

House Federal and State Affairs Committee

BILL NUMBER: HB 2809

Support ____

Oppose __X__

Neutral ____

Testimony Will Be:

In Person Oral __X__

WebEx Oral ____

Written Only ____

For Meeting on March 12th, 2024

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Testimony of Taylor Morton, Kansas Lobbyist and Policy Analyst (written and oral testimony)
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Regarding HB 2809 (Opponent)
House Committee on Federal and State Affairs
March 12, 2024

Planned Parenthood Great Plains Votes (“PPGPV”) is the advocacy and political arm of Planned Parenthood Great Plains (“PPGP”). PPGP offers expert, compassionate sexual and reproductive health care to patients with three health center locations in Kansas. PPGPV submits this testimony in opposition to HB 2809. HB 2809 would establish the “every mom matters” program in the department of health and environment (“KDHE”) and require the state treasurer to contract with eligible organizations to provide information and support services to pregnant people and parents considering adoption. Organizations that provide abortion care or are an affiliate of an abortion provider are not eligible.

Based upon the requirements outlined in this bill, the organizations that would primarily qualify as “eligible organizations” are those known as crisis pregnancy centers (“CPCs”). CPCs are nonprofit organizations that present themselves as health care clinics but operate with the intention of persuading pregnant people against seeking abortion care. CPCs are widely considered to be unethical by health care professionals and organizations—including the American College of Obstetricians and Gynecologists (ACOG) and the American Medical Association (AMA).^{1 2} CPCs employ a myriad of misleading and harmful tactics to dissuade pregnant people from seeking abortion care. These tactics include:⁵

- Misrepresenting abortion safety and asserting false risks of abortion (for example, stating a link between abortion and breast cancer, infertility, mental illness, and preterm birth).
- Suggesting that there is a high risk of complication associated with abortion—despite abortion being one of the safest medical procedures performed in the U.S.⁶
- Intentionally overestimating a pregnant person’s gestational age and falsely suggesting they are too far along to access abortion per state law.
- Using overly graphic and potentially upsetting visuals and/or performing an ultrasound to invoke an emotional response under the guise of “informing” or “diagnosing” a pregnant client.
- Falsely representing the facility as a legitimate, regulated health care clinic that offers unbiased, comprehensive sexual and reproductive health care. This is done by selecting names similar to those of legitimate clinics, locating near reproductive health clinics, and branding the facility to resemble legitimate clinics, etc.
- Misrepresenting nonmedical staff and volunteers as medical personnel by having them wear lab coats and scrubs and perform ultrasounds.

These examples are taken from a national review of CPCs by ACOG, and it is not an exhaustive list. CPCs in Kansas are not the outlier in this study or others that examine CPC tactics that are demonstrably deceptive and misleading.

¹ <https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-crisis-pregnancy-centers>

² <https://policysearch.ama-assn.org/policyfinder/detail/truth?uri=%2FAMADoc%2FHOD.xml-0-3697.xml>



Abortion is a critical component of maternal health. In fact, most patients seeking abortion care in Kansas are already parents to at least one child.³ Excluding abortion providers and organizations affiliated with those that provide abortion care demonstrates the true intent of this bill— to limit and restrict abortions in Kansas. The Legislature is equipped to act on the issues pregnant Kansans face, including domestic violence, abuse, financial barriers, and increasing access to contraception. HB 2809 includes provisions for assistance in applying for benefits programs, and assistance in obtaining support and resources in the case that a pregnant person is a survivor of abuse or sexual assault. Abortion providers and medical staff at facilities like PPGP are mandated reporters who are also well educated in contacting the proper authorities and helping patients who are victims of abuse and sexual assault understand their options and the resources available to them. The only reason a PPGP clinic would be an ineligible organization under HB 2809 is that PPGP provides abortion care. Staff at PPGP health centers provide education, counseling, and comprehensive resources on all pregnancy outcomes—including abortion, adoption, and parenting—to pregnant patients.^{4 5 6}

HB 2809 reduces a participant’s eligibility in the program based on pregnancy outcomes. Participants who are accepted into the program may receive support for two years if the pregnancy “results in a live birth”, six months if the pregnancy results in a miscarriage or stillbirth, and 15 days if the pregnancy results in an abortion. In doing so, the bill stigmatizes pregnancy outcomes other than birth, including miscarriages, stillbirths, and abortions. Pregnancy outcomes other than birth are common and should not be stigmatized.

Pregnant and parenting Kansans need real support, as we are facing a maternal health crisis in Kansas. But HB 2809 is not an effective means of accomplishing this because it excludes any organization that provides or is affiliated with abortion care, even though abortion access is a crucial piece of reproductive health care. Yet CPCs—which are not held to the same regulatory standards and oversight as medical facilities—would be eligible simply because they are not “an abortion provider or an affiliate of an abortion provider.” Adoption is not an equal alternative to abortion.

Kansas lawmakers need to ensure that government funding goes to legitimate health care organizations that promote and provide the full range of comprehensive sexual and reproductive health care by ceasing the state funding of anti-abortion CPCs. The Kansas Legislature should also allocate resources to addressing problems in the adoption and foster care systems. And state funding should be used to improve social safety net programs like SNAP, WIC, and TANF so pregnant people who want to become parents can do so without the financial strain that can make this option seem unattainable.⁷ Pregnant people should feel all options are available for them so they can make the best decision for themselves.

PPGPV strongly and respectfully urges the committee to oppose HB 2809.

³ <https://www.kdhe.ks.gov/DocumentCenter/View/29328/KS-Abortions-2022-PDF>

⁴ “Considering Adoption?” <https://www.plannedparenthood.org/learn/pregnancy/considering-adoption>

⁵ “Considering Parenthood?” <https://www.plannedparenthood.org/learn/pregnancy/considering-parenthood>

⁶ “Considering Abortion?” <https://www.plannedparenthood.org/learn/abortion/considering-abortion>

⁷ <https://www.healthaffairs.org/doi/10.1377/hlthaff.2022.00846>