

Gubernatorial Questionnaire Maryland State PAC for Planned Parenthood

Candidate Name: Tom Perez

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1) Maryland's law includes an outdated restriction that only physicians can provide abortion care.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Would you support repealing the state's outdated requirement that only physicians can provide abortion care, which would allow other qualified advanced practice clinicians to provide a full range of abortion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:

These laws restricting who can provide abortion care were established prior to advanced practice clinicians (APCs) roles being codified into in our state health care laws. Not only will repealing this law expand access to the full spectrum of reproductive health services in rural and underserved communities, it will reduce stigma by making abortion care part of women's general overall health care.

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 is an integral component of women's health care and I support efforts to include, integrate, and improve abortion education in medical schools and for advanced practice clinician training programs. We need to ensure that medical professionals across Maryland, understand how to provide comprehensive abortion and reproductive health care.

3) While telehealth has expanded access to a broad range of health care services, health care professionals have been unable to use telehealth to provide medication abortion because of outdated restrictions from the federal Food and Drug Administration (FDA). These restrictions are known as the Risk Evaluation and Mitigation Strategies (REM). The American College of Obstetrics and Gynecologists and the American Academy of Family Practitioners have urged the FDA to repeal the REMS, as 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, 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:

Our health care policies should always follow science. Studies have shown mifepristone to be safe, effective, and have fewer adverse reactions than commonly used medications such as Tylenol. As governor, I will use my position to advocate for the removal of medically unnecessary restrictions to safe and accessible medication abortion.

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:

Abortion care is a critical, time sensitive and essential health care service. Reduced access can result in delays that make receiving an abortion completely inaccessible, particularly for those already facing barriers to health care access. As governor, I will ensure abortion services are an essential service during public health emergencies.

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 insurers 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:

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:

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:

My plan to ensure health insurance for every Marylander includes providing coverage to the undocumented community. This coverage must also include coverage for abortion care services for all Marylanders, regardless of immigration status.

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:

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.⁷ 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:

Cost should never be a barrier to abortion access. Placing this arbitrary \$1 barrier to abortion care is regressive, punitive, and unnecessary. As Governor, I would ensure that this \$1 insurance premium is not a barrier to abortion by ensuring that it is covered by state funding.

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.⁸ 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:

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:

During my time as Assistant Attorney General for the Civil Rights Division under President Obama, I made it a priority to step up enforcement of the Freedom of Access to Clinic Entrances (FACE) Act in order to protect the right to access and provide reproductive health services and access to safe and legal abortions without interference. I have worked closely throughout my career to give meaning to these rights. I am proud to have the support of many leaders in the reproductive rights movement, including Cecile Richards. And, as Maryland's Governor, I will continue to fight to remove barriers to reproductive health services.

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.⁹

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:

Providing health insurance to 100% of Marylanders is only the first step towards the goal of ensuring every Marylander gets the care they need. Understanding insurance plans, options, and funding structures is also necessary in accomplishing this goal. Knowledge is power, and as governor, I will ensure that insurance providers are transparent about which health care options, including contraceptives, are available under their plans.

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:

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.¹⁰ 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:

We should utilize every tool in our toolbox to ensure that both mother and child have a safe and successful birth. Doulas have been shown to significantly reduce the risk of birth complications, increase birth weight, and improve uptake of breastfeeding. All babies in Maryland should have access to a healthy birth, including affordable access to a Doula.

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:

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 health care services?

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

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.¹³

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: