



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

**TESTIMONY IN SUPPORT OF H.1923  
AN ACT TO PROMOTE PUBLIC SAFETY AND BETTER OUTCOMES FOR YOUTHS  
BEFORE THE JOINT COMMITTEE ON THE JUDICIARY  
November 18, 2025**

**The Massachusetts Medical Society (MMS) wishes to be recorded in H.1923,  
*An Act to promote public safety and better outcomes for youths.***

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, to provide them a better health care system, and on behalf of physicians, to help them provide the best care possible. The MMS recognizes that social and structural determinants of health play a critical role in shaping health outcomes and perpetuating health disparities. Addressing these determinants is essential not only to the well-being of our patients, but also to the sustainability of our health care system. Accordingly, we support H.1923 as a measure that directly advances public health, health equity, and community safety by promoting more developmentally appropriate, rehabilitative responses for young people.

H.1923 would expand the jurisdiction of the juvenile justice system to include 18- to 20-year-olds. As physicians committed to improving health and advancing equity across the Commonwealth, we view this legislation as an important public health measure that will reduce harm, promote rehabilitation, and strengthen our communities. Extensive research demonstrates that the human brain continues to mature into the mid-twenties, particularly in areas governing impulse control, judgment, and decision-making.<sup>1</sup> Young adults are therefore uniquely receptive to rehabilitative interventions that emphasize accountability, education, and family engagement, which are hallmarks of the juvenile justice system. In contrast, exposure to the adult criminal legal system places young people in punitive environments ill-

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<sup>1</sup> Arain M, Haque M, Johal L, Mathur P, Nel W, Rais A, Sandhu R, Sharma S. Maturation of the adolescent brain. *Neuropsychiatr Dis Treat.* 2013;9:449-61. doi: 10.2147/NDT.S39776. Epub 2013 Apr 3. PMID: 23579318; PMCID: PMC3621648.

suiting to their developmental needs and associated with worse long-term health outcomes.<sup>2,3</sup> By aligning our justice system with developmental science, this legislation will help young people grow into healthier, more stable adults—an outcome that benefits individuals, families, and the Commonwealth as a whole.

Involvement in the carceral system has profound and direct impacts on physical and mental health. Young people who are incarcerated, especially in adult facilities, face significantly higher rates of trauma, substance use, depression, suicide, and chronic disease.<sup>4,5,6</sup> The public health harms extend beyond the individual, affecting families and entire communities. These risks are compounded by structural racism and bias, which place Black, Latino, and LGBTQ youth at disproportionate risk of arrest, incarceration, and the associated health consequences.<sup>7</sup> Furthermore, this reform also holds implications for equity and economic stability. Black and Latino youth are vastly overrepresented in the adult criminal system, and adult convictions carry lifelong collateral consequences, limiting access to housing, employment, and higher education. These structural barriers directly worsen health outcomes, perpetuating cycles of poverty and illness. By keeping 18- to 20-year-olds within the juvenile system, the Commonwealth can help disrupt these inequities and foster pathways toward stable, healthy adulthood.

Evidence clearly shows that a rehabilitative approach works. Since Massachusetts expanded juvenile jurisdiction in September 2013 to include 17-year-olds, juvenile arrests have fallen by 53 percent. This decline also corresponds with steady decreases in court caseloads, detention admissions, and youth commitments, indicating that the system is absorbing the changes without adverse strain.<sup>8</sup> By allowing older adolescents to be charged as juveniles, this bill would reduce the short- and long-term health harms of legal system involvement. The juvenile system prioritizes interventions like therapeutic programming, educational access, and family engagement, which are proven to reduce reoffending and improve health

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<sup>2</sup> Semenza, D. C., et al. “Youth Incarceration in Adult Facilities and Mental Health.” *Journal of Adolescent Health*, vol. 74, no. 5, 2024, pp. 955–963. Available at: <https://doi.org/10.1016/j.jadohealth.2024.01.021>

<sup>3</sup> Silver, I. A., et al. “Incarceration of Youths in an Adult Correctional Facility and Early Mortality.” *JAMA Network Open*, vol. 6, no. 7, 2023, e2322877. Available at: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2806838>.

