SENATE DOCKET, NO. 1858 FILED ON: 1/16/2025

SENATE . . . . . No. 1244

The Commonwealth of Massachusetts

PRESENTED BY:

Rebecca L. Rausch

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act enhancing access to abortion care.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
Rebecca L. Rausch	*Norfolk, Worcester and Middlesex*	
Sally P. Kerans	*13th Essex*	
Manny Cruz	*7th Essex*	*2/11/2025*
Susannah M. Whipps	*2nd Franklin*	*2/12/2025*
Julian Cyr	*Cape and Islands*	*3/6/2025*
Sal N. DiDomenico	*Middlesex and Suffolk*	*3/6/2025*
Robyn K. Kennedy	*First Worcester*	*3/12/2025*
Paul W. Mark	*Berkshire, Hampden, Franklin and Hampshire*	*7/8/2025*
Michael J. Barrett	*Third Middlesex*	*7/23/2025*
James B. Eldridge	*Middlesex and Worcester*	*10/23/2025*
Nick Collins	*First Suffolk*	*1/16/2026*

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By Ms. Rausch, a petition (accompanied by bill, Senate, No. 1244) of Rebecca L. Rausch, Sally P. Kerans, Manny Cruz, Susannah M. Whipps and other members of the General Court for legislation to enhance access to abortion care. The Judiciary.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. *1114* OF 2023-2024.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Fourth General Court
(2025-2026)

An Act enhancing access to abortion care.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 111 of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting the following section:-

Section 51M. (a) A hospital licensed under this chapter with an emergency care department shall provide emergency health services to any person who presents at the hospital in active labor or with an injury or acute medical condition that may cause death or severe harm to the individual's health, including but not limited to serious impairment to one or more bodily functions, serious dysfunction of any bodily organ or part, a pregnant patient experiencing ectopic pregnancy, complications of pregnancy loss, risks to future fertility, previable preterm premature rupture of membranes, and emergent hypertensive disorders, such as preeclampsia.

(b) For purposes of this section, emergency health services shall include, but not be limited to, medical screening, the provision of necessary stabilizing treatment, procedures for refusals to consent, restricting transfers until the individual is stabilized, appropriate transfers of patients, nondiscrimination, no delay in examination or treatment, and whistleblower protections. Stabilizing treatment includes abortion when abortion is necessary to resolve the patient's injury or acute medical condition.

(c) Annually, not later than September 1, every hospital licensed under this chapter with an emergency care department shall submit to the department a written report that includes the hospital's policies, procedures and processes for providing services consistent with this section.

(d) A hospital or person violating any of the provisions of this section or refusing to perform any duties required by this section shall be subject to a fine not exceeding $50,000 for each violation. A hospital or person engaging in gross, flagrant, or repetitive violations of this section shall be subject to license revocation.

(e) An individual who suffers personal harm as a direct result of a violation of a requirement of this section may obtain damages in a court of competent jurisdiction.

(f) The department shall promulgate regulations to implement this section.

SECTION 2. Section 12F of chapter 112 of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by striking out, in lines 14 and 15, the words "have come in contact with" and inserting in place thereof the following words:- be at risk of contracting.

SECTION 3. Said section 12F of said chapter 112, as so appearing, is hereby further amended by inserting, in line 18, after the word "diagnosis" the following words:- , prevention.

SECTION 4. Said section 12F of said chapter 112, as so appearing, is hereby further amended by striking out the third paragraph.

SECTION 5. Said chapter 112, as so appearing, is hereby further amended in section 12I by adding at the end thereof the following sentence:- No conscientious objection shall be valid if an abortion is required to preserve the life of a pregnant person and no medical staff other than the objector are available to perform or support the performance of the abortion.

SECTION 6. Said chapter 112, as so appearing, is hereby further amended in section 12K by striking out, in line 1, the word "12R" and inserting in place thereof the following word:- 12R.3.

SECTION 7. Said section 12K of said chapter 112, as so appearing, is hereby further amended by adding the following definitions:-

"Abortion-related care", a medically appropriate service complementary to the performance of an abortion.

"Provider", a licensed health care professional who, acting within their scope of practice, may lawfully perform an abortion or provide abortion-related care.

"Provider facility", a structure in which a provider performs abortions or provides abortion-related care.

SECTION 8. Said chapter 112, as so appearing, is hereby further amended in section 12L by inserting, in lines 4 and 5, after the word "abortion", in each instance, the following words:- or abortion-related care.

