



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

December 21, 2020

Congressional Requesters

Health Care Funding: Federal Obligations to and Funds Received by Certain Organizations Involved in Health-Related Services, 2016 through 2018

In order to achieve their programmatic goals, federal agencies provide funding to various organizations that, in turn, use those funds to implement programs and activities aligned with those goals. For example, federal agencies may award funding through grants or cooperative agreements. In addition, federal insurance programs, such as Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP), may pay for certain services provided by organizations to beneficiaries of those programs.¹

Since 1995, we have reported periodically on federal funding provided to various organizations, including those that offer health-related services, such as voluntary family planning, and activities related to the treatment and prevention of HIV/AIDs.² The organizations have included various domestic organizations—such as Federally Qualified Health Centers (FQHCs) and Planned Parenthood Federation of America (PPFA)—as well as international organizations, including International Planned Parenthood Federation (IPPF) and Marie Stopes International (MSI).³

¹Medicare is the federally financed health insurance program for persons aged 65 and over, certain individuals with disabilities, and individuals with end-stage renal disease. Medicaid is a joint federal-state health care financing program for certain low-income and medically needy individuals, and CHIP is a joint federal-state program to expand the provision of health assistance to certain uninsured, low-income children.

²Our most recent reports on this topic were issued in March 2015 and 2018. See GAO, *Health Care Funding: Federal Obligations to and Expenditures by Selected Entities Involved in Health-Related Activities, 2010-2012*, [GAO-15-270R](#) (Washington, D.C.: March 20, 2015), and *Health Care Funding: Federal Obligations to and Expenditures by Selected Organizations Involved in Health-Related Activities, Fiscal Years 2013-2015*, [GAO-18-204R](#) (Washington, D.C.: March 6, 2018).

HIV/AIDs stands for human immunodeficiency virus and acquired immunodeficiency syndrome.

³FQHCs operate as part of the Health Center Program administered by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA). The Health Center Program provides grants to FQHCs under section 330 of the Public Health Service Act (42 U.S.C § 254b). Some FQHCs meet all Health Center Program requirements but do not receive federal grant funding through the section 330 program. However, these centers, which are known as “look-alikes,” receive other benefits, such as higher reimbursement rates from the Medicare and Medicaid programs and grants through other federal programs. For our purposes we use the term FQHC to refer to both look-alikes and those health centers that receive grants under section 330 of the Public Health Service Act.

When referring to IPPF, MSI, and PPFA throughout this report, we are referring to the organizations and any of their affiliates or member associations, unless otherwise noted. An affiliate or member association refers to an organization that is associated with another, such as a subordinate, subsidiary, or branch. Affiliates or member associations of the organizations we reviewed operate separately and may be separate legal entities from the parent organization. IPPF also has six regional offices and, when referring to IPPF in this document, we are also referring to its regional offices, unless otherwise noted.

You asked us to provide updated information on federal funding for certain organizations that provide health-related services. This report describes the extent of federal funding for FQHCs, PPFA, four domestic regional organizations, IPPF, and MSI from 2016 through 2018.

To describe federal agencies' funding from 2016 through 2018 to the organizations in our review, we took several steps, which varied by organization.⁴ We focused our review on funding from Department of Health and Human Services (HHS) or the U.S. Agency for International Development (USAID) because, based on discussions with federal officials and reviews of our previous work, we determined that these agencies provided the vast majority of federal funding to the organizations in our review. Any funding not attributable to these agencies is noted. In our reporting on federal funds for grants or cooperative agreements, we focused on three related elements—obligations, funds received, and expenditures. In some instances, information for expenditures was not centrally maintained, and we determined it was impracticable to collect those data.⁵ The steps we took for the various organizations include:

- **FQHCs:** For data on funding for grants and cooperative agreements, we reviewed information from HHS's Payment Management System (PMS) for obligations, and from the Health Resources and Services Administration's (HRSA) Uniform Data System for amounts received.⁶ For data on payments from Medicare, Medicaid, and CHIP, we reviewed information from the Uniform Data System.
- **PPFA:** For data on funding for grants and cooperative agreements, we reviewed information from HHS's PMS for obligations and from PPFA for amounts received. For data on payments from Medicare, Medicaid, and CHIP, we reviewed information from PPFA. To provide context on the extent to which Medicaid and CHIP payments to PPFA were made with federal funds, we interviewed officials in two states and reviewed data provided on the federal Medicaid and CHIP payments made to PPFA affiliates in one of these states.
- **Four domestic regional organizations:** For data on funding for grants and cooperative agreements, we reviewed information from USAspending.gov on obligations and interviewed officials from three of the organizations included in our review.⁷ We did not review amounts of federal funds received or expended because these data were

⁴In this report, we use the term "federal funding" to mean funding awarded by federal agencies through cooperative agreements or grants or payments made by federal insurance programs such as Medicare, Medicaid and CHIP. 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. Federal agencies incur obligations, for example, when they award grants or cooperative agreements to nonfederal entities. The term "amounts received" refers to funds actually received by selected organizations as the awarding agencies disburse funds directly to them. The term "expend" or "expenditure" refers to the actual spending of money by entities that receive federal funds.

⁵For example, the data on expenditures by FQHCs was not centrally maintained by HHS, and we did not attempt to obtain this information from each of the nearly 1,400 FQHCs located throughout the country.

⁶The Uniform Data System is maintained by HRSA and tracks a variety of information about FQHCs, including patient demographics, services provided, utilization rates, costs, and revenues. Annual data reporting through the Uniform Data System is designed to help HRSA understand the overall performance of health centers and impact of the Health Center Program.

⁷USAspending.gov is a publicly available website that includes detailed data on federal obligations. This website was created by the Office of Management and Budget as required by the Federal Funding Accountability and Transparency Act of 2006. See <http://USAspending.gov>.

One of the four organizations did not respond to our request for information.

ultimately not applicable for these organizations, as discussed later in this report. For data on payments from Medicare, Medicaid, and CHIP, we reviewed available information provided to us either by the organizations or from the state that made payments to the organization.

- **IPPF:** For data on funding for grants and cooperative agreements, we reviewed information from HHS and USAID on obligations and amounts received. We reviewed information from IPPF and available audit reports provided by USAID on the amounts of USAID funding expended.⁸
- **MSI:** For data on funding for grants and cooperative agreements, we reviewed information from USAID on obligations and amounts received. We also reviewed information from MSI on the amount of USAID funds they expended, including expenditures made by their affiliates. We did not identify any HHS funding for MSI.

Based on our discussions with cognizant officials, analysis of the data provided, and review of source documentation, we determined they were sufficiently reliable for the purposes of our reporting objectives.

We conducted this performance audit from October 2019 to December 2020 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—FQHCs, PPFA, four domestic regional organizations, IPPF, and MSI—engage in health-related activities, including supporting or providing reproductive health services. (See table 1.)

Table 1: Description of the Organizations in our Review

Organization	Description
Federally Qualified Health Centers (FQHC)	A network of nearly 1,400 community-based health care centers that work as part of the Health Center Program administered by the Health Resources and Services Administration to provide comprehensive health care services to individuals, regardless of their ability to pay, through approximately 13,000 service delivery sites in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and the Pacific Basin. FQHC services include primary care, such as diagnostic testing and disease treatment, and preventive care, such as voluntary family planning and prenatal and postpartum care.
Planned Parenthood Federation of America (PPFA)	A national, nonprofit organization that provides support services to more than 49 affiliates that operate as independent organizations with financial autonomy. ^a Affiliates operate more than 600 centers across the country, providing sexual and reproductive health-related services, and abortions. PPFA affiliates also implement programs related to sexuality education, information services, and advocacy.

⁸IPPF does not collect comprehensive expenditure data from member associations, according to the organization. USAID provided audit reports submitted by IPPF member associations, which contained expenditure data.

Organization	Description
Domestic Regional Organizations	Four privately owned providers of health-related services within various regions of the United States. These services include sexual and reproductive health-related services and abortions.
International Planned Parenthood Federation (IPPF)	An international, nonprofit organization with a central office and six regional offices throughout the world. IPPF works through its 161 autonomous member associations and partner organizations who deliver services from 41,000 locations worldwide through clinics, mobile and outreach teams, and community-based distributors. IPPF works to promote and provide access to sexual and reproductive health-related services, including contraception services, abortion services, and activities related to the treatment and prevention of HIV/AIDS.
Marie Stopes International (MSI)	An international, nonprofit organization that works to deliver services through nearly 500 clinics and in 37 countries globally. MSI's core services are related to contraception and safe abortion care. The organization also provides other sexual and reproductive health-related services.

