

## Gubernatorial Questionnaire Maryland State PAC for Planned Parenthood

Candidate Name: John B King

Candidate for: Maryland Governor

1) Maryland's law includes an outdated restriction that only physicians can provide abortion care. A growing number of states, now up to fourteen, recognize that advanced practice clinicians - including nurse practitioners, certified nurse-midwives, and physician assistants - are qualified to provide the full range of abortion care. Through a 2020 Attorney General Opinion, Maryland has taken a partial step forward by recognizing that medication abortion is within the scope of advanced practice clinicians. However, the Opinion did not extend to procedural abortions, commonly called surgical abortions. Procedural abortions are clinically very similar to miscarriage management, a service already provided by advanced practice clinicians.

*Would you support repealing the state's outdated requirement that only physicians can provide abortion care, which would allow other qualified advanced practice clinicians to provide a full range of abortion care (e.g. nurse practitioners, physician assistants and certified nurse midwives)? This repeal would also permanently codify the 2020 Attorney General's Opinion that recognizes Maryland law already allows advanced practice clinicians to provide medication abortion.*

Yes  No      If you would like to explain your answer, please explain below:

The inequities in Maryland's health care system create systemic barriers to care that so many Marylanders need. Abortion is health care and not excluded from this inequity. We need to be doing everything we can to break down these barriers. Allowing advanced practice clinicians to provide full abortion care has become especially important as the country faces a physician shortage, made even worse by the pandemic.

2) Many clinical education programs, including medical schools and advanced practice nursing programs, do not provide training in abortion care. As a result, there are not enough health professionals trained to provide abortion care. More training opportunities would increase the number of health care professionals who provide abortion care, particularly in rural and underserved communities.

*Do you support increasing training opportunities for clinical students and health professionals in abortion care?*

Yes  No      If you would like to explain your answer, please explain below:

Abortion care is health care, and it is a disservice to Maryland patients that their health care providers may not have training on what is an important, necessary and common procedure. There is no clinical justification for these restrictions. The FDA does not impose these types of restrictions on similar medications.

*Would you ask the FDA to follow the recommendations of American College of Obstetrics and Gynecologists and the American Academy of Family Practitioners to improve access to medication abortion by repealing outdated restrictions on mifepristone? Many Maryland legislators<sup>5</sup>, on both the Congressional and State level, have urged the FDA to lift the REMS requirements to improve access to medication abortion.*

Yes  No      If you would like to explain your answer, please explain below:

4) During the COVID-19 pandemic, governors in many states, including Maryland, directed health care providers to suspend all but essential health care services. In some states, such as Texas, governors declared that abortion was not an "essential service". These declarations forced individuals to travel out-of-state during a dangerous period during the pandemic or forego abortion services.

*As the Governor of Maryland, would you recognize that abortion is an essential service during a public health emergency, so that health care providers can continue to offer abortion services?*

Yes  No      If you would like to explain your answer, please explain below:

### **Ensuring Abortion Access is not Determined by Insurance Status**

5) Maryland law currently requires that private insurance plans cover maternity care, in vitro fertilization, and contraception. Currently, there is a gap in the law, as there are no requirements for abortion coverage. Without insurance coverage, individuals may have to forego or delay care. Individuals with coverage may also face barriers if they must first meet a deductible or cost-sharing requirements.

Private insurance plans may voluntarily provide abortion coverage, but that coverage has been threatened in recent years. Under a proposed federal "separation of payment" rule, the Trump Administration attempted to force plans to drop abortion coverage by imposing purposely burdensome administrative requirements. While the rule has since been rescinded, **private** insurance coverage is still at risk if the federal landscape shifts again. States can counteract that risk by requiring private insurance to cover abortion. Six states, such as Illinois and Maine, have recently enacted abortion coverage requirements. States generally provide an exemption for religious organizations.

*Would you support equity in coverage through a requirement that private insurance plans cover abortion without administrative barriers or cost-sharing requirements?*

Yes  No If you would like to explain your answer, please explain below:

Abortion care is part of comprehensive reproductive health care and should be fully integrated into our health care system, which includes insurance coverage equal to other reproductive health care services. As with all other services, individuals and their providers should be the only ones involved in making health care decisions.

6) The rules for Medicaid's abortion coverage are embedded in the annual budget bill. This coverage is vulnerable to political shifts, as it must be reauthorized every year. Other Medicaid coverage requirements are codified permanently in statute.

Maryland Medicaid covers abortion, but only in limited circumstances. An individual must have a medical justification, as certified by a physician, or provide proof of rape, incest, or severe fetal abnormality. These patchwork rules leave out individuals in many other circumstances. Without resources, individuals may face difficulties in choosing the option that is best for them.

