



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

**TESTIMONY IN SUPPORT OF H.1991
AN ACT RELATIVE TO ABORTION CARE FOR YOUNG PEOPLE
BEFORE THE JOINT COMMITTEE ON THE JUDICIARY
November 18, 2025**

The Massachusetts Medical Society (MMS) wishes to be recorded in strong support of H.1991, *An Act to eliminate barriers and expand abortion access.*

The MMS is a professional association of over 23,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, for a better health care system, and on behalf of physicians, to help them provide the best care possible. The MMS recognizes that abortion is an essential medical component in the continuum of reproductive health care. Furthermore, our organizational policy explicitly affirms that the only criteria necessary to consent to an abortion should be pregnancy and medical decision-making capacity. Accordingly, the MMS supports H.1991, which would repeal the Commonwealth's outdated and harmful parental involvement law, removing a significant barrier to timely, safe abortion care for young people under age 16.

As physicians, we are guided by the principle that every patient deserves access to comprehensive, timely, and evidence-based health care. Current Massachusetts law requires minors to obtain parental consent or judicial approval before accessing abortion care. This process can impose serious emotional and logistical burdens, particularly on our most vulnerable patients. Young people who demonstrate medical decision-making capacity can understand their options and make informed choices in consultation with trained clinicians. Physicians are uniquely qualified to assess a patient's capacity for informed consent, provide non-directive counseling, identify potential abuse or coercion, and ensure both physical and emotional safety. We are also mandated reporters of suspected abuse — a legal and ethical responsibility we take seriously. These professional and legal safeguards already protect young patients, making parental consent laws medically unnecessary and harmful.

This position aligns with that of the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP), and the American Medical Association



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(AMA), all of which oppose parental consent laws, affirming that the decision should ultimately rest with the patient.^{1,2} The medical consensus among these expert bodies is clear: mandating parental involvement does not achieve the intended benefit of promoting family communication and increases the risk of harm to the adolescent by delaying access to appropriate medical care.

Research confirms what physicians observe in practice. A 2019 study published in the *Journal of Obstetrics & Gynecology* found that minors in Massachusetts who went through the judicial bypass process experienced an average delay of 15 days in accessing abortion care — nearly twice as long as those who obtained parental consent.³ These delays can limit clinical options, worsen health outcomes, and increase emotional distress. The study also found that young people forced through the judicial process were more likely to lose eligibility for medication abortion due to delay.⁴ Notably, these barriers disproportionately affect young people of color and those from low-income backgrounds, compounding existing inequities in our health care system.⁵ Eliminating the parental involvement law is therefore not only a matter of patient autonomy, but also a public health and health equity imperative. Removing this barrier will reduce delays in care, prevent avoidable complications, and improve health outcomes, all of which are key goals in advancing public health and health equity in the Commonwealth.

The parental consent requirement and judicial bypass procedure undermine young people's bodily autonomy, subjects them to unnecessary and traumatic legal proceedings, and can endanger their health and well-being. With abortion access increasingly restricted across the country and 1 in 5 abortion patients now traveling long distances to obtain care,⁶ Massachusetts has an opportunity to strengthen access for all, including minors under the age of 16.

¹ American College of Obstetricians and Gynecologists. February 2025. Committee Statement. Increasing Access to Abortion. <https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2025/02/increasing-access-to-abortion>.

² the American Academy of Pediatrics. Policy Statement. 2022. The Adolescent's Right to Confidential Care When Considering Abortion. <https://publications.aap.org/pediatrics/article/139/2/e20163861/59961/The-Adolescent-s-Right-to-Confidential-Care-When>

³ Janiak, Elizabeth ScD; Fulcher, Isabel R. PhD; Cottrill, Alischer A. BA; Tantoco, Nicole MD, MPH; Mason, Ashley H. MA; Fortin, Jennifer MPH; Sabino, Jamie JD; Goldberg, Alisa B. MD, MPH. Massachusetts' Parental Consent Law and Procedural Timing Among Adolescents Undergoing Abortion. *Obstetrics & Gynecology* 133(5):p 978-986, May 2019. | DOI: 10.1097/AOG.0000000000003190

⁴ Ibid

⁵ Ibid

⁶ Guttmacher Institute. *The High Toll of US Abortion Bans: Nearly One in Five Patients Now Traveling Out of State for Abortion Care*. <https://www.guttmacher.org/2023/12/high-toll-us-abortion-bans-nearly-one-five-patients-now-traveling-out-state-abortion-care>.



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By passing this legislation, Massachusetts can eliminate medically unnecessary barriers, promote the bodily autonomy of young people, and ensure that all patients receive the compassionate, timely care they need and deserve. The Commonwealth has long been a leader in advancing science-based, equitable health policy. Enacting this legislation would reaffirm our state's commitment to evidence, compassion, and the dignity of all patients.

For these reasons, we urge the committee to act favorably on H.1991. Thank you for your consideration of our comments.