the organization's fiscal year 2020.

Medicaid and CHIP payments to Planned Parenthood affiliates are funded with both state and federal funds, and the state share of this approximately \$1.5 billion could be sizeable. With certain exceptions, the federal government matches a portion of each state's Medicaid and CHIP expenditures, and the matching rates can vary depending on a variety of factors, such as the services provided or the populations served.<sup>24</sup> Additionally, states may choose to use state-only funds to cover certain services that may be available in that state to Medicaid-enrolled or CHIP-enrolled individuals.

Federal matching funds are paid directly to the state Medicaid agencies, not to providers, making it difficult for providers to know what portion of each payment comes from federal versus state funding. According to Planned Parenthood Federation of America officials, the Medicaid

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<sup>24</sup>The federal government matches most state expenditures for Medicaid services based on a calculated percentage depending on each state's per capita income relative to the national average. For fiscal year 2023, states' calculated percentages—also referred to as matching rates—ranged from 50 percent to about 78 percent. Federal matching rates for CHIP are typically higher than Medicaid matching rates and federal funding for CHIP is capped. Federal matching funds generally are not available for abortions except in circumstances expressly permitted by law.

and CHIP payments to affiliates do not indicate what portion of each payment is matched by federal dollars. Further, some Medicaid payments are made by managed care organizations that contract with state Medicaid agencies to pay for a set plan of services in exchange for a per capita fee. According to Planned Parenthood Federation of America officials, it would be impossible to determine the federal share for services paid under managed care.

**Federally guaranteed loans received.** Our analysis of Small Business Administration data found that between April 3, 2020, and May 31, 2021, 38 Planned Parenthood affiliates received 44 Paycheck Protection Program loans ranging in amounts from approximately \$500,000 to \$10 million.<sup>25</sup> In total, Planned Parenthood affiliates received approximately \$89 million in loans, of which the entire amount—including interest—had been forgiven as of May 1, 2023. (See table 17.)

**Table 17: Paycheck Protection Program Loan Amounts Received by and Forgiven for Planned Parenthood Federation of America Affiliates, as of May 1, 2023**

Dollars in millions

Organization	Loans received	Loans forgiven
Planned Parenthood of Greater New York	10.00	10.07
Planned Parenthood Gulf Coast, Inc. <sup>a</sup>	4.72	4.78
Planned Parenthood Columbia Willamette <sup>a</sup>	4.64	4.69
Planned Parenthood of the Rocky Mountains, Inc.	4.42	4.49
Planned Parenthood of Illinois	3.85	3.91
Planned Parenthood of Southern New England, Inc.	3.55	3.60
Planned Parenthood of Maryland, Inc. <sup>a</sup>	3.32	3.36
Planned Parenthood of Greater Ohio	2.90	2.94
Planned Parenthood of Northern, Central, and Southern New Jersey, Inc.	2.85	2.89
Planned Parenthood of Northern New England	2.72	2.75
Planned Parenthood of Wisconsin, Inc.	2.65	2.69
Planned Parenthood of Metropolitan Washington, D.C., Inc. <sup>a</sup>	2.64	2.66
Planned Parenthood of Central and Western New York, Inc.	2.63	2.67
Planned Parenthood of Montana, Inc. <sup>a</sup>	2.53	2.57
Planned Parenthood South Atlantic	2.44	2.47
Planned Parenthood of Michigan	2.36	2.40
Planned Parenthood League of Massachusetts	2.30	2.33
Planned Parenthood of Southwestern Oregon <sup>a</sup>	2.13	2.15
Planned Parenthood of Southwest and Central Florida	2.08	2.11
Planned Parenthood of South, East and North Florida	1.94	1.98

<sup>25</sup>Some affiliates received two separate loans through the Paycheck Protection Program, as federal law allowed certain businesses that had already received a Paycheck Protection Program loan to receive a second loan, known as a “second draw” loan. See 15 U.S.C. § 636(a)(37). In 2022, the SBA Office of Inspector General considered whether three large nonprofits that received loans under the program, including Planned Parenthood of Illinois, were eligible for loans in light of their size. To carry out this review, the OIG reviewed the nonprofits’ affiliation with their national organizations according to SBA standards and determined that the Planned Parenthood organization met the program eligibility criteria. See SBA Office of Inspector General, *Paycheck Protection Program Eligibility for Nonprofit Organizations*, Report 22-21 (Washington, D.C.: Sept. 26, 2022).

Planned Parenthood Pasadena and San Gabriel Valley, Inc.	1.93	1.95
Planned Parenthood Southeastern Pennsylvania	1.92	1.94
Planned Parenthood of Greater Texas, Inc.	1.90	1.92
Planned Parenthood California Central Coast	1.77	1.80
Planned Parenthood of Greater Washington and North Idaho	1.70	1.73
Planned Parenthood Hudson Peconic, Inc.	1.67	1.69
Planned Parenthood of the St. Louis Region and Southwest Missouri	1.61	1.64
Planned Parenthood Great Plains	1.44	1.46
Planned Parenthood Arizona, Inc.	1.33	1.35
Planned Parenthood Southwest Ohio Region	1.03	1.04
Virginia League for Planned Parenthood	0.97	0.98
Planned Parenthood of Metropolitan New Jersey	0.90	0.91
Planned Parenthood Keystone	0.85	0.86
Planned Parenthood South Texas	0.84	0.85
Upper Hudson Planned Parenthood, Inc.	0.83	0.84
Planned Parenthood of Western Pennsylvania	0.74	0.72
Planned Parenthood of the North Country New York, Inc.	0.69	0.70
Planned Parenthood of Delaware	0.50	0.51
<b>Total</b>	<b>89.30</b>	<b>90.41</b>

Source: GAO analysis of Small Business Administration Paycheck Protection Program data. | GAO-24-106215

Notes: Total amount of loans forgiven does not equal the total amount of loans received. For example, forgiveness totals include forgiven accrued interest, while the loans received represent only the principal amount of the loans. Some affiliates received two separate loans through the Paycheck Protection Program, as federal law authorized SBA to guarantee an additional loan (a "second draw loan") to certain businesses that previously received a Paycheck Protection Program loan and would have used the full amount of their initial loan for authorized purposes on or before disbursement of the second draw loan. See 15 U.S.C. § 636(a)(37). Amounts in this table may not sum to totals due to rounding.