Source: GAO summary of FQHC, IPPF, MSI, and PPFA websites and annual reports. | GAO-21-188R

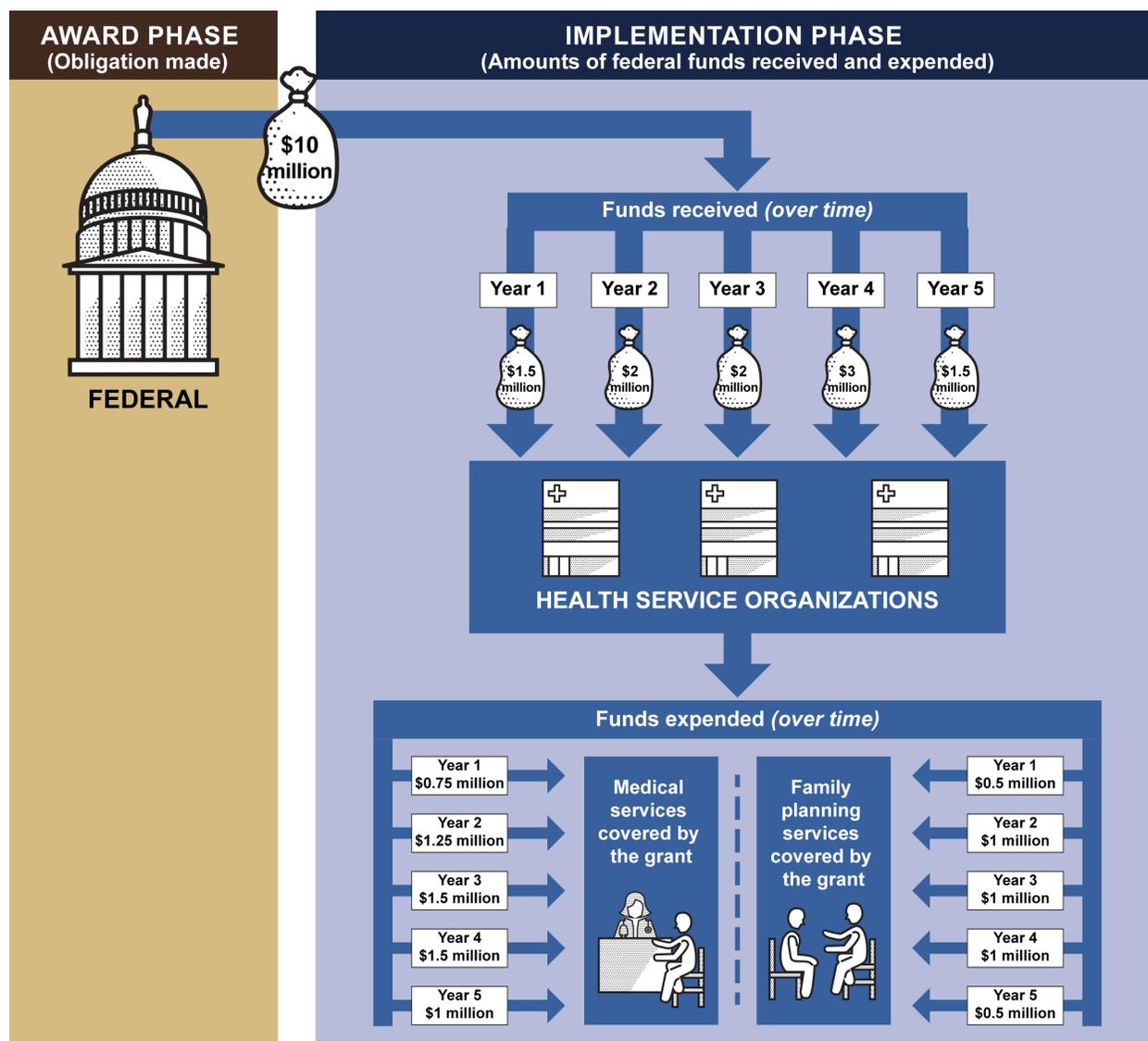
Note: HIV/AIDS stands for human immunodeficiency virus and acquired immunodeficiency syndrome.

^aDuring the period of our review there were more than 50 affiliates. According to PPFA officials there are currently 49 affiliates.

In order to achieve their programmatic goals, federal agencies may award grants or cooperative agreements to states, local governments, or other entities, such as the organizations in our review.⁹ To provide funding under a particular grant or cooperative agreement, a federal agency will make an award to one or more organizations and subsequently obligate funds. For each grant or cooperative agreement, the federal agency may obligate funds in one federal fiscal year, and awardees receive and expend these funds over time, which may span multiple years. Therefore, federal funding obligated to an organization in any one year may be received and expended by the organization in a different year or across multiple years, and the amounts of federal funds obligated, received, and expended are generally not comparable for specific time periods. Additionally, obligations to, and amounts received and expended by, organizations should not be added together. See figure 1 for an example of the award and implementation timeline for a single grant/cooperative agreement program.

⁹In general, federal agencies use grants and cooperative agreements to transfer a thing of value to the recipient entity to carry out a public purpose as authorized by federal law. 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. 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 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.

Figure 1: Example of General Timeline of Award and Implementation Phases of Federal Grants and Cooperative Agreements



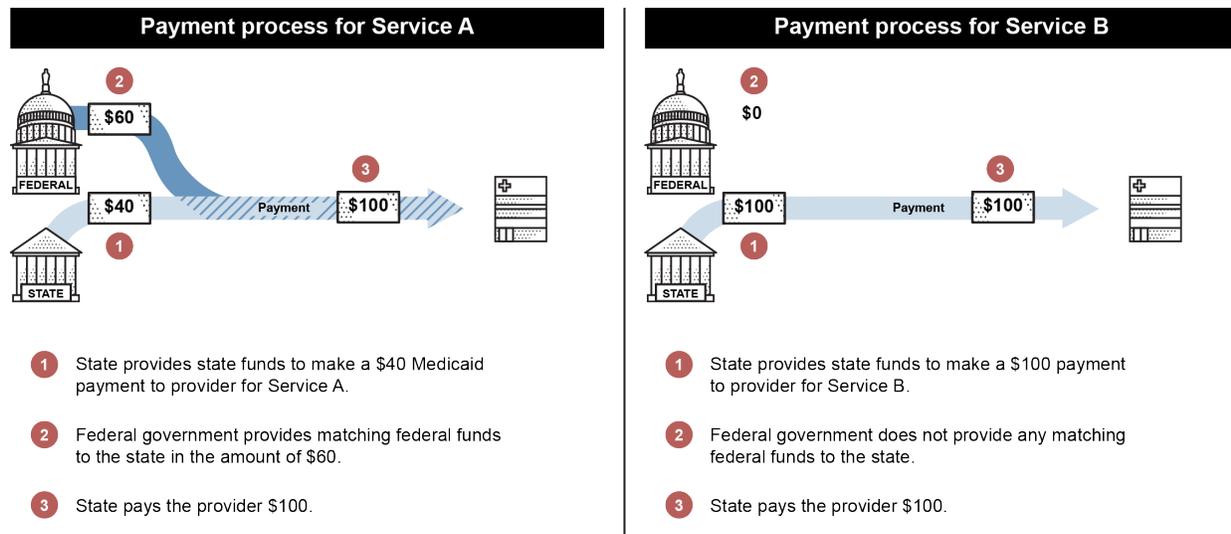
Source: GAO. | GAO-21-188R

The organizations in our review that expend federal grant or cooperative agreement funding can receive this funding either directly from a federal agency or as pass-through funds 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.

The organizations can also receive federal funds through payments for services provided to Medicare, Medicaid, and CHIP beneficiaries. Medicare is a program funded by federal funds, and Medicaid and CHIP are funded by both federal and state funds. 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

state involved, the services being provided, or the populations served.¹⁰ For example, a state has flexibility to cover populations or services under its Medicaid program for which federal funding is not available, such as most abortion services.¹¹ In addition, the federal matching percentage is higher for certain services (such as family planning services) and for services provided to certain Medicaid patients (such as patients eligible for the program under Medicaid expansion) than the matching rate for other services.¹² Figure 2 below illustrates how state and federal matching funds are used to pay organizations for services to Medicaid beneficiaries and how matching rates can vary by different services.

Figure 2: Example of a Medicaid Provider Payment Using State and Federal Matching Funds



- Federal share (federal government)
- Nonfederal share (state government)

Source: GAO. | GAO-21-188R

¹⁰The federal government matches most state expenditures for Medicaid services on the basis of the federal medical assistance percentage (FMAP), which is based on each state’s per capita income relative to the national average. This formula is designed such that the federal government pays a larger portion of Medicaid costs in states with lower per capita incomes relative to the national average. For fiscal year 2020, states’ FMAPs—also referred to as matching rates—ranged from 50 percent to 77 percent. Similar to Medicaid, CHIP program expenditures are shared between states and the federal government, with each state’s share determined by a formula that compares a state’s per capita income to the national average. Federal matching rates for CHIP are typically higher than Medicaid matching rates and federal funding for CHIP is capped.

¹¹As mentioned, federal law prohibits the use of federal funds for abortions in most cases, but states may cover such services under their Medicaid programs using state funding to pay for them. In annual appropriations acts, Congress prohibits the Department of Health and Human Services from funding abortions in most circumstances. In recent years, the restriction has applied to all abortions except where the pregnancy is the result of rape or incest; or where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. See Pub. L. No. 116-94, §507, 133 Stat. at 2607.

¹²Federal funds pay for 90 percent of certain family planning services and provide up to a 100 percent match for services to patients eligible for Medicaid under Medicaid expansion. Under the Patient Protection and Affordable Care Act, states may have opted to expand their Medicaid programs to cover non-elderly, non-pregnant adults who are not eligible for Medicare and whose income does not exceed 133 percent of the federal poverty level, beginning January 1, 2014. See Pub. L. No. 111-148, § 2001, 124 Stat. 119, 271 (2010) (codified at 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII)).