SECTION 9. Said chapter 112, as so appearing, is hereby further amended in section 12M by striking out, in lines 1 and 2, the words “physician, physician assistant, nurse practitioner or nurse midwife” and inserting in place thereof the following word:- provider.

SECTION 10. Said chapter 112, as so appearing, is hereby further amended in section 12N by striking out, in lines 2 and 3, the word “physician” each time it appears and inserting in place thereof, in each instance, the following word:- provider.

SECTION 11. Said chapter 112, as so appearing, is hereby further amended in section 12N½ by striking out, in lines 3 and 5, the word “physician” each time it appears and inserting in place thereof, in each instance, the following word:- provider.

SECTION 12. Section 12O of said chapter 112, as so appearing, is hereby repealed.

SECTION 13. Said chapter 112, as so appearing, is hereby further amended in section 12P by striking out the second sentence.

SECTION 14. Said chapter 112, as so appearing, is hereby further amended in section 12Q by striking out, in lines 2 and 3, the words “performed by a physician, physician assistant, certified nurse practitioner or certified nurse midwife”.

SECTION 15. Said chapter 112, as so appearing, is hereby further amended by striking out section 12R and inserting in place thereof the following sections:-

Section 12R. A provider must obtain a pregnant person’s written informed consent prior to performing an abortion in a multilingual form prescribed by the commissioner of the department of public health, and the pregnant person must execute said informed consent form prior to receiving an abortion, except: (1) in an emergency, when an abortion is required to

preserve the health of the pregnant person, in which case the provider may perform the abortion without an executed informed consent form; or (2) when a pregnant person is incapacitated due to vegetative state, and said pregnant person was incapacitated prior to and at all times during the pregnancy, and another person serves as legally valid health care proxy for the pregnant person, in which case the health care proxy must execute the informed consent form. A pregnant person's signature on the consent form shall not be deemed invalid due to the pregnant person's age. No waiting period shall be imposed between the execution of the consent form and the performance of the abortion. Providers shall maintain executed informed consent forms for a period of time and in a manner consistent with retention of other medical records.

(b) The consent form and any other forms or related documents shall be confidential and shall not be released to any person other than the patient, the person whose consent is validly obtained pursuant to this section or any other applicable state or federal law, or the provider who performed the abortion, except by the patient's written informed consent or proper judicial order.

Section 12R.1. (a) No pregnant person shall be required, as a precondition to receiving health-related information, health services or medical care, to: (i) wait for any period of time, beyond the standard of care or as may be operationally necessary, after executing the informed consent form required by this chapter to initiate an abortion or abortion-related care; (ii) undergo an ultrasound inconsistent with the standard of care; (iii) review, see, or hear the results of an ultrasound; (iv) appear at a provider facility for purposes of receiving an abortion or abortion-related care more frequently or for a longer duration than is consistent with the standard of care; or (v) receive counseling or information in any format or medium that is medically inaccurate, medically unnecessary, or misleading.

(b) Provider facilities shall not be required to: (i) affiliate in any way with, or be constructed within a specified distance of, a hospital, as defined in section 52 of chapter 111; (ii) construct or maintain medically unnecessary physical structures, sizes, or spaces; (iii) hire only providers with admitting privileges at a hospital, as defined in section 52 of chapter 111; or (iv) comply with any other medically unnecessary physical or operational standards or requirements. Provider facilities shall be required to comply or substantially comply with the licensure requirements for clinics providing ambulatory surgery, consistent with section 51 of chapter 111, only if the provider facility otherwise operates as a free standing ambulatory surgical center.

(c) The attorney general shall enforce this section, provided that nothing herein shall preclude a private right of action asserting violations thereof. All actions must be commenced within ten years after the cause of action accrues.

Section 12R.2. (a) The department of public health shall publish on its website and in print copy a listing of provider facilities opting to be included on said listing. The listing shall be updated annually, or more frequently as required or requested by a provider or provider facility.

(b) The department of public health shall engage in a culturally competent and linguistically diverse public education campaign to educate providers and the public about so-called crisis pregnancy centers and pregnancy resource centers, including without limitation the lack of medical services or licensed medical professionals at said centers and the availability of licensed medical and family planning services across the commonwealth.

(c) The department of veterans services shall, in consultation with the department of public health, provide information to veterans residing in the commonwealth and their families

regarding available abortion services and support for obtaining those services, including without limitation financial assistance provided pursuant to chapter 118E.

Section 12R.3. A health care professional working in a school based health center shall keep confidential any reproductive health care information or services provided to a patient at the center, including but not limited to contraceptive counseling and abortion-related information or care.