Committee on Public Health
Bill Summary

Bill No.	H2370/S1563
Title:	*An Act prioritizing patient access to care*
Sponsor:	Representatives Christine P. Barber and Lindsay N. Sabadosa/Senator Robyn K. Kennedy
Committee:	Public Health
Hearing Date:	July 10, 2025
Similar Matters:	S1563
Prior History:	None
Reporting Deadline:	September 8, 2025

Current Law:

- **M.G.L. Chapter 112 § 12N** pertains to abortion; pregnancy existing for 24 weeks or more.
- **M.G.L. Chapter 112 § 12N½** pertains to independent consideration by treating physician and patient or patient's health care proxy of abortion circumstances for pregnancy existing for 24 weeks or more; annual report.
- **M.G.L. Chapter 112 § 12P** pertains to abortions performed pursuant to Sec. 12M or 12N; written informed consent; facilities

Summary:

The bill allow physicians to perform abortions at 24 weeks of pregnancy or later based solely on their professional judgment, without needing specific circumstances or independent consideration for each situation. It also removes reporting requirements for healthcare facilities regarding abortion procedures and removes restrictions on where abortions can be performed in non-emergency situations.

SECTION 1 amends M.G.L. Chapter 112 § 12N by removing requirements for physicians performing abortions on patients who are 24 or more weeks pregnant. Currently, this includes the specific circumstances, such as being necessary to preserve the life or health of the patient, due to a lethal fetal anomaly, or because of a serious fetal diagnosis indicating that the fetus cannot survive outside the uterus without extraordinary medical interventions. Instead, this section would allow physicians to perform an abortion of this nature based solely on their professional judgement.

SECTION 2 amends M.G.L. Chapter 112 § 12N½ by removing the requirement for each circumstance that permits a patient to receive an abortion after a pregnancy of 24 weeks or more to be considered independently by the treating physician, the patient, or the patient’s health care proxy.

SECTION 3 amends said Section 12N½ by striking out “a determination by” and replacing it with“the professional judgment of” as it relates to the judgement of a physician, patient or patient’s health care proxy to provide an abortion consent.

SECTION 4 amends said Section 12N½ by striking out subsection (b) which would require health care facilities to submit an annual report of their facility’s abortion procedures and processes to DPH.

SECTION 5 amends M.G.L. Chapter 112 §12P by striking out the second paragraph, which states that an abortion may only be performed in a hospital duly authorized to provide facilities for obstetrical services, except in emergencies requiring immediate action.