



November 21, 2023

Representative Michael S. Day
Joint Committee on the Judiciary, Chair
State House, Room 136
Boston, MA 02133

Senator James B. Eldridge
Joint Committee on the Judiciary, Chair
State House, Room 511C
Boston, MA 02133

Dear Chairs Day and Eldridge,

On behalf of Planned Parenthood Advocacy Fund of Massachusetts, ACLU of Massachusetts, and Reproductive Equity Now, we write today in support of H.1599/S.1114, *An Act enhancing access to abortion care*, known as the Abortion Access Act, filed by Representative Sally Kerans and Senator Rebecca Rausch.

This thoughtful legislation takes a comprehensive approach to abortion access and aims to continue the Legislature’s proactive work to remove barriers to care. We would be remiss not to begin by acknowledging the substantial work of the General Court as a whole, and this Committee in particular, to protect abortion access in recent years. We are deeply appreciative of your leadership, first with the ROE Act and then with a suite of provisions passed in response to the *Dobbs* decision that centered protections for abortion providers in the post-Roe world. The Abortion Access Act represents additional important steps forward to continue expanding access to care, unpack abortion exceptionalism, and eliminate abortion stigma. We highlight several key provisions below.

First, the Abortion Access Act will help mitigate the misinformation and disinformation patients face from anti-abortion centers, also known as “crisis pregnancy centers,” by requiring any person conducting an obstetric ultrasound to do so under the supervision of a clinician who provides pregnancy-related care within their scope of practice. Anti-abortion centers (AACs) are nonprofit organizations that often present themselves as medical clinics offering pregnancy-related care, while actually seeking to dissuade and prevent people from obtaining abortion care.^{1,2} AACs do not provide or make referrals for abortion or contraception, but will offer free or low cost

¹ Melissa N Montoya et al, *The Problems with Crisis Pregnancy Centers: Reviewing the Literature and Identifying New Directions for Future Research*, INT’L JOURNAL OF WOMEN’S HEALTH (June 8, 2022), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9189146/>.

² In Massachusetts, AACs outnumber legitimate abortion clinics by more than double, and national networks of anti-abortion centers are investing heavily in expanding their presence and targeting people seeking care in access states like Massachusetts. A 2023 report from the Center for Countering Digital Hate shows that of the \$10 million AACs are spending to run Google ads, more \$7 million is being spent in states where abortion is legal, like Massachusetts, see REPRODUCTIVE EQUITY NOW, *New England Abortion Care Guide*, <https://reproequitynow.org/abortioncareguide> (last visited Nov. 19, 2023) and CENTER FOR COUNTERING DIGITAL HATE, *Profiting from Deceit: How Google Profits from Anti-Choice Ads Distorting Searches for Reproductive Healthcare* (Jun. 15, 2023), available at <https://counterhate.com/wp-content/uploads/2023/06/Profiting-from-Deceit-CCDH-FINAL.pdf>.

pregnancy tests and ultrasounds,³ a tactic that often serves to target low-income and otherwise vulnerable populations and intercept their pursuit of health care. When AACs provide ultrasounds, which are often advertised as “pregnancy confirmation services,” they are divorced from broader pregnancy care. Rather, they are used as a tool to signify medical legitimacy while simultaneously delaying access to abortion care, or even preventing access by dating pregnancies inaccurately.^{4,5} By requiring ultrasounds to be provided only under the supervision of a clinician who provides pregnancy-related care, this legislation will limit the ability of AAC volunteers and staff without medical training from conducting ultrasounds simply as a means to persuade people to carry their pregnancies to term.

Second, the Abortion Access Act would allow abortion care to be made available later in pregnancy outside of hospital settings. Current Massachusetts statute allows for widely accessible abortion care prior to 24 weeks of pregnancy in many clinical settings and by any physician or advanced practice clinician, but arbitrarily restricts care after 24 weeks to hospital settings.⁶ These restrictions on care later in pregnancy are not medically necessary and do not result in higher-quality care for patients.⁷ Yet they are more likely to result in higher costs to the health care system, insurers, and consumers. By eliminating these unnecessary statutory requirements, the Abortion Access Act offers greater access to abortion care for all Bay Staters who may need it later in pregnancy, without limiting them to seek care at a small number of hospitals, the majority of which are located in Boston.⁸

Finally, the Abortion Access Act also takes a vital step toward expanding access to abortion care for young people by removing still-present barriers for youth under the age of 16, who currently must still seek parental consent or a judicial bypass in order to seek abortion care in the Commonwealth. By repealing this onerous parental consent requirement, the Abortion Access Act ensures that young people can make autonomous decisions about their reproductive health, eliminating unnecessary delays in care, mandatory disclosures of their personal life to judges, and in many cases, the need to travel across state lines to seek care where parental consent is not required.

Together, the provisions of the Abortion Access Act represent important steps toward increased access to high quality, stigma-free abortion care. We urge the committee to give this legislation a favorable report.

³ Montoya et al, *supra* note 1.

⁴ Ivy Scott, *Campbell says new unit will crack down on crisis pregnancy centers, providing guidance in era of abortion misinformation*, BOSTON GLOBE (Nov. 14, 2023)

<https://www.bostonglobe.com/2023/11/14/metro/crisis-pregnancy-centers/>

⁵ Jennifer Gerson, *Crisis pregnancy centers' ultrasounds are free. But are they accurate?* THE 19TH* (Oct. 29, 2021)

<https://19thnews.org/2021/10/crisis-pregnancy-centers-ultrasounds-accuracy-stakes/>

⁶ Mass. General Laws C.112 §12P

⁷ Roberts SCM, Upadhyay UD, Liu G, et al. *Association of Facility Type With Procedural-Related Morbidities and Adverse Events Among Patients Undergoing Induced Abortions*. JAMA. 2018, available at

<https://jamanetwork.com/journals/jama/fullarticle/2685987>.

⁸ REPRODUCTIVE EQUITY NOW, *supra* note 2.

Sincerely,

A handwritten signature in black ink that reads "Carol V. Rose". The signature is written in a cursive style with a long horizontal stroke at the end.

Carol V. Rose
Executive Director, ACLU of Massachusetts

A handwritten signature in black ink that reads "Nate Horwitz-Willis". The signature is written in a cursive style with a long horizontal stroke at the end.

Nate Horwitz-Willis
Executive Director, Planned Parenthood Advocacy Fund of Massachusetts

A handwritten signature in black ink that reads "Rebecca Hart Holder". The signature is written in a cursive style with a long horizontal stroke at the end.

Rebecca Hart Holder
President, Reproductive Equity Now