

**Gubernatorial Questionnaire**  
**Maryland State PAC for Planned Parenthood\***

Candidate Name: \_\_\_\_\_

Candidate for: \_\_\_\_\_

Party: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Personal pronouns: \_\_\_\_\_

Campaign Social Media (Twitter, Facebook, etc): \_\_\_\_\_

Campaign Manager Name: \_\_\_\_\_

Campaign Manager Cell Phone & Email: \_\_\_\_\_

Campaign Treasurer Name: \_\_\_\_\_

Campaign Treasurer Cell Phone & Email: \_\_\_\_\_

Planned Parenthood Advocates for DC, Maryland & NoVa PAC values diversity and believes in the importance of electing candidates from communities that are currently or historically underrepresented, marginalized, and/or oppressed. While optional, we would appreciate the following demographic information for the candidate.

Race: \_\_\_\_\_ Do you identify as Hispanic/Latinx? Y / N

Sexual Orientation: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Disability Status: \_\_\_\_\_

**Instructions:** Please check “Yes” or “No” for each of the following questions. Additional comments may be provided at your discretion. To best educate our supporters on candidates’ positions, results may be publicly posted in raw form and on a rolling basis. **Please initial each page of the questionnaire, and return your completed and signed questionnaire by emailing it to [betsy.harned@ppmw.org](mailto:betsy.harned@ppmw.org).**

If you do not understand a question, would like more information about an issue, or have any other questions, please contact Betsy Harned at (202) 851-4799 or [betsy.harned@ppmw.org](mailto:betsy.harned@ppmw.org). Thank you for your prompt completion of this questionnaire.

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Overview of Reproductive Health Access in Maryland**

\*This questionnaire has been authorized and paid for by Planned Parenthood Advocates for DC, Maryland & NoVa PAC, 1225 4th St NE, Washington DC, 20002, Susan B. Nestler, Treasurer. It has not been authorized or approved by any candidate.

In 1991, Marylanders codified the right of an individual to choose an abortion as provided under the Supreme Court decision in *Roe v. Wade*. While abortion is legally protected in Maryland, it may still be inaccessible for individuals facing other barriers to obtaining abortion care:

- Many Marylanders face difficulties in obtaining abortion care because there are no providers in their area or even within a reasonable drive. Marylanders without transportation options struggle to obtain the abortion care in a timely manner; and
- Marylanders face challenges in obtaining abortion care if they do not have private or public insurance coverage. Even with insurance, abortion coverage may come with outdated restrictions, particularly in the Medicaid program. Sometimes, abortions must be medically justified to be covered – meaning an individual cannot choose an abortion because it is the best option for their situation.

**To provide equitable access to abortion care, Maryland’s laws and policies must evolve to meet the challenges facing Marylanders today. Abortion access should not be determined by zip code or insurance status.**

Our country is on the brink of a Supreme Court decision that is likely to severely limit – or even overturn – the protections provided under *Roe v. Wade*. This fall, the Supreme Court will hear *Dobbs v. Jackson Women’s Health Organization*, a case about a restrictive Mississippi abortion law. The Court’s decision, expected by June 2022, could be devastating to the abortion rights landscape.

This questionnaire reflects the unfortunate reality that we are facing. There are at least twenty-five states considered hostile to abortion, with eighteen of those states ready to impose near total abortion bans if *Roe v. Wade* should fall.<sup>1</sup> Maryland, along with other states with protected abortion rights, have a responsibility to strengthen access in their states.

### **Addressing the Abortion Provider Shortage**

According to the Guttmacher Institute, over two-thirds of counties in Maryland have no abortion providers – leaving thousands of Marylanders with no options except to travel long distances or forego abortion care.<sup>2</sup> Abortion access should not be determined by zip code. To ensure all Marylanders have access to a qualified abortion provider, please share your views on the following issues:

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<sup>1</sup> <https://maps.reproductiverights.org/what-if-roe-fell>

<sup>2</sup> <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-maryland>

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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:

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:

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 (REMS). The American College of Obstetrics and Gynecologists<sup>3</sup> and the American Academy of Family Practitioners<sup>4</sup> have urged the FDA to repeal the REMS, as there is

<sup>3</sup>

<https://www.acog.org/clinical-information/policy-and-position-statements/position-statements/2018/improving-access-to-mifepristone-for-reproductive-health-indications>

<sup>4</sup> <https://www.aafp.org/dam/AAFP/documents/advocacy/legal/administrative/LT-FDA-REMSFlexibility-032520.pdf>

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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 insurers

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<sup>5</sup> <https://www.congress.gov/bill/117th-congress/house-resolution/589/text?r=2&s=3>

<https://delegatearianakelly.com/womens-rights/>

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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.<sup>6</sup>

*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:

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<https://www.kff.org/medicaid/issue-brief/effects-of-the-aca-medicare-expansion-on-racial-disparities-in-health-and-health-care/>

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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.<sup>7</sup> 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:

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

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<sup>7</sup> Drake, Colman and Anderson, David. "Terminating Cost-Sharing Reduction Subsidy Payments: The Impact of Marketplace Zero-Dollar Premium Plans on Enrollment". 10.1377/hlthaff.2019.00345 HEALTH AFFAIRS 39, NO. 1 (2020): 41–49 ©2020

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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:

**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:

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.

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<https://www.guttmacher.org/article/2021/07/state-policy-trends-midyear-2021-already-worst-legislative-year-ever-us-abortion>

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*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.<sup>9</sup>*

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:

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**

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<sup>9</sup><https://health.maryland.gov/phpa/OIDPCS/CSTIP/CSTIPDocuments/Reports/STI%202019%20Annual%20Report%20Maryland.pdf>

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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.<sup>10</sup> 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:

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

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<https://health.maryland.gov/phpa/mch/Documents/Health-General%20Article,%20C2%A713-1207,%20Annotated%20Code%20of%20Maryland%20-%202019%20Annual%20Report%20%E2%80%93%20Maryland%20Maternal%20Mortality%20Review.pdf>

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Pediatrics,<sup>11</sup> they also risk causing an increase in teen suicide as trans youth become unable to access needed care.<sup>12</sup>

*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.<sup>13</sup>

*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:

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<sup>11</sup> <https://www.aappublications.org/news/2020/02/18/transgender021820>

<sup>12</sup> <https://www.thetrevorproject.org/2020/01/29/research-brief-gender-affirming-care-for-youth/>

<sup>13</sup> <https://www.baltimoresun.com/education/bs-md-lgbtq-baltimore-county-schools-20210811-20210811-sgutqgmevfezdlex3nwycrkabq-story.html>

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