



# 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



# What is reproductive freedom

- Abortion care will always be essential healthcare – but it is not the sole definition of reproductive freedom.
- There should be no barrier to accessing all the sexual and reproductive healthcare necessary to protect one's fertility, plan a pregnancy, experience a healthy pregnancy, give birth, recover from childbirth, recover from miscarriage or stillbirth, access abortion care, or conceive using reproductive technology.
- Reproductive freedom also calls for the social, economic, and political conditions which allow parenting with dignity, in good health, and in safety.
- Access to quality and affordable support services that are vital to healthy parenting influences decision-making about how large to grow one's family through childbearing, or opening one's home to foster care or adoption.



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# Why we care

NARAL Pro-Choice Maryland fights for reproductive freedom, which includes the right for every individual to live and create families free from violence and coercion. Our diverse movement intersects with many others that seek to eliminate racial, social, economic, political, and environmental oppression. In 2021 and moving forward, we stand firm in our commitment to dismantling institutions that perpetuate white supremacy, systemic violence, and discrimination, while uplifting historically disenfranchised and vulnerable communities, specifically the lives of Black, Brown, Indigenous, AANHPI, and all people of color, as well as low-income individuals, youth, individuals with disabilities, undocumented people, those who are incarcerated or detained, and/or individuals who self-identify as LGBTQIA+ throughout Maryland.



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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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# 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 unintended pregnancies.



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# Why reproductive freedom is a campaign issue

- Supporters of reproductive freedom are seeking elected officials willing to stop attacks on the hard-won rights to access the full range of sexual and reproductive healthcare we all deserve throughout our lifespans.
- 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 - and the state need not be involved.
- Candidates need to be clear on where they stand on the government's role in regulating birth control and pregnancy.
- We need to honor pregnancy in all its complexity.
- We need to support the right to parent with dignity, in good health, and in safety.



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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 throughout 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 healthy environments, with economic security to thrive, and free from violence.



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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 patients that account for different levels of access to education and services. “Reproductive health” does not address the root causes of social inequality.



# What are Reproductive Rights

The goal of the “reproductive rights” framework is the protection of legal rights to access the full range of 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 to protect as well as advance these rights.



# What are Reproductive Rights

The legal basis for reproductive rights emerges from a protection of the privacy of pregnant individuals (*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' pregnant people 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 individuals 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.



# Main areas of reproductive freedom

- Meaningful access to legal, safe abortion care – so that every individual should be able to decide for oneself if/when/how to form or grow a family.
- Every individual should have access to affordable birth control that is right for that person —no matter where one lives or works, or how much money one makes—so that each individual who has the ability to become pregnant can freely decide if and when.
- Maternal health outcomes should be positive experiences regardless of race, class, geography, age, ability, or legal status.
- When people choose to bear children, there should be respect for that choice, not discrimination in the workplace, at school, or while in the care/custody/control of the state.
- Economic security is essential to reproductive freedom, and should include paid sick/safe leave, paid medical and family leave, reasonable accommodations for pregnant and post-pregnant workers, fair scheduling, and equitable compensation.



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# Top issues in Maryland

- Increasing ways to provide and access abortion care and contraception
- Protecting and expanding public funding of abortion care and contraception
- Countering the deceptive practices of anti-choice crisis pregnancy centers
- Ensuring evidence-based sexual and reproductive health education and meaningful healthcare access in schools and colleges
- Advocating for the timely sexual and reproductive healthcare for systems-involved adults and youth
- Improving maternal health outcomes in marginalized, vulnerable, and/or undocumented populations
- Advancing the rights of LGBTQ+ individuals to access care
- Fighting for economic security and employment rights affecting decisions whether to parent or add to one's family





# 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 a patient's access to pre-viability abortion care and will remain in effect even if *Roe v. Wade* is overturned. This law was passed in 1991 and enacted in 1992 through ballot referendum Question 6, with 62% of Marylanders voting to affirm the law.

**Post-Viability Abortion Restriction:** Provides that abortion may be prohibited after viability **unless** necessary to preserve the patient's life or health or unless the fetus is affected by a genetic defect or serious deformity or abnormality. Many patients from other states rely on Maryland to access later abortion care.



