



Candidate Training

Best Practices for Talking about Reproductive Freedom in Maryland

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Presentation Outline

- Why reproductive freedom is a campaign issue
- The differences between reproductive health, rights, and justice
- Basic laws in Maryland
- The current main areas of reproductive freedom
- Top issues in Maryland
- How best to talk about these issues
- Endorsement consideration process



Why reproductive freedom is a campaign issue

- In 1973, the U.S. Supreme Court decided *Roe v. Wade*, the landmark case that secured the right to abortion. Since then, extremist politicians try to take that decision out of a patient's hands.
- In some states, politicians are pushing through laws that ban most abortions. In others, they are doing everything they can to shut down the health centers that many rely on for basic reproductive health services, including abortion care. Some politicians are even trying to end programs that provide birth control, putting more at risk for unplanned pregnancy.
- Pro-choice supporters are seeking elected officials willing to stop attacks on reproductive freedom. We may not all feel the same way about abortion, but we can agree that deciding if/when/how to become a parent is one of the most private and important decisions an individual can make.
- Candidates need to be clear on where they stand on the government's role in regulating birth control and pregnancy.



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I'm a pro-choice
abortion access-supporting
birth control coverage-demanding
paid family leave-advocating
pregnancy discrimination-fighting

VOTER.



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The differences between reproductive health, rights, and justice

As we evolve as a nation, reproductive freedom has been expanding to encompass how we

- provide comprehensive and quality reproductive healthcare through the lifespan;
- further laws, policies, and regulations that protect the right to meaningful and timely access to care; and
- strive to eliminate barriers to access and rights so that individuals have the ability to choose if/when/how to form their families, and to parent in dignity, safety, and good health.



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What is Reproductive Health?

- Focusing on the provision of services to individuals, “reproductive health” is a resource-intensive approach to ending the lack of accessibility to healthcare research, services, and facilities. Particular attention is paid to expanding access to preventative care and culturally-competent services.
- The framework of reproductive health is limited by the individualization of the delivery of services - it does not often take into account the structural inequalities among women that account for different levels of access to education and services. “Reproductive health” does not address the root causes of social inequality.



What is Reproductive Rights?

- The goal of the “reproductive rights” framework is the protection of legal rights to reproductive healthcare services, particularly abortion. Within the United States, the reproductive rights advocacy community organizes “pro-choice” supporters to participate in legislative and electoral processes on the local, state, and federal levels, and targets policy makers and elected officials.
- The legal basis for reproductive rights emerges from a protection of the privacy of women (*Roe v. Wade*, U.S. Supreme Court, 1973), which does not attest to the role of the government in eliminating social inequalities which impact health disparities and the 'choices' women make. Marginalized communities in the United States - such as immigrants, people of color, poor people, young people, and disabled people - often lack the faith, knowledge, or resources to request the political system to meet their needs.



What is Reproductive Justice?

- Attendant to the social inequalities that shape the lives of marginalized women, the “reproductive justice” framework was first created by women of color to work against “reproductive oppression”—the exploitation of women, girls, and others through their reproduction, labor, and sexuality.
- Reproductive justice has four goals: (a) the raising of children in safe and healthy environments, (b) planned and healthy pregnancies, (c) ending or aversion of unwanted pregnancies, and (d) expression of sexuality. It works to address the myriad issues facing women in the context of their reproductive lives.
- The achievement of reproductive justice requires a paradigm shift in consciousness for many people and radical transformation of society. As a long-term change strategy, reproductive justice requires resources and sustained organizing and momentum.



Basic laws in Maryland

Freedom of Choice Act: Maryland has created additional protections for reproductive rights by adding an affirmative right to choose into its state law. This law ensures women's access to pre-viability abortions and will remain in effect even if *Roe v. Wade* is overturned. This law was enacted in 1992 through ballot referendum Question 6 with 62% of Marylanders voting to affirm.

Post-Viability Abortion Restriction: provides that abortion may be prohibited after viability unless necessary to preserve the woman's life or health or unless the fetus is affected by a genetic defect or serious deformity or abnormality.



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Basic laws in Maryland

Low-Income Women's Access to Abortion: Maryland prohibits public funding for abortion for women eligible for state medical assistance for general healthcare (Medicaid) unless:

- (1) continuation of the pregnancy is likely to result in the woman's death;
- (2) the woman is a victim of rape, incest, or a sexual offense reported to a law enforcement, public health, or social agency;
- (3) the fetus is affected by a genetic defect or serious deformity or abnormality;
- (4) abortion is medically necessary because there is substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health; or
- (5) continuation of the pregnancy is creating a serious effect on the woman's mental health and if carried to term there is substantial risk of serious or long lasting effect on the woman's future mental health.



