



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619
617-624-6000 | mass.gov/dph

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Governor

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Commonwealth of Massachusetts
Abortion Task Force Meeting Minutes
Thursday, December 11, 2025
5:00-6:00 PM (virtual)

Members Present

- Jill Clark
- Cori O'Neill
- Dominique Lee
- Tara Kumaraswami
- Kristie Monast
- Chloe Zera
- Elizabeth Janiak
- Maureen Paul
- Leora Cohen-McKeon

Members Absent

- Mary Beth Muetz
- Deb Bartz
- Claire Teylouni
- Feyla McNamara
- Christie Jurena

Others Present

- Alison Gray, Consultant, Massachusetts Department of Public Health
- Roberta Moss, Massachusetts Department of Public Health

1. Call to Order and Determination of Quorum

Jill Clark called the meeting to order and determined that a quorum was present.

2. Approval of Minutes – November 20 Meeting

A motion was made to approve the minutes of November 20. All members who were present for the November 20 meeting approved. Those who were not present for the November 20 meeting abstained.

3. Discuss recommendations for priority categories

Members reviewed and discussed a preliminary list of risks and recommendations developed by DPH Consultant Alison Gray for each of the priority risk categories identified, including access to graduate medical education and 340B pricing risks.

a. Graduate Medical Education (GME)

Members discussed risks related to reductions to federally-funded GME slots, restrictions on the use of federal GME funds for abortion training, increased reporting and compliance requirements, and limitations on training partnerships between teaching hospitals and community abortion providers. These risks were noted as contributing to reduced abortion training opportunities, workforce shortages, and a deterrent effect on trainees concerned about practicing in facilities subject to restrictive federal policies. The Task Force further discussed workforce pipeline challenges affecting abortion care, including barriers to training such as insurance coverage, compensation, housing availability, regulatory constraints, and capacity limitations for out-of-state residents. Members emphasized that clinical exposure alone does not ensure procedural competency and highlighted workforce retention challenges tied to low Medicaid reimbursement rates and insufficient facility funding. Emerging recommendations included clarifying state versus institutional roles in protecting abortion training, expanding training pathways to advanced practice clinicians, and safeguarding Medicaid matching funds that support reproductive health services.

b. 340B Pricing

The Task Force reviewed risks and recommendations related to the 340B Drug Pricing Program, with a focus on how federal policy changes could impact abortion care providers. Key discussion points include the importance of state-level protections to preserve 340B eligibility for providers offering abortion care; clarification that 340B eligibility is contingent upon entity type, patient eligibility, and formulary inclusion, rather than abortion services alone; recognition that some providers qualify for 340B through dual participation in programs such as Title X and STD prevention programs; identification of a significant risk related to potential federal policy changes targeting STD Grant 318, which could indirectly affect 340B access for qualifying entities; and emphasis on the vulnerability of abortion-providing entities to increased federal scrutiny or policy reinterpretation affecting 340B participation.

c. FACE Act Enforcement

The Task Force discussed escalating clinic security risks resulting from declining federal enforcement of the FACE Act. Key points included an increased risk of clinic blockades due to reduced federal enforcement, reports of active training for clinic blockades in the southern United States and rising security costs for clinics in response to increased threats and a lack of federal protection. There was consensus that clinic security should be formally included as a risk category in the Task Force's recommendations.

4. Topics not reasonably anticipated by the Chair of the Abortion Task Force within 48 hours of the meeting.

A member asked the Task Force to consider the Stockpiling Initiative as a model to address the risk to Medication Abortion discussed in a prior meeting. Members received background information about this initiative in November. The Task Force discussed this and other local efforts and agreed to include them in the recommendations.

5. Discussion of agenda items for next meeting

The Task Force scheduled additional meetings to continue refining risks and recommendations and to finalize the report. Meetings will be held on January 8, 2026, and January 15, 2026, from 5:00 to 6:00 PM. Future meetings will focus on completing recommendations and aligning documentation for the final submission.

6. Adjournment

The meeting was adjourned at 6:00 PM