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# Basic laws in Maryland

**Low-Income Individual's Access to Abortion:** Maryland prohibits public funding for abortion for individuals eligible for state medical assistance for general healthcare (Medicaid) **UNLESS:**

- (1) continuation of the pregnancy is likely to result in the patient's death;
- (2) the patient 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 patient's present or future physical health; or
- (5) continuation of the pregnancy is creating a serious effect on the patient's mental health and if carried to term there is substantial risk of serious or long lasting effect on the patient's future mental health.



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# Basic laws in Maryland

**Restriction on Minors' Access to Abortion:** A minor may not obtain an abortion unless the attending medical provider gives notice to a parent, unless the young person 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 medical provider has discretion to perform an abortion for a minor without parental notification by making the professional judgment that either: (1) notice to the parent may lead to physical or emotional abuse of the minor; (2) the young person is mature and capable of giving informed consent to an abortion; or (3) notice would not be in the best interest of the patient.



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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.



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# Basic laws in Maryland

**Procedural abortion:** Only a physician, including a doctor of osteopathy, licensed by the state to practice medicine in the state may perform a procedural abortion (formerly called “surgical”).

**Medication abortion:** Advanced medical practitioners - such as physician assistants, nurse practitioners, and nurse midwives – are authorized to provide medication abortion (formerly known as “RU-486”). Medication abortion is NOT emergency contraception (formerly known as the “morning after pill”).



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# Basic laws in Maryland

**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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**ABORTION CARE  
IS HEALTHCARE  
AND ESSENTIAL TO  
REPRODUCTIVE FREEDOM.  
KEEP IT STRONG IN MARYLAND!**



# Attacks on abortion care

- During the 2021 Maryland General Assembly, six anti-abortion bills were filed 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.
- In 2021, an increased number of anti-abortion amendments were also introduced on the floor on various health-related legislation, the majority of which had nothing to do with abortion.
- Each year in the MGA, anti-abortion legislators introduce floor amendments to the state budget to strip public funding of abortion care for low-income patients.



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# Attacks on abortion care

- Year after year, anti-abortion law makers in Maryland follow other states by introducing bans on abortion at a certain number of weeks or placing restrictions on the types of medical care available, often inventing unscientific rationales.
- Cities and counties in other states are also attempting to pass “sanctuary” ordinances to ban abortion, or pass “personhood” resolutions to affect local policy and budget decision-making.
- During the COVID-19 pandemic, at least 14 states attempted to restrict access to abortion, while 12 chose to affirm access to abortion care – including Maryland.



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# Attacks on abortion care

- Every year, legislators introduce new scare tactics that create unnecessary burdens for abortion patients that are costly and time consuming to implement, such as a requirement in many states that abortion providers report patient statistics to their Department of Health, a rule that could cost over \$300,000.
- Targeted Regulations of Abortion Providers (TRAP) as well as mandated ultrasounds, image viewings, waiting periods, and biased information sessions, are impractical requirements states are implementing on abortion clinics alone and no other types of medical practices, designed to deter patients from seeking care.
- Recent attempts have been made to amend Maryland's fetal homicide law allowing homicide or manslaughter charges in cases in which pregnant people could be unfairly punished for experiencing miscarriages or stillbirths, even in instances when they are unaware of have been pregnant.



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# Increasing access to abortion care

- Advocates support self-administered or self-managed abortion care to allow the ability and convenience to end one's early pregnancy using medication abortion in the privacy of their own home.
- Numerous states are attempting to frame self-managed abortion as unlawful practices of medicine, decreasing overall access to abortion care.
- Medication abortion has been proven to be safe and effective, and is increasingly more popular for those in early pregnancy.
- Maryland passed telehealth legislation in 2020 with no restrictions on sexual and reproductive healthcare, allowing increased access to patients unable or unwilling to visit a clinic which has been an important option needed during the pandemic.



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# Increasing access to contraception

In 2018, the Maryland Contraceptive Equity Act was enacted to:

- prohibit most co-payments for contraception
- eliminate pre-authorization requirements to prevent delays in accessing contraception
- require insurers to cover prescriptions to be dispensed up to 12 months at a time
- expand access by requiring coverage without a prescription all FDA-approved over-the-counter contraception
- provide contraceptive equity for men with its coverage of vasectomies



# Increasing access to contraception

- In 2019, another law authorized pharmacists to prescribe and dispense certain forms of birth control, such as the pill, the ring, and the patch, increasing access. Approximately 95% of all Marylanders live within in a five mile radius of a pharmacy.
- In 2021, a prohibition on over-the-counter medication dispensed in vending machines was repealed, introducing a possibility for sexual and reproductive health products, including emergency contraception, to become more accessible. This will help communities with restricted access to pharmacies or barriers like store operating hours and inflated costs, to make emergency contraception more accessible, including on or near college campuses.



