OFFICE OF THE GOVERNOR
COMMONWEALTH OF MASSACHUSETTS
STATE HOUSE • BOSTON, MA 02133
(617) 725-4000

MAURA T. HEALEY
GOVERNOR

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

SEC OF STATE / REG DIV
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November 6, 2026

Honorable William Francis Galvin
Secretary of the Commonwealth
State House – Room 337
Boston, Massachusetts 02133

Dear Secretary Galvin:

I, Maura T. Healey, pursuant to the provisions of Article XLVIII of the Amendments to the Constitution of the Commonwealth of Massachusetts, the Referendum II, Emergency Measures, do hereby declare that the immediate preservation of the public peace, health, and safety requires that the attached Act entitled, "An Act Prioritizing Patