

**2016 NARAL Pro-Choice Washington
CANDIDATE QUESTIONNAIRE ON REPRODUCTIVE RIGHTS**

Please go to <https://www.surveymonkey.com/r/naral2016> to complete and submit the questionnaire. This document is meant for reference only.

***Candidates will be asked to agree/disagree with each statement

I. LEGALITY OF ABORTION

1. I support a woman's right to choose abortion as recognized in *Roe v. Wade* and oppose abortion bans that violate the standards of *Roe*.¹

II. POLICIES THAT AFFECT A WOMAN'S RIGHT TO CHOOSE

2. I support coverage of abortion services for women who depend on the government for their health care – including but not limited to Medicaid and Medicare clients (the Hyde amendment), U.S. servicewomen and government employees.
3. I oppose proposals that would undermine or eliminate a woman's right to choose abortion by granting new legal rights to an embryo or fetus (including but not limited to human life amendments, human life statutes, so-called "personhood" proposals and/or other "fetal-rights" proposals).
4. I oppose bans on (or making it difficult for insurance plans to offer) abortion coverage in benefits packages.
5. I oppose imposing medically unnecessary and burdensome regulations on abortion providers in an attempt to drive them out of practice. (Such proposals are sometimes known as TRAP laws: Targeted Regulation of Abortion Providers. Examples include laws that require abortion providers to convert their practices needlessly into mini-hospitals at great expense, forbid advanced-practice clinicians from providing the procedure (limiting it to physicians only), or require providers to obtain admitting privileges at a nearby hospital even though that is unnecessary for patient safety and nothing requires hospitals to grant the privileges.)

¹ Rooted in the constitutionally guaranteed right to privacy and following a line of earlier decisions about reproductive freedom, *Roe v. Wade* affirmed a woman's right to choose abortion without government interference until the point of fetal viability – and permits states to restrict and even ban abortion after viability, as long as exceptions are made to protect a woman's life and health. NARAL supports the *Roe* framework.

6. I support proposals that protect women, doctors, and other health-care professionals at reproductive-health clinics from violence, harassment, threats and intimidation.
7. I oppose proposals that require parental notification/consent for young women under age 18 to access abortion or contraception.
8. I oppose government support for “crisis pregnancy centers” (anti-choice fake “clinics”) and support proposals ensuring they do not mislead or intimidate women facing unintended pregnancy by misrepresenting themselves as sources of unbiased health information.
9. I oppose laws that attempt to intimidate women from exercising their fundamental right to reproductive-health such as those requiring medically unnecessary ultrasounds, mandatory delays, and state-mandated lectures and/or materials.
10. I support medication abortion (mifepristone, otherwise known as RU 486) and oppose efforts to limit its availability through bans on off-label use, telemedicine, or other restrictions.

III. *POLICIES THAT REDUCE THE NEED FOR ABORTION AND SUPPORT HEALTHY CHILDBEARING*

11. I support funding for family-planning services and oppose proposals that would disqualify abortion providers (such as, but not only, Planned Parenthood health centers) from participating in health-care programs or receiving grants to provide health services.
12. I support the nationwide no-cost birth-control policy – including the assurance that except in very narrow circumstances, employers cannot block the benefit from their employees because of their own objection to contraception.
13. I oppose proposals that allow certain individuals or corporations – such as HMOs, pharmacists and health insurance companies – to refuse to provide women specific reproductive-health services, information, or referrals.
14. I support sex education for young people and oppose “abstinence-only” programs that censor information on contraception’s benefits.
15. I support women’s access to emergency contraception – including but not limited to policies the guarantee EC in the ER. (EC is an FDA-approved contraceptive, taken after sex, which greatly reduces the likelihood of pregnancy. EC is not abortion and cannot harm a pregnancy if one is already established.)

IV. Addendum

The reproductive rights movement is facing a crisis: every day, there are clinics closing, bans being signed into law, and providers being driven out of practice. We need to reverse this downward trend in many ways; however, one significant opportunity to do so is to use our smart and effective organizing capacity to go on the offense and create policy outcomes that expand reproductive healthcare access for all women in this country. Reproductive freedom should reflect the lives of real women and families living in the 21st century.

We need partners in proactive action on behalf of women and families. Pro-choice candidates should not only affirm their values publicly, but should embrace a vision for full reproductive freedom. NARAL Pro-Choice Washington will lead the way in promoting a four-plank proactive policy agenda that is both an aspirational vision and a fulfillment of the unrealized rights enshrined in Roe, which includes the following:

- **Access to Abortion**
- **Paid Family Leave**
- **Protection for Pregnant Workers**
- **Affordable Contraception**

Access to Abortion

Protect and restore a woman's access to safe, legal abortion. In order for reproductive health care to be a reality for all, we must ensure that women can access abortion care. That means ensuring that abortion care is a standard part of health care and insurance coverage. Across the nation, 10 states have banned insurance plans from covering abortion care and 25 states banned insurance coverage of abortion within their state health exchange plans. To ensure that insurance companies in Washington provide abortion care, we need to pass a law that requires plans that cover maternity care to also cover abortion care.

16. In 2017, will you support updating insurance rules to increase access to abortion by guaranteeing that all insurance plans cover abortion care?

Paid Family Leave

When a new child comes into a family or a serious illness strikes, people need paid time off from work. Scientific evidence show overwhelmingly that paid parental leave is tremendously important for the health and well-being of infants, yet the U.S. is one of only 2 countries in the world without guaranteed paid maternity leave. With our population aging, more workers have responsibilities for caring for older family members and are themselves more at risk of serious illness. Several states (CA, NJ, RI, and NY) have programs that keep all workers and their

families economically secure during extended family and medical leaves, funded through payroll premiums.

17. In 2017, will you support a paid family and medical leave program for every worker in Washington, funded by payroll premiums?

Protection for Pregnant Workers

Women- particularly women of color and immigrant women - make up a disproportionate share of workers in low-wage, physically demanding fields such as housekeeping, restaurant, and retail work. The high demands and limited flexibility of these jobs leave many pregnant workers facing a conflict between their livelihoods and their pregnancies. The Pregnant Workers Fairness Act is designed to protect pregnant women and improve infant health outcomes by requiring employers to provide pregnant workers with reasonable work accommodations such as temporary assignments to light duty, additional bathroom breaks, or schedule flexibility to accommodate doctor appointments.

18. In 2017, will you support a Pregnant Worker Fairness Act that protects Washington's working women with access to common sense accommodations to keep them and their babies healthy during pregnancy?

Affordable Contraception

Consistent access to birth control gives women the ability to control when and if they have children. Today many women have to refill their birth control every month, which is a burden for many women and leads to inconsistent birth control use. Women without reliable access to transportation or living in rural areas have more barriers to dependable access to birth control, leaving them at greater risk for unintended pregnancies. The legislature can ensure all women have consistent access to birth control by requiring that insurance cover one-year's supply of birth control at a time.

19. In 2017, will you support updating insurance rules to increase access to birth control by ensuring that people can get a 12-month supply of birth control at a time?