

H.5090, An Act expanding protections for reproductive and gender-affirming care

SECTION-BY-SECTION SUMMARY

<u>#</u>	<u>Amends</u>	<u>Summary</u>
1	MGL c. 9A s. 1	Defines “Gender-affirming health care services”, “Legally-protected health care activity” and “Reproductive health care services” for chapter 9A, which establishes the Secretary of State’s address confidentiality program.
2	MGL c. 9A s. 2	Allows healthcare professionals engaged in the provision, facilitation or promotion of legally-protected health care activity to apply to the Secretary of State to have an address designated by the secretary serve as the health care professional’s address.
3	MGL c. 9A s. 7	Adds GLBTQ Legal Advocates & Defenders, Inc., Planned Parenthood League of Massachusetts, Inc., ABCD, Inc. on behalf of the Massachusetts Family Planning Association, The Massachusetts League of Community Health Centers, Inc., the Maternal Outcomes for Translational Health Equity Research Lab, Resilient Sisterhood Project, Inc., Health Care Without Walls, Inc., Our Bodies Ourselves and Reproductive Equity Now, Inc., to the list of organizations the Secretary of State shall consult with when promulgating regulations for chapter 9A, which establishes the Secretary of State’s address confidentiality program.
4	MGL c. 12 s. 11I½ and 11I¾ (new sections)	<p>Section 11I½ – Codifies that access to reproductive and gender-affirming health care services is a right secured by the constitution and laws of the Commonwealth. Creates a new cause of action for interference with “legally-protected health care activity” in Massachusetts through abusive litigation filed or prosecuted in a state other than Massachusetts.</p> <p>Section 11I¾ – Establishes the laws of Massachusetts as governing in any case or controversy related to reproductive or gender-affirming health care services heard in Massachusetts.</p>
5	MGL c. 13 s. 105	Insulates genetic counselors from adverse consequences from the Board of Registration of Genetic Counselors for providing reproductive or gender-affirming health care services, so long as the services as provided would have been lawful and consistent with the standards of conduct for genetic counselors if they occurred entirely in Massachusetts.
6	MGL c. 15A s. 46 and 47 (new sections)	<p>Section 46 – Requires public higher education institutions to create a medication abortion readiness plan for its students, with guidance and oversight from the Department of Public Health.</p> <p>Section 47 – Establishes a Public University Health Center Sexual and Reproductive Health Preparation Fund, to be administered by the Department of Public Health, to help public higher education institutions cover the costs of direct and indirect medication abortion readiness.</p>
7	MGL c. 32A s. 17C	Requires the GIC to cover abortion, as defined in section 12K of chapter 112, and abortion-related care.
8	MGL c. 32A s. 17C	Requires the GIC to cover abortion and abortion-related care without imposing a cost-sharing amount (i.e., co-payment, deductible or coinsurance) on enrollees.
9	MGL c. 94C s. 19A	Directs the Department of Public Health to establish a statewide standing order that authorizes the dispensing of emergency contraception in Massachusetts by any licensed pharmacist.