<sup>a</sup>Affiliate received two loans.

**Planned Parenthood affiliates' expenditures of federal funding, 2019 through 2021.** Our analysis of 58 audited financial reports for 35 Planned Parenthood affiliates found that they reported expending approximately \$126 million in federal funding from 2019 through 2021. (See table 18.) This amount included funds received directly from federal agencies and funds passed through to the affiliates by non-federal entities.

**Table 18 Federal Funds Expended by Planned Parenthood Federation of America Affiliates, 2019-2021**

Dollars in millions				
Organization <sup>a</sup>	2019	2020	2021	Total
Planned Parenthood of Orange & San Bernardino Counties, Inc.	3.73	3.61	3.42	<b>10.76</b>
Planned Parenthood of Michigan	5.63	1.87	1.44	<b>8.94</b>
Planned Parenthood of Northern, Central and Southern New Jersey, Inc.	5.02	1.92	1.91	<b>8.84</b>
Planned Parenthood of Central and Western New York, Inc.	1.72	2.82	3.71	<b>8.25</b>

Planned Parenthood of the Great Northwest and Hawaiian Islands <sup>a</sup>	5.88	2.22	--	<b>8.11</b>
Planned Parenthood North Central States	4.51	1.84	1.60	<b>7.94</b>
Planned Parenthood of Southern New England, Inc.	3.98	2.26	1.58	<b>7.82</b>
Planned Parenthood of Greater New York	--	1.68	5.33	<b>7.01</b>
Planned Parenthood of Greater Ohio	4.99	--	0.89	<b>5.88</b>
Planned Parenthood of Illinois	4.39	--	--	<b>4.39</b>
Planned Parenthood Northern California	1.93	1.08	1.03	<b>4.03</b>
Virginia League for Planned Parenthood	0.98	1.00	1.45	<b>3.43</b>
Planned Parenthood Great Plains	1.53	0.96	0.92	<b>3.41</b>
Planned Parenthood of Northern New England	1.74	--	1.28	<b>3.03</b>
Planned Parenthood of New York City, Inc. <sup>b</sup>	2.68	--	--	<b>2.68</b>
Planned Parenthood Mar Monte	2.41	--	--	<b>2.41</b>
Planned Parenthood of Greater Washington and North Idaho	2.41	--	--	<b>2.41</b>
Planned Parenthood of Maryland, Inc.	--	--	2.36	<b>2.36</b>
Planned Parenthood South Atlantic	2.32	--	--	<b>2.32</b>
Planned Parenthood Association of Utah	2.24	--	--	<b>2.24</b>
Planned Parenthood of the Heartland <sup>c</sup>	2.07	--	--	<b>2.07</b>
Planned Parenthood Arizona, Inc.	2.00	--	--	<b>2.00</b>
Planned Parenthood of Wisconsin, Inc.	1.78	--	--	<b>1.78</b>
Planned Parenthood Southeastern Pennsylvania	1.73	--	--	<b>1.73</b>
Planned Parenthood of South, East and North Florida	0.82	--	0.77	<b>1.59</b>
Planned Parenthood Keystone	1.42	--	--	<b>1.42</b>
Planned Parenthood of Indiana and Kentucky, Inc. <sup>d</sup>	1.24	--	--	<b>1.24</b>
Planned Parenthood of Metropolitan New Jersey	1.21	--	--	<b>1.21</b>
Planned Parenthood Los Angeles	1.12	--	--	<b>1.12</b>
Planned Parenthood of Columbia Willamette	0.93	--	--	<b>0.93</b>
Planned Parenthood of Montana, Inc.	0.92	--	--	<b>0.92</b>
Planned Parenthood League of Massachusetts	0.88	--	--	<b>0.88</b>
Planned Parenthood Mohawk Hudson	0.87	--	--	<b>0.87</b>
Planned Parenthood Southwest Ohio Region	0.84	--	--	<b>0.84</b>
Planned Parenthood Hudson Peconic, Inc.	0.77	--	--	<b>0.77</b>
<b>Total</b>	<b>76.71</b>	<b>21.25</b>	<b>27.70</b>	<b>125.67</b>

Legend: -- = No single audit report was submitted to the Federal Audit Clearinghouse.

Source: GAO analysis of audited financial reports of 35 Planned Parenthood affiliates. | GAO-24-106215

Notes: This table reflects expenditures reported in single audit reports to the Federal Audit Clearinghouse for the 35 Planned Parenthood affiliates that met the reporting threshold of \$750,000 or more in expenditures of federal funding in at least one of the fiscal years reviewed. It includes direct and pass-through funding. Direct funding refers to federal funds made available through an award received directly from a federal agency. Pass-through funding refers to federal funds made available through a sub-award from a non-federal entity. Unless the affiliate's fiscal year end changed during a given year, such as due to a merger, the data are based on a 12-month fiscal year, which varies by affiliate. Amounts in this table may not sum to totals due to rounding.

Federal funds for domestic activities are generally not available to pay for abortions, except where the pregnancy is the result of rape or incest or the life of the pregnant woman would be endangered unless an abortion is performed. See, e.g., Further Consolidated Appropriations Act, 2020, Pub. L. No. 116-94, div. A, tit. V, §§ 506, 507, 133 Stat. 2534, 2606, 2607 (2019).

Affiliate names in this table align with other tables in this report and were confirmed with Planned Parenthood Federation of America officials. However, names may appear differently than they did at the time of the single audit report filing. Several Planned Parenthood affiliate names have changed due to mergers that occurred after the single audits were submitted.

