The Massachusetts Medical Society (MMS) is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to give them a better health care system, and on behalf of physicians, to help them provide the best care possible. The Medical Society believes that access to sexual and reproductive health care services is critical for patient health and autonomy. Patients have a right to be informed about their sexual and reproductive health and should have access to safe, effective, affordable methods of family planning and reproductive health care services, including abortion.

MMS wishes to be recorded in support of H.2264/S.1372, An Act to Improve Access to Emergency Contraception, filed by Representative Marjorie Decker and Senator Joe Boncore. The Medical Society supports robust health insurance coverage of contraceptives, including expanded access to emergency contraceptives (ECs), including over-the-counter (OTC) access. Access to emergency contraceptives is time-sensitive and people often face barriers in setting up an appointment with a physician to get a prescription for EC. While OTC access has made emergency contraceptives more accessible to some, many may not be able to afford pay out-of-pocket costs for OTC emergency contraceptives, especially people with low-incomes. Further, only certain ECs are available OTC, such as Plan-B One-Step, which may not be right for all patients. It is important that people have access to the right EC for them and be able to access it in an affordable, time-sensitive manner. While the 2017 Contraceptive ACCESS law made great strides in making EC available OTC accessible through a standing order to make it more affordable and accessible, most pharmacies have not sought out the requisite standing order. H.2264/S.1372 will authorize the Department of Public Health to issue a statewide standing order to all pharmacies for both prescription and OTC EC, which will make EC more broadly accessible and affordable to people across the Commonwealth.

The Medical Society also wishes to be recorded in support of H.2399, S.1470, An Act to Require Public Universities to Provide Medication Abortion, filed by Representative Lindsay Sabadosa and Senator Jason Lewis. Abortion is an essential medical component in the continuum of reproductive health care and should be safely accessible in a collaborative, team-based model of care through physicians and appropriately trained and credentialed medical professionals in conformance with standards of good medical practice, respecting the rights of providers who are conscientious objectors to withdraw from abortion cases when it is safe to do so. MMS supports policy measures that will increase appropriate access to abortion services.

Medication abortion is a non-surgical method of terminating pregnancy within the first ten weeks of gestation. Most commonly, it involves the use of two different medications:
mifepristone and misoprostol.1 The safety and efficacy of medication abortion is undisputed, with an overall success rate for the form of medication abortion described above of 95–99%, and an exceedingly low complication rate of less than 0.5%.2 The associated mortality rate is 0.00063%.3 Medication abortion can be prescribed and dispensed by qualified, licensed health care professionals including physicians, nurse practitioners, physician assistants, and certified nurse midwives.

Medication abortion accounts for approximately 40% of abortions in the Commonwealth, but can often be inaccessible for students, especially students with low-incomes, living on more remote campuses or who face challenges accessing an off-campus health center. These students often encounter obstacles to accessing abortion care, including securing transportation, childcare, missing class, or taking time off work. H.2399, S.1470 requires public universities to provide medication abortion safely and effectively at student health centers, which will remove many of the barriers and provide young people better access to abortion care. The legislation also establishes a funding mechanism which allows both public funding and private donations, providing grants to universities to build the necessary infrastructure to provide medication abortion care. As such, MMS supports this legislation, which will meaningfully improve access to medication abortion for young people in the Commonwealth.

Lastly, MMS cautions against passage H.2341/S.1519, An Act relative to out-of-hospital birth access and safety, which establishes a framework for licensure for certified professional midwives (CPMs). The Medical Society has historically opposed this legislation and continues to have concerns relative to the bill, despite amendments to the legislation in recent sessions. MMS believes that a physician-led, team-based model of care best promotes coordinated, patient-centered care by maximally utilizing all health care professionals in their most appropriate capacities while ensuring patient safety and access to high-quality care.

While we appreciate that the legislation has been redrafted to address some issues previously raised, we remain deeply concerned about several aspects of H.2341/S.1519. First, MMS continues to believe that any newly created board and corresponding oversight should be integrated within an existing health professional board; as previously drafted the new board of midwifery would be within the Board of Registration in Medicine, which would ensure meaningful input and representation by obstetricians and pediatricians, which is especially important with regards to the development of rules for physician consult and referral and for emergency care and hospital transfer plans. Notably, this legislation does not require CPMs nor hospitals to report out-of-hospital birth transfers to the Massachusetts Department of Public Health (DPH), which is necessary improve the collection of accurate home birth outcomes data and strengthen the state oversight/licensure role. Further, this legislation requires CPMs to report birth outcome data only to the Midwives Alliance of North America Statistical Registry and not directly to DPH or an existing state perinatal quality collaborative, which should be required to monitor quality and develop best practices for maternal/child health.

This legislation is lacking clearly defined scope of practice for CPMs that is limited to normal, low-risk pregnancy and newborn care with statutory guidelines and considerations outlining when home birth may be safe and appropriate. As drafted, this legislation leaves the scope of practice determinations entirely up to the newly created board, consisting primarily of newly licensed CPMs, with no statutory parameters. MMS respects a birthing person’s right to choose

1 Medication Abortion, KAISER FAMILY FOUNDATION (June 1, 2018), https://www.kff.org/womens-health-policy/fact-sheet/medication-abortion/.
2 Id.
3 Medication Abortion, supra note 1.
between a diversity of health care professionals and settings, but also recognizes the safest location for birth is a hospital or birthing center due to the unforeseen and life-threatening crises that could cause serious injury and harm to a birthing person and their newborn, such as severe maternal bleeding and fetal delivery problems. Moreover, the newly created board could promulgate regulations authorizing certified professional midwives to obtain and administer a range of drugs and medications without sufficient safety checks to ensure an appropriate level of education and training to administer such drugs. For these reasons, we continue to have concerns with H.2341/S.1519 and urge further study of this issue.

Thank you for your consideration and please feel free to reach out Leda Anderson, MMS Legislative Counsel (landerson@mms.org) with any questions.