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# Public funding of family planning

- 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 healthcare.
- In 2017, Maryland created a Family Planning Program within the Department of Health and Mental Hygiene to ensure the continuation of family planning services. This protects patients who use family planning providers such as Planned Parenthood from having their care taken away by an anti-choice Congress or presidential administration.
- In 2018, a state law was passed to address some of the gaps in the Medicaid eligibility system by establishing a presumptive eligibility process so more Marylanders don't have to wait for coverage to engage in family planning.



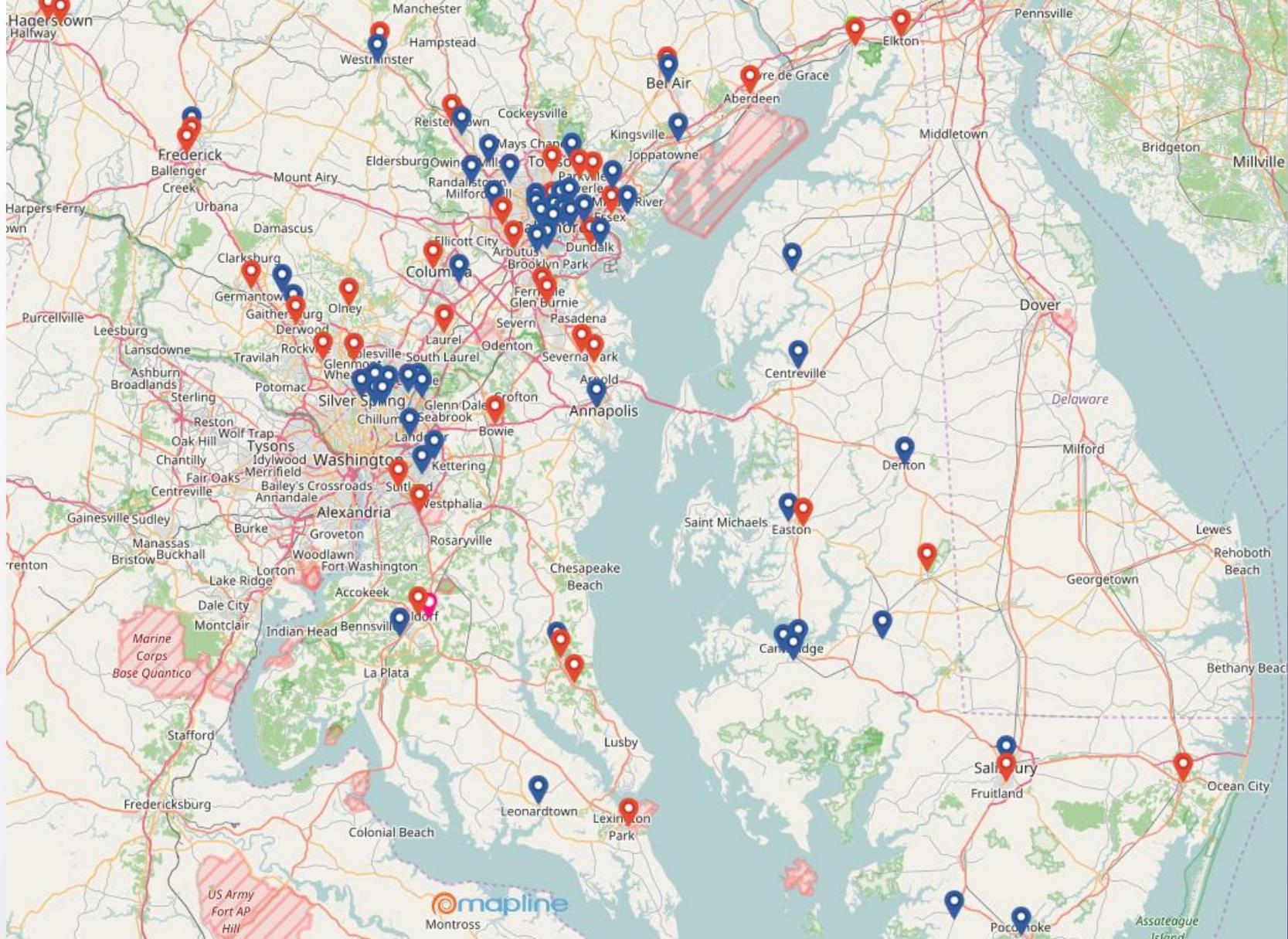
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# Public funding of family planning