Medicaid's impact on access to care is significant, as the program covers over 1 million low-income individuals. Black and brown communities are significantly served by Medicaid, making it a particularly important coverage option

*Would you support removing outdated restrictions on Medicaid coverage of abortion care and permanently authorizing coverage? Marylanders should be able access abortion care regardless of insurance status.*

Yes  No If you would like to explain your answer, please explain below:

I believe abortion care, as part of routine health care, is a human right and not something that should be left to the political leanings of politicians. As part of a comprehensive reproductive health care system, abortion care should be treated the same as all other reproductive health care services covered by Medicaid. It should not be singled out for a committee and floor vote by the legislature each year so it can be turned into a political score card for those who oppose abortion. Continuing to put Medicaid coverage up for a vote sends a message that access to abortion care is not a right, and is something that is not part of the standard of care, and therefore requires annual review. It also perpetuates the idea that politicians have the right to exert power over other people's bodies, which in the case of Medicaid coverage, is (disproportionately) low-income, Black and brown people. I fully support permanently authorizing Medicaid coverage of comprehensive abortion care services.

7) Under federal law, Medicaid cannot cover immigrants who are undocumented or who have been here legally less than 5 years. These individuals are often uninsured. Without coverage,

they must rely on underfunded safety net programs for prenatal, family planning, and abortion care.

*Do you support programs that provide coverage of reproductive health services, including abortion, to all persons regardless of immigration status?*

Yes  No If you would like to explain your answer, please explain below:

As Governor, I will work to ensure everyone has health care, regardless of immigration status and use state funds to expand Medicaid coverage to new Marylanders. Abortion care and reproductive health services are vital services that cannot be excluded from that.

8) Maryland Medicaid plays a critical role in providing coverage for 1.6 million low-income Marylanders. Without Medicaid, safety net providers, including local Planned Parenthood service providers, would not have the resources to sustain their services. Abortion providers, in particular, are under tremendous strain because of the tumultuous environment. As Governor, would you ensure Maryland Medicaid provides sustainable rates for abortion services to support continued access for low-income Marylanders?

Yes  No If you would like to explain your answer, please explain below:

Weakening Medicaid payment for abortion services in any way unfairly discriminates against our low-income Marylanders, who are also disproportionately Black and brown residents. I believe health care of any kind is a right for everyone, not just for Marylanders that can afford it.

9) Under the Affordable Care Act, individuals are mandated to pay a \$1 monthly premium for abortion coverage in health benefit exchanges plans. This requirement is intended to be a deterrent to abortion coverage. In California, a *Health Affairs* study estimated that coverage rates would increase by 14% for some of the lowest income individuals if the \$1 abortion premium were eliminated. To counteract the negative impact of this policy, Governor Newsom included funding in the State budget to pay the \$1 monthly abortion premium directly to the insurers.

*Would you support State funding to cover the cost of the \$1 monthly abortion premium for Marylanders covered under the Maryland Health Benefit Exchange? The result would remove a cost barrier to coverage for Marylanders with the lowest incomes, thus increasing coverage among the lowest-income Marylanders.*

Yes  No If you would like to explain your answer, please explain below:

Time and time again we see abortion care singled out and used as a political weapon in health care policy. In no way should abortion care be treated any differently than any other health care or reproductive health care.

### ***Resisting the Wave of Restrictions on Abortions***

10) According to the Guttmacher Institute, 2021 has been the most dangerous year for abortion access with states codifying 90 restrictions to abortions.<sup>8</sup> These restrictions are the culmination of a decades-long effort of anti-abortion advocates to eliminate abortion access. Restrictions include the imposition of waiting periods, requirements for providers to give patients false information about abortion risks and the so-called abortion reversal method, and purposely burdensome and unnecessary facility requirements such as the width of hallways and number of parking spaces.

*During the 2021 session in Maryland, there were 9 anti-abortion measures introduced. Would you oppose legislation designed to limit abortion access?*

Yes  No If you would like to explain your answer, please explain below:

As Governor, I would be an automatic veto on any measure to limit access to abortion. I would also be a loud in-state and national advocate for reproductive health care and abortion access.

### ***Supporting Contraception to Ensure All Marylanders Have the Tools to Make Family Planning Decisions***

11) In the last 40 years, there have been multiple attempts on the federal level to defund Planned Parenthood. The proposals would have prohibited Planned Parenthood from participating in the Title X family planning grant and Medicaid programs. The Trump Administration was successful, despite litigation, in advancing these policies by imposing the "gag rule" on the Title X program. In response, Maryland became the first and only state to enact legislation that protects the ability of Marylanders to seek care at Planned Parenthood in the Title X and Medicaid programs.

*Would you protect reproductive healthcare providers, including Planned Parenthood health centers, against the efforts to defund abortion providers in health care programs like Title X and Medicaid?*

Yes  No If you would like to explain your answer, please explain below:

**As Governor, I would oppose any efforts to weaken or repeal Maryland's innovative protections for Title X and Medicaid providers and pledge to veto any legislation threatening to do so that comes to my desk.**

12) Maryland was the first state to require private insurance plans to cover contraception in 1998. Maryland strengthened its coverage requirements in 2016 with the Maryland Contraceptive Equity Act. However, Maryland law still does not require coverage of the most common method to prevent sexually transmitted infections, over-the-counter condoms. Maryland Medicaid and private insurance in some states, such as New Mexico and Washington, require coverage of over-the-counter condoms.

