

# *State Efforts to Defund Planned Parenthood*

## **Introduction**

There is a growing trend across the United States to keep all taxpayer money away from the Planned Parenthood Federation of America and its numerous affiliates. These efforts take different tactics at the three main levels:

1. Local efforts – local efforts to defund Planned Parenthood are almost always focused on the organization by name. Citizens in a community get together and go to the local funding body and let the members of that body know that they do not want any tax money going to Planned Parenthood.
2. State efforts – For the most part, state level efforts make it clear that the intent is to defund Planned Parenthood, but the actual wording of the legislative efforts does not mention Planned Parenthood by name. Instead, there is a reallocating of money to entities that do not include Planned Parenthood, or there is a direct effort to reduce or eliminate all family planning monies in the state.
3. Federal efforts – at the federal level, the efforts to defund Planned Parenthood come in three general ways: an amendment to an appropriations bill specifically excluding Planned Parenthood from receiving any money from that bill; a general congressional bill that would withhold all federal money from any program for any entity that performs or promotes abortion; and elimination of existing programs that fund Planned Parenthood.

NOTE: All contact information for individuals presented below are current as of September, 2010.

## **State level examples**

### **Missouri**

Going back as far as 1993, pro-lifers had fought to prohibit family planning funds from going to any organization that performs or promotes abortion as a method of family planning. Budgets containing such restrictions were passed in 1995, 1996, and 1997, but were struck down in federal court. In 1998 the legislature was finally able to pass a budget with restrictions on family planning money that the courts would allow.

In 1999, led by pro-life state **representative Gary Burton** (currently a partner in the lobbying firm, Burton & Liese, [garyburton@mchsi.com](mailto:garyburton@mchsi.com), 417-850-7705), the restrictions that were written into the budget sought to close every possible loophole. The measure specifically prohibited the

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disbursement of family planning funds to any organization performing abortions, referring for abortions, having a similar name to an organization providing abortions, or sharing personnel, salaries, expenses, telephones, waiting rooms, office supplies, or any other facilities, equipment, or supplies with a group doing abortions.

In 2004, Missouri ceased funding family-planning grants altogether permanently barring the way for any further state funding making its way to Planned Parenthood coffers.

In 2005, a Missouri judge upheld a state prohibition (that was in place from 2000-2003) against state funds going towards abortion providers by ordering two separate Planned Parenthood facilities to return a total of \$668,850. This ruling marks the third time that a Missouri judge has declared that Planned Parenthood is not entitled to state grants for family planning.

In 2007, Gov. Matt Blunt pulled taxpayer funding for a statewide women's preventive health program from Planned Parenthood and moved the funding to other area agencies. Blunt stopped the remainder of Planned Parenthood of Southwest Missouri's annual \$27,000 funding for the *Show Me Healthy Women* Program. The program was formed 15 years ago to provide free breast-cancer and cervical-cancer screenings, and Planned Parenthood of Southwest Missouri has been a provider since its inception. Blunt's press secretary, said the funding was transferred to Ozark Tri-County Health Care and to Jordan Valley Community Health Center. His press secretary said the change in providers and funding is being done to avoid any philosophical or moral objections women may have to visiting an office with an organizational name tied to abortion providers.

## **Kansas**

In 2009, the Huelskamp Amendment (**Tim Huelskamp**, Phone: 620-646-5413; Email: [tim.huelskamp@senate.ks.gov](mailto:tim.huelskamp@senate.ks.gov)) to the state budget redirected Title X money to "hospitals and other legitimate medical facilities" and, thus, could possibly eliminate PP from receiving Title X money. The pro-abortion governor vetoed this line item.

In 2010 – Kansas pro-life legislators again put a line item into the state budget reallocating \$2.4 million in federal family-planning funding to hospitals and primary or preventative care clinics. This would leave any reproductive health specific organizations like Planned Parenthood out in the cold. The pro-abortion governor vetoed this line item.

## **Texas**

Texas has primarily sought to end funding of Planned Parenthood through riders to the budget bill.

