

# Life After Roe in Massachusetts

## THE STATUS OF REPRODUCTIVE RIGHTS

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According to IWPR's [Reproductive Rights Index 2022 update](#), Massachusetts ranked 16<sup>th</sup> in the nation across a variety of indicators of reproductive rights, with a grade of B-.

- In 2017, **87% of MA residents lived in a county with at least one abortion provider.**
- MA has a [pro-choice legislature](#) and a mixed-choice executive branch.
- MA requires minors under the [age of 16](#) to obtain parental consent prior to obtaining an abortion.
- MA has implemented [ACA Medicaid expansion](#) but did not include family planning access.
- MA funds all [medically necessary](#) abortions through Medicaid, through programs like MassHealth. This approach exceeds federal limitations set by the Hyde [amendment](#). However, the “medically necessary” requirement can create significant access issues.
- MA [does cover](#) IVF and other fertility-related care.<sup>1</sup>
- MA [does not](#) require a waiting period for accessing abortions, lessening medically unnecessary logistics.
- In 2021, the MA Legislature passed comprehensive legislation [upholding abortion rights](#).

However, Massachusetts does not mandate [sexual and reproductive health education](#) and the curriculum must explain the benefits of abstinence. This [limits the efficacy](#) of prevention programs.

**Following the Supreme Court [ruling in Dobbs vs Jackson Women’s Health Organization](#),** MA’s abortion infrastructure is unlikely to [change significantly](#). Located far away from states that will ban abortion, MA [would not have the](#) nearest provider for people from states without abortion seeking care via ground transportation. Some people may still choose to travel to Massachusetts for abortion care. [26 states are certain or likely](#) to ban or limit abortion access after the forthcoming Supreme Court Decision. **Massachusetts, Pennsylvania, and Ohio abortion funds will be vital resources for logistical support.**

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<sup>1</sup> IVF refers to In Vitro Fertilization, an important way of creating a family for many people.

## “ROE NEVER ARRIVED FOR MANY PEOPLE IN MASSACHUSETTS”-FEYLA MCNAMARA

Importantly, while the change in abortion’s federal legal standing will not directly impact Western Massachusetts law, full access to reproductive health care has not been evenly distributed or accessible. feyla mcnamara, the co-founder of the abortion fund [Tides for Reproductive Freedom](#), explained indigenous communities, migrant communities and others have continued to face barriers accessing abortion. Outlining ways that abortion advocates can support in this time of crisis, mcnamara highlighted investing in abortion funds. In western Massachusetts, the Abortion Fund of Western Massachusetts provides abortion funding, while Tides provides intentional and wrap around support. “People are already coming here from Texas; they are already coming from Ohio.” She also noted that there are many “wrap around costs.” It is not only the actual abortion, but also “it is getting there, the hotel, the childcare costs.” This she noted, is particularly true for indigenous, migrant, and black communities, who can face compounding access issues.

## THE ECONOMIC BENEFITS OF ACCESS TO ABORTION

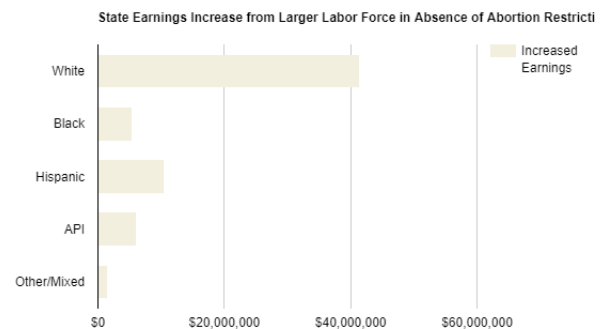
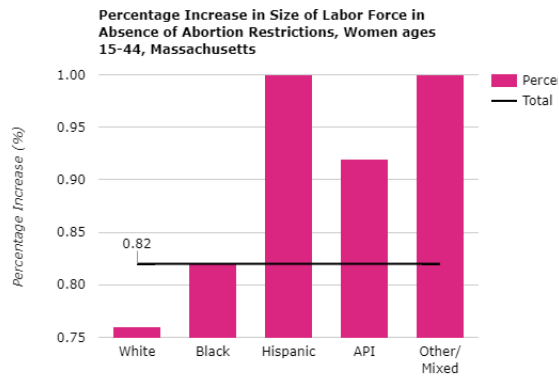
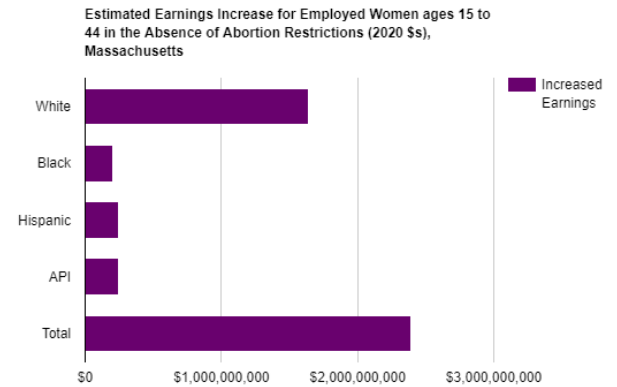
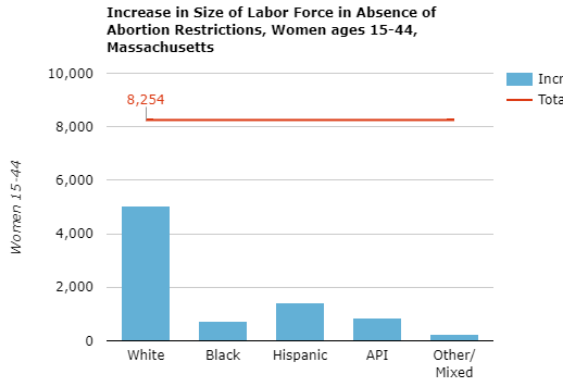
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At the national level, IWPR research [estimates](#) that state-level abortion restrictions will cost the US economy **\$105 billion dollars**<sup>2</sup>per year—by reducing labor force participation and earnings levels and increasing turnover and time off from work among women ages 15 to 44 years.<sup>3</sup> A total abortion ban is extremely unlikely to pass in MA. The economic benefits of NOT restricting abortion are listed below, reflecting the economic importance of abortion access and rights. Progressive abortion policies in MA benefit the economy and allows people to make choices about their economic and reproductive lives.