Federal Agencies Obligated, and Organizations in GAO’s Review Received, Almost \$16 Billion through Grants or Cooperative Agreements from 2016 through 2018, Nearly All of Which Went to FQHCs

Funding Obligated. Our analysis of HHS and USAID data found that from 2016 through 2018, the amounts of federal funding obligated to FQHCs, PPFA, IPPF, and MSI through grants or cooperative agreements totaled nearly \$16 billion. This included HHS obligations of about \$15.8 billion to FQHCs, and a combined \$96 million to PPFA and IPPF. It also included USAID obligations of approximately \$70 million to IPPF and MSI. (See table 2.) We did not identify any federal funding obligations for grants or cooperative agreements to the domestic regional organizations included in our review, and the officials we spoke with from these organizations confirmed that they did not receive such obligations.

Table 2: Reported Federal Obligations through Grants or Cooperative Agreements to Organizations in GAO’s Review, 2016-2018

Dollars in millions

Federal agency	2016	2017	2018	Total
Department of Health and Human Services (HHS)				
Federally qualified health centers (FQHC)	5,048.72	5,132.73	5,571.91	15,753.37
Planned Parenthood Federation of America (PPFA)	31.55	31.57	28.92	92.05
International Planned Parenthood Federation (IPPF) ^a	1.98	1.85	-0.18	3.66
Marie Stopes International (MSI) ^a	0.00	0.00	0.00	0.00
Total HHS	5,082.25	5,166.15	5,600.65	15,849.08
U.S. Agency for International Development (USAID)				
FQHC	0.00	0.00	0.00	0.00
PPFA	0.00	0.00	0.00	0.00
IPPF ^a	5.88	4.08	0.00	9.96
MSI ^{a, b}	33.64	28.09	-1.89	59.83
Total USAID	39.52	32.17	-1.89	69.79
Total (HHS and USAID)	5,121.77	5,198.32	5,598.76	15,918.87

Source: GAO analysis of HHS and USAID data. | GAO-21-188R

Notes: Federally qualified health centers (FQHC) may be part of a larger organization, such as a state health department or a university. The data systems used to collect obligations data were unable to distinguish obligations that may have gone directly to an FQHC from those to the larger organization, and billions of dollars were obligated to those larger organizations by HHS in the years of our analysis. The Health Resources and Services Administration (HRSA) is the primary HHS source of grants or cooperative agreements funding for FQHCs. According to HRSA, the most common other HHS sources of federal funding to FQHCs include Indian Health Service, Office of Minority Health within the Office of the Secretary, and Substance Abuse and Mental Health Services Administration. We therefore limited our analysis of HHS obligations to FQHCs to HRSA and these three other HHS agencies. All data are for the federal fiscal year, October 1 through September 30. Amounts in this table may not sum to totals due to rounding.

^aIPPF and MSI declined to accept the terms and conditions of awards from HHS and USAID in fiscal year 2018. IPPF and MSI publicly stated they would not be able to meet the conditions of the 2017 “Protecting Life in Global Health Assistance” (PLGHA) 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. According to USAID officials, when an organization declines to agree to the PLGHA policy, it can no longer receive U.S. global health assistance obligations. For additional information on the implementation of the PLGHA policy and data on declined awards for IPPF and MSI 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).

Negative obligations could indicate that de-obligated funds exceeded new obligations.

^bUSAID de-obligated funding to MSI in fiscal year 2018 in order to close out cooperative agreements that ended in prior fiscal years.

Funding Received. Our analysis also found that from 2016 through 2018, the amounts of federal funds received by FQHCs, PPFA, IPPF, and MSI through grants or cooperative agreements totaled nearly \$16 billion. This included about \$15.5 billion in HHS funds received by FQHCs, and a combined \$310 million in HHS funds received by PPFA and IPPF.¹³ It also included approximately \$102 million in USAID funds received by IPPF and MSI. (See table 3.) The amounts received were previously obligated. Federal funding obligated to an organization in any one year may be received by the organization in a different year or across multiple years, and the amounts of federal funds obligated and received are generally not comparable for specific time periods. Additionally, obligations and amounts received should not be added together. We did not identify any amounts of federal funds for grants or cooperative agreements for the domestic regional organizations included in our review, and the officials we spoke with from these organizations confirmed that they did not receive such funds.¹⁴

Table 3: Reported Amounts of Federal Funds Received through Grants or Cooperative Agreements by Organizations in GAO’s Review, 2016-2018

Dollars in millions

Federal agency	2016	2017	2018	Total
Department of Health and Human Services (HHS)^a				
Federally qualified health centers (FQHC) ^b	4,891.03	5,251.93	5,291.81	15,434.77
Planned Parenthood Federation of America (PPFA) ^c	94.86	106.12	103.51	304.49
International Planned Parenthood Federation (IPPF)	2.30	2.05	1.20	5.55
Marie Stopes International (MSI)	0.00	0.00	0.00	0.00
Total HHS	4,988.19	5,360.10	5,396.52	15,744.81
U.S. Agency for International Development (USAID)				
FQHC	0.00	0.00	0.00	0.00
PPFA	0.00	0.00	0.00	0.00
IPPF	2.13	5.48	7.80	15.41
MSI	36.64	34.20	15.62	86.46
Total USAID	38.77	39.68	23.42	101.87
Total (HHS and USAID)	5,026.96	5,399.78	5,419.94	15,846.68

Source: GAO analysis of HHS, PPFA and USAID data. | GAO-21-188R

Note: Data for FQHCs are based on the calendar year, January 1 through December 31. Data for PPFA are based on 12-month, affiliate-specific fiscal years. Data for IPPF and MSI are based on the federal fiscal year, October 1 through September 30.

^aWhile the vast majority of federal funding received by FQHCs and PPFA came from HHS, this funding may include some funding from non-HHS agencies, including the U.S. Department of Housing and Urban Development.

^bAmounts include those received directly from a federal agency—mainly from the Health Resources and Services Administration within the HHS. Amounts reported by FQHCs are supposed to be limited to grants received directly from federal agencies; however, our review of the data indicated that there were instances in which FQHCs may have included pass-through funds.

^cAmounts include amounts received directly from HHS, as well as funds passed through from a nonfederal entity. According to PPFA officials, funds received may include some state funds.

¹³According to PPFA officials, data they provided on funds received may include some state funding.

¹⁴One of the four organizations in our review did not respond to our request for information.

Enclosures to this report provide further information on federal funding for FQHCs (enclosure I), PPFA (enclosure II), the four domestic regional organizations in our review (enclosure III), IPPF (enclosure IV), and MSI (enclosure V).

Agency and Third-Party Comments

We provided a draft of this report to the Secretary of Health and Human Services and the USAID Administrator for comment. HHS did not have any comments. USAID provided comments which are reprinted in Enclosure VI. In their response they noted some technical comments which we addressed as appropriate. We also provided IPPF, MSI, and PPFA with excerpts of our draft report. Each organization was asked to review our presentation of its respective data and verify its accuracy. We incorporated the technical clarifications they offered, as appropriate.

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. We are sending copies of this report to appropriate congressional committees, the Secretary of Health and Human Services, the Administrator of the U.S. Agency for International Development, and other interested parties. In addition, the report will be available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff members have any questions about this report, please contact me at (202) 512-7114 or cosgrovej@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. Other key contributors to this report included Gerardine Brennan (Assistant Director), Romonda McKinney Bumpus (Analyst-in-Charge), George Bogart, David Lichtenfeld, Laurie Pachter, Vikki Porter, and Ethiene Salgado-Rodriguez.



James Cosgrove
Director, Health Care

Enclosures—VI

List of Requestors

The Honorable Mitch McConnell
Majority Leader
United States Senate

The Honorable Kevin McCarthy
Minority Leader
House of Representatives

The Honorable John Barrasso
United States Senate

The Honorable Marsha Blackburn
United States Senate

The Honorable Roy Blunt
United States Senate

The Honorable Mike Braun
United States Senate

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

The Honorable Kevin Cramer
United States Senate

The Honorable Mike Crapo
United States Senate

The Honorable Steve Daines
United States Senate

The Honorable Michael B. Enzi
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 Cindy Hyde-Smith
United States Senate

The Honorable James M. Inhofe
United States Senate

The Honorable James Lankford
United States Senate

The Honorable Mike Lee
United States Senate

The Honorable Jerry Moran
United States Senate

The Honorable Rand Paul
United States Senate

The Honorable James E. Risch
United States Senate

The Honorable Pat Roberts
United States Senate

The Honorable Mitt Romney
United States Senate

The Honorable M. Michael Rounds
United States Senate

The Honorable Marco Rubio
United States Senate

The Honorable Ben Sasse
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 Todd Young
United States Senate