#	<u>Amends</u>	<u>Summary</u>
10	MGL c. 112 s. 5F½ (new section)	Insulates physicians from adverse consequences from the Board of Registration in Medicine for providing reproductive or gender-affirming health care services, so long as the services as provided would have been lawful and consistent with good medical practice if they occurred entirely in Massachusetts.
11	MGL c. 112 s. 9H	Insulates physician assistants from adverse consequences from the Board of Registration of Physician Assistants for providing reproductive or gender-affirming health care services, so long as the services as provided would have been lawful and consistent with the standards of conduct for physician assistants if they occurred entirely in Massachusetts.
12	MGL c. 112 s. 12N	Allows an abortion to be performed by a physician after 24 weeks of pregnancy if, in the best medical judgement of the physician, it is: (1) necessary to preserve the life of the patient; (2) necessary to preserve the patient's physical or mental health; (3) warranted because of a lethal fetal anomaly or diagnosis; or (4) warranted because of a grave fetal diagnosis that indicates that the fetus is incompatible with sustained life outside of the uterus without extraordinary medical interventions.
13	MGL c. 112 s. 12N½ (new section)	Requires each circumstance permitting an abortion for a pregnancy that has existed for 24 weeks or more under section 12N of chapter 112 to be considered independently by a treating physician and a patient or the patient's health care proxy. Prohibits a medical review process from overriding a determination by a treating physician and a patient or the patient's health care proxy to provide an abortion consistent with section 12N of chapter 112. Requires every facility authorized to perform health care services under section 12N of chapter 112 to annually submit to the Department of Public Health a written report that includes the facility's procedures and processes for providing services consistent with section 12N of chapter 112.
14	MGL c. 112 s. 32	Insulates pharmacists from adverse consequences from the Board of Registration of Pharmacy for providing reproductive or gender-affirming health care services, so long as the services as provided would have been lawful and consistent with the code of professional conduct for pharmacists if they occurred entirely in Massachusetts.
15	MGL c. 112 s. 77	Insulates nurses from adverse consequences from the Board of Registration in Nursing for providing reproductive or gender-affirming health care services, so long as the services as provided would have been lawful and consistent with the standard of conduct for nurses if they occurred entirely in Massachusetts.
16	MGL c. 112 s. 128	Insulates psychologists from adverse consequences from the Board of Registration of Psychologists for providing reproductive or gender-affirming health care services, so long as the services as provided would have been lawful and consistent with the standard of conduct for psychologists if they occurred entirely in Massachusetts.
17	MGL c. 112 s. 137	Insulates social workers from adverse consequences from the Board of Registration of Social Workers for providing reproductive or gender-affirming health care services, so long as the services as provided would have been lawful and consistent with the standards of professional practice and conduct for social workers if they occurred entirely in Massachusetts.
18	MGL c. 118E s. 10A	Requires MassHealth to cover abortion, as defined in section 12K of chapter 112, and abortion-related care.
19	MGL c. 118E s. 10A	Requires MassHealth to cover prenatal care, childbirth, postpartum care, abortion and abortion-related care, without imposing a cost-sharing amount (i.e., co-payment, deductible or coinsurance) on enrollees.

#	<u>Amends</u>	<u>Summary</u>
20	MGL c. 147 s. 63 (new section)	Prevents Massachusetts law enforcement agencies from providing information or assisting federal or other state law enforcement agencies or private citizens or quasi-law enforcement agents with any investigation or inquiry into services constituting “legally-protected health care activity”, as defined in section 11P½ of chapter 12, in Massachusetts.
21	MGL c. 175 s. 47F	Requires an individual, group blanket or general policy of accident and sickness insurance that provides hospital expense and surgical expense insurance that is issued or renewed within or without the commonwealth to cover abortion, as defined in section 12K of chapter 112, and abortion-related care.
22	MGL c. 175 s. 47F	Requires an individual, group blanket or general policy of accident and sickness insurance that provides hospital expense and surgical expense insurance that is issued or renewed within or without the commonwealth to cover abortion and abortion-related care without imposing a cost-sharing amount (i.e., co-payment, deductible or coinsurance) on insureds.
23	MGL c. 175 s. 193U	Prevents medical malpractice insurers from discriminating against or adjusting a healthcare provider’s risk classification or premium charges because the healthcare provider provides reproductive or gender-affirming health care services that are unlawful in another state or another state’s laws create potential or actual liability for such health care services or abusive litigation against the healthcare provider concerning such health care services resulted in a judgment against the provider and such services were otherwise lawful in the Commonwealth.
24	MGL c. 176A s. 8H	Requires a contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within or without the Commonwealth to cover abortion, as defined in section 12K of chapter 112, and abortion-related care.
25	MGL c. 176A s. 8H	Requires a contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within or without the Commonwealth to cover abortion, as defined in section 12K of chapter 112, and abortion-related care.
26	MGL c. 176A s. 8H	Requires a contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within or without the Commonwealth to cover abortion and abortion-related care without imposing a cost-sharing amount (i.e., co-payment, deductible or coinsurance) on insureds.
27	MGL c. 176B s. 4H	Requires a subscription certificate under an individual or group medical service agreement that is issued or renewed within or without the Commonwealth to cover abortion, as defined in section 12K of chapter 112, and abortion-related care.
28	MGL c. 176B s. 4H	Requires a subscription certificate under an individual or group medical service agreement that is issued or renewed within or without the Commonwealth to cover abortion, as defined in section 12K of chapter 112, and abortion-related care.
29	MGL c. 176B s. 4H	Requires a subscription certificate under an individual or group medical service agreement that is issued or renewed within or without the Commonwealth to cover abortion and abortion-related care without imposing a cost-sharing amount (i.e., co-payment, deductible or coinsurance) on insureds.
30	MGL c. 176G s. 4I	Requires an individual or group health maintenance contract that is issued or renewed within or without the Commonwealth to cover abortion, as defined in section 12K of chapter 112, and abortion-related care.