<sup>4</sup> Barnert, E. S., Perry, R., Morris, R. E. *Juvenile Incarceration and Health*. *Academic Pediatrics*. 2016;16(5):349–356. <https://pubmed.ncbi.nlm.nih.gov/26548359/>

<sup>5</sup> Barnert, E. S., et al. *How Does Incarcerating Young People Affect Their Adult Health?* *Public Health Reports* (via PMC). 2017. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5260153/>

<sup>6</sup> Silver, I. A., Semenza, D. C., Nedelec, J. L. *Incarceration of Youths in an Adult Correctional Facility and Risk of Premature Death*. *JAMA Network Open*. 2023;6(7):e2321805.

<sup>7</sup> Massachusetts Juvenile Justice Policy & Data Board. *Racial and Ethnic Disparities: A Review of Data in the Massachusetts Juvenile Justice System*. 2022–2024. <https://www.mass.gov/doc/racial-ethnic-disparities-at-the-front-door-of-massachusetts-juvenile-justice-system-understanding-the-factors-leading-to-overrepresentation-of-black-and-latino-youth-entering-the-system/download>

<sup>8</sup> *Raise the Age MA*. <https://www.raisetheagama.org/court-capacity>.

and social outcomes.<sup>9,10</sup> It also provides more opportunities for diversion, balancing the need for accountability while avoiding the harmful impacts of incarceration. For those who do become justice-involved, juvenile facilities provide care consistent with pediatric standards, whereas adult prisons and jails are often unequipped to meet even basic medical and mental health needs.

The connections between justice policy and public health are clear. Policies that emphasize rehabilitation and reintegration reduce chronic disease, substance use, and mental health crises, while strengthening the social determinants of health like education, housing, employment, and community connection.<sup>11,12,13,14</sup> H.1923 represents an evidence-based opportunity to protect the health of our youth and, in doing so, enhance public safety and community well-being across the Commonwealth.

Importantly, Massachusetts would not be alone in taking this next step. Vermont enacted legislation to include 18-year-olds in its juvenile system by 2020 and 19-year-olds by 2027, and early results have shown positive outcomes for youth and communities.<sup>15</sup> Other states, including Colorado, Connecticut, Illinois, Nebraska, Virginia, and Washington, have pending legislation to similarly raise the age to include 18- to 20-year-olds. This growing national trend reflects broad recognition that aligning justice policy with developmental and health science leads to better outcomes for young people and safer, more equitable communities.

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

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<sup>9</sup> Henggeler, S. W., & Schoenwald, S. K. *Evidence-Based Interventions for Juvenile Offenders: Functional Family Therapy and Multisystemic Therapy*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, 2011. [https://www.srcd.org/sites/default/files/file-attachments/spr\\_25\\_no\\_1.pdf](https://www.srcd.org/sites/default/files/file-attachments/spr_25_no_1.pdf)

<sup>10</sup> CSG Justice Center. *Family Engagement in Juvenile Justice Systems*. 2020. Available at: <https://csgjusticecenter.org/publications/family-engagement-in-juvenile-justice-systems>.

<sup>11</sup> Davis, L. M., Bozick, R., Steele, J. L., Saunders, J., & Miles, J. N. V. (2013). *Evaluating the effectiveness of correctional education: A meta-analysis of programs that provide education to incarcerated adults* (RAND RR-266-BJA). Santa Monica, CA: RAND Corporation. [https://www.rand.org/pubs/research\\_reports/RR266.html](https://www.rand.org/pubs/research_reports/RR266.html)

<sup>12</sup> Centers for Medicare & Medicaid Services. (2023, April 17). *SMD #23-003: Opportunities to test transition-related strategies to support community reentry and improve care transitions for individuals who are incarcerated*. U.S. Department of Health & Human Services. Retrieved from <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>

<sup>13</sup> Jean-Francois, B., Truman, B. I., Fullilove, M. T., Garrison, V., Harding, R., & the Community Preventive Services Task Force. (2020). Permanent supportive housing with Housing First to reduce homelessness and promote health among homeless populations with disability: A Community Guide systematic review. *Journal of Public Health Management & Practice*, 26(5), 404–411. <https://doi.org/10.1097/PHH.0000000000001219>

<sup>14</sup> National Academies of Sciences, Engineering, and Medicine. (2018). *Permanent supportive housing: Evaluating the evidence for improving health outcomes among people experiencing chronic homelessness*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25133>

<sup>15</sup> Raise the Age is a Success. Vermont Office of the Child, Youth, and Family. August 2024. <https://legislature.vermont.gov/Documents/2024/WorkGroups/Justice%20Oversight/Violence%20Prevention/W~Matthew%20Bernstein~Raise%20the%20Age%20is%20a%20Success~8-28-2024.pdf>