<sup>a</sup>Planned Parenthood of the Great Northwest and Hawaiian Islands has since merged with Planned Parenthood of Indiana and Kentucky, Inc.

<sup>b</sup>Planned Parenthood of New York City, Inc. has since merged with several other affiliates to become Planned Parenthood of Greater New York in January 2020 (Planned Parenthood of the Southern Finger Lakes, Planned Parenthood of Nassau County, Inc., Planned Parenthood of the Mid-Hudson Valley, Inc., and Planned Parenthood Mohawk Hudson).

<sup>c</sup>Planned Parenthood of the Heartland is now a (c)(3) ancillary organization under Planned Parenthood North Central States starting January 1, 2019.

<sup>d</sup>Planned Parenthood of Indiana and Kentucky, Inc. is now a (c)(3) ancillary organization under Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky.

**Planned Parenthood affiliates' expenditures of federal funding by direct and pass-through funding, 2019 through 2021.** Our analysis of 58 audited financial reports for Planned Parenthood affiliates found that about \$95 million of the approximately \$126 million (approximately 75 percent) expended in federal funding for federal grant and cooperative agreements was passed through to affiliates, while about \$31 million (approximately 25 percent) was funded directly to them from 2019 through 2021. (See table 19.)

**Table 19: Direct and Pass-through Federal Funding Expended by Planned Parenthood Federation of America Affiliates, 2019-2021**

Dollars in millions

Type of funding	2019	2020	2021	Total	Percent of total funding
Direct	24.30	3.42	3.40	31.13	24.77
Pass-through	52.41	17.83	24.30	94.54	75.23
<b>Total</b>	<b>76.71</b>	<b>21.25</b>	<b>27.71</b>	<b>125.67</b>	<b>100.00</b>

Source: GAO analysis of audited financial reports of 35 Planned Parenthood affiliates. | GAO-24-106215

Notes: This table reflects expenditures reported in single audit reports to the Federal Audit Clearinghouse for the 35 Planned Parenthood affiliates that met the reporting threshold of \$750,000 or more in expenditures of federal funding in at least one of the fiscal years reviewed. Direct funding refers to federal funds made available through an award received directly from a federal agency. Pass-through funding refers to federal funds made available through a sub-award from a non-federal entity. Unless the affiliate's fiscal year end changed during a given year, such as due to a merger, the data are based on a 12-month fiscal year, which varies by affiliate. Amounts in this table may not sum to totals due to rounding.

**Top 15 HHS program funds expended by Planned Parenthood affiliates:** Our analysis of Planned Parenthood affiliates' audited financial reports found that of the approximately \$126 million expended from 2019 through 2021, about \$109 million (about 87 percent) were expenditures of HHS funds. Nearly all of these funds—about \$108 million—were associated with 15 HHS programs.<sup>26</sup> (See table 20.) The largest reported amount was for Family Planning

<sup>26</sup>These 15 programs fund a range of services, including family planning, reproductive health education, and preventive health screenings.

Federal funds for domestic activities are generally not available to pay for abortions, except where the pregnancy is the result of rape or incest or the life of the pregnant woman would be endangered unless an abortion is performed.

Services, for which Planned Parenthood affiliates expended approximately \$54 million from 2019 through 2021.

**Table 20: Top 15 Department of Health and Human Services (HHS) Program Funds Expended by Planned Parenthood Federation of America Affiliates, 2019-2021**

Dollars in millions

<b>Program name<sup>a</sup></b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Total</b>	<b>Percent of total HHS funds</b>	<b>Percent of total federal funds</b>
Family Planning Services (Title X Services) (CFDA #: 93.217), Office of Assistant Secretary for Health	49.16	1.60	3.10	<b>53.86</b>	<b>49.28</b>	<b>42.86</b>
Teenage Pregnancy Prevention Program (CFDA #: 93.297), Office of Assistant Secretary for Health	6.35	3.18	2.76	<b>12.28</b>	<b>11.23</b>	<b>9.77</b>
Maternal and Child Health Services Block Grant to the States (CFDA #: 93.994), Health Resources and Services Administration	3.51	3.63	3.78	<b>10.92</b>	<b>9.99</b>	<b>8.69</b>
Social Services Block Grant (CFDA #: 93.667), Administration for Children and Families	3.18	2.10	2.93	<b>8.21</b>	<b>7.51</b>	<b>6.53</b>
Affordable Care Act (ACA) Personal Responsibility Education Program (CFDA #: 93.092), Administration for Children and Families	3.30	1.81	2.42	<b>7.54</b>	<b>6.89</b>	<b>6.00</b>
Temporary Assistance for Needy Families (CFDA #: 93.558), Administration for Children and Families	1.59	1.22	1.69	<b>4.50</b>	<b>4.12</b>	<b>3.58</b>
Medical Assistance Program (CFDA #: 93.778), Centers for Medicare & Medicaid Services	0.79	0.86	1.45	<b>3.09</b>	<b>2.83</b>	<b>2.46</b>
HIV Emergency Relief Project Grants to Eligible Metropolitan and Transitional Areas (CFDA #: 93.914), Health Resources and Services Administration	1.13	0.44	0.86	<b>2.43</b>	<b>2.22</b>	<b>1.93</b>
Provider Relief Fund (CFDA #: 93.498), Health Resources and Services Administration	0.00	0.00	1.65	<b>1.65</b>	<b>1.51</b>	<b>1.31</b>
HIV Prevention Activities Health Department Based (CFDA #: 93.940), Centers for Disease Control and Prevention	0.70	0.27	0.48	<b>1.46</b>	<b>1.33</b>	<b>1.16</b>

See, e.g., Further Consolidated Appropriations Act, 2020, Pub. L. No. 116-94, div. A, tit. V, §§ 506, 507, 133 Stat. 2534, 2606, 2607 (2019).

