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July 22, 2026

The Honorable Aaron Michlewitz
Chair, House Committee on Ways & Means
State House, Room 243
Boston, MA 02133

Dear Chair Michlewitz:

On behalf of the Massachusetts Medical Society (MMS), representing more than 22,000 physicians, residents, and medical students across the Commonwealth, thank you for your efforts to produce H.5595, *An Act prioritizing patient access to care*. MMS policy affirms that abortion is an essential medical component in the continuum of reproductive health care. Furthermore, we support access to abortion at any point in pregnancy when clinically indicated, based on professional standards of care and in consultation with the pregnant person. We therefore strongly support this legislation.

While Massachusetts law has long protected access to abortion, its restrictions on abortion after 24 weeks are unnecessarily limiting in practice. Current law permits abortion beyond this point only when it is: (i) necessary to preserve the life of the patient; (ii) necessary to preserve the patient's physical or mental health; (iii) warranted because of a lethal fetal anomaly or diagnosis; (iv) or warranted because of a grave fetal diagnosis that indicates the fetus is incompatible with sustained life outside the uterus without extraordinary medical intervention.¹

These restrictions disproportionately affect patients facing serious complications later in pregnancy.² Many must travel out of state for care, creating significant financial, logistical, and emotional burdens while delaying treatment and exacerbating health inequities. Physicians must also navigate statutory terms such as "grave" or "lethal" fetal diagnoses under varying institutional interpretations. This legal uncertainty results in inconsistent access across hospitals and undermines the physician-patient relationship.

Massachusetts has made important progress in safeguarding abortion access through the 2020 ROE Act and the 2022 Shield Law, which expanded legal protections for patients and providers and improved access to abortion care

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¹ Mass. General Laws c.112 § 12N.

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section12N>

² Guttmacher. Liza Fuentes, Boston Medical Center. Policy Analysis: Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides. January 2023. <https://www.guttmacher.org/2023/01/inequity-us-abortion-rights-and-access-end-ro-deepening-existing-divides#:~:text=New%20and%20impending%20abortion%20restrictions,in%20the%20same%20age%2Dgroup>.

later in pregnancy. These reforms were critical, but significant barriers remain.

H.5595 addresses these remaining barriers replacing the current statutory exceptions with a professional judgment standard for abortion later in pregnancy. Physicians are entrusted every day to make complex, individualized clinical decisions based on the best available evidence, established standards of care, and the unique circumstances of each patient. The same standard should apply to abortion later in pregnancy. By ensuring these decisions can be made by physicians and their patients, H.5595 eliminates legal uncertainty and promotes care that guided by clinical expertise rather than rigid statutory criteria.

Medical decisions later in pregnancy are often extraordinarily complex and deeply personal. They should not be constrained by rigid statutory definitions or inconsistent institutional interpretation. Respecting physicians' professional judgment and patients' autonomy is fundamental to high-quality, patient-centered care. Passage of H.5595 will ensure Massachusetts law reflects modern clinical practice, preserves the physician-patient relationship, and better meets the needs of patients facing some of the most difficult medical circumstances imaginable.

For these reasons, we strongly support H.5595. Thank you for your consideration of our comments.

Sincerely,

Rebecca W. Brendel, MD, JD
President