



**TESTIMONY IN SUPPORT OF H.2370/S.1563
AN ACT PRIORITIZING PATIENT ACCESS TO CARE
BEFORE THE JOINT COMMITTEE ON PUBLIC HEALTH
June 10, 2025**

The Massachusetts Medical Society (MMS) wishes to be recorded in strong support of H.2370/S.1563, *An Act prioritizing patient access to care*.

The MMS is a professional association of over 24,000 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. 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.

While Massachusetts law has long provided important protections for abortion access, current statutory restrictions on abortion after 24 weeks are well-intended, but in practice unnecessarily restrictive. Presently, care beyond this point is permitted only in limited circumstances: (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 later-pregnancy complications. For many, the only option is to travel out of state, imposing heavy financial, logistical, and emotional burdens. These barriers delay care and deepen health inequities, particularly for lower-income

¹ Mass. General Laws c.112 § 12N.

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

individuals and communities of color.² Physicians, meanwhile, are left navigating the statutory parameters—such as “grave” or “fatal” fetal diagnoses—often under inconsistently applied institutional guidance and legal uncertainty. This ambiguity leads to varying access to care across hospitals and undermines the physician-patient relationship.

Massachusetts has made commendable progress in recent years to safeguard access to abortion in a challenging national landscape. The 2020 ROE Act codified the right to abortion and expanded access to abortion later in pregnancy in cases of lethal fetal anomaly.³ Following the U.S. Supreme Court’s overturn *Roe vs. Wade*, the Commonwealth enacted the 2022 Shield Law, offering critical legal protections to patients and providers and expanding access to later abortion for those facing grave fetal diagnoses.⁴ These were essential reforms, but harmful gaps in access to care remain.

H.2370/S.1563 addresses these shortcomings by replacing the existing exceptions framework to instead allow abortion later in pregnancy based on a physician’s professional judgment. This model, drawn from legislation enacted in Maine,⁵ would eliminate legal ambiguity and ensure that clinical decisions are guided solely by medical expertise and made collaboratively between physicians and patients.

Medical decisions later in pregnancy are often extraordinarily complex and deeply personal. They should not be constrained by rigid legal definitions or institutional variability. Respecting the professional judgment of physicians and the autonomy of patients is foundational to high-quality, patient-centered care. The Commonwealth has long championed reproductive autonomy, equity in health care, and the sanctity of the physician-patient relationship. Passage of this legislation will further that legacy and ensure our laws reflect modern clinical realities and the needs of our patients.

In the most challenging circumstances, patients deserve the right to make informed decisions in consultation with their physicians, without undue legal, financial, or emotional barriers. For these reasons, we urge the committee to issue a favorable report on H.2370/S.1563. Thank you for your consideration of our comments.

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>.

³ Chapter 263 of the Acts of 2020. <https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter263>

⁴ Chapter 127 of the Acts of 2022. <https://malegislature.gov/Laws/SessionLaws/Acts/2022/Chapter127>

⁵ State of Maine. Chapter 416 Public Law. An Act to Improve Maine’s Reproductive Privacy Laws. [getPDF.asp](https://www.maine.gov/doc/legis/legisweb/getPDF.asp)