



February 14, 2024

Opponent Written Only Testimony: HB 2653
House Committee on Federal and State Affairs

Chairman Carpenter and Members of the Committee,

Thank you for the opportunity to present opponent testimony on HB 2653. Trust Women Foundation is a health care provider in Kansas and Oklahoma with a mission to provide and protect access to abortion care for our communities. We offer comprehensive reproductive health care, as well as gender-affirming care, HIV treatment, Hep-C testing and treatment and other sexual health services.

We strongly oppose HB 2653, a bill that would provide for child support beginning at the date of conception by expanding the state bureaucracy through pregnancy surveillance, establishing dangerous fetal personhood laws and precedents, and implementing a confusing and poorly reasoned mandate on already strained state agencies—all while redefining abortions more strictly than currently defined by the state, constitutionally protected by the courts and affirmed by Kansas voters in August 2022.

The bill introduces the notion of financial support from the moment of conception. However, with no guidance on how the state might establish or verify the date of conception, the bill is critically lacking in clarity. How will the state establish the date of conception? How many applications for zygote support will the state allow a pregnant person to submit each year? 1 in 4 pregnancies end in miscarriage: a single person might be eligible many times during a single year; there could be different paternity results for each pregnancy; what started as a little bit of government overreach could quickly balloon into massive pregnancy surveillance.

HB 2653 seems to rely on a prenatal medical infrastructure that is simply not there for most Kansans. According to the [March of Dimes 2023 report on maternity care in Kansas](#),¹ while nearly 20% of babies born in KS were born to women who lived in rural areas, only 10% of maternity care providers practice in rural parts of the state. In order to fulfill even the scarce reporting requirements of HB 2653, a pregnant person in rural Kansas would likely have to travel out of their community to a larger hospital system. This clearly creates an unequal burden on pregnant people in rural counties who do not have the same access to maternity care as their urban counterparts.

Pregnant people looking to receive child support under this law may be compelled to visit an anti-abortion center (so-called crisis pregnancy centers) to establish some guess at “date of conception”. However, many staff at these AACs are not medically trained professionals, and no AAC in Kansas is currently regulated by the KDHE. How well would medical information obtained from an unlicensed vendor hold up in court in a paternity suit? What guidelines might have been helpful for guaranteeing the reliability of information used to enforce this law?

Establishing a legal framework of fetal personhood is a long-standing strategy of anti-abortion proponents who wield “personhood” as another weapon against pregnant people. [According to reporting from NPR in 2023](#),² many states are actively employing these laws to jail women who have had miscarriages or used illegal substances while pregnant—even [legal substance use could come under increased scrutiny](#),³ as these types of laws spread.

1 <https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-Kansas.pdf>

2 <https://www.npr.org/2023/08/11/1193393737/4-states-are-using-fetal-personhood-to-put-women-behind-bars>

3 <https://www.theguardian.com/world/2023/jul/25/states-using-fetal-personhood-laws-to-criminalize-mother>



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Finally, we oppose the radical redefinition of abortion that this bill proposes. Defining nearly all abortions typically performed in Kansas as “elective” creates two different definitions of abortions in the law. This new definition isn’t drawn from new medical understanding—it simply excludes almost all abortions except for those performed to save the life of the mother, with the cruelest caveat that saving the mother’s life doesn’t include those situations in which her life is threatened by mental health issues. In practice, this means that this bill creates a benefit that will not be accessible to a certain class of people: those who may have an abortion, but still may need support during their pregnancy. If you are pregnant and need support, you must obey the draconian rules of the state, or else. We must be better for our fellow Kansans.

Rather than more anti-abortion laws masquerading as pregnancy support, why not do the real work of supporting our pregnant people?

- Mandate robust family leave policies for public and private sector employees
- Increase the minimum wage so that more families can afford to see the doctor
- Support efforts for free public daycare, so that more families can afford to have young children
- Expand Medicaid!

We don’t need new laws to stop people from having abortions. People will always have abortions. We need stronger support from our legislators so that we have a better world to bring children into, healthier communities where our families can thrive, and a compassionate state that provides more opportunities for families than punishments.

Thank you again for the opportunity to express our concerns about HB 2653.

Respectfully submitted,

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