The Honorable Ralph Abraham, M.D.
House of Representatives

The Honorable Robert B. Aderholt
House of Representatives

The Honorable Rick W. Allen
House of Representatives

The Honorable Jodey Arrington
House of Representatives

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

The Honorable Troy Balderson
House of Representatives

The Honorable Jim Banks
House of Representatives

The Honorable Andy Biggs
House of Representatives

The Honorable Rob Bishop
House of Representatives

The Honorable Kevin Brady
House of Representatives

The Honorable Mo Brooks
House of Representatives

The Honorable Ken Buck
House of Representatives

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

The Honorable Ted Budd
House of Representatives

The Honorable Tim Burchett
House of Representatives

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

The Honorable Bradley Byrne
House of Representatives

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

The Honorable John Carter
House of Representatives

The Honorable Steve Chabot
House of Representatives

The Honorable Liz Cheney
House of Representatives

The Honorable Tom Cole
House of Representatives

The Honorable K. Michael Conaway
House of Representatives

The Honorable Rick Crawford
House of Representatives

The Honorable Rodney Davis
House of Representatives

The Honorable Jeff Duncan
House of Representatives

The Honorable Chuck Fleischmann
House of Representatives

The Honorable Bill Flores
House of Representatives

The Honorable Virginia Foxx
House of Representatives

The Honorable Matt Gaetz
House of Representatives

The Honorable Greg Gianforte
House of Representatives

The Honorable Louie Gohmert
House of Representatives

The Honorable Paul A. Gosar, D.D.S.
House of Representatives

The Honorable Mark Green
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 Jim Hagedorn
House of Representatives

The Honorable Vicky Hartzler
House of Representatives

The Honorable Kevin Hern
House of Representatives

The Honorable Jody Hice
House of Representatives

The Honorable Bill Huizenga
House of Representatives

The Honorable Bill Johnson
House of Representatives

The Honorable Mike Johnson
House of Representatives

The Honorable Jim Jordan
House of Representatives

The Honorable John Joyce, M.D.
House of Representatives

The Honorable Mike Kelly
House of Representatives

The Honorable Trent Kelly
House of Representatives

The Honorable Steve King
House of Representatives

The Honorable Adam Kinzinger
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 Daniel W. Lipinski
House of Representatives

The Honorable Billy Long
House of Representatives

The Honorable Blaine Luetkemeyer
House of Representatives

The Honorable Kenny Marchant
House of Representatives

The Honorable Roger Marshall, M.D.
House of Representatives

The Honorable Thomas Massie
House of Representatives

The Honorable Carol D. Miller
House of Representatives

The Honorable John Moolenaar
House of Representatives

The Honorable Alex X. Mooney
House of Representatives

The Honorable Ralph Norman
House of Representatives

The Honorable Pete Olson
House of Representatives

The Honorable Gary Palmer
House of Representatives

The Honorable Scott Perry
House of Representatives

The Honorable David P. Roe, M.D.
House of Representatives

The Honorable David Rouzer
House of Representatives

The Honorable Chip Roy
House of Representatives

The Honorable John Rutherford
House of Representatives

The Honorable Steve Scalise
House of Representatives

The Honorable John Shimkus
House of Representatives

The Honorable Christopher H. Smith
House of Representatives

The Honorable Jason Smith
House of Representatives

The Honorable W. Gregory Steube
House of Representatives

The Honorable William R. Timmons, IV
House of Representatives

The Honorable Ann Wagner
House of Representatives

The Honorable Tim Walberg
House of Representatives

The Honorable Jackie Walorski
House of Representatives

The Honorable Steve Watkins
House of Representatives

The Honorable Randy K. Weber
House of Representatives

The Honorable Joe Wilson
House of Representatives

The Honorable Rob Wittman
House of Representatives

The Honorable Ron Wright
House of Representatives

The Honorable Ted S. Yoho, D.V.M
House of Representatives

Enclosure I: Federally Qualified Health Centers

Our analysis of data from the Department of Health and Human Services (HHS) found that it obligated an estimated \$16 billion to federally qualified health centers (FQHC) through grants or cooperative agreements from 2016 through 2018.¹⁵ (See table 4.)

Table 4: Estimated Obligations through Federal Grants or Cooperative Agreements from the Department of Health and Human Services (HHS) to Federally Qualified Health Centers by HHS Awarding Office or Agency, 2016-2018

Dollars in Millions

HHS office or agency	2016	2017	2018	Total
Health Resources and Services Administration	4,962.20	5,044.45	5,430.28	15,436.94
Substance Abuse and Mental Health Services Administration ^a	47.82	47.48	102.74	198.05
Indian Health Service	29.10	31.74	30.22	91.06
Office of the Secretary	9.60	9.06	8.67	27.32
Total	5,048.72	5,132.73	5,571.91	15,753.37

Source: GAO analysis of 2016, 2017, and 2018 data from HHS' payment management system. | GAO-21-188R

Notes: Federally qualified health centers (FQHC) may be part of a larger organization, such as a state health department or a university. The data systems used to collect obligations data were unable to distinguish obligations that may have gone directly to an FQHC from those to the larger organization, and billions of dollars were obligated to those larger organizations by HHS in the years of our analysis. The Health Resources and Services Administration (HRSA) is the primary HHS source of grants or cooperative agreement funding for FQHCs. According to HRSA, the most common other HHS sources of federal funding to FQHCs include Indian Health Service, Office of Minority Health within the Office of the Secretary, and Substance Abuse and Mental Health Services Administration. We therefore limited our analysis of HHS obligations to FQHCs to HRSA and these three other HHS agencies. The data reported could include some funding obligated to the larger organizations rather than the FQHCs. Amounts do not include federal funds passed-through from a nonfederal entity. All data are for the federal fiscal year, October 1 through September 30. Amounts may not sum to totals due to rounding.

^aAccording to the Substance Abuse and Mental Health Services Administration, the agency's budget increased by 35 percent in fiscal year 2018, and they increased the number of new grants awards by about 900.

FQHCs reported receiving approximately \$15.4 billion in federal funds through grants or cooperative agreements from 2016 through 2018. (See table 5.) The amounts received were previously obligated. Federal funding obligated to an organization in any one year may be received by the organization in a different year or across multiple years, and the amounts of federal funds obligated and received are generally not comparable for specific time periods. Additionally, obligations and amounts received should not be added together.

¹⁵FQHCs operate as part of the Health Center Program administered by the Bureau of Primary Health Care within the Health Resources and Services Administration. The Health Center Program provides grants to FQHCs under section 330 of the Public Health Service Act (42 U.S.C § 254b). Some FQHCs meet all Health Center Program requirements but do not receive federal grant funding through the section 330 program. However, these centers, which are known as "look-alikes," receive other benefits, such as higher reimbursement rates from the Medicare and Medicaid programs and grants through other federal programs. For our purposes, we use the term FQHC to refer to both look-alikes and those health centers that receive grants under section 330 of the Public Health Service Act.

Table 5: Reported Amounts of Federal Funds Received by Federally Qualified Health Centers (FQHC) through Grants or Cooperative Agreements, 2016-2018

Dollars in millions

Grant type	2016	2017	2018	Total
Health Resources and Services Administration (HRSA) grants ^a	4,422.48	4,731.68	4,829.29	13,983.45
Other federal grants ^b	468.55	520.24	462.52	1,451.32
Total	4,891.03	5,251.93	5,291.81	15,434.77

Source: GAO analysis of 2016, 2017, and 2018 data from HRSA's Uniform Data System. | GAO-21-188R

Notes: This table includes information reported annually by FQHCs to HRSA's Uniform Data System. Data on amounts of federal funds received by FQHCs are based on the calendar year, January 1 through December 31. While the majority of the amounts of funds received by FQHCs came from HHS, data may include some funding from non-HHS agencies, including the U.S. Department of Housing and Urban Development. Amounts reported by FQHCs are supposed to be limited to grants received directly from federal agencies; however, our review of the data indicated that there were instances in which FQHCs may have included pass-through funds. Amounts in this table may not sum to totals due to rounding.

^aThe Health Center Program, administered by the HRSA Bureau of Primary Health, provides grants to FQHCs under section 330 of the Public Health Service Act (42 U.S.C § 254b). Some FQHCs meet all Health Center Program requirements but do not receive federal grant funding through the section 330 program. Funding included here are mainly Section 330 grants.

^bThis category includes funding from a variety of sources, such as the Ryan White program and Medicare and Medicaid Electronic Health Record Incentive Program grants. According to HRSA, the most common "other federal grants" reported are from the HHS agencies—the Indian Health Services, Office of Minority Health, and Substance Abuse and Mental Health Services Administration.

In addition to funds associated with grants and cooperative agreements, FQHCs reported receiving approximately \$42 billion in payments from Medicare, Medicaid, and the Children's Health Insurance Program, from 2016 through 2018.¹⁶ (See table 6.)

Table 6: Reported Payments Received by Federally Qualified Health Centers (FQHCs) from Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), 2016-2018

Dollars in millions

Program	2016	2017	2018	Total
Medicare	1,744.24	2,026.19	2,344.43	6,114.87
Medicaid and CHIP	10,632.16	11,863.49	13,114.05	35,609.69
Total	12,376.40	13,889.68	15,458.48	41,724.56

Source: GAO analysis of 2016, 2017, and 2018 from HRSA's Uniform Data System. | GAO-21-188R

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 overstates the amount of funding received from the federal government. The actual amounts of Medicaid and CHIP payments from the federal government to FQHCs 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. Data on Medicaid and CHIP payments received by FQHCs are based on the calendar year, January 1 through December 31. Amounts may not sum to totals due to rounding.

¹⁶Medicare is the federally financed health insurance program for persons aged 65 and over, certain individuals with disabilities, and individuals with end-stage renal disease. Medicaid is a joint federal-state health care financing program for low-income and medically needy individuals, and CHIP is a joint federal-state program established to expand the provision of health assistance to certain uninsured, low-income children.