#	<u>Amends</u>	<u>Summary</u>
31	MGL c. 176G s. 4I	Requires an individual or group health maintenance contract that is issued or renewed within or without the Commonwealth to cover abortion and abortion-related care without imposing a cost-sharing amount (i.e., co-payment, deductible or coinsurance) on insureds.
32	MGL c. 218 s. 4A	Requires judgment creditors to file an action to enforce a judgment issued in another state concerning “legally-protected health care activity”, as defined in section 11I½ of chapter 12, rather than simply filing a copy of a foreign judgment to have it recognized within Massachusetts.
33	MGL c. 218 s. 4A	Requires Massachusetts courts, in actions filed to enforce a judgment issued in connection with litigation concerning “legally-protected health care activity”, as defined in section 11I½ of chapter 12, to not give any force or effect to such judgement if it was issued without jurisdiction.
34	MGL c. 223A s. 11	Prevents Massachusetts courts from ordering a person within Massachusetts to give testimony or produce documents or other things for use in connection with litigation concerning “legally-protected health care activity”, as defined in section 11I½ of chapter 12.
35	MGL c. 231 s. 59H	Excludes cases brought concerning “legally-protected health care activity”, as defined in section 11I½ of chapter 12, from Massachusetts’ anti-SLAPP statute.
36	MGL c. 233 s. 13A	Prevent judges from issuing a summons where prosecution is pending concerning “legally-protected health care activity”, as defined in section 11I½ of chapter 12, or where a grand jury investigation concerning “legally-protected health care activity”, as defined in section 11I½ of chapter 12, has commenced or is about to commence for a criminal violation of a law of another state, unless the acts forming the basis of the prosecution or investigation would also constitute an offense if occurring entirely in Massachusetts.
37	MGL c. 272 s. 21A	Allows over-the-counter emergency contraception to be sold in a vending machine or similar device.
38	MGL c. 276 s. 13	Prevents the Governor from extraditing a person to another state who was charged in another state as a result of engaging in “legally-protected health care activity”, as defined in section 11I½ of chapter 12, except where required by federal law or unless the executive authority of the demanding state alleges in writing that the accused was physically present in the demanding state at the time of the commission of the alleged offense and thereafter fled from that state.
39	MGL c. 276 s. 14	Prevents the Governor from extraditing a person to another state who was charged in another state unless the acts for which extradition is sought would be punishable by the laws of Massachusetts, if the consequences claimed to have resulted therefrom in the demanding state had taken effect in Massachusetts.
40	MGL c. 276 s. 20A	Technical edit related to Section 38.
41	MGL c. 276 s. 20B	Technical edit related to Section 38.
42	MGL c. 276 s. 20C	Technical edit related to Section 38.
43	Outside Section	Requires, not later than April 1, 2023, the Department of Public Health, in consultation with Reproductive Equity Now, Inc., to issue a report to the Legislature identifying areas of the Commonwealth in which pregnant people do not have access to abortion or birth care within a 50-mile radius, including recommendations to facilitate access to abortion and birth care in the identified areas.

<u>#</u>	<u>Amends</u>	<u>Summary</u>
44	Outside Section	For Sections 7, 8, 18, 19, 21, 22 and 24 to 31, inclusive, sets an effective date for health plans delivered, issued or renewed on or after January 1, 2023.
45	Outside Section	Clarifies that a public higher education institution under section 46 of chapter 15A shall not be required to use money from its general fund or student fees for medication abortion readiness until January 1, 2026.
46	Outside Section	Requires each public higher education institution's first medication abortion readiness plan, as required under section 46 of chapter 15A, to be submitted to the Department of Public Health not later than November 30, 2023. Further requires the Department of Public Health to review such plans for suitability by January 31, 2024.
47	Outside Section	Sets a February 1, 2024 effective date for certain requirements related to a public higher education institution's medication abortion readiness plan.