- It is crucial for the state to continue providing coverage for Maryland Medicaid recipients for abortion care, knowing that many patients are still falling through the cracks. Enrollment into plans should be easier, quicker, and without restrictions or qualifications.
- In 2019, state law was enacted to prevent Maryland from seeking Title X federal funds should those funds exclude any family planning providers and not require recipient clinics to provide information and referrals to the full range of acceptable and effective medically approved family planning methods and services available. This measure was passed in response to the Trump/Pence Administration's domestic gag rule on information and referral about abortion care, and ensures coverage of care for low-income Marylanders that would have been eligible for Title X throughout the state.



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Blue – authentic family planning clinics

Red – fake clinics or anti-choice crisis pregnancy centers

# Anti-choice crisis pregnancy centers

- 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-choice pregnancy centers (or fake women's health clinics) often pose as authentic medical clinics to spread a biased agenda among people who are most likely looking for trusted medical advice.
- Advocates are pushing for crisis pregnancy centers to be banned from publicly-funded referral service listings and programs, and be barred from receiving local or state funding.



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# Sexual and reproductive health, information, and rights in schools

- Public school students deserve more accurate, comprehensive health education that includes instruction regarding preventing unintended pregnancies and sexually transmitted infections, plus issues such as boundaries, consent, and bodily autonomy.
- Schools are key places for students to not only be educated on these issues, but receive accurate information about the scope of sexual and reproductive healthcare, as well as community referrals to care not offered at available school-based health centers, inclusive of all gender identities and sexual orientations.



# Sexual and reproductive health, information, and rights in schools

- In 2017 and 2021, the Maryland General Assembly passed laws to support pregnant, expectant, and parenting students to stay in school, on track to graduate, and not be subjected to pregnancy discrimination that can lead to school drop-out or push-out.
- In 2021, the MGA was successful in passing legislation requiring free and size-appropriate menstrual hygiene products be provided in at least one female-designated restroom in each public primary and secondary schools beginning in 2022, and in all of them by 2025. Advocates anticipate subsequent legislation to require dispensers in all gender-neutral and at least one male-designated restroom in each school, inclusive of students of all gender identities.



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# Reproductive healthcare for systems-involved adults and youth

- There are concerns that incarcerated and detained in adult and juvenile facilities are being denied timely access to sexual and reproductive healthcare, experience varying degrees of reproductive coercion, and/or face poor pregnancy and maternal health outcomes.
- The Maryland General Assembly took steps in the right direction in 2015 and 2019 by banning shackling during later pregnancy, labor and delivery, and the post-partum period, while prohibiting solitary confinement for pregnant and post-partum individuals (first law in the nation!).
- In 2018, the MGA passed legislation requiring all correctional and detention facilities in Maryland, including local centers used for temporary holds for ICE detention, provide menstrual hygiene products to those in their care/ custody/control, free of charge, in the quantities they need, and upon request.



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# Reproductive healthcare for systems-involved adults and youth

- Also in 2018, Maryland became the first in the nation to require that all correction and detention facilities develop written policies regarding their medical care and services for pregnant individuals, covering the following topics: pregnancy testing, pregnancy options counseling, prenatal care, high risk pregnancies, miscarriage management, abortion care access, labor and delivery, postpartum care, counseling and social services, and the prohibition of the use of restraints. Additionally, this legislation requires each facility to provide an inmate with a positive pregnancy test result a copy of the written policies.



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# Reproductive healthcare for systems-involved adults and youth

- Advocates encourage other positive parenting policies such as keeping newborns from being separated from mothers while under care/custody/control of the state.
- Incarcerated individuals should be offered access to emergency contraception at intake, timely medical assessments of pregnant individuals to help identify high risk factors, and adequate case management to ensure continuity of care upon release.
- Better sexual and reproductive healthcare access and supports for new parents should also be provided to adults and minors in foster care, residential treatment facilities, and group homes.