Child Health and Human Development Extramural Research (CFDA #: 93.865), National Institutes of Health	0.64	0.13	0.04	<b>0.81</b>	<b>0.75</b>	<b>0.65</b>
Birth Defects and Developmental Disabilities - Prevention and Surveillance (CFDA #: 93.073), Centers for Disease Control and Prevention	0.00	0.32	0.26	<b>0.58</b>	<b>0.53</b>	<b>0.46</b>
Sexually Transmitted Diseases (STD) Prevention and Control Grants (CFDA #: 93.977), Centers for Disease Control and Prevention	0.09	0.05	0.12	<b>0.27</b>	<b>0.24</b>	<b>0.21</b>
Title V State Sexual Risk Avoidance Education (Title V State SRAE) Program (CFDA #: 93.235), Administration for Children and Families	0.08	0.08	0.09	<b>0.25</b>	<b>0.23</b>	<b>0.20</b>
Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges (CFDA #: 93.332), Centers for Medicare & Medicaid Services	0.25	0.00	0.00	<b>0.25</b>	<b>0.22</b>	<b>0.20</b>
<b>Subtotal (Top 15 HHS Programs)</b>	<b>70.76</b>	<b>15.71</b>	<b>21.62</b>	<b>108.08</b>	<b>98.89</b>	<b>86.01</b>
All other HHS Programs	0.67	0.13	0.41	<b>1.22</b>	<b>1.11</b>	<b>0.97</b>
<b>Total (All HHS Programs)</b>	<b>71.43</b>	<b>15.84</b>	<b>22.03</b>	<b>109.30</b>	<b>100.00</b>	<b>86.98</b>

Source: GAO analysis of audited financial reports of 35 Planned Parenthood affiliates. | GAO-24-106215

Notes: This table reflects expenditures reported in single audit reports to the Federal Audit Clearinghouse for the 35 Planned Parenthood affiliates that met the reporting threshold of \$750,000 or more in expenditures of federal funding in at least one of the fiscal years reviewed. Table 20 is a combination of direct and pass-through funding which varies considerably by program. Specifically, Family Planning Services (Title X), Teenage Pregnancy Prevention Program, and Affordable Care Act (ACA) Personal Responsibility Education Program include both direct and pass-through funding. The remaining 12 programs consisted solely of either direct or pass-through funding. Direct funding refers to federal funds made available through an award received directly from a federal agency. Pass-through funding refers to federal funds made available through a sub-award from a non-federal entity. Unless the affiliate's fiscal year end changed during a given year, such as due to a merger, the data are based on a 12-month fiscal year, which varies by affiliate. Amounts in this table may not sum to totals due to rounding.

Federal funds for domestic activities are generally not available to pay for abortions, except where the pregnancy is the result of rape or incest or the life of the pregnant woman would be endangered unless an abortion is performed. See, e.g., Further Consolidated Appropriations Act, 2020, Pub. L. No. 116-94, div. A, tit. V, §§ 506, 507, 133 Stat. 2534, 2606, 2607 (2019).

<sup>a</sup>This column lists the federal programs as reported in the 2021 Annual Publication of Assistance Listings, their corresponding Catalogue of Federal Domestic Assistance (CFDA) number, and the federal office or agency administering the program. These 15 programs fund a range of services, including family planning, reproductive health education, and preventive health screenings.

**Top non-HHS program funds expended by Planned Parenthood affiliates** Our analysis of Planned Parenthood affiliates' audited financial reports found that about \$16 million of the approximately \$126 million in expenditures were of funds from 10 non-HHS programs.<sup>27</sup> The largest non-HHS expenditure reported was of funds from the Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program, for

<sup>27</sup>These 10 programs fund a range of services including nutrition programs, sexual assault services, and legal aid for sexual assault victims.



which Planned Parenthood affiliates expended approximately \$9.5 million from 2019 through 2021. (See table 21.)

**Table 21: Top Non-Department of Health and Human Services (HHS) Agency Program Funds Expended by Planned Parenthood Federation of America Affiliates, 2019-2021**

Dollars in millions

Federal agency and program name <sup>a</sup>	2019	2020	2021	Total	Percent of total non-HHS funds	Percent of total federal funds
<b>Department of Agriculture (USDA)</b> Special Supplemental Nutrition Program for Women, Infants, and Children—WIC (CFDA #: 10.557)	3.22	3.21	3.02	<b>9.46</b>	<b>57.80</b>	<b>7.53</b>
<b>Department of Justice</b> Crime Victim Assistance (CFDA #: 16.575)	1.13	1.61	1.89	<b>4.64</b>	<b>28.36</b>	<b>3.69</b>
<b>Department of Housing and Urban Development</b> Housing Opportunities for Persons with AIDS (CFDA #: 14.241)	0.36	0.37	0.43	<b>1.17</b>	<b>7.15</b>	<b>0.93</b>
<b>Department of Justice</b> Violence Against Women Formula Grants (CFDA #: 16.588)	0.12	0.09	0.11	<b>0.31</b>	<b>1.91</b>	<b>0.25</b>
<b>Department of Housing and Urban Development</b> Community Development Block Grants/Entitlement Grants (CFDA #: 14.218)	0.31	0.00	0.00	<b>0.31</b>	<b>1.89</b>	<b>0.25</b>
<b>Department of Justice</b> Sexual Assault Services Formula Program (CFDA #: 16.017)	0.05	0.05	0.05	<b>0.14</b>	<b>0.86</b>	<b>0.11</b>
<b>USDA</b> State Administrative Matching Grants for the Supplemental Nutrition Assistance Program (CFDA #: 10.561)	0.05	0.04	0.05	<b>0.14</b>	<b>0.85</b>	<b>0.11</b>
<b>Department of Justice</b> Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program (CFDA #: 16.590)	0.03	0.02	0.04	<b>0.09</b>	<b>0.52</b>	<b>0.07</b>
<b>Department of Treasury</b> Coronavirus Relief Fund (CFDA # 21.019)	0.00	0.00	0.05	<b>0.05</b>	<b>0.30</b>	<b>0.04</b>
<b>Department of Homeland Security</b> Disaster Grants—Public Assistance (Presidentially Declared Disasters) (CFDA # 97.036)	0.00	0.00	0.02	<b>0.02</b>	<b>0.15</b>	<b>0.02</b>
<b>Subtotal of Top 10 Non-HHS Programs</b>	<b>5.27</b>	<b>5.40</b>	<b>5.66</b>	<b>16.33</b>	<b>99.82</b>	<b>13.00</b>
All other non-HHS Programs	0.00	0.02	0.02	<b>0.03</b>	<b>0.21</b>	<b>0.03</b>
<b>Total (All non-HHS Programs)</b>	<b>5.28</b>	<b>5.41</b>	<b>5.67</b>	<b>16.36</b>	<b>100.00</b>	<b>13.02</b>

