
Planned Parenthood Great Plains Votes

Testimony of Katie Baylie (written only)
Director of Legislative Affairs
Planned Parenthood Great Plains Votes
Opposing HB 2429
House Health and Human Services
March 7, 2023

Dear Chair and Honorable Committee Members:

Planned Parenthood Great Plains Votes (“PPGPV”) is the advocacy and political 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 2429. HB 2429 would establish the “Alternatives to Abortion Program” (“A2A Program”), a statewide program which would be administered by the Department of Children and Families (“DCF”) to “enhance and increase resources that promote childbirth instead of abortion to women facing unplanned pregnancies.” Under the A2A Program, the state treasurer would contract with one non-profit organization which would subcontract with anti-abortion organizations to provide vaguely outlined services such as “counseling and mentoring” and “providing educational materials and information about pregnancy and parenting.”

HB 2429 would also establish the “Alternatives to Abortion Public Awareness Program”, administered by the same non-profit organization contracted with the treasurer. The program would allow the non-profit to use tax money to create and promote a website with an index of the anti-abortion organizations and to directly promote these organizations through TV, radio, newspapers, and the internet advertisements.

Kansas already administers a statewide grant program to assist low-income persons with pregnancy and adoption: the Stan Clark Pregnancy Maintenance Initiative.

The Kansas Department of Health and Environment (KDHE) currently administers a state grant program designed to help low-income individuals carry pregnancies to term: the Senator Stan Clark Pregnancy Maintenance Initiative (PMI).¹ The PMI was established in 1999 to “provide case management services for pregnant women to enable them to carry their pregnancies to term and increase ready access to appropriate prenatal care and support services.”² Unlike the lack of oversight in the proposed legislation, the PMI requires recipients to develop policies and procedures to ensure compliance with the program’s goals. These include, but are not limited to, requiring grantees to show how services will be implemented, how the recipients will ensure client confidentiality, license and certification requirements for staff of recipient organizations, data collection, ongoing monitoring including site visits and a program assessment tool to ensure client satisfaction. Additionally, KDHE is

¹ K.S.A. 65-1,159a.

² Kansas Department of Health and Environment. (Nov. 2020). *Pregnancy Maintenance Initiative Manual*, <https://www.kdhe.ks.gov/DocumentCenter/View/5344/Pregnancy-Maintenance-Initiative-Manual-PDF>.

required to annually submit a report to the legislature on results and outcomes of the program, including how many people utilized the services, how much of the funds were used for pre-natal versus post-birth services, and the number of people who chose adoption.

The proposed legislation does not set forth minimum standards or oversight for the recipient organizations to ensure public funds are being appropriately utilized.

Unlike other health programs which receive state funding, including the PMI, there is nothing in the proposed legislation which would require recipient organizations to track and report how funds are spent nor ensure outcome-based results. The bill does not require the collection of any data nor metrics to measure whether taxpayer dollars are being used for real, tangible benefits to Kansans. There is no standard criteria an organization would have to meet in order to be eligible, other than the organization cannot be one which itself performs, induces, assists in the performing of or inducing of referral for abortion.

Similar A2A programs in other states have been the subject of extensive critique, including that the programs elude financial accountability and misuse taxpayer funds. It has been reported that most of the dollars from these programs end up going towards operational costs, overhead, marketing, and religious anti-choice counseling sessions, rather than to legitimate, comprehensive services.

There have been multiple investigations into how the lack of oversight into such state-funded programs has created an environment in which funds can be easily diverted. For example, a crisis pregnancy center (CPC) in San Antonio, Texas, reportedly spent tens of thousands of dollars of state money on travel to Miami and Las Vegas, limousines, a motorcycle, a smoke shop and to buy land for an industrial hemp farm.³ In North Carolina, federal funds were used to illegally purchase \$50,000 of religious propaganda over a period of five years.⁴ In Pennsylvania, the Auditor General conducted an investigation into an anti-abortion organization and concluded the organization had used taxpayer dollars for the purpose of promoting their own development, such as increasing executive salaries and using the money to fund its activities in other states.⁵

This legislation would directly siphon money from critical safety net programs to organizations that knowingly spread false, misleading information and provide no legitimate medical services.