Enclosure II: Planned Parenthood Federation of America

Our analysis of data from the Department of Health and Human Services (HHS) found that it obligated approximately \$92 million directly to Planned Parenthood Federation of America (PPFA) through grants or cooperative agreements from 2016 through 2018. (See table 7.)

Table 7: Reported Obligations through Grants or Cooperative Agreements from the Department of Health and Human Services (HHS) to Planned Parenthood Federation of America (PPFA) by HHS Awarding Office or Agency, 2016-2018

Dollars in Millions

HHS office or agency	2016	2017	2018	Total
Office of the Secretary	29.88	29.46	27.83	87.18
Administration for Children and Families	1.06	1.09	0.97	3.12
Centers for Medicare and Medicaid Services	0.62	1.02	0.12	1.76
Centers for Disease Control and Prevention	-0.02	0.00	0.00	-0.02
Total	31.55	31.57	28.92	92.05

Source: GAO analysis of 2016, 2017, and 2018 data from HHS' payment management system. | GAO-21-188R

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 PPFA. Data are based on the federal fiscal year, October 1 through September 30. Negative obligations could indicate that de-obligated funds exceeded new obligations. Amounts may not sum to totals due to rounding.

Our analysis of PPFA affiliate-level data found that its affiliates received approximately \$304 million in federal funds through grants or cooperative agreements from 2016 through 2018.¹⁷ (See table 8.) These 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 one year may be received by the organization in a different year or across multiple years, and the amounts of federal funds obligated and received are generally not comparable for specific time periods. Additionally, obligations and amounts received should not be added together.

¹⁷According to PPFA officials, data they provided on funds received may include some state funding.

Table 8: Reported Amounts of Federal Funds Received by Planned Parenthood Federation of America (PPFA) Affiliates through Grants or Cooperative Agreements, 2016-2018

Dollars in millions

Organization	2016	2017	2018	Total
Planned Parenthood of the Great Northwest and the Hawaiian Islands	8.91	8.95	8.24	26.10
Planned Parenthood of Minnesota, North Dakota, South Dakota	5.63	6.29	5.53	17.45
Planned Parenthood of Central and Greater Northern New Jersey	4.72	5.42	5.88	16.02
Planned Parenthood Mid and South Michigan	5.19	5.03	5.07	15.29
Planned Parenthood of Greater Ohio	4.29	4.45	4.52	13.27
Planned Parenthood of Orange & San Bernardino Counties	4.12	4.23	4.85	13.21
Planned Parenthood of Illinois	4.49	4.10	3.77	12.36
Planned Parenthood of Southern New England	4.23	4.04	4.01	12.28
Planned Parenthood of Wisconsin	4.00	2.76	3.74	10.51
Planned Parenthood of Central and Western New York	0.59	4.86	4.61	10.06
Planned Parenthood of New York City	2.87	3.50	3.45	9.83
Planned Parenthood Mar Monte	3.01	3.32	3.43	9.77
Planned Parenthood South Atlantic	2.91	3.05	3.16	9.12
Planned Parenthood of Northern New England	2.75	2.64	2.74	8.14
Planned Parenthood of the Heartland	2.53	3.23	2.37	8.12
Planned Parenthood of Greater Texas	2.13	3.68	1.37	7.18
Planned Parenthood Association of Utah	2.15	2.06	2.14	6.35
Planned Parenthood Arizona	1.99	2.13	2.20	6.31
Planned Parenthood Northern California	1.35	2.42	2.05	5.82
Planned Parenthood Southeastern Pennsylvania	1.79	1.68	2.13	5.60
Planned Parenthood of Metropolitan New Jersey	1.83	1.79	1.95	5.57
Planned Parenthood of Greater Washington and North Idaho	1.97	2.29	1.21	5.47
Planned Parenthood of Indiana and Kentucky	1.68	1.49	1.57	4.73
Planned Parenthood Hudson Peconic	1.34	1.38	1.96	4.68
Planned Parenthood of the Pacific Southwest	1.28	1.74	1.27	4.29
Planned Parenthood Mohawk Hudson	1.26	1.29	1.64	4.19
Planned Parenthood Los Angeles	0.93	1.79	1.38	4.11
Planned Parenthood of the North Country New York	0.00	2.02	1.87	3.89
Planned Parenthood Columbia Willamette	1.65	1.13	1.00	3.78
Planned Parenthood Keystone	1.00	1.33	1.26	3.59
Planned Parenthood of Montana	1.08	0.89	0.97	2.94
Planned Parenthood of Maryland	0.45	0.30	2.17	2.92
Planned Parenthood of the Mid-Hudson Valley	0.67	1.07	1.13	2.87
Planned Parenthood of the Southern Finger Lakes	0.52	1.28	0.66	2.46
Planned Parenthood League of Massachusetts	0.66	0.85	0.89	2.39

Organization	2016	2017	2018	Total
Planned Parenthood South Texas	0.87	0.88	0.60	2.35
Planned Parenthood of South, East and North Florida	0.84	0.70	0.69	2.23
Planned Parenthood of the St. Louis Region and Southwest Missouri	0.95	0.60	0.49	2.04
Planned Parenthood of Kansas & Mid-Missouri	0.40	0.73	0.79	1.91
Planned Parenthood California Central Coast	0.54	0.55	0.54	1.63
Planned Parenthood of Nassau County	0.54	0.50	0.58	1.62
Upper Hudson Planned Parenthood	0.42	0.56	0.62	1.59
Planned Parenthood of the Rocky Mountains	0.24	0.59	0.72	1.55
Mt. Baker Planned Parenthood	0.48	0.48	0.47	1.43
Planned Parenthood of Southern New Jersey	1.25	0.00	0.00	1.25
Planned Parenthood of Western Pennsylvania	0.31	0.30	0.41	1.03
Virginia League for Planned Parenthood	0.32	0.34	0.34	1.00
Planned Parenthood Pasadena and San Gabriel Valley	0.23	0.26	0.37	0.86
Planned Parenthood of Delaware	0.30	0.23	0.24	0.78
Planned Parenthood of Southwestern Oregon	0.00	0.48	0.21	0.69
Planned Parenthood of West and Northern Michigan	0.59	0.00	0.00	0.59
Planned Parenthood of Metropolitan Washington, D.C.	0.15	0.24	0.15	0.54
Planned Parenthood of Southwest and Central Florida	0.27	0.13	0.00	0.40
Planned Parenthood Southwest Ohio Region	0.10	0.08	0.09	0.26
Planned Parenthood of Central Oklahoma	0.06	0.00	0.00	0.06
Total	94.86	106.12	103.51	304.49

Source: GAO analysis of 2016, 2017 and 2018 amounts received data reported by PPFA. | GAO-21-188R

Notes: This table includes 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. While the majority of the amounts received came from the Department of Health and Human Services (HHS), the amounts received may include some funding from non-HHS agencies, including the U.S. Department of Housing and Urban Development. Data are based on a 12-month fiscal year, which may vary by affiliate. Amounts may not sum to totals due to rounding.

Our analysis also found that PPFA affiliates received approximately \$1.3 billion in federal payments from Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) from 2016 through 2018.¹⁸ (See table 9.)

¹⁸Medicare is the federally financed health insurance program for persons aged 65 and over, certain individuals with disabilities, and individuals with end-stage renal disease. Medicaid is a joint federal-state health care financing program for certain low-income and medically needy individuals, and CHIP is a joint federal-state program established to expand the provision of health assistance to certain uninsured, low-income children.

Table 9: Planned Parenthood Federation of America (PPFA) Affiliates' Reported Payments Received from Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), 2016-2018

Dollars in millions

Program	2016	2017	2018	Total
Medicare				
Planned Parenthood Mar Monte	0.20	0.20	0.30	0.71
Planned Parenthood of Central and Western New York, Inc.	0.16	0.19	0.15	0.51
Planned Parenthood Northern California	0.09	0.18	0.15	0.42
Planned Parenthood of Southern New England, Inc.	0.15	0.11	0.10	0.36
Planned Parenthood of Northern New England	0.07	0.11	0.11	0.28
Planned Parenthood of Minnesota, North Dakota, South Dakota	0.08	0.07	0.09	0.24
Upper Hudson Planned Parenthood, Inc.	0.05	0.08	0.07	0.19
Planned Parenthood of the Mid-Hudson Valley, Inc.	0.07	0.07	0.05	0.19
Planned Parenthood Mohawk Hudson	0.00	0.04	0.14	0.18
Planned Parenthood of Greater Ohio	0.05	0.05	0.06	0.17
Planned Parenthood of Indiana and Kentucky, Inc.	0.02	0.04	0.08	0.14
Planned Parenthood of the Heartland	0.06	0.03	0.02	0.11
Planned Parenthood of the Southern Finger Lakes	0.04	0.00	0.06	0.10
Planned Parenthood California Central Coast	0.00	0.04	0.05	0.09
Planned Parenthood of the North Country New York, Inc.	0.05	0.00	0.03	0.08
Planned Parenthood of the St. Louis Region and Southwest Missouri	0.01	0.04	0.04	0.08
Planned Parenthood of Montana, Inc.	0.02	0.03	0.02	0.07
Planned Parenthood of Nassau County, Inc.	0.02	0.02	0.02	0.06
Planned Parenthood of Kansas & Mid-Missouri	0.00	0.02	0.03	0.05
Planned Parenthood of Western Pennsylvania	0.01	0.01	0.01	0.03
Mt. Baker Planned Parenthood	0.01	0.01	0.01	0.02
Planned Parenthood of Central and Greater Northern New Jersey, Inc.	0.01	0.02	0.00	0.02
Planned Parenthood of Maryland, Inc.	0.00	0.01	0.00	0.01
Planned Parenthood Greater Memphis Region	0.00	0.00	0.00	0.00
Total Medicare	1.16	1.36	1.59	4.12
Medicaid				
Planned Parenthood Mar Monte	67.81	60.94	71.71	200.47
Planned Parenthood of the Pacific Southwest, Inc.	39.90	42.80	54.62	137.31
Planned Parenthood of Orange & San Bernardino Counties, Inc.	38.98	39.70	52.89	131.56
Planned Parenthood Los Angeles	28.12	37.12	43.36	108.60
Planned Parenthood Northern California	31.03	29.30	32.64	92.98
Planned Parenthood of New York City, Inc.	19.29	18.08	18.46	55.83

