

**Testimony by Charlie Hunt with  
the Johnson County Department of Health & Environment (JCDHE) to  
House Committee on Health and Human Services  
Written Opponent for HB 2793 – February 15, 2024**

Chair Landwehr and Members of the Committee,

Thank you for the opportunity to provide written testimony against House Bill 2793, a bill which would impede and delay access to prenatal care for minors throughout Kansas. JCDHE's mission is to promote and protect the health of all Johnson Countians.

While the prevention of teen pregnancies through education and contraception is paramount to our work, JCDHE's federally funded Title V prenatal clinic and our Targeted Case Management outreach program also focus on access to care and provision of supportive resources for pregnant and mothering women, including teen mothers.

Adding parental consent language to prenatal care does not prevent teen pregnancy, and in fact creates barriers and delays to necessary health care, increasing the risk for unfavorable outcomes. Early and uninhibited access to prenatal care improves health outcomes to both mother and infant. The words of the 2018 American College of Obstetrics and Gynecology call to action remain at the heart of this topic, "Young mothers may avoid seeking timely and medically necessary care, not to mention counseling regarding preventive health services and monitoring of underlying chronic conditions. Lack of access during these critical months leads to missed essential opportunities for intervention and increased pregnancy-related risks to the mother and infant."

In the 2023 PeriStats report, the March of Dimes gives the state of Kansas a D+ grade for preterm birth rates with a rate of 10.5%, slightly worse than the national average of 10.4%. In the same report, the March of Dimes used the Maternal Vulnerability Index to identify moderate vulnerability for birthing people in Kansas, listing access to reproductive healthcare as the top indicator. Finally, the Kansas Maternal Mortality Review Committee reported that the severe maternal morbidities (SMM) rate steadily significantly increased from 56.1 in 2016 to 71.0 per 10,000 delivery hospitalizations in 2020, with an annual percent change of 6.4%. Much work remains to be done towards improving birth outcomes for mothers and infants in Kansas; HB 2793 is in direct conflict with this work.

According to the Guttmacher Institute, Kansas is currently one of 30 states that allow minors to consent to prenatal care, a trend which has been increasing to improve outcomes in teen pregnancy: "Minors who are sexually active, pregnant, or infected with a sexually transmitted disease (STD) and those who abuse drugs or alcohol or suffer from emotional or psychological problems may avoid seeking care if they must involve their parents."

As such, JCDHE asks that the committee oppose HB 2793 and protect the health of all Kansans.

Sincerely,

D. Charles Hunt, M.P.H., Director