



Tuesday, March 12, 2024, 9:00 AM  
House Committee on Federal and State Affairs  
Rep. Will Carpenter, Chair

Zack Gingrich-Gaylord  
Communications Director, Trust Women Foundation

HB 2809 – Creating the every mom matters act

Chair Carpenter and Members of the Committee,

Thank you for the opportunity to present opponent testimony on HB 2809. 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 stand in strong opposition to House Bill 2809. We are deeply concerned with the bill's unnecessary and almost-certain squandering of resources that could otherwise support existing state programs that directly benefit struggling families.

HB 2809, a bill that would create the so-called "every mom matters" program is, by our count, at least the third bill introduced in the legislature this year that creates a channel for state taxpayer funds to be diverted into anti-abortion organizations including crisis pregnancy centers and anti-abortion marketing firms. According to the fiscal note attached to this bill, the cost to taxpayers exceeds \$12 million dollars for the first two years alone. This type of legislation makes it seem as though the state is short on public health programming that supports pregnant people and new parents, but in fact, there are already several existing opportunities for Kansas families to engage with and improve their pregnancy outcomes, as well as an anti-abortion pregnancy resource program that has existed for 25 years with a mandate strikingly similar to HB 2809, and others.

In the 25 years the Stan Clarke Pregnancy Maintenance Initiative Program (PMI)<sup>1</sup> has been running, the impact has been at best modest: between 2020 and 2023, for example, the program averaged fewer than 800 participants each year. For context, due to regional abortion bans, Kansas saw over 12,000 patients for abortion in 2022 alone.

Like the PMI program, HB 2809 is itself a program that closely mirrors the structure, intent and aim of already existing state and private community and reproductive health care programs, which include the work of our organization, Trust Women, but also state and federal programs like WIC and SNAP, and the

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<sup>1</sup> <https://www.kdhe.ks.gov/654/Pregnancy-Maintenance-Initiative>



community work of KS Birth Equity Network, Kansas Birth Justice Society, Planned Parenthood, and many other independent healthcare providers. It's important to reiterate, HB 2809 is a dangerously poor substitute for real and comprehensive health care access. Kansans deserve to have properly funded already existing programs to improve their effectiveness and outcomes.

The "Becoming a Mom" pregnancy support program was created in 2010, in partnership with March of Dimes<sup>2</sup>. Through cognitive and behavioral curriculum, the program seeks to lower preterm births and increase healthy pregnancy outcomes<sup>3</sup>, much like the purported purpose of HB 2809. Tellingly, after nearly fifteen years, the Becoming a Mom program is still only implemented in fewer than a quarter of all Kansas counties, yet in those counties the program has reported significant impact in reducing infant mortality rates. Here is a program with proven and reported results, yet we've not heard from anti-abortion lawmakers scrambling to increase its support.

If sponsors of this bill wish to improve the health outcomes for pregnant people and their families, there is no sound medical reason to exclude community health clinics, doulas, primary care physicians, or even most OB-GYNs from the support granted in HB 2809. Exclusion of such facilities and providers suggests the authors of this bill do not want pregnant people to have access to all choices, information, or resources, except those that support their own personal aversions to abortions.

The sponsors of these bills are deliberately ignoring a clear and important fact: abortion providers and medical professionals who correctly view abortions as an essential part of reproductive health care are far better positioned to point people to essential resources even when abortions are not part of that patient's care plan. We see more people, do more community work, and are more trusted by our community partners to support positive health outcomes. We can make these commitments without receiving state funding directly or through tax subsidies.

Rather than continue to pass their anti-abortion agenda by any means necessary, the legislature could bring attention and resources to programs that would directly benefit our communities:

- Expand Medicaid,
- Support birthing centers,
- Remove barriers to contraception access, including emergency contraception,
- Support expanded access to doula and midwifery care by integrating midwives into maternity care and removing restrictive laws and regulations,
- Advocate for equitable maternal health care that ensures pregnant people can give birth in a supportive environment and have health coverage to ensure they can afford their care.

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<sup>2</sup> <https://www.kdhe.ks.gov/578/Curriculum-Implementation>

<sup>3</sup> <https://www.kdhe.ks.gov/DocumentCenter/View/5022/KPCC-Becoming-a-Mom-PDF>



Overall, the Trust Women Foundation opposes the passage of HB2809, and we encourage thoughtful consideration of the above factors when evaluating the proposed legislation.