

February 16, 2024

Madam Chair Representative Landwehr and members of Health and Human Services Committee,

I am honored to speak with you today in support of House Bill No. 2789 and the pregnancy compassion program. My name is Donna Kelsey, and I am the Executive Director of Kansas City Pregnancy Clinic. I have served as an executive director for various pregnancy clinics in Kansas for the last 17 years.

Kansas City Pregnancy Clinic (KCPC) has served as a pilot for implementation of the current A2A program. We are enthusiastic supporters of this program and the pregnancy compassion program in HB 2789. With the current A2A program we have been provided with additional financial resources that have allowed us to expand our services to pregnant women facing unplanned pregnancies. In 2023 we served 480 new clients and 580 returning clients. We provided 3,106 services including 895 ultrasounds. Our life-affirming services include pregnancy tests, limited ultrasounds, counseling, material aid, referrals to community organizations, and education classes.

We serve the poorest of the poor in the inner cities of Kansas City, Ks and Kansas City, Mo. Thirty percent of the clients that we served in 2023 were from Kansas City, Missouri. If possible, we believe that it would be very good to allow this pregnancy compassion program to serve pregnant women from other states, thereby showing that the State of Kansas serves as a model offering support to all pregnant women dealing with an unplanned pregnancy.

With the additional funds provided by the current A2A program we have increased hours with existing staff, and we have added one staff member. We have also leased an additional room at our current facilities. With these additional funds we are also creating a prenatal care initiative effort at our clinic. We are finding that the poor women that we serve typically do not have health insurance, including Medicaid and therefore they do not have access to prenatal care. Commonly, their plan for prenatal care and delivery is simply to go to the hospital emergency room. Last year we served several clients who did not have access to prenatal care and as a result their unborn child did not survive.

We urgently need to help our clients navigate obtaining health insurance and in finding healthcare providers. Next week, KDHE is coming to our pregnancy clinic to begin our process of becoming a Qualified Entity that will give us the capability to determine if a client can obtain Presumptive Eligibility for KanCare. If we determine that a client does qualify for Presumptive Eligibility, KCPC will be able to issue documentation immediately to that client who can then take this documentation to a Medicaid provider to obtain maternal and prenatal care coverage. Again, the funds provided by the current A2A program are allowing us to pursue this very needed prenatal care initiative.

One final benefit from the A2A program is to provide us with funds to accelerate the opening date for our future planned second location in Shawnee, Kansas thereby providing us with the expanded ability to reach more pregnant women. In summary, I hope that you can see that pregnant women are receiving expanded services and support from the pregnancy compassion programs.

Thank you for your service to Kansas. Please support HB 2789.

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