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<sup>2</sup> In 2020 dollars.

<sup>3</sup> Estimates may not be reported for a race or ethnic category due to small sample size (fewer than 100) unweighted female respondents aged 15-44. IWPR’s analysis is largely based on survey data where respondents self-identified within the binary choice: male and female. This digital tool uses the term “women” to describe people who self-identified as female and assumes that these individuals are directly affected by restrictions on access to reproductive health care. IWPR acknowledges that not all people who can become pregnant identify as women, including transgender and gender-nonconforming individuals. The tool’s use of the term “women” reflects an absence of underlying data on gender identity and transgender status. An additional limitation of the data used for this macro-level analysis is the absence of information on respondents’ fecundity, reproductive behaviors, and fertility intentions.



## EXAMPLES: WHO WILL BE IMPACTED IN MA?<sup>4</sup>

### Foster care children

According to the [Massachusetts Department of Children and Families](#), in FY 2021 approximately **2,456** young people who could become pregnant were in the care of the state in Massachusetts.<sup>5</sup> A [developing area](#) of reproductive law, foster care children are particularly vulnerable to abortion restrictions. Many foster care children are dependent on Medicaid for [health care](#). **110 CMR 11.00, governs abortion consent for minor children** for foster care children. In MA, for pregnant foster care children under 16, abortion decisions are delegated to judges and social work staff [must file a petition](#). This makes access very logistically difficult.

<sup>4</sup> Note: this is far from a comprehensive list as federal changes impact a variety of communities differently. Please [consult](#) the Amicus Brief filed by the Center for Reproductive Rights on the Disproportionate Harms of Abortion Bans on different communities.

<sup>5</sup> Reported age categories were 12 to 18 and 18 to 23 years old.

**Incarcerated people:** Access to health care in [federal prisons is guided](#) by the Hyde amendment and many state-run prisons make accessing abortion logistically difficult. As there are no [federal prisons for women in MA](#), incarcerated Massachusetts women serve their sentence outside of the states, including PA.

**Indigenous people:** The [Mashpee Wampanoag Health Service](#) is administered by the Indian Health Service, impacted by the [Hyde amendment](#). Many indigenous advocates are extremely concerned about the impact of federal changes on access, [citing existing access disparities](#).

**Students:** Young people often face a [variety of barriers](#) in accessing abortions. In MA, those under the age of 16 years old need to obtain [parental consent](#) to receive an abortion. Additionally, college students often rely on university health systems for health care, making access difficult. For example, students at [Massachusetts Maritime Academy](#) live 84 miles away from the nearest abortion clinic. [Advocates in MA](#) are pushing to address this issue by expanding access to [medication](#) abortion.

## MOVING FORWARD

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While Massachusetts has a strong legal infrastructure for maintaining abortion access after a [the Supreme Court decision overturning Roe vs Wade](#), access to reproductive health care and broader reproductive justice issues persist. Supporters of abortion access and reproductive rights in Massachusetts must focus on increasing logistical access to abortion in their state, improving preventative education, supporting community members who are impacted by federal restrictions, and lowering [economic barriers for accessing an abortion](#).

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