Source: GAO analysis of audited financial reports of 35 Planned Parenthood affiliates. | GAO-24-106215

Notes: This table depicts the top 10 non-HHS programs by Planned Parenthood affiliates' expenditures. This table reflects expenditures reported in single audit reports to the Federal Audit Clearinghouse for the 35 Planned Parenthood affiliates that met the reporting threshold of \$750,000 or more in expenditures of federal funding in at least one of the fiscal years reviewed. It includes solely pass-through funding received from any federal agency. Pass-through funding refers to federal funds made available through a sub-award from a non-federal entity. Unless the affiliate's fiscal year end changed during a given year, such as due to a merger, the data are based on a 12-month fiscal year, which varies by affiliate. Amounts in this table may not sum to totals due to rounding.

Federal funds for domestic activities are generally not available to pay for abortions, except where the pregnancy is the result of rape or incest or the life of the pregnant woman would be endangered unless an abortion is performed. See, e.g., Further Consolidated Appropriations Act, 2020, Pub. L. No. 116-94, div. A, tit. V, §§ 506, 507, 133 Stat. 2534, 2606, 2607 (2019).

<sup>a</sup>This column lists the federal programs as reported in the 2021 Annual Publication of Assistance Listings, their corresponding Catalog of Federal Domestic Assistance (CFDA) number, and the federal office or agency administering the program. These 10 programs fund a range of services including nutrition programs, sexual assault services, and legal aid for sexual assault victims.

## Enclosure IV: Four Domestic Regional Organizations

The organizations in our review included four privately-owned providers of health-related services within various regions of the United States. The organizations operated in a total of eight states during the time frame of this study. The services they provide include sexual and reproductive health-related services. Officials from organizations A and B said they provide preventative health care services. For example, Organization A said that the organization provided annual physical exams, and Organization B said patients could get vaccinations.

All four domestic regional organizations received Medicaid and CHIP payments for fiscal years 2019-2021, and Organization A reported receiving some Medicare payments for fiscal years 2020 and 2021.<sup>28</sup> The total amount of Medicaid and CHIP payments received was approximately \$108 million. (See table 22.) Department of Health and Human Services (HHS) officials reported that the department obligated no funds to the four organizations.<sup>29</sup> Organizations A and B also said that they received no federal awards during the years under review.<sup>30</sup>

**Table 22: Medicaid and the Children’s Health Insurance Program (CHIP) Payments Received by Four Domestic Regional Organizations, 2019-2021**

Dollars in millions

Organization	2019	2020	2021	Total
Domestic Regional Organization A <sup>a</sup>	1.32	0.85	0.57	2.74
Domestic Regional Organization B	38.92	29.93	31.86	100.71
Domestic Regional Organization C	0.46	0.28	0.31	1.05
Domestic Regional Organization D	1.45	0.90	0.89	3.24
<b>Total</b>	<b>42.15</b>	<b>31.95</b>	<b>33.64</b>	<b>107.74</b>

Source: GAO analysis of state Medicaid agency data. | GAO-24-106215

Note: Data for two of the four domestic regional organizations were obtained from the Medicaid agencies for states in which the organizations operated during the years under review. Data for Domestic Regional Organization C were obtained from one of the three states in which it operated. Organization A received Medicaid payments from several states in which it operated. All data are based off the same fiscal year, July 1-June 30, for states that had Medicaid claim data for the organizations. Amounts in this table may not sum to totals due to rounding.

<sup>a</sup>Organization A reported Medicare payments of \$2,311.87 for 2020 and \$2,258.05 for 2021. Organization A also operated a telehealth clinic for which no Medicaid payments were received during the timeframe of our study.

<sup>28</sup>Medicare is the federally financed health coverage program for persons aged 65 and over, certain individuals with disabilities, and individuals with end-stage renal disease. Medicaid is a joint federal-state financed health care program for certain low-income and medically needy individuals. CHIP is a joint federal-state financed program to provide health care to certain uninsured, low-income children.

Federal funds for domestic activities are generally not available to pay for abortions, except where the pregnancy is the result of rape or incest or the life of the pregnant woman would be endangered unless an abortion is performed. See, e.g., Further Consolidated Appropriations Act, 2020, Pub. L. No. 116-94, div. A, tit. V, §§ 506, 507, 133 Stat. 2534, 2606, 2607 (2019).

<sup>29</sup>HHS officials searched the Payment Management System based on the names of the organizations and found no results for the years under our review.

<sup>30</sup>Organizations C and D did not respond to our request for interviews.

## Enclosure V: International Planned Parenthood Federation

International Planned Parenthood Federation is an international, nonprofit organization made up of seven offices, working through approximately 140 autonomous member associations and partner organizations to provide access to sexual and reproductive health-related services from approximately 41,000 locations worldwide. Their services include contraception, abortion, and the treatment and prevention of HIV.