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Basic laws in Maryland

Protection Against Clinic Violence: A person who physically detains an individual or obstructs, impedes, or hinders an individual's passage, with the intent to prevent the individual from entering or exiting a medical facility, is guilty of a misdemeanor and may be fined up to \$1000, imprisoned for up to 90 days, or both.

Insurance Coverage for Contraception: Maryland law requires health insurance plans that cover prescription drugs to provide equitable coverage for contraception.



Basic laws in Maryland

Restriction on Minors' Access to Abortion: A young woman may not obtain an abortion unless the attending physician gives notice to a parent, unless the young woman does not live with a parent and a reasonable, but unsuccessful effort has been made to give notice to a parent. There are three situations in which a physician has discretion to perform an abortion for a minor without parental notification. The physician would make the professional judgment that either: (1) notice to the parent may lead to physical or emotional abuse of the minor; (2) the young woman is mature and capable of giving informed consent to an abortion; or (3) notice would not be in the best interest of the young woman.



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Basic laws in Maryland

Physician-Only Restriction: Only a physician, including a doctor of osteopathy, licensed by the state to practice medicine in the state may perform an abortion.

Maryland Refusal Clauses: allows certain individuals or entities to refuse to provide

- abortion services,
- sterilization services, and
- artificial insemination.
- Certain employers and/or insurers may require that their plans exclude coverage for contraception (religious reasons).



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The current main areas of reproductive freedom

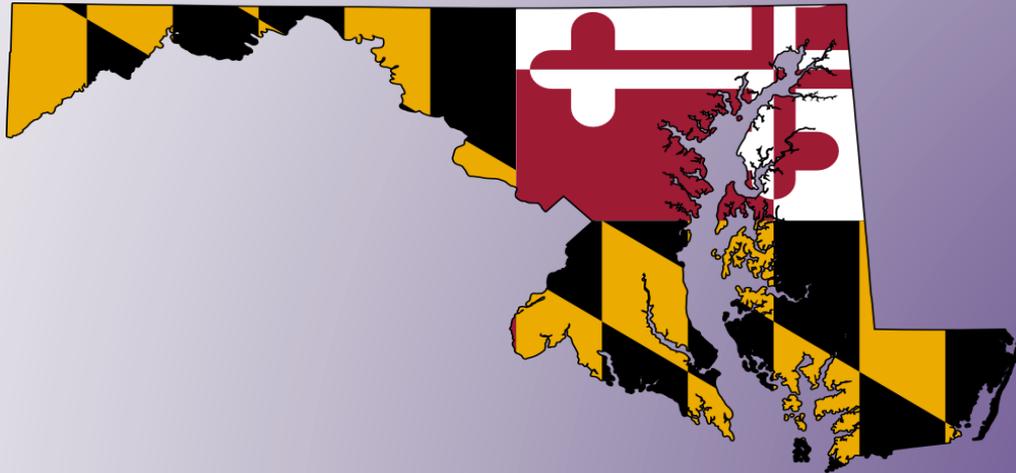
- Meaningful access to legal, safe abortion care – so that every woman should be able to decide for herself if/when/how to form or grow her family.
- Every woman should have access to affordable birth control that is right for her—no matter where she lives, where she works, or how much money she makes—so she can control her own future.
- When women choose to have children, there should be respect for that choice, not discrimination in the workplace or at school.
- Paid family leave is a critical component of reproductive freedom, and everyone deserves the dignity and financial stability that it offers.



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Top issues in Maryland

- Responding to threats to health insurance coverage
- Addressing the sexual and reproductive healthcare needs of youth
- Protecting and expanding current access to family planning
- Advocating for the rights of marginalized populations



Health insurance coverage

- Maryland recently passed the Family Planning Services - Continuity of Care law which would reimburse Planned Parenthood clinics for services provided to Medicaid recipients if PP is defunded by the federal government, and recently passed the same provision to cover services eligible under Title X.
- With attempts to dismantle and/or replace the Affordable Care Act, there are concerns that patients will not have access to the full range of sexual and reproductive healthcare in future health insurance exchanges, including contraceptive coverage and maternal care.
- It is crucial for the state to continue providing coverage for Maryland Medicaid recipients who qualify for therapeutic abortion procedures, knowing that many patients are still falling through the cracks.