In 2005, under a rider authored by **State Sen. Robert Deuell**, (2500 Stonewall St, Greenville, Texas 75401, 903-450-9797), DSHS must use up to \$20 million of family planning funding over the next two years to fund Federally Qualified Health Centers – community clinics required to provide a host of primary care services to indigent clients – before awarding the money to other providers. A second rider, authored by **State Sen. Tommy Williams**, R-The Woodlands, set aside another \$5 million in family-planning funds over the two-year budget for grants to Crisis Pregnancy Centers

In 2009, Senate budget rider 56, authored by **Sen. Robert Deuell**, R-Greenville, directed the Dept. of State Health Services to award the more than \$50 million in funds over the 2010-11 two-year budget solely to "public providers" of **family planning services** -- that is, county health departments -- and to "private and not-for-profit contractors" that provide "primary and preventative care" in addition to family planning services. Under the proposed rider, roughly two dozen traditional providers of family planning health services would likely no longer be eligible for funding -- including **Planned Parenthood** clinics across the state.

In 2010 – Texas state law prevents the state from giving any money to abortion providers. The roughly \$10 million **Planned Parenthood** gets from the state each year can only be used by clinics that do not provide any abortion services. A Texas legislator, **Sen. Robert Deuell**, R-Greenville, is soliciting advice to discover if the state can deny Planned Parenthood family planning money, regardless of the fact that their abortion services are kept completely separate from their family planning operations.

### **New Jersey**

In 2010, New Jersey's Governor Chris Christie cut \$7.5 million for family planning clinics from the state's financially strapped state budget for fiscal year 2011. This money was intended to go to "family planning" clinics, most of which are run by Planned Parenthood.

When Planned Parenthood's friends passed a bill to restore the funding, Christie vetoed the bill and the legislature did not have enough votes to override his veto.

New Jersey's Star Ledger reported that Christie in his veto message said that "the state simply cannot fund every worthy program" and would not restore the funds.

Further information can be obtained from Marie Tasy of New Jersey Right to Life (242 Old New Brunswick Road, Piscataway, NJ 08854, Phone: (732) 562-0562)

## Virginia

In 2008, the Virginia Senate voted to end taxpayer funding to abortion provider Planned Parenthood. Lt. Governor Bill Bolling cast the tie-breaking vote and approved the amendment to the state budget following the 20-20 tie vote among senators. **Sen. Ken Cuccinelli II** (now state attorney general: Office of the Attorney General, 900 East Main Street, Richmond, VA 23219, 804-786-2071) introduced the amendment. He explicitly attacked Planned Parenthood's abortion programs. "What we are doing is financing an abortion-mill operator," Cuccinelli said. "This will deny them that money." The Republican-controlled House has already eliminated Planned Parenthood funding from its budget. Main supporter in House of Delegates, **Del. Robert Marshall** (Robert G. Marshall, P.O. Box 421, Manassas, VA 20108, 703 – 361 – 5416 (office and fax), **703 – 853 – 4213 (cell) (preferred)**). Unfortunately, the prohibition on state funding of Planned Parenthood was not put into the final budget bill that went to Virginia's pro-abortion governor.

## Ohio

The following information was provided to STOPP by Mark Lally, Esq., Legislative Counsel, Ohio Right to Life. His contact information is: Email: [mlally@ohiolife.org](mailto:mlally@ohiolife.org) Phone: (614) 547-0099, ext. 303

The FY2003- FY2005 budget bill changed Ohio's "family planning" program (which gave the majority of its funding to Planned Parenthood affiliates) into a "woman's health services" program with a priority to funding services provided directly by local departments of health. Previously, all of Ohio's family planning money went to federal Title X recipients. Of course, Title X recipients must be willing to counsel and refer for abortion and must be willing to provide contraceptives to minors without parental notice, etc. Several legislators liked the idea of allowing those pro-life pregnancy help centers that provided medical services (as well as facilities connected with religious groups that would not comply with Title X requirements) to compete on an even basis with PP and other Title X grantees for state funding. Thus, we deleted references to "Title X" and "family planning" in our funding language and allowed any private health care provider that was willing to provide all of the services currently provided by family planning facilities, except contraception, to compete equally with those that provided all of the services. (However, we gave priority to local health departments.)

Our language provided funding for all of the current family planning services, but called them "women's health services". This helped us to play on the fact that Planned Parenthood has for years emphasized that family planning services involve much more than just contraception. It also helped us neutralize the argument that our language did not provide adequately comprehensive services.

