



Testimony submitted to the Joint Committee on the Judiciary

In Support of H. 3320 An Act removing obstacles and expanding access to women's reproductive health and S. 1209 An Act to remove obstacles and expand abortion access

*By Tracy Brown, LWVMA Legislative Specialist on Women's Issues
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For almost 50 years, the League of Women Voters has advocated for the right of individuals to make informed reproductive choices based upon their own convictions and beliefs. We recognize the fundamentally private nature of a decision to continue or terminate a pregnancy and believe that pregnant persons should not face obstacles when making these time-sensitive, complex, and personal choices. The League of Women Voters of Massachusetts supports H. 3320 and S. 1209 because we believe that this legislation honors an individual's self-determination with respect to reproductive healthcare.

Access to reproductive healthcare, including abortions, is an issue of economic justice. In a frequently-cited study of reasons women choose to have an abortion, 74% of women reported that having a child would impact her education, work, or ability to care for others.¹ With equitable access to abortion, pregnant people can have more control over decisions related to their careers and education and make reasonable decisions regarding caring for their families. For people facing devastating pregnancy-related medical news, reasonable access to abortion enables the best decision for both pregnant person and family, consistent with their beliefs and values.

Since the Supreme Court of the United States recognized a pregnant person's fundamental right to decide whether to terminate or continue a pregnancy,² states, including the Commonwealth, have attempted to constrain this right with consent rules, waiting periods, and other requirements that can delay an abortion, increasing the risks associated with the procedure³ and taking the ultimate decision regarding abortion away from pregnant people and medical providers. The League of Women Voters of Massachusetts supports H.3320 and S.1209 because this legislation places the private relationship between the pregnant person and medical professional at the center of the abortion decision.

This legislation expands the circumstances under which pregnant persons may choose to have an abortion after 24 weeks to include situations of fatal fetal anomalies. It removes the requirement that pregnant teens have the approval of a parent or judge to obtain an abortion. The legislation eliminates unwarranted criminal penalties for doctors providing abortions and modernizes statutory language regarding abortions. It also establishes safety net coverage for abortion for people excluded from MassHealth. Such coverage already exists for all other pregnancy-related care.

At the League of Women Voters of Massachusetts, we think this is the correct approach.

LWVMA, which represents 47 local Leagues from Cape Cod to the Berkshires, urges you to report H. 3320 and S. 1209 favorably. Thank you for your attention and consideration.

¹ Finer LB, Frohwirth LF, Dauphinee, LA, Singh S and Moore, AM, The Guttmacher Institute, Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives, <<https://www.guttmacher.org/journals/psrh/2005/reasons-us-women-have-abortions-quantitative-and-qualitative-perspectives>>, accessed June 10, 2019.

² *Roe v. Wade*, 410 U.S. 113 (1973)

³ *Virtual Mentor*. American Medical Association Journal of Ethics. <2014;16(4):265-269. doi: 10.1001/virtualmentor.2014.16.4.jdsc1-1404>, accessed June 9, 2019.