Reproductive rights of youth

- In the 2017 session, Maryland passed a bill to prevent discrimination of pregnant and parenting students in schools by clarifying excused absences to allow them to take care of their health and legal needs, as well as their new babies, discouraging school push-out and keeping them on track to graduate. However, more must be done to address the high drop-out rate so that they youth have the same rigorous education as their non-parenting peers and opportunities to realize economic security.
- Comprehensive sex education is still an issue in Maryland, including teaching about age-appropriate affirmative consent and preventative care for youth of any gender identity or sexual orientation.
- College and high school-based clinics are struggling to offer meaningful and timely access to sexual and reproductive health to their students, including access to emergency contraception and long acting reversible contraceptive devices (LARCs).



Access to reproductive health

- Maryland has almost 50 crisis pregnancy centers, run by anti-choice groups with goals to discourage those visiting these non-medical clinics from seeking abortion care or using certain or all methods of birth control, often providing extremely misleading information that can delay access to real healthcare.
- Anti-abortion bills are filed each year to deter or delay access to care or limit the kinds of medical procedures patients and doctors rely upon to safeguard fertility and produce positive health outcomes.
- Advocates are calling for increased access to abortion, such as authorizing non-physician medical providers to offer care, allowing patients to self-administer using safe and effective means like medication abortion, or funding Medicaid coverage for all abortion care, instead of only for serious physical or mental health issues.
- In 2018, a new law eliminated insurance and Medicaid co-pays for contraception, and in 2019, another law authorized pharmacists to prescribe and dispense certain forms of birth control, such as the pill, the ring, and the patch.



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Focus on marginalized populations

- There are concerns that inmates and detainees in adult and juvenile facilities are being denied timely access to sexual and reproductive healthcare, and experiencing varying degrees of reproductive coercion.
- As more undocumented individuals become wary of seeking healthcare due to immigration-related raids, advocates are calling for healthcare centers to be deemed sanctuary spaces.
- Pregnant workers are being forced to take paid or unpaid leave when employers refuse to offer reasonable accommodations for them to do their jobs while maintaining health pregnancies or addressing lactations needs.
- Advocates are calling for better support of parenting workers, especially in low-wage, hourly shift work, where paid or unpaid safe/sick leave is limited, no paid family or medical leave is offered, work schedules are not posted in advance, and requests for space and time to pump are dismissed.





How best to talk about these issues

Broadly:

- “I support a woman’s right to make her own decisions about her body. I don’t believe any government should interfere in healthcare decisions that are intensely personal and private.”
- “I believe that reproductive healthcare is basic healthcare, and is fundamental to and inseparable from women’s overall health and well-being. Slashing funding for family planning must stop”.
- “Marginalized communities in Maryland - such as immigrants, people of color, poor people, youth, LGBTQ individuals, and disabled people – deserve equal access to sexual and reproductive healthcare.”
- “The reproductive lives of women cost more than men. Pay equity and paid leave contribute to better workforce participation and greater economic security.”



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How best to talk about these issues

Personally: Story telling is powerful!

- Pro-choice voters tend to reward candidates who are open about how their life experiences shaped where they are today. Which story can you tell?
- Both women and men benefit from having access to timely reproductive health and the ability to plan when and how to build their families – how have you benefited?
- Meaningful access to care is the greatest challenge in Maryland regarding reproductive freedom – many feel that without access, there are no rights. Who in your constituency is willing to speak on this? What are you willing to do to help?



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Endorsement consideration process

- Now that you have read through this PowerPoint presentation, you should be ready to complete the candidate questionnaire.
- For judicial, city council, county council/commission, and school board elections, completed questionnaires submitted to the PAC will be consider for 100% Pro-Choice Ratings dependent on the quality of the responses.
- For mayoral, county executive, and city council president elections, completed questionnaires submitted to the PAC will be consider for 100% Pro-Choice Ratings dependent on the quality of the responses.
- Questionnaires are due Saturday, February 1, 2020.
- Candidates who did not fill out a questionnaire during the primary and wish to be considered in the general election may do so. The deadline for endorsement consideration only during the general election will be posted on our website.
- Upon our receiving your completed questionnaire, a member of our PAC **may** be in touch with you (the candidate) to conduct a phone or in-person interview for further consideration of our endorsement.
- Thank you for your interest and, hopefully, your commitment to reproductive freedom in Maryland!