**Funding obligated.** Our analysis of U.S. Agency for International Development (USAID) data found that it obligated approximately \$630,000 in federal funding through grants or cooperative agreements to an award to an International Planned Parenthood Federation affiliate from 2019 through 2022. During 2019 and 2020, the agency also de-obligated about \$170,000 from an award to International Planned Parenthood Federation.<sup>31</sup> (See table 23.) All obligated funds were in the “humanitarian assistance” program area; however, these funds were offset by de-obligated funds in the “family planning and reproductive health” program area.<sup>32</sup> De-obligations refer to USAID’s cancellation or downward adjustment of previously incurred obligations. Officials from the Department of Health and Human Services (HHS) reported that it did not obligate any funds to International Planned Parenthood Federation during these years.<sup>33</sup>

**Table 23: U.S. Agency for International Development (USAID) Obligations to International Planned Parenthood Federation through Grants or Cooperative Agreements, 2019–2022**

Dollars in millions

USAID program area	2019	2020	2021	2022	Total
Family planning and reproductive health	-0.13 <sup>a</sup>	-0.05 <sup>a</sup>	0.00	0.00	<b>-0.17</b>
Humanitarian assistance <sup>b</sup>	0.63	0.00	0.00	0.00	<b>0.63</b>
<b>Total</b>	<b>0.51</b>	<b>-0.05</b>	<b>0.00</b>	<b>0.00</b>	<b>0.46</b>

Source: GAO analysis of USAID data. | GAO-24-106215

Notes: This table includes funds obligated directly to International Planned Parenthood Federation or affiliates. It does not include funds that may have been obligated to other organizations and passed through to International Planned Parenthood Federation and

<sup>31</sup>International Planned Parenthood Federation declined to accept the terms and conditions of awards from USAID due to a policy in effect for certain years under our review. Specifically, the organization publicly stated that it would not be able to meet the conditions of the Protecting Life in Global Health Assistance policy, which required foreign nongovernmental organizations to agree that, during the term of the award, they would not perform or actively promote abortion as a method of family planning or provide financial support to any foreign nongovernmental organization that does. The policy was implemented in May 2017 and rescinded in January 2021. According to Department of State and USAID officials, nongovernmental organizations that declined to accept the conditions of the Protecting Life in Global Health Assistance policy were permitted to continue to expend any remaining obligated funds.

Other limits exist on the use of foreign assistance to provide abortions. Specifically, foreign assistance funds cannot be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions. See e.g., Further Consolidated Appropriations Act, 2020, Pub. L. No. 116-94, div. G, tit. III, “Bilateral Economic Assistance—Global Health Programs,” 133 Stat. 2534, 2827 (2019).

<sup>32</sup>USAID de-obligated funds to International Planned Parenthood Federation in fiscal years 2019 and 2020 to close an award. Humanitarian assistance includes protection and assistance for refugees, stateless persons, and other victims of conflict and disasters. Funding for humanitarian assistance was not subject to the Protecting Life in Global Health Assistance policy.

<sup>33</sup>HHS officials searched the Payment Management System based on the names of the organization and its affiliates and unique identifiers when available and found no results for the years under our review.

affiliates. Data are based on the federal fiscal year, October 1 through September 30. Amounts may not sum to totals due to rounding.

International Planned Parenthood Federation declined to accept the terms and conditions of awards from USAID due to a policy in effect for certain years under our review. Specifically, International Planned Parenthood Federation publicly stated that it would not be able to meet the conditions of the Protecting Life in Global Health Assistance policy, which required foreign nongovernmental organizations to agree that, during the term of the award, they would not perform or actively promote abortion as a method of family planning or provide financial support to any foreign nongovernmental organization that does. The policy was implemented in May 2017 and rescinded in January 2021. According to Department of State and USAID officials, nongovernmental organizations that declined to accept the conditions of the Protecting Life in Global Health Assistance policy were permitted to continue to expend any remaining obligated funds.

<sup>a</sup>USAID de-obligated funds to International Planned Parenthood Federation in fiscal years 2019 and 2020 to close an award.

<sup>b</sup>Humanitarian assistance includes protection and assistance for refugees, stateless persons, and other victims of conflict and disasters. Funding for humanitarian assistance was not subject to the Protecting Life in Global Health Assistance policy.

**Funds received.** Our analysis found that International Planned Parenthood Federation received approximately \$2 million in federal funding from USAID through grants or cooperative agreements from 2019 through 2021.<sup>34</sup> About \$1.3 million of these funds were in the “family planning and reproductive health” program area. (See table 24.) HHS officials reported that International Planned Parenthood Federation received no funds from the department from 2019 through 2021.<sup>35</sup>

**Table 24: U.S. Agency for International Development (USAID) Funds Received by International Planned Parenthood Federation through Grants or Cooperative Agreements, 2019–2021**

Dollars in millions				
USAID program area	2019	2020	2021	Total
Family planning and reproductive health	1.30	0.00 <sup>a</sup>	0.00	<b>1.30</b>
Humanitarian assistance <sup>b</sup>	0.00	0.25	0.39	<b>0.63</b>
Program design and learning	0.00	0.00 <sup>c</sup>	0.00	<b>0.00</b>
Social services	-0.07	0.00 <sup>d</sup>	0.00	<b>-0.06</b>
Other public health threats	0.16	0.00	0.00	<b>0.16</b>
<b>Total</b>	<b>1.39</b>	<b>0.25</b>	<b>0.39</b>	<b>2.03</b>

Source: GAO analysis of USAID data. | GAO-24-106215

Notes: This table includes funds received directly by International Planned Parenthood Federation or affiliates. It does not include funds that may have been received by other organizations and passed through to International Planned Parenthood Federation or affiliates. Data are based on the federal fiscal year, October 1 through September 30. Amounts may not sum to totals due to rounding.