Program	2016	2017	2018	Total
Planned Parenthood of Minnesota, North Dakota, South Dakota	13.59	14.08	13.92	41.60
Planned Parenthood Pasadena and San Gabriel Valley, Inc.	10.10	11.63	14.02	35.75
Planned Parenthood of Wisconsin, Inc.	10.83	11.45	12.20	34.47
Planned Parenthood of the Great Northwest and the Hawaiian Islands	11.61	11.63	10.78	34.02
Planned Parenthood of Southern New England, Inc.	9.00	9.94	11.44	30.38
Planned Parenthood California Central Coast	9.43	9.30	11.50	30.24
Planned Parenthood Columbia Willamette	9.32	10.89	9.91	30.12
Planned Parenthood of the Rocky Mountains, Inc.	8.28	8.14	9.48	25.90
Planned Parenthood Hudson Peconic, Inc.	7.87	7.82	9.01	24.71
Planned Parenthood of Central and Greater Northern New Jersey, Inc.	4.66	6.86	7.18	18.70
Planned Parenthood of Greater Washington and North Idaho	5.99	6.26	5.94	18.20
Planned Parenthood of Central and Western New York, Inc.	6.82	5.86	4.75	17.42
Planned Parenthood of Illinois	5.54	3.74	7.72	16.99
Planned Parenthood Mohawk Hudson	6.04	4.76	4.59	15.39
Planned Parenthood of Southwestern Oregon	0.00	9.49	5.78	15.27
Planned Parenthood League of Massachusetts	4.99	5.10	4.51	14.60
Planned Parenthood of Greater Ohio	4.37	4.52	4.64	13.53
Planned Parenthood Southeastern Pennsylvania	3.56	3.80	3.98	11.33
Planned Parenthood of Maryland, Inc.	3.24	4.00	3.91	11.15
Planned Parenthood Gulf Coast, Inc.	3.52	3.34	3.11	9.96
Planned Parenthood of the Mid-Hudson Valley, Inc.	3.30	3.08	3.13	9.52
Planned Parenthood of Northern New England	3.60	2.84	3.00	9.44
Planned Parenthood of Nassau County, Inc.	2.56	2.57	2.84	7.97
Planned Parenthood of Indiana and Kentucky, Inc.	2.81	2.24	2.33	7.39
Planned Parenthood Mid and South Michigan	2.46	2.58	2.26	7.30
Upper Hudson Planned Parenthood, Inc.	1.94	2.47	2.16	6.57
Planned Parenthood of the Southern Finger Lakes	2.19	1.91	1.76	5.86
Planned Parenthood of Metropolitan New Jersey	1.79	1.91	2.07	5.77
Planned Parenthood of the Heartland	2.45	2.56	0.43	5.44
Planned Parenthood Southwest Ohio Region	1.86	1.80	1.66	5.31
Planned Parenthood Keystone	1.95	1.90	1.15	5.00
Planned Parenthood of Montana, Inc.	1.17	1.33	1.87	4.36
Planned Parenthood of the North Country New York, Inc.	1.60	1.03	1.18	3.81
Mt. Baker Planned Parenthood	1.10	1.09	0.98	3.17
Planned Parenthood of Kansas & Mid-Missouri	0.32	1.87	0.64	2.83
Planned Parenthood South Atlantic	0.96	0.83	1.03	2.82
Planned Parenthood Arizona, Inc.	0.63	1.03	1.04	2.70

Program	2016	2017	2018	Total
Planned Parenthood of Greater Texas, Inc.	0.98	0.91	0.78	2.67
Planned Parenthood of Southwest and Central Florida	0.79	0.91	0.97	2.67
Planned Parenthood of Western Pennsylvania	0.74	1.02	0.89	2.65
Planned Parenthood of the St. Louis Region and Southwest Missouri	0.77	0.73	0.70	2.20
Planned Parenthood South Texas	0.47	0.53	0.47	1.47
Planned Parenthood of Delaware	0.46	0.46	0.47	1.40
Planned Parenthood of Metropolitan Washington, D.C., Inc.	0.00	0.58	0.72	1.30
Planned Parenthood Association of Utah	0.23	0.13	0.18	0.54
Virginia League for Planned Parenthood	0.00	0.00	0.53	0.53
Planned Parenthood of West and Northern Michigan, Inc.	0.49	0.00	0.00	0.49
Planned Parenthood of Southern New Jersey	0.45	0.00	0.00	0.45
Planned Parenthood of South, East and North Florida	0.12	0.07	0.10	0.29
Planned Parenthood Greater Memphis Region	0.09	0.00	0.19	0.28
Planned Parenthood of Central Oklahoma, Inc.	0.16	0.00	0.00	0.16
Planned Parenthood Southeast, Inc.	0.03	0.01	0.00	0.04
Planned Parenthood of Middle & East Tennessee, Inc.	0.00	0.00	0.00	0.00
Total Medicaid	402.36	418.93	467.58	1,288.87
CHIP				
Upper Hudson Planned Parenthood, Inc.	0.04	0.02	0.01	0.07
Planned Parenthood of Montana, Inc.	0.00	0.04	0.00	0.04
Planned Parenthood of the North Country New York, Inc.	0.01	0.00	0.00	0.01
Planned Parenthood of the Southern Finger Lakes	0.00	0.00	0.01	0.01
Total CHIP	0.05	0.06	0.02	0.13
Total Medicare, Medicaid and CHIP	403.57	420.36	469.20	1,293.12

Source: GAO analysis of Medicaid, CHIP, and Medicare payment data reported by PPFA. | GAO-21-188R

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 overstates the amount of funding received from the federal government. The actual amounts of Medicaid and CHIP payments from the federal government to PPFA 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. Data are based on a 12-month fiscal year, which may vary by affiliate. Amounts may not sum to totals due to rounding.

Medicaid and CHIP payments to PPFA are funded with both state and federal funds, and the state share of this approximately \$1.3 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 state involved, the services being provided, or the populations served.¹⁹ Federal matching funds are paid directly to

¹⁹The federal government matches most state expenditures for Medicaid services on the basis of the federal medical assistance percentage (FMAP), which is based on each state's per capita income relative to the national average. This formula is designed such that the federal government pays a larger portion of Medicaid costs in states with lower per capita incomes relative to the national average. For fiscal year 2020, states' FMAPs—also referred to as matching rates—range from 50 percent to 77 percent. Similar to Medicaid, CHIP program expenditures are shared between states and the federal government, with each state's share determined by a formula that compares a state's

the state Medicaid agencies, not to providers. According to PPFA officials, the Medicaid and CHIP payments to affiliates do not include any indication of what portion of each payment is matched by federal dollars. In addition, they told us that the services covered by the states' programs vary by state, and the federal match rates for any particular service can vary. For example, while certain family planning services are eligible for a 90 percent federal match, many abortion services are not eligible for any federal matching funds.²⁰

In an effort to provide context about how much of the total Medicaid and CHIP payments may have been made with federal funds, we contacted two state Medicaid agencies and asked them whether they could review claims paid to PPFA affiliates and estimate of the total federal share of such payments. Both indicated that it is difficult to determine the state and federal shares for services provided by a particular provider, in part because significant shares of patients in their states were enrolled in Medicaid managed care plans.²¹

per capita income to the national average. Federal matching rates for CHIP are typically higher than Medicaid matching rates and federal funding for CHIP is capped.

²⁰Federal funds pay for 90 percent of certain family planning services and during the period of our review provided up to a 100 percent match for services to patients eligible for Medicaid under Medicaid expansion. Under the Patient Protection and Affordable Care Act, states may have opted to expand their Medicaid programs to cover non-elderly, non-pregnant adults who are not eligible for Medicare, and whose income does not exceed 133 percent of the federal poverty level, beginning January 1, 2014. See Pub. L. No. 111-148, § 2001, 124 Stat. 119, 271 (2010) (codified at 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII)). Additionally, Federal law prohibits the use of federal funding for abortions in most cases, but states may cover such services under their Medicaid programs using state funding to pay for them.

