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In Person Oral Testimony in Opposition to HB 2635  
House Committee on Federal and State Affairs  
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Planned Parenthood Great Plains Votes (“PPGPV”) is the advocacy and political arm of Comprehensive Health of Planned Parenthood Great Plains and Planned Parenthood Great Plains (“PPGP”), which offer compassionate sexual and reproductive health care to patients with four health center locations in Kansas. PPGPV submits this testimony in opposition to House Bill 2635. This bill provides statutory protection for anti-abortion crisis pregnancy centers (CPCs) and establishes a private cause of action for any violation of the act. Organizations that provide abortion care or make referrals for abortion care are excluded from the definitions of “medical pregnancy center” and “pregnancy center” in the bill.

HB 2635 would prohibit state and local municipalities from regulating anti-abortion CPCs, further insulating them from regulatory oversight. Continued state support and funding of explicitly religious and anti-abortion organizations would negatively impact public health and go against the will of Kansans, who overwhelmingly support abortion access.

CPCs are explicitly anti-abortion organizations that advertise pregnancy-related services yet operate with the intention of persuading pregnant people against seeking abortion care. CPCs are widely considered to be unethical by health care professionals, including groups like the American College of Obstetricians and Gynecologists (ACOG) and the American Medical Association (AMA).<sup>1 2</sup>

CPCs have been known to intentionally market themselves as legitimate reproductive health centers to falsely insinuate that clients will receive comprehensive care and information about all pregnancy options. Oftentimes, CPCs employ misleading and harmful tactics to dissuade pregnant people from seeking abortion care. These tactics include:<sup>3</sup>

- 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.<sup>4</sup>
- Intentionally overestimating a pregnant person’s gestational age and falsely suggesting they are too far along to access abortion per state law.

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

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

<sup>3</sup> <https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-crisis-pregnancy-centers>

<sup>4</sup> <https://www.kff.org/womens-health-policy/key-facts-on-abortion-in-the-united-states/?entry=table-of-contents-what-does-research-show-about-the-safety-of-abortions>



- 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.
- Advertising online and manipulating web search data to appear in searches for abortion care—despite not providing abortion care.

These tactics are taken from a national review of CPCs by ACOG, and this list is not exhaustive. CPCs in Kansas are not an outlier in this study or others that examine demonstrably deceptive and misleading CPC tactics. According to recent data, Kansas ranks 23<sup>rd</sup> in the U.S. for the most CPCs. 45.7% of Kansas counties are defined as maternity care deserts, compared to 32.6% nationally. These counties lack access to birthing facilities or maternity care providers.<sup>5</sup>

Kansas is facing a serious maternal health crisis, and pregnant and parenting people need meaningful support. The Legislature should explore evidence-based policy solutions that have demonstrable efficacy, such as the following:<sup>6 7 8</sup>

- 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.
- Expanding access to the full range of comprehensive sexual and reproductive health care for pregnant people.
- Advancing policies that address the social determinants of health, like housing and food insecurity.
- Funding for community-based organizations that work to improve Black maternal health and address racial disparities in pregnancy and birth outcomes.
- Improving research on maternal health, including data collection and quality measures, to inform our health care systems.

This is not an exhaustive list, and pregnant and parenting Kansans do need meaningful support. Instead of providing statutory protections for anti-abortion organizations, the Legislature should invest in policy solutions that will improve public health and wellbeing. Kansans deserve transparency and access to accurate, unbiased, comprehensive medical care and resources.

PPGPV strongly urges the Committee to oppose HB 2635.

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<sup>5</sup> <https://www.marchofdimes.org/peristats/reports/kansas/maternity-care-deserts>

<sup>6</sup> <https://www.commonwealthfund.org/publications/fund-reports/2021/nov/policies-reducing-maternal-morbidity-mortality-enhancing-equity>

<sup>7</sup> <https://ucsjoco.org/>

<sup>8</sup> <https://www.cbpp.org/research/poverty-and-inequality/governments-pandemic-response-turned-a-would-be-poverty-surge-into>