

**Testimony to the members of the Senate and House Taxation Committees
in support of SB 96 and HB 2135**

February 2, 2023

Thank you for the opportunity to speak before your committee today. My name is Donna Kelsey. I am the volunteer executive director of Kansas City Pregnancy Clinic. I have been an executive director for nonprofit Kansas pregnancy clinics over the last 25 years, including helping to start four pregnancy clinic locations. Raising startup monies and funds for continuing operations is always challenging. We rely almost exclusively on donations, with most of these donations coming from individuals.

Kansas City Pregnancy Clinic opened in July 2020. We provide various services to women experiencing unplanned pregnancies including pregnancy tests, ultrasounds, confidential and non-judgmental counseling, diapers and baby items, education, and community referrals. All our services are free. We are open 20 hours per week.

In 2022, our first full year of offering ultrasounds, we performed over 225 ultrasounds. Our ultrasound volumes have grown rapidly over the last few months, and we are currently providing approximately 20 ultrasounds each week. Pregnant women, both those who are happy and those who are considering abortion, very much value having a free ultrasound, and this is a primary reason that they seek our services. Responding to this high demand continues to put operational and financial demands on us to grow.

I would like to briefly share with you two of our client stories. The first client I will call “K.” She came to us abortion determined. Her mother came with her. K is also a meth addict and admitted to always wanting to be high. She cannot hold down a job because of this and felt she

could not bring a child into her world. She very much wanted to give birth but was determined to abort because of her addiction. After counseling on how we could help and what referrals we could give her to help with her meth addiction, she agreed to a sonogram. K was amazed to see her 8-week-old child moving and to hear the heartbeat. K wanted our help, and her mother was in support of her keeping her child. K needed support to pay for electricity and food. This is not the only client we see in this type of situation.

I will call the second client J. J came to us with the father of the baby. They had met online and had only been together for 6 weeks. He was abortion determined and J was very vulnerable. He was rude in our counseling session. When we got J alone, we found out that the father of the baby was abusive. J thought she had to include him in the baby's life. After visiting with J over several visits, she has left him and is making a life for herself and her child. J lives 45 minutes away from our clinic. We help her with her gas money when she comes.

In conclusion, we would like to help as many clients, such as K and J, as possible by increasing our hours of operation and increasing our staff, but our financial resources do limit us. The legislation that you are considering, I believe would offer pregnancy clinics significant opportunity to increase donations to help reach more pregnant women.

Thank you for considering this legislation and thank you again for the opportunity to speak with you. I ask you to please pass the bill out of committee favorably.