²¹States provide Medicaid services through either fee-for-service (FFS) or managed care. Under FFS, states reimburse providers directly for each service delivered. Under managed care, states typically contract with managed care plans using a capitated payment model to provide a specific set of services to Medicaid beneficiaries (which could include drugs) and prospectively pays each plan a set amount per beneficiary per month to provide or arrange for those services. Managed care is the delivery system serving most Medicaid beneficiaries.

Enclosure III: Four Domestic Regional Organizations

Our review of USASpending.gov data did not identify any federal funding obligations to the domestic regional organizations, in our review from 2016 through 2018.²² Three of the four organizations responded to our requests for information, and all three confirmed that no federal funds for grants or cooperative agreements were obligated to, or received by, their organizations during this timeframe.²³ In addition, the three organizations also confirmed that they do not accept Medicare, and that they did not receive any Medicare payments from 2016 through 2018. The four organizations collectively received approximately \$125 million in state and federal payments from Medicaid and the Children’s Health Insurance Program (CHIP) from fiscal years 2016 through 2018.²⁴ (See table 10.)

Table 10: Four Domestic Regional Organizations’ Reported Payments Received from Medicaid and the Children’s Health Insurance Program (CHIP) 2016-2018

Dollars in millions

Organization	2016	2017	2018	Total
Domestic Regional Organization A ^a	1.20	1.34	1.57	4.11
Domestic Regional Organization B ^a	36.51	40.27	42.87	119.66
Domestic Regional Organization C ^b	0.44	0.03	0.24	0.71
Domestic Regional Organization D ^c	—	—	—	—
Total	38.15	41.64	44.68	124.48

Legend: — = Amounts are below \$1,000.

Source: GAO analysis of 2016, 2017, and 2018 data from the domestic regional organizations and state Medicaid data. | GAO-21-188R

Notes: Medicaid and CHIP payments include funding from both state and federal sources; thus, the Medicaid and CHIP payment data overstates the amount of funding received from the federal government. The actual amounts of Medicaid and CHIP payments from the federal government to these organizations are lower than presented in the table, and it would be limited to a matching percentage, which differs across states and types of services provided. Amounts may not sum to totals due to rounding.

^aData from Domestic Regional Organization A and Domestic Regional Organization B were self-reported and based on the calendar year, January 1 through December 31.

^bData for Domestic Regional Organization C were obtained from the state Medicaid agency where several of its clinics are located. Data are based on the state’s fiscal year, July 1 through June 30. The organization also had clinics in two other states, but a review of the websites for those clinics found that they did not accept Medicaid as a form of payment.

^cAn official from Domestic Regional Organization D told us that most of its providers do not accept Medicaid as a form of payment, and the amounts of Medicaid payments received annually are very small—estimated at \$600 per year.

²²USASpending.gov is a publicly available website that includes detailed data on federal obligations. This website was created by the Office of Management and Budget as required by the Federal Funding Accountability and Transparency Act of 2006. See <http://USASpending.gov>.

²³The fourth organization did not respond to our request for information.

²⁴Medicare is the federally financed health insurance program for persons aged 65 and over, certain individuals with disabilities, and individuals with end-stage renal disease. Medicaid is a joint federal-state health care financing program for certain low-income and medically needy individuals, and CHIP is a joint federal-state program established to expand the provision of health assistance to certain uninsured, low-income children.

Enclosure IV: International Planned Parenthood Federation

Our analysis of data for 2016 through 2018, from the Department of Health and Human Services (HHS) found that it obligated approximately \$4 million in federal funding to International Planned Parenthood Federation (IPPF) through grants or cooperative agreements and our analysis of data from the United States Agency for International Development (USAID) found that it obligated approximately \$10 million. (See table 11.)

Table 11: Reported Federal Funding Obligated by the Department of Health and Human Services (HHS) and the U.S. Agency for International Development (USAID) to International Planned Parenthood Federation (IPPF) through Grants or Cooperative Agreements, 2016-2018

Dollars in millions				
Federal agency	2016	2017	2018	Total
HHS program area				
Global AIDS ^a	1.98	1.85	-0.18	3.66
Total HHS	1.98	1.85	-0.18	3.66
USAID program area				
Family planning and reproductive health	3.70	1.88	0.00	5.58
Other public health threats	2.00	1.20	0.00	3.20
Social services	0.00	1.00	0.00	1.00
Maternal and child health	0.20	0.00	0.00	0.20
HIV and AIDS ^b	-0.02	0.00	0.00	-0.02
Local government and decentralization	0.00	0.00	0.00	0.00
Policies, regulations and systems	0.00	0.00	0.00	0.00
Program design and learning	0.00	0.01	0.00	0.01
Total USAID	5.88	4.08	0.00	9.96
Total (HHS and USAID)	7.86	5.93	-0.18	13.62

Source: GAO analysis of 2016, 2017, and 2018 data from HHS and USAID. | GAO-21-188R

Notes: This table includes funds obligated directly to IPPF. It does not include funds obligated to other organizations and passed through to IPPF. In fiscal year 2018, IPPF declined to accept the terms and conditions of awards from HHS and USAID. IPPF publicly stated that they would not be able to meet the conditions of the 2017 Protecting Life in Global Health Assistance^c (PLGHA) 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. According to USAID officials, when an organization declines to agree to the PLGHA policy, it can no longer receive U.S. global health assistance obligations. (For additional information on the implementation of the PLGHA policy and data on declined awards for IPPF and MSI 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). Data are based on the federal fiscal year, October 1 through September 30. Negative obligations could indicate that deobligated funds exceeded new obligations. Amounts may not sum due to rounding.

^aAIDS stands for acquired immunodeficiency syndrome.

^bHIV stands for human immunodeficiency virus.

Our analysis also found that from 2016 through 2018 IPPF received approximately \$6 million dollars from HHS and approximately \$15 million in federal funding from the USAID through grants or cooperative agreements. (See table 12.) These funds were previously obligated. Federal funding obligated to an organization in any one year may be received by the organization in a different year or across multiple years and the amounts of federal funds obligated and received are generally not comparable for specific time periods. Additionally, obligations and amounts received should not be added together.

Table 12: Reported Amounts of Federal Funds Received by International Planned Parenthood Federation (IPPF) through Grants or Cooperative Agreements from the Department of Health and Human Services (HHS) and the U.S. Agency for International Development (USAID), 2016-2018

Dollars in Millions				
Federal agency	2016	2017	2018	Total
HHS program area				
AIDS ^a	2.30	2.05	1.20	5.55
Total HHS	2.30	2.05	1.20	5.55
USAID program area				
Family Planning and reproductive health	1.71	2.76	5.96	10.42
Other public health threats	0.00	2.00	1.04	3.04
Social services	0.00	0.25	0.73	0.98
Local government and decentralization	0.20	0.11	0.00	0.31
Policies, regulations and systems	0.17	0.08	0.00	0.25
Maternal and child health	0.05	0.07	0.08	0.20
HIV and AIDS ^b	0.00	0.20	0.00	0.20
Program design and learning	0.00	0.01	0.00	0.01
Total USAID	2.13	5.48	7.80	15.41
Total (HHS and USAID)	4.43	7.53	9.00	20.96

Source: GAO analysis of 2016, 2017, and 2018 data from HHS and USAID. | GAO-21-188R

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

^aAIDS stands for acquired immunodeficiency syndrome.

^bHIV stands for human immunodeficiency virus.

Our analysis of data from IPPF found that from 2016 through 2018, it expended approximately \$16 million in federal funding, all of which was from USAID—this funding was previously obligated and received.²⁵ (See table 13.) While USAID may obligates funds in a given year, IPPF may expend these funds in a different year or across multiple years and the amounts of federal funds obligated, received, and expended are generally not comparable for specific time periods. Additionally, obligations, amounts received, and expenditures should not be added together.

²⁵Our analysis of IPPF expenditure is limited to expenditures made by IPPF’s Central and Regional Offices because IPPF does not collect expenditure data from member associations, according to the organization.

Table 13: Reported Expenditures of the U.S. Agency for International Development (USAID) Grant or Cooperative Agreement Funds by International Planned Parenthood Federation (IPPF), 2016-2018

Dollars in Millions

USAID program area	2016	2017	2018	Total
Support for international family planning organizations	3.35	6.09	4.74	14.18
Evidence project	0.35	0.49	0.10	0.94
Leadership, management and governance project	0.28	0.00	0.00	0.28
Central America and Mexico HIV/AIDS Program: Combination Prevention for MARPS ^a	0.15	0.00	0.00	0.15
Total	4.13	6.58	4.84	15.55

Source: 2016, 2017, and 2018 data from International Planned Parenthood Federation. | GAO-21-188R

Notes: This table includes federal funding expended by IPPF Central and Regional Offices that was received directly from USAID, as well as expenditures of federal funding received by other organizations and passed through to IPPF. Region Office expenditures totaled \$151,000 in 2016. Expenditure data are based on the calendar year, January 1 through December 31.

^aHIV/AIDS stands for human immunodeficiency virus and acquired immunodeficiency syndrome.