In reality, the preference given to local health departments, rather than the "competition" aspect of the language, was the key to moving the money away from Planned Parenthood. We encouraged local health departments to apply and enough of them did that the grant funds ran out before all of the local health departments that applied could be funded. Thus, nothing was left over for Planned Parenthood.

In our arguments, we emphasized that local health departments were a better choice for receiving these funds because they were less controversial, had a history of serving low income women and faced tighter budgets than Ohio Planned Parenthood affiliates (whose IRS Form 990's from Guidstar.org showed that they had surplus funds that could be used to cover the loss of the state funding).

Below is the language we put in the budget bill (HB 95 of the 125th Ohio General Assembly) as well as some of the documents we used to argue for its adoption.

#### CHILD AND FAMILY HEALTH SERVICES

"Of the foregoing appropriation item 440-416, Child and Family Health Services, \$1,700,000 in each fiscal year shall be used for women's health services.

#### **Section 52.04.** WOMEN'S SERVICES STARTING JANUARY 1, 2004

None of the funds received through grants for women's health services under this section from the foregoing appropriation item 440-416, Child and Family Health Services, shall be used to provide abortion services. None of the funds received through these grants shall be used for counseling for or referrals for abortion, except in the case of a medical emergency. These funds shall be distributed by the Director of Health to programs that the Department of Health determines will provide services that are physically and financially separate from abortion-providing and abortion-promoting activities, and that do not include counseling for or referrals for abortion, other than in the case of medical emergency.

These women's health services include and are limited to the following: pelvic exams and lab testing; breast exams and patient education on breast cancer; screening for cervical cancer; screening and treatment for Sexually Transmitted Diseases (STDs) and HIV screening; voluntary choice of contraception, including abstinence and natural family planning; patient education and pre-pregnancy counseling on the dangers of smoking, alcohol, and drug use during pregnancy; education on sexual coercion and violence in relationships; and prenatal care or referral for prenatal care. These health care services shall be provided by licensed doctors, licensed nurses, licensed medical assistants, licensed counselors, and licensed social workers in a medical clinic setting.

The Director of Health shall adopt rules in accordance with Chapter 119. of the Revised Code specifying reasonable eligibility standards that must be met to receive the state funding and provide reasonable methods by which a grantee wishing to be eligible for federal funding may comply with these requirements for state funding without losing its eligibility for federal funding.

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Each applicant for these funds shall provide sufficient assurance to the Director of Health of all of the following:

- (A) The program shall not discriminate in the provision of services based on an individual's religion, race, national origin, handicapping condition, age, sex, number of pregnancies, or marital status;
- (B) The program shall provide services without subjecting individuals to any coercion to accept services or to employ any particular methods of family planning;
- (C) Acceptance of services shall be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other service, assistance from, or participation in, any other program of the service provider;
- (D) The costs for services provided by the program, if any are charged, shall be based on the patient's ability to pay and priority in the provision of services shall be given to persons from low-income families.

In distributing these grant funds, the Director of Health shall give priority to grant requests from local departments of health for women's health services to be provided directly by personnel of the local department of health. Prior to the effective date of this section, the Director of Health shall issue a single request for proposals for all grants under this set-aside. The Director of Health shall send a notification of this request for proposals to every local department of health in this state and shall place a notification on the department's web site. The Director shall allow at least 30 days after issuing this notification before closing the period to receive applications.

After the closing date for receiving grant applications, the Director of Health shall first consider grant applications from local departments of health that apply for grants for women's health services to be provided directly by personnel of the local department of health. Local departments of health that apply for grants for women's health services to be provided directly by personnel of the local department of health need not provide all the listed women's health services in order to qualify for a grant. However, in prioritizing awards among local departments of health that qualify for funding under this paragraph, the Director of Health may consider, among other reasonable factors, the comprehensiveness of the women's health services to be offered, provided that no local department of health shall be discriminated against in the process of awarding these grant funds because the applicant does not provide contraception.

If funds remain after awarding grants to all local departments of health that qualify for the priority, the Director of Health may make grants to other applicants. Awards to other applicants may be made to those applicants that will offer all eight of the listed women's health services or that will offer all of the services except contraception. No applicant shall be discriminated against in the process of awarding these grant funds because the applicant does not provide contraception.

This section takes effect January 1, 2004."