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# Focus on marginalized populations

- As more undocumented individuals become wary of seeking healthcare due to immigration-related raids, advocates are calling for hospitals and healthcare centers to be deemed sanctuary spaces from ICE.
- With more advocacy for public funding for substance use and overdose prevention, advocates are pushing for pregnant individuals to receive priority for any treatment or intervention programs, and to not face the possibility of criminalization of pregnancy loss when seeking physical or mental healthcare.



# Improving maternal health outcomes

- During the 2021 MGA session, the state passed a law expanding Medicaid coverage for postpartum individuals from two months to one year so as to better address the healthcare needs of individuals during the vulnerable postpartum period and reduce insurance coverage gaps
- This past session, the MGA also passed a law increasing funding for individuals who are uninsured and unable to access insurance, including undocumented folks, to access prenatal care in order to have a successful pregnancy and birth experience
- For years, maternal health and birth equity advocates have been doing education and outreach work to raise awareness of the importance of full spectrum birth workers in addressing the maternal health crisis. Thanks to their efforts, Maryland Medicaid will begin a multi-phase project to cover doula care for Medicaid recipients beginning in 2022.



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# Economic security and employment rights

- Pregnant people are commonly forced to take paid or unpaid leave, and denied by their employers reasonable accommodations to keep their pregnancies healthy.
- To allow for new parents to bond with infants and/or recover from pregnancy, advocates support a paid medical and family leave insurance program for employees to contribute to and access after one-year of participation.
- 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 or the right unenforced, work schedules are not posted in advance, and requests for private and appropriate space and time to pump are dismissed.
- Access to reliable and affordable childcare is a reproductive justice issue!



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# 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 all reproductive healthcare is basic healthcare, and is fundamental to and inseparable from an individual’s overall health and wellbeing. Attempts to slash funding for family planning and ban abortion care 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!

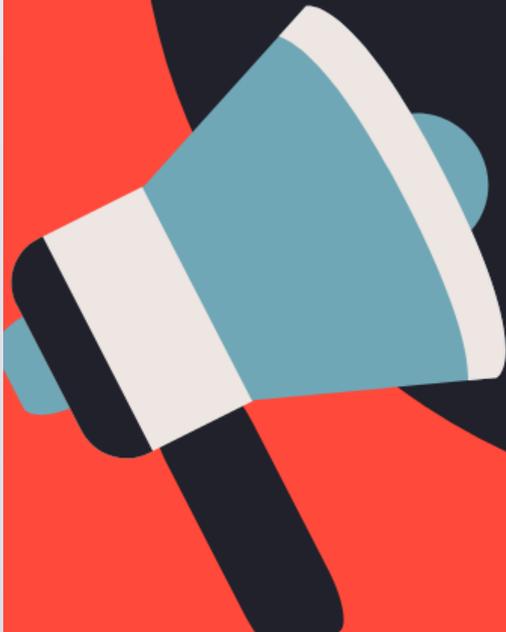
- Pro-choice voters tend to reward candidates who are open about how their life experiences shaped where they are today. Which story can you tell?
- Both women and men benefit from having access to timely reproductive health and the ability to plan when and how to build their families – how have you 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? Whose voice can you uplift? What are you willing to do to help increase access to care?



# Resources MD NARAL can offer you

## FORUM: TALKING ABOUT ABORTION IN CHALLENGING SPACES

Contact  
[isabel@prochoicemd.org](mailto:isabel@prochoicemd.org) to  
participate in an educational  
event for candidates and  
elected officials looking for  
opportunities to learn more  
about abortion care, policies,  
and messaging.



# 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, school board, and central committee elections, completed questionnaires submitted to the PAC will be considered for a 100% Pro-Choice Rating, dependent on the quality of the responses.
- For legislative, statewide, mayoral, county executive, and city council president elections, completed questionnaires submitted to the PAC will be considered for the Endorsed Champion of Choice designation, which is dependent on the quality of the responses and any other information available that demonstrates leadership on our issues. The PAC reserves the right to offer 100% Pro-Choice Ratings in certain races, instead of a straight forward endorsement.

# Endorsement consideration process

- Questionnaires are due Monday, February 28, 2022.
- The SurveyMonkey link to the questionnaire is [here](#). We suggest that you access the survey using the same device to allow you to save your work and return to complete it, if needed.
- 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:  
<https://prochoicemd.org/naral-pro-choice-maryland-pac/>
- 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 or ratings process.
- Thank you for your interest and, hopefully, your commitment to reproductive freedom in Maryland!
- Questions? Email [pac@prochoicemd.org](mailto:pac@prochoicemd.org)