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**United States Senate Committee on Banking, Housing and Urban Affairs
Subcommittee on Economic Policy**

“The Economic and Health Impacts of Threats to Reproductive Rights”

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Written Testimony: Massachusetts Attorney General Andrea Campbell

Thank you for the opportunity to provide this testimony regarding the Economic and Health Impacts of Threats to Reproductive Rights.

It is no secret how dire the state of reproductive health care access is in this country. While I have the honor of serving as the Attorney General of Massachusetts, a state which has long been a beacon in the pursuit of reproductive justice, I recognize that much work remains. I look forward to working with you and my colleagues across the country to continue this fight to ensure that people can access the health care they need.

When the Supreme Court struck down *Roe* in 2022, it eliminated 50 years of legal precedent that recognized the basic right to abortion. This basic human right—essential to the ability to choose whether, when, and how to have a child—is critical to individual health, family and economic well-being, and to a stable, cohesive society. The effects of the Supreme Court’s decision were immediately felt across the country as long dormant laws and so-called trigger bans went into effect, leaving patients suddenly without access to critical, and sometimes lifesaving, care.

Today, nearly half the states in the country have banned or severely restricted access to abortion care. The result has been devastating, leaving hundreds of thousands of people without full access to reproductive health care in their states. Pregnant people seeking abortion care face steep financial burdens and sometimes must travel long distances to access care. Already marginalized communities, in particular, often have to travel farther distances to access care, while also managing childcare and work commitments. When people are forced to delay or forgo an abortion, the result is poor maternal and fetal health outcomes, increased state health care costs shouldered by taxpayers, lower rates of full-time employment, and increased reliance on public safety net programs. And lack of access exacerbates existing health inequities, disproportionately impacting Black and brown people, low-income earners, indigenous people, young people, and those living in rural communities.

Patients who can afford to travel must do so with the specter that their travel and their communications may be subject to digital surveillance or even prosecution — possibly exposing not only themselves not but also their friends, families, and helpers. Moreover, with the proliferation of anti-abortion centers, also known as crisis pregnancy centers, spreading

misinformation about abortion care and often targeting marginalized communities, the crisis on our hands today is dangerous for pregnant people everywhere.

Beyond these strains, the expansive scope of some abortion bans threaten providers across state lines, including in protective states. Even in Massachusetts, providers face increased risk of civil and criminal liability through bounty hunter schemes and purported travel bans. Before and after the *Dobbs* decision, states have targeted not only those who provide and access abortion care, but also those who assist patients with accessing abortion care. These actions have understandably caused fear within the medical community here in Massachusetts and across the nation.

To meet this latest cruel moment in our nation's history, I along with my colleagues in state government, have stepped up to ensure people can continue to access reproductive care in the Commonwealth. Massachusetts has long led the nation in reducing barriers to abortion access, even before the *Dobbs* decision. To share a couple of examples, we first passed the Roe Act in 2020, which codified reproductive freedom into state law, abolished medically unnecessary abortion restrictions, and expanded the pool of abortion providers, among other steps. In 2022, in response to the *Dobbs* decision, our legislature codified enhanced protections for reproductive health care broadly, as well as gender-affirming care. While this legislation made many significant improvements in our reproductive health care landscape, one of the most impactful was its insurance mandate, requiring insurance coverage for abortion and abortion-related care without cost-sharing.

Under now Governor Healey, the Attorney General's Office also helped draft and pass the nation's leading and model abortion access protection law (sometimes referred to as the Shield Law) that put in place critical protections for people who provide, access, or facilitate access to abortion and gender affirming care in the Commonwealth. It was the first such law in the country to protect providers, licensed and physically present in Massachusetts, from the effects of out-of-state abortion bans, regardless of the patient's location at the time the care is provided. This was an essential step to protect our providers and helpers from the consequences of broad out-of-state abortion bans that threaten those who help schedule an appointment, provide travel assistance, provide abortion care, and ensure proper follow up care for out-of-state patients.