This bill would require DCF to match money with federal and other public and private funding in coordination with the state treasurer. DCF would be required to divert federal Temporary Assistance for Needy Families (TANF) funds away from low-income families and instead use taxpayer dollars to fund crisis pregnancy centers. This money is intended to directly support Kansans' most vulnerable families through direct assistance to pay for essential needs, such as rent, food, and childcare. Instead, this money would be taken from Kansas families and given to CPCs to spend as they please as long as they state they are using it to prevent abortions. From 2006 to

³ Collier, Dillon. (2021, December 21). "Non-profit for pregnant women and young parents used funds on smoke shop and to buy land for hemp production, records show", KSAT 12 News, available at <https://www.ksat.com/news/local/2021/12/21/nonprofit-for-pregnant-women-young-parents-used-funds-on-smoke-shop-and-to-buy-land-for-hemp-production-records-show/>.

⁴ Campaign for Accountability (2019, March 20). *Campaign for Accountability Calls on North Carolina to Terminate Contract with Anti-Abortion Clinic, Human Coalition* [Press release]. <https://campaignforaccountability.org/campaign-for-accountability-calls-on-north-carolina-to-terminate-contract-with-anti-abortion-clinic-human-coalition/>.

⁵ Department of Auditor General, Commonwealth of Pennsylvania. (2017). *Performance Audit Report: Real Alternatives Grant*. https://www.paauditor.gov/Media/Default/Reports/DHS_RA_Audit%20Report.pdf.

2021, Texas has diverted \$45 million dollars in federal funds from TANF into the A2A program, with little to no evidence of benefits to its citizens.⁶

The sole purpose of CPCs is to improperly influence a pregnant person's reproductive health decisions. CPCs typically provide limited health care services, if any, and rely on misinformation to pressure or scare pregnant individuals out of seeking abortions.⁷ CPCs are well known for providing inaccurate, misleading, and deceptive information which may delay or interfere with access to abortion, prenatal care, or contraception services.⁸ Multiple undercover investigations have shown that CPCs advertise themselves as legitimate medical clinics, despite being unregulated and unlicensed.⁹ Lay volunteers often wear white coats and see visitors in exam rooms, furthering the impression that the patients are receiving medical services.¹⁰

Additionally, there have been extensive investigations into how CPCs target people of color and low-income pregnant persons.¹¹ By impeding access to essential health care, CPCs may contribute to racial, ethnic, and socioeconomic inequities.¹² There is no requirement in this legislation to ensure the counseling, mentoring or educational materials provided by these centers are medically accurate nor factual. There is also no requirement that recipient organizations would have to show a tangible benefit for its use of taxpayer funds and no auditing to ensure compliance.

The proposed legislation would create a statewide public funding and advertising program for anti-abortion organizations. The program would divert such funding intended to directly support the most vulnerable Kansans to anti-abortion organizations who target these individuals. Instead of this money going to essential needs, the money, at best, would be used to coerce and mislead individuals and contribute to increased inequalities. At worst, as evidenced in other states, this money will be used to fund executive salaries, trips, and out-of-state development costs, with little to no governmental oversight. **PPGPV respectfully urges the committee to vote no on this legislation.**

⁶ McFadden, Cynthia, et al., "Crisis pregnancy centers in Texas gave medical misinformation to NBC News Producers", NBCNews.com. available at <https://www.nbcnews.com/politics/supreme-court/texas-state-funded-crisis-pregnancy-centers-gave-medical-misinformation-rcna34883>.

⁷ Melissa N Montoya, Colleen Judge-Golden & Jonas J Swartz, "The problems with crisis pregnancy centers: Reviewing the literature and identifying New Directions for future research", Volume 14 International Journal of Women's Health 757–763 (Jun. 8, 2022), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9189146/>.

⁸ Bryant AG, Narasimhan S, Bryant-Comstock K, Levi EE. "Crisis pregnancy center websites: information, misinformation and disinformation", *Contraception*. 2014;90(6):601–605. doi: 10.1016/j.contraception.2014.07.003.

⁹ *Id.*

¹⁰ *Id.*

¹¹ Swlc. "In the news: Crisis pregnancy centers endanger women's health-with taxpayer dollars and without oversight", Southwest Women's Law Center. 2021. <https://swwomenslaw.org/in-the-news-crisis-pregnancy-centers-endanger-womens-health-with-taxpayer-dollars-and-without-oversight>.

¹² Bryant AG, Swartz JJ. "Why crisis pregnancy centers are legal but unethical", *Journal of Ethics*. American Medical Association. 2018. <https://journalofethics.ama-assn.org/article/why-crisis-pregnancy-centers-are-legal-unethical/2018-03>.