International Planned Parenthood Federation declined to accept the terms and conditions of awards from USAID due to a policy in effect for certain years under our review. Specifically, International Planned Parenthood Federation publicly stated that it would not be able to meet the conditions of the Protecting Life in Global Health Assistance policy, which required foreign nongovernmental

<sup>34</sup>The amounts received were previously obligated. Federal funding obligated to an organization in any 1 year may be received by the organization in a different year or across multiple years. As a result, the amount of federal funding obligated, versus received or expended, may differ within the same time period. Additionally, obligations and amounts received should not be added together.

According to Department of State and USAID officials, non-governmental organizations that declined to accept the conditions of the Protecting Life in Global Health Assistance policy were permitted to continue to expend any remaining obligated funds.

<sup>35</sup>HHS officials searched the Payment Management System based on the names of the organization and its affiliates and unique identifiers when available and found no results for the years under our review.

organizations to agree that, during the term of the award, they would not perform or actively promote abortion as a method of family planning or provide financial support to any foreign nongovernmental organization that does. The policy was implemented in May 2017 and rescinded in January 2021. According to Department of State and USAID officials, nongovernmental organizations that declined to accept the conditions of the Protecting Life in Global Health Assistance policy were permitted to continue to expend any remaining obligated funds.

<sup>a</sup>Total for this program area in 2020 was approximately \$800.

<sup>b</sup>Humanitarian assistance includes protection and assistance for refugees, stateless persons, and other victims of conflict and disasters. Funding for humanitarian assistance was not subject to the Protecting Life in Global Health Assistance policy.

<sup>c</sup>Total for this program area in 2020 was approximately \$600.

<sup>d</sup>Total for this program area in 2020 was approximately \$4,400.

**Funds expended.** Our analysis of International Planned Parenthood Federation data from 2019 through 2021 found that the organization expended \$118,055 in federal funding from USAID in 2019 and no funding in 2020 and 2021.<sup>36</sup> International Planned Parenthood Federation expended these funds for close out and financial reporting actions on a cooperative agreement named Support to International Family Planning and Health Organizations 2 Sustainable Networks.

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<sup>36</sup>This amount includes federal funding expended by International Planned Parenthood Federation offices that was received directly from USAID and does not include funding that may have been expended by International Planned Parenthood Federation affiliates. These data are based on the calendar year, January 1 through December 31.

## Enclosure VI: MSI Reproductive Choices

MSI Reproductive Choices (formerly known as Marie Stopes International) is an international, nonprofit organization that delivers services through nearly 9,000 team members in 37 countries. MSI Reproductive Choices delivers sexual and reproductive health-related services to women, including contraception, abortion services, and post-abortion care.

**Funding obligated.** Our analysis of U.S. Agency for International Development (USAID) data found that it de-obligated approximately \$1.5 million in federal funding through grants or cooperative agreements to MSI Reproductive Choices from 2019 through 2022.<sup>37</sup> (See table 25.) De-obligations refer to USAID’s cancellation or downward adjustment of previously incurred obligations. Almost all de-obligated funds were in the “family planning and reproductive health” program area. Officials from the Department of Health and Human Services (HHS) reported that it did not obligate any funds to MSI Reproductive Choices during these years.<sup>38</sup>

**Table 25: U.S. Agency for International Development (USAID) Obligations to MSI Reproductive Choices through Grants or Cooperative Agreements, 2019-2022**

Dollars in millions					
USAID program area	2019	2020	2021	2022	Total
Family planning and reproductive health <sup>a</sup>	-0.70	-0.66	-0.10	0.00	<b>-1.46</b>
HIV and AIDS <sup>a</sup>	0.00	-0.01	0.00	0.00	<b>-0.01</b>
<b>Total</b>	<b>-0.70</b>	<b>-0.66</b>	<b>-0.10</b>	<b>0.00</b>	<b>-1.46</b>

Source: GAO analysis of USAID data. | GAO-24-106215

Notes: This table includes funds obligated directly to MSI Reproductive Choices or affiliates. It does not include funds that may have obligated to other organizations and passed through to MSI Reproductive Choices or affiliates. Data are based on the federal fiscal year, October 1 through September 30. Amounts may not sum to totals due to rounding.

MSI Reproductive Choices declined to accept the terms and conditions of awards from the Department of Health and Human Services and USAID due to a policy in effect for certain years under our review. Specifically, the organization publicly stated that it would not be able to meet the conditions of the Protecting Life in Global Health Assistance policy, which required foreign nongovernmental organizations to agree that, during the term of the award, they would not perform or actively promote abortion as a method of family planning or provide financial support to any foreign nongovernmental organization that does. The policy was implemented in May 2017 and rescinded in January 2021. According to Department of State and USAID officials, nongovernmental organizations that declined to accept the conditions of the Protecting Life in Global Health Assistance policy were permitted to continue to expend any remaining obligated funds.

<sup>37</sup>MSI Reproductive Choices declined to accept the terms and conditions of awards from USAID due to a policy in effect for certain years under our review. Specifically, the organization publicly stated that it would not be able to meet the conditions of the Protecting Life in Global Health Assistance policy, which required foreign nongovernmental organizations to agree that, during the term of the award, they would not perform or actively promote abortion as a method of family planning or provide financial support to any foreign nongovernmental organization that does. The policy was implemented in May 2017 and rescinded in January 2021. According to Department of State and USAID officials, nongovernmental organizations that declined to accept the conditions of the Protecting Life in Global Health Assistance policy were permitted to continue to expend any remaining obligated funds.

Other limits exist on the use of foreign assistance to provide abortions. Specifically, foreign assistance funds cannot be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions. See, e.g., Further Consolidated Appropriations Act, 2020, Pub. L. No. 116-94, div. G, tit. III, “Bilateral Economic Assistance—Global Health Programs,” 133 Stat. 2534, 2827 (2019).

<sup>38</sup>HHS officials searched the Payment Management System based on the names of the organization and its affiliates and unique identifiers when available and found no results for the years under our review.

<sup>9</sup>According to USAID officials, reasons for de-obligating funds to MSI Reproductive Choices include closing certain awards and reducing excess obligations for other awards.

