

## House Federal and State Affairs Committee

BILL NUMBER: HB 2653

Support \_\_\_\_

Oppose   X  

Neutral \_\_\_\_

Testimony Will Be:

In Person Oral   X  

WebEx Oral \_\_\_\_

Written Only \_\_\_\_

For Meeting on February 15<sup>th</sup>, 2024

Testimony By: Taylor Morton

On Behalf Of: Planned Parenthood Great Plains Votes (“PPGPV”)

Email Address: [Taylor.Morton@ppgreatplains.org](mailto:Taylor.Morton@ppgreatplains.org)

Telephone: (913) 386-7240



Testimony of Taylor Morton, Kansas Lobbyist and Policy Analyst (written and oral testimony)  
Planned Parenthood Great Plains Votes  
4401 W. 109<sup>th</sup> Street, Suite 200, Overland Park, KS 66211  
Regarding HB 2653 (Opponent)  
House Committee on Federal and State Affairs  
February 15, 2024

Planned Parenthood Great Plains Votes (“PPGPV”) is the political and advocacy arm of Planned Parenthood Great Plains. Planned Parenthood Great Plains offers expert, compassionate sexual and reproductive health care to patients with three health center locations in Kansas. PPGPV submits this testimony in opposition to House Bill 2653. HB 2653 would provide for child support starting from the date of conception. PPGPV is dedicated to supporting pregnant people and ensuring the reproductive rights of Kansans are protected through evidence-based policy.

While on the surface, HB 2653 appears to be a means of supporting pregnant people and families, a closer look reveals this bill as nothing more than an attempt to further an anti-abortion agenda. This bill seeks to establish fetal “personhood,” a disingenuous tactic used by those who oppose comprehensive sexual and reproductive health care by elevating the rights of a fetus to be equivalent or superior to those of a pregnant person. By establishing fetal “personhood,” anti-abortion lawmakers could make it easier for laws to be enacted that criminalize or restrict health care during pregnancy. HB 2653 is in direct opposition to broad public support for abortion access in Kansas.

This legislation is insincere and does nothing to address the issues facing pregnant people in Kansas. The lack of clarity in the bill, including what constitutes “pregnancy-related expenses” and when the pregnant person could seek child support, make the bill unworkable. The implementation of HB 2653 raises serious questions, both from a financial and bureaucratic perspective. A positive pregnancy test does not in itself indicate the birth of a child, and this bill does not set out any structure for child support payments for a pregnancy that ends in miscarriage, stillbirth, or abortion. The bill has no protocol set forth for child support payments in the case of a pregnancy that ends in the birth of a child who is then adopted.

Furthermore, as mandated in HB 2653, child support shall be provided from the “date of conception.” This leads to a myriad of bureaucratic challenges in implementation. Determining paternity is another challenge to implementation of this bill. These challenges, among others, would be incredibly costly for the state of Kansas. Namely, in contracting for in utero genetic testing to determine paternity, and the administering of in utero genetic testing. In 2023, a similar bill was introduced and included a fiscal note which outlined the financial and bureaucratic challenges.<sup>1</sup> Implementation of this bill would be a strain on the state’s budget and resources, and it is not an effective means of supporting pregnant Kansans.

---

<sup>1</sup> [https://www.kslegislature.org/li/b2023\\_24/measures/documents/fisc\\_note\\_sb298\\_00\\_0000.pdf](https://www.kslegislature.org/li/b2023_24/measures/documents/fisc_note_sb298_00_0000.pdf)

Kansas is experiencing a maternal health crisis, and Kansans need policy solutions that provide real support to pregnant people and families.<sup>2 3 4</sup>

- Expanding access to the full range of comprehensive sexual and reproductive health care for pregnant people
- Expanding eligibility for safety net programs like SNAP, WIC, and TANF
- Increasing the benefit levels of safety net programs
- Improving the application process for safety net programs
- Advancing policies that address the social determinants of health, like housing and food insecurity
- Funding for community-based organizations that work to improve maternal health
- Funding for VA health systems to support pregnant and parenting veterans
- Improving research on maternal health, including data collection and quality measures, to inform our health care systems
- Investing in mental health and substance use disorder treatment for pregnant and parenting people

This is not an exhaustive list, and there is a need in Kansas for meaningful policy that supports pregnant people and families. This bill purports to address the financial burdens of pregnancy and parenthood, but all it would accomplish is codifying fetal personhood language into Kansas law. Granting legal rights to a fetus or embryo—whether directly or through backdoor policies like enforcing child support before birth—would have immense and harmful consequences. Kansans have said loud and clear they do not want their rights to reproductive health care restricted and this bill could pave the way for laws that would punish a pregnant person for seeking essential care. PPGPV strongly urges the Committee to vote against HB 2653.

---

<sup>2</sup> <https://www.commonwealthfund.org/publications/fund-reports/2021/nov/policies-reducing-maternal-morbidity-mortality-enhancing-equity>

<sup>3</sup> <https://ucsjoco.org/wp-content/uploads/2022/12/Safety-Net-Fact-Sheet-Updated-FINAL-Final.pdf>

<sup>4</sup> <https://www.cbpp.org/research/poverty-and-inequality/governments-pandemic-response-turned-a-would-be-poverty-surge-into>