

Testimony Opposing Bill 2062
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State Senate Judiciary Committee

Chair Warren, Vice Chair Wilborn, and Members of the Committee,

Thank you for the opportunity to submit testimony today. My name is Michele Bennett, and I am a practicing obstetrician-gynecologist in Lawrence, KS. I am writing to express my opposition to Bill 2062, which seeks to establish child support for unborn fetuses. This bill is problematic for many reasons. On the surface, it purports to provide financial support for pregnant individuals, but this intent is fraught with potential dangerous legal precedents which would exacerbate governmental overreach into what should be private medical decisions.

I have had the privilege to care for thousands of women over the course of my career. I was born and raised in Kansas and graduated from the University of Kansas for both my undergraduate degree and medical degree at our state-funded institutions. In the 14 years that I have been in practice in Kansas, I have seen the many complexities of pregnancy. Obstetrical care encompasses caring for patients through both the medical aspects as well as the intricate psychosocial aspects of pregnancy. My strong opposition to this bill is because it not only essentially advances a legal framework for fetal personhood but also fails to address the real daily challenges that pregnant individuals face. It does not improve access to prenatal care, affordable childcare, or workplace protections, all factors that have been proven to improve maternal and infant health. These are hurdles that we help patients navigate every single day in real-world clinical medicine. In Kansas, the lack of Medicaid expansion continues to negatively affect our obstetric patient population. Approximately 30-35% of my patient population has Medicaid, and another subset is uninsured. Patients would be much better served by resources to ensure they have adequate insurance, are stably housed, and have workplace protections to make sure that receiving prenatal care does not cost them lost income from missing work from both routine care and unexpected complications.

The outcome of a pregnancy is never certain from the moment of conception up until the 40th week of pregnancy at the time of the estimated due date. Dating of pregnancy can be tricky as well, and an hCG level alone does not determine an exact gestational age nor does it ensure viability. Early positive pregnancy tests may result in spontaneous abortion (miscarriage), ectopic pregnancy, termination of pregnancy (elective, for grave maternal health concerns, or for fetal findings that are incompatible with life), or preterm delivery that may result in neonatal death due to prematurity. Bill 2062 has verbiage that states that “direct medical and pregnancy-related expenses” shall not include costs related to “elective abortion” which is defined as “abortion for any reason other than to prevent the death of the mother”. This language speaks to the lack of understanding of the broad definition of abortion, because there are many forms of abortion that are not truly elective but may not imminently affect the life of the mother. For context, I do not perform truly elective abortions in my practice, but I can think of several anecdotes from the past six months alone where there was significant gray area in an obstetric case.

The sheer cost and logistics of paternity testing is another factor that bears consideration. If our legislature elects to require a \$2000 test for every pregnant patient, that would put immense strain on our state budget and institutional resources and I can guarantee our patients would be much better served by putting those funds (and the time/ personnel/logistics required) toward programs with known measurable success. Determining paternity early in pregnancy is often not medically feasible, and the requirement for paternity testing could potentially lead to legal disputes that place additional burdens on pregnant individuals. In cases of domestic violence or coercive relationships, requiring a pregnant person to establish a

financial connection with an abusive partner could put them at greater risk and would undoubtedly create another barrier to access to adequate prenatal care. It is important to note that 30% of all domestic abuse (which affects one in six women) starts in pregnancy, and this number rises to 40% from the time of conception until a child's second birthday.

If lawmakers are serious about supporting pregnant individuals and families, they should prioritize policies that address systemic barriers to healthcare and economic stability rather than pursuing legislation that could limit reproductive rights. Rather than enacting laws that elevate fetal legal status in ways that undermine reproductive autonomy, I would urge the committee to focus on policies that provide real support for pregnant individuals and families.

For the numerous above reasons, I strongly urge you to oppose Bill 2062. I would welcome the opportunity to speak to you in greater detail if that would be helpful. Thank you for your time and consideration.

Sincerely,

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