

THE ROE ACT

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S. 1209, H. 3320

Sponsored by Senator Harriette L. Chandler and Representatives Patricia A. Haddad & Jay D. Livingstone

Abortion is health care.

Nearly half a century ago, the U.S. Supreme Court, in *Roe v. Wade*, recognized the fundamental principle that our bodies are our own and guaranteed all people the right to safe, legal abortion. Abortion is a basic component of health care and access to abortion helps people control their lives and futures.ⁱ This basic guarantee, however, is not enough. The constitutional right to abortion does not translate into equitable access to care. Barriers entrenched in discrimination, stigma, and political interference keep safe, legal abortion out of reach and unaffordable for many people. Nearly one-in-four women will have an abortion,ⁱⁱ but when people are denied abortion due to these barriers, they and their families suffer. Studies have shown that a person who seeks an abortion but is denied is more likely to fall into poverty than a person who can receive abortion.ⁱⁱⁱ

The right to safe, legal, and accessible abortion is at risk in our country.

Since 2011, politicians have passed over 400 new laws in 33 states to shame, pressure, and punish people seeking abortion.^{iv} These attacks have been bolstered by The Trump-Pence administration's assault on health care access and reproductive rights. Even in Massachusetts, access to safe, legal abortion is still dictated by a person's income, insurance status, and whether a young person's household supports their right to make their own, private medical decisions. These structural gaps in access are exacerbated by inflammatory laws passed by the Massachusetts legislature in 1974 to protest *Roe* and intentionally restrict abortion access, undermining true reproductive freedom in the Commonwealth. With a U.S. Supreme Court poised to further erode or eliminate *Roe v. Wade*, Massachusetts must fortify its commitment to reproductive rights and modernize its laws so every person has access to safe, legal abortion and can decide for themselves if and when to become a parent.

The promise of reproductive freedom and autonomy cannot be fully realized until all people are guaranteed the ability to control their own bodies, lives, and futures.

In a state known for high-quality health care and near-universal insurance coverage, no person should be forced to leave the state for care, no young person should be forced to have their medical decisions signed off by a judge, no medical professional should be forced to deny a patient the best possible care out of fear of criminal liability, and no person should be denied affordable access to abortion because their legal status prevents them from obtaining insurance coverage. Yet, these are the realities in Massachusetts.

The ROE Act will improve access to affordable abortion by removing unnecessary, burdensome provisions that delay and deny care.

1. The ROE Bill will ENSURE equitable access to abortion by:

- eliminating the onerous judicial bypass process teenagers must navigate to access safe, legal abortion, aligning young people's ability to access abortion with their ability to access all other pregnancy-related care; and

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- bolstering access to safety-net coverage for abortion regardless of a resident's income or legal status, which already exists for all other pregnancy-related care.

2. The ROE Bill will PROTECT the patient-provider relationship by:

- expanding access to abortion after 24 weeks of pregnancy in cases of fatal fetal anomalies;
- eliminating unwarranted government intrusions and criminal penalties; and
- ending intrusive reporting requirements that jeopardize physician safety and patient privacy.

3. The ROE Bill will REFORM our outdated state laws and language by:

- removing medically inaccurate and inflammatory language that effectively establishes fetal personhood and marginalizes the lives of pregnant people;
- abolishing medically unnecessary abortion restrictions, including a currently unenforceable 24-hour waiting period and a requirement that any abortion after 24 weeks take place in a hospital; and
- codifying the principles of reproductive freedom into state law to prevent any future restrictions on the right to safe, legal abortion.

The right to safe, legal abortion in Massachusetts will continue to be undermined so long as unnecessary delays, cost, and fear keep any person from accessing abortion. That's why organizations such as the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics oppose laws restricting access to abortion, like those requiring parental consent for abortion, and support laws that improve access to abortion. This legislation recognizes abortion as health care and its enactment will ensure abortion is no longer singled out by those trying to impose their political ideologies on others. This is an important step to make health care more accessible and affordable and help ensure everyone receives the best possible care our state has to offer.

Individual rights and freedoms, including the right to access safe and legal abortion, are at the heart of who we are as a Commonwealth. In fact, 72 percent of likely Massachusetts voters support the right to safe, legal abortion. Now more than ever, Massachusetts must build on the promise of *Roe v. Wade* with proactive policy that reflects the best medical science, keeps people safe, and respects and supports the private medical decisions of all people.

ⁱ https://www.plannedparenthood.org/uploads/filer_public/eb/38/eb38bdf9-7ebb-4067-8758-13d28afa1d51/pp_med_soc_benefits_abortion_final_1.pdf

ⁱⁱ <https://www.guttmacher.org/news-release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates>

ⁱⁱⁱ <https://apha.confex.com/apha/140am/webprogram/Paper263858.html>

^{iv} <https://www.guttmacher.org/article/2018/01/policy-trends-states-2017>