*Do you support requiring insurance coverage of over-the-counter condoms to ensure individuals can protect themselves from sexually transmitted infections?* The Maryland Department of Health has cited decreased condom use as one of the reasons behind the increase in sexually transmitted infection rates.

Yes  No If you would like to explain your answer, please explain below:

13) Marylanders have reported struggling with understanding which contraception is covered by their insurance. This challenge makes it more difficult to select the contraception that is right for them.

*Do you support requiring private insurers and Medicaid to provide comprehensive, consumer friendly information about contraceptive coverage?*

Yes  No If you would like to explain your answer, please explain below:

### **Reproductive Health Education**

14) Maryland regulations currently require an evidence-based approach to sex education in public K-12 schools.

*Do you support continuing to ensure public schools provide comprehensive sex education*

*that includes medically accurate and age-appropriate instructional materials to educate students on the proper use of contraceptive methods to prevent unintended pregnancy and sexually transmitted infections?*

Yes  No If you would like to explain your answer, please explain below:

As a former teacher, principal and Secretary of Education under President Obama I know first-hand how important it is to invest in quality education for our students. This includes quality, comprehensive, and age appropriate sex and consent education.

15) *Will you oppose any funding for programs whose focus is abstinence-only, an ineffective approach to preventing pregnancy and sexually transmitted infections?*

Yes  No If you would like to explain your answer, please explain below:

### ***Supporting Reproductive Health, Sexual Orientation, and Gender Identity Decisions***

16) In Maryland, Black and brown communities suffer the highest maternal mortality rates, with maternal mortality rates for Black women being nearly 3-4 times higher than white women. Doula care is one of the most promising strategies to address health disparities and lower rates of maternal morbidity and mortality rates. The doula community has been advocating for their services to be included in the Maryland Medicaid program, so that individuals, regardless of income, have access to the doula care they need through their prenatal, delivery, and postpartum periods. For high quality, comprehensive reproductive health care to be accessible to all, it is critical that all options for pregnancy care are accessible to Marylanders.

*Do you support requiring coverage of doula services in Medicaid and private insurance?*

Yes  No If you would like to explain your answer, please explain below:

As I campaign around the state and talk about the need to break down barriers to reproductive health care, I often talk about the strategies we need to ensure people of color have the health care they need. This includes covering doula services so that people of color have vocal advocates when facing potentially fatal complications that are being ignored by health care systems.

17) Over the past few years, there have been growing conversations about the importance of ensuring access to adequate healthcare services for incarcerated individuals. In particular,

reproductive healthcare services for incarcerated people tend to be inadequate. In 2018, legislation was enacted to require all correctional facilities to have written policies regarding medical care for incarcerated pregnant individuals. These policies must include specific subjects such as pregnancy testing, prenatal care, abortion care access, high risk pregnancies, miscarriage management, labor and delivery, postpartum care, and use of restraints.

*Do you support requirements that all state and local correctional facilities provide access to the full range of reproductive health and gender-affirming health care services?*

Yes  No If you would like to explain your answer, please explain below:

I support providing coverage to comprehensive reproductive health care for incarcerated people. As Governor, I pledge to appoint a Secretary for DPSCS who not only supports having written policies for reproductive health care, but for all health care services provided to incarcerated people in the state. This includes gender affirming care and preventative health care. I will also ensure that there is proper oversight to ensure state and local facilities have appropriate written policies, and that those policies are being properly implemented by correctional health care contractors as well as staff.

18) Even as support for transgender individuals has been growing nationwide, there have been numerous attempts ban health care professionals from providing necessary gender-affirming care to children. Not only are these bans contrary to the recommendations of the American Academy of Pediatrics, they also risk causing an increase in teen suicide as trans youth become unable to access needed care.

*Will you oppose proposals that restrict the ability of youth to obtain gender-affirming healthcare services?*

Yes  No If you would like to explain your answer, please explain below:

As Governor, I will veto any legislation that attempts to restrict our youth from receiving gender-affirming health care services.

19) Maryland's anti-discrimination law prohibits discrimination in public accommodations based on gender identity. However, there has been growing efforts in other states to prohibit transgender and non-binary individuals from using the bathroom that aligns with their gender identity. This issue was even brought up at a recent local school board meeting in Maryland.

*Will you oppose proposals that discriminate against transgender and non-binary individuals, particularly students, by forcing individuals to use bathrooms or other facilities that do not reflect their gender identity?*

Yes  No If you would like to explain your answer, please explain below:

As a former teacher, principal and Secretary of Education, I know that school needs to be a place of acceptance, affirmation and support. As Secretary of Education under President Obama I led the administration's efforts to ensure every student feels welcomed at their school.

As Governor, I would not only oppose any legislation that seeks to discriminate against non-binary and transgender people, including students, staff, and community members in our schools, but anywhere in our state. Further, I will advocate for the rights of all LGBTQIA students by codifying anti-discrimination protections in our schools, and requiring all school boards to pass written anti-discrimination policies. It is not enough to oppose anti-LGBTQIA legislation and policies, we must be proactive and pass anti-discrimination measures that affirm and protect our students in every part of our state.