**Funds received.** Our analysis found that MSI Reproductive Choices received approximately \$1.35 million in federal funding from USAID through grants or cooperative agreements from 2019 through 2021.<sup>39</sup> While MSI Reproductive Choices received over \$1.5 million in federal funds in 2019, this amount was reduced by approximately \$150,000 during 2020 and 2021.<sup>40</sup> (See table 26.) HHS officials reported that MSI Reproductive Choices received no funds from the department from 2019 through 2021.<sup>41</sup>

**Table 26: U.S Agency for International Development (USAID) Funds Received by MSI Reproductive Choices through Grants or Cooperative Agreements, 2019-2021**

Dollars in millions

U.S. AID program area	2019	2020	2021	Total
Family planning and reproductive health	1.22	-0.07	-0.08	<b>1.07</b>
HIV and AIDS	0.00	-0.01	0.00	<b>-0.01</b>
Maternal and child health	0.29	0.00	0.00	<b>0.29</b>
<b>Total</b>	<b>1.51</b>	<b>-0.07</b>	<b>-0.08</b>	<b>1.35</b>

Source: GAO analysis of USAID data. | GAO-24-106215

Notes: This table includes funds received directly by MSI Reproductive Choices or affiliates. It does not include funds that may have been received by other organizations and passed through to MSI Reproductive Choices or affiliates. Data are based on the federal fiscal year, October 1 through September 30. Amounts may not sum to totals due to rounding.

MSI Reproductive Choices declined to accept the terms and conditions of awards from USAID due to a policy in effect for certain years under our review. Specifically, the organization publicly stated that it would not be able to meet the conditions of the Protecting Life in Global Health Assistance policy, which required foreign nongovernmental organizations to agree that, during the term of the award, they would not perform or actively promote abortion as a method of family planning or provide financial support to any foreign nongovernmental organization that does. The policy was implemented in May 2017 and rescinded in January 2021. According to Department of State and USAID officials, nongovernmental organizations that declined to accept the conditions of the Protecting Life in Global Health Assistance policy were permitted to continue to expend any remaining obligated funds.

**Funds expended.** Our analysis of MSI Reproductive Choices data from 2019 through 2021 found that the organization expended approximately \$7 million in federal funding from USAID. One MSI Reproductive Choices affiliate based in Malawi expended almost all these funds. (See table 27.)

<sup>39</sup>The amounts received were previously obligated. Federal funding obligated to an organization in any 1 year may be received by the organization in a different year or across multiple years. As a result, the amount of federal funding obligated, versus received or expended, may differ within the same time period. Additionally, obligations and amounts received should not be added together.

According to Department of State and USAID officials, non-governmental organizations that declined to accept the conditions of the Protecting Life in Global Health Assistance policy were permitted to continue to expend any remaining obligated funds.

<sup>40</sup>These reductions include collection of funds that USAID had previously obligated and grant payment credits.

<sup>41</sup>HHS officials searched the Payment Management System based on the names of the organization and its affiliates and unique identifiers when available and found no results for the years under our review.



**Table 27: U.S. Agency for International Development (USAID) Grant or Cooperative Agreement Funds Expended by MSI Reproductive Choices and Affiliates, 2019–2021**

Dollars in millions				
<b>USAID program</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Total</b>
<b>Support to International Family Planning and Health Organizations 2 Sustainable Networks</b>	0.04	0.00	0.00	<b>0.04</b>
<b>Organized Network of Services for Everyone<sup>a</sup></b>				
Banja La Mtsogolo (Malawi)	2.41	2.43	1.98	<b>6.82</b>
<b>Sustaining Health Outcomes through the Private Sector Project Plus</b>				
Marie Stopes Society Pakistan	0.00	0.00	0.01	<b>0.01</b>
<b>Total</b>	<b>2.46</b>	<b>2.43</b>	<b>1.99</b>	<b>6.87</b>

Source: GAO analysis of MSI Reproductive Choices data. | GAO-24-106215

Note: This table includes federal funding expended by MSI Reproductive Choices and affiliates that was received directly from USAID as well as expenditures of federal funding received by other organizations and passed through to MSI Reproductive Choices. Data are based on the calendar year, January 1 through December 31. Amounts may not sum to totals due to rounding.

<sup>a</sup>Organized Network of Services for Everyone expenditures were funded through a subcontract from Management Sciences for Health.

## Enclosure VII: Comments from the U.S. Agency for International Development



Ms. Mary Denigan-Macauley  
Director, Health Care  
U.S. Government Accountability Office  
441 G Street, N.W.  
Washington, D.C. 20226

11/01/2023

Re: Health Care Funding: Federal Funding for Certain Organizations Providing  
Health-Related Services, 2019 through 2022 (GAO-24-106215)

Dear Ms. Denigan-Macauley:

I am pleased to provide the formal response of the U.S. Agency for International Development (USAID) to the draft report produced by the U.S. Government Accountability Office (GAO) titled, Health Care Funding: Federal Funding for Certain Organizations Providing Health-Related Services, 2019 through 2022 (GAO-24-106215).

USAID is committed to reporting transparently on our funding to the organizations addressed in this report. We will continue to prioritize partnering with governments, the private sector, and international and nongovernmental organizations to improve health outcomes, so that women and girls can realize their full potential and help drive social and economic development. We are grateful for the edits to the report the GAO already has made in response to USAID's technical comments and suggestions at our exit conference on this engagement. USAID does not have additional comments on the document.

Thank you for the opportunity to respond to the draft report GAO-24-106215, and for the courtesies extended by your staff while conducting this engagement. We appreciate the opportunity to participate in GAO's reporting on federal funding to certain organizations providing health-related services.

Sincerely,

A handwritten signature in cursive script that reads "Rebecca Krzywda".

Rebecca Krzywda  
Deputy Assistant Administrator  
Bureau for Management

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