This law protects abortion providers in Massachusetts from in-state licensing consequences for violating another state's abortion ban; adverse impacts to medical malpractice insurance premiums based on actual or perceived liability for violation another state's abortion ban; and extradition in criminal cases involving protected reproductive healthcare, including abortion. It prevents state resources from being used to enforce abortion bans, including by prohibiting law enforcement involvement in out-of-state investigations concerning abortion or gender affirming care, ensuring our state courts can't be used to enforce subpoenas or other legal processes associated with abortion or gender affirming care investigations or litigations, and limiting to the maximum extent permitted under the Full Faith and Credit Clause of the United States Constitution recognition of out-of-state civil judgments in abortion and gender affirming care ban cases. Since we passed our law, California, Colorado, Maine, New York, Vermont, and Washington have put in place comparable protections. And these laws, coupled with the resilience of brave providers, have helped thousands of patients access abortion in these states, including Massachusetts.

To operationalize the Shield Law, my office, in collaboration with the ACLU of Massachusetts, Reproductive Equity Now, the Women's Bar Association and five law firms, launched an Abortion legal hotline to provide free and confidential legal advice and resources to healthcare providers, helpers, and patients seeking care in Massachusetts. This hotline is readily available to help answer questions about our state's laws, as well as other questions related to accessing abortion and gender-affirming care in the Commonwealth, regardless of whether the caller is a resident of our state or not.

While I am proud of how my office and Massachusetts has met this moment, we continue to face challenges on many fronts: legislatively, within the courts, and with another presidential election looming on the horizon. Efforts are ongoing in Congress and in other state legislatures to curb reproductive freedom. Just last week, legislators in Louisiana passed a bill making it illegal to possess abortion medication without a prescription. Similar battles are also ensuing in state and federal courts across the country about not only abortion care, but also contraceptive access, gender-affirming care, and other private health care matters. The potential consequences of the results of the upcoming election could further strain this dangerous ecosystem. Former President Trump, should he prevail, has made clear that he will attempt to dramatically curtail medication abortion access and restrict contraception access across the entire country.

To that end, I have formed the Reproductive Justice Unit within my office, which focuses on advancing reproductive justice at the state and national level. In developing the Unit, we are guided by the core principles of ensuring every person is able to decide if, when, and how to have a family, and to raise their families in safe and sustainable environments. In its short tenure, the Reproductive Justice Unit has established itself as a trusted partner among community organizations, health care providers, and advocates, as well as colleagues across attorneys general offices across the country.

Our collaboration with other state Attorneys General on reproductive justice matters offices also continues to expand and deepen as the abortion landscape evolves. I have the immense honor of chairing the Reproductive Rights Working Group within the Democratic Attorneys General Association. As state Attorneys General, we are at the forefront of protecting state abortion and reproductive health care access laws and this working group will work to develop and defend such laws from challenge.

I also continue to defend state and federal laws that protect abortion access. I, along with 23 other state Attorneys General, have advocated in support of the FDA in *Food & Drug Administration vs. Alliance for Hippocratic Medicine*, a right-wing effort targeting the FDA's approval of mifepristone. Over 3 million Americans have benefitted from mifepristone, a drug that is proven to be extremely safe and effective. The ripple effects of this decision also threaten to undermine the FDA's drug-approval process, which could open the door to any number of legal challenges designed to restrict access to critical medications. I have also worked closely with the Healey-Driscoll Administration to help ensure that medication abortion remains available to those who need it as this case proceeds and regardless of its outcome.

Since *Dobbs*, we've also seen renewed efforts throughout the country to provide fetuses and embryos with personhood status, which would have far-reaching and dangerous consequences

for reproductive choice and family planning. Over a dozen states have filed bills this session to provide fetuses with personhood status and some states already have laws providing fetuses with legal rights. Providing fetuses with personhood status would effectively eliminate a pregnant person's right to make medical decisions for their own health, undermine access to assisted reproductive technologies like IVF, and even inhibit access to contraceptives.

In closing, we are at a critical junction not only with abortion access, but with reproductive autonomy and freedom. I will use all of the tools and powers of my office to protect access to this basic human right for all Americans, and will continue to ensure that Massachusetts remains a beacon of hope in the fight for reproductive justice.