In addition to the approximately \$16 million in federal funds expended by IPPF’s Central and Regional Offices, according to available audit reports submitted to USAID, some member associations also had expenditures of USAID funding. Specifically, Asociación Pro-bienestar de la Familia Colombiana reported expending \$1.28 million in federal funding from USAID from January 1, 2016 through October 31, 2018, and Woman Health and Family Planning in Ukraine reported expending \$0.23 million in federal funding from USAID from January 1, 2016 to March 31, 2017.²⁶

²⁶IPPF does not collect expenditure data from member associations, according to the organization. USAID provided audit reports submitted by IPPF member associations, which contained expenditure data.

Enclosure V: Marie Stopes International

Our analysis of data from the U.S. Agency for International Development (USAID) found that it obligated approximately \$60 million in federal funding to Marie Stopes International (MSI) through grants or cooperative agreements from 2016 through 2018. (See table 14.) The Department of Health and Human Services did not obligate federal funding to MSI during the years in our review.

Table 14: Reported Federal Funding Obligated by the U.S. Agency for International Development (USAID) to Marie Stopes International (MSI) through Grants or Cooperative Agreements, 2016-2018

Dollars in Millions				
USAID program area	2016	2017	2018	Total
Family planning and reproductive health ^{a, b}	30.87	27.68	-1.89	56.66
HIV/AIDS ^c	2.07	0.00	0.00	2.07
Maternal and child health	0.40	0.40	0.00	0.80
Social services	0.30	0.00	0.00	0.30
Total	33.64	28.09	-1.89	59.83

Source: GAO analysis of 2016, 2017, and 2018 data from USAID. | GAO-21-188R

Notes: This table includes funds obligated directly to MSI through grants or cooperative agreements. It does not include funds obligated to other organizations and passed through to MSI. Data are based on the federal fiscal year, October 1 through September 30. Negative obligations could indicate that de-obligated funds exceeded new obligations. Amounts may not sum to totals due to rounding.

^aIn fiscal year 2018, MSI declined to accept the terms and conditions of awards from USAID. MSI publically stated that they would not be able to meet the conditions of the 2017 Protecting Life in Global Health Assistance" (PLGHA) 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. According to USAID officials, when an organization declines to agree to the PLGHA policy, it can no longer receive U.S. global health assistance obligations. For additional information on the implementation of the PLGHA policy and data on declined awards for IPPF and MSI 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).

^bUSAID de-obligated funding to MSI in fiscal year 2018 in order to close out cooperative agreements that ended in prior fiscal years.

^cHIV/AIDS stands for human immunodeficiency virus and acquired immunodeficiency syndrome.

Our analysis also found that from 2016 through 2018 MSI received approximately \$86 million in federal funding from USAID through grants or cooperative agreements. (See table 15.) This funding was previously obligated. Federal funding obligated to an organization in any one year may be received by the organization in a different year or across multiple years, and the amounts of federal funds obligated and received are generally not comparable for specific time periods. Additionally, obligations and amounts received should not be added together.

Table 15: Reported Amounts of Federal Funds Received by Marie Stopes International (MSI) through Grants or Cooperative Agreements from the U.S. Agency for International Development (USAID), 2016-2018

Dollars in Millions

USAID program area	2016	2017	2018	Total
Family planning and reproductive health	33.70	33.29	15.50	82.49
HIV/AIDS ^a	1.47	0.61	0.00	2.08
Maternal and child health	1.47	0.00	0.12	1.59
Social services	0.00	0.30	0.00	0.30
Total	36.64	34.20	15.62	86.46

Source: GAO analysis of 2016, 2017, and 2018 data from USAID. | GAO-21-188R

Note: Data are based on the federal fiscal year, October 1 through September 30.

^aHIV/AIDS stands for human immunodeficiency virus and acquired immunodeficiency syndrome.

Our analysis of MSI data from 2016 through 2018, shows that MSI expended approximately \$85 million in federal funding from USAID—this funding was previously obligated and received. (See table 16.) Federal funding obligated to an organization in any one year may be received and expended by the organization in a different year or across multiple years, and the amounts of federal funds obligated, received, and expended are generally not comparable for specific time periods. Additionally, obligations, amounts received, and expenditures should not be added together.

Table 16: Reported Expenditures of the U.S. Agency for International Development (USAID) Grant or Cooperative Agreements Funds by Marie Stopes International and Its Affiliates (MSI), 2016-2018

Dollars in millions

USAID program	2016	2017	2018	Total
Support to International Family Planning Organizations 2 - Sustainable Networks				
Marie Stopes International Headquarters	3.91	4.21	2.73	10.85
Marie Stopes Tanzania Ltd	0.74	1.44	3.93	6.11
Marie Stopes Madagascar	3.65	2.17	0.02	5.84
Marie Stopes International Ethiopia	1.62	1.80	2.16	5.58
Marie Stopes International Nigeria	0.43	2.41	2.10	4.93
Marie Stopes International Nepal	0.50	1.61	1.70	3.81
Banja La Mtsogolo (Malawi)	0.41	0.70	0.68	1.79
Marie Stopes International Burkina Faso	0.70	0.98	0.05	1.73
Marie Stopes International Niger	0.59	1.04	0.00	1.63
Marie Stopes International Cambodia	0.56	0.71	0.16	1.43
Marie Stopes International Mali	0.04	1.11	0.00	1.15
Marie Stopes International Senegal	0.31	0.00	0.00	0.31
Marie Stopes International Zambia Ltd	0.11	0.00	0.00	0.11
Total	13.56	18.18	13.54	45.28
Long Term Family Planning Bridge Activity				
Marie Stopes International Uganda	8.52	5.02	0.00	13.53
Marie Stopes International Headquarters	0.93	0.55	0.00	1.48
Total	9.45	5.56	0.00	15.01
Family Planning and Reproductive Health Services Project				
Marie Stopes Society Pakistan	6.63	0.00	0.00	6.63
Marie Stopes International Headquarters	0.35	0.00	0.00	0.35
Total	6.97	0.00	0.00	6.97
Family Health Plus				
Marie Stopes International Nigeria	3.71	0.33	0.00	4.04
Marie Stopes International Headquarters	0.20	0.07	0.00	0.27
Total	3.91	0.40	0.00	4.31
Improving Family Planning Services				
Population Services Zimbabwe	1.62	1.50	0.00	3.12
Marie Stopes International Headquarters	0.13	0.24	0.00	0.37
Total	1.75	1.74	0.00	3.49
Organized Network of Services for Everyone				
Banja La Mtsogolo (Malawi)	0.00	0.22	2.01	2.23
Marie Stopes International Headquarters	0.00	0.04	0.34	0.39
Total	0.00	0.26	2.35	2.61

USAID program	2016	2017	2018	Total
Humanitarian Assistance – Central Burma				
Marie Stopes International Myanmar	1.19	0.78	0.02	1.99
Marie Stopes International Headquarters	0.07	0.26	0.00	0.33
Total	1.25	1.04	0.02	2.32
Sustaining Health Outcomes through the Private Sector Project Plus				
Marie Stopes International Senegal	0.06	0.81	0.25	1.12
Marie Stopes International Headquarters	0.12	0.15	0.10	0.38
Marie Stopes International Ghana	0.00	0.11	0.00	0.11
Marie Stopes Society Pakistan	0.01	0.06	0.02	0.08
Marie Stopes International Uganda	0.00	0.02	0.00	0.02
Marie Stopes Madagascar	0.00	0.01	0.00	0.01
Total	0.19	1.16	0.38	1.72
Integrated Service Delivery and Healthy Behaviors				
Marie Stopes International Headquarters	0.00	1.19	0.09	1.28
Marie Stopes International Senegal	0.09	0.14	0.02	0.25
Total	0.10	1.32	0.11	1.53
Other programs^a	1.09	0.47	0.00	1.55
Total all programs	38.26	30.13	16.41	84.79

Source: GAO analysis of 2016, 2017, and 2018 data from Marie Stopes International. | GAO-21-188R

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

^aOther programs include the Zambia Community Human Immunodeficiency Project, Systems for Health Program in Ghana, Quality Health Services, among others.

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



James Cosgrove
Director, Health Care
U.S. Government Accountability Office
441 G Street, N.W.
Washington, D.C. 20226

Dear Mr. Cosgrove:

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 Obligations to, and Funds Received by, Certain Organizations Providing Women's Health Care, 2016 through 2018* (GAO-21-188R).

USAID is committed to reporting transparently on our funding to the organizations covered by this report. 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. We recommend one additional edit to the draft report. GAO-21-188R uses the term "amounts received," defined in Footnote 4 on Page 2 as "funds actually received by selected organizations." This is not terminology USAID uses and might be confusing to the average reader. We suggest either replacing "amounts received" with "disbursements" throughout, or defining "amounts received" as "disbursements made directly to the organizations."

We also note that the two organizations that received funding from USAID between 2016 and 2018, the International Planned Parenthood Federation and Marie Stopes International (now renamed MSI Reproductive Choices) have refused the terms of the Protecting Life in Global Health Assistance (PLGHA) Policy. As a result, USAID has not obligated any funding to them since March 2017. Any USAID funds these two organizations expended between March 2017 through the end of 2018 were resources the Agency obligated into these awards before the PLGHA Policy went into effect.

Thank you for the opportunity to respond to draft report GAO-21-188R, and for the courtesies extended by your staff while conducting this engagement.

Sincerely,

Frederick M. Nutt
Frederick M. Nutt *Dec. 4, 2020*
Assistant Administrator
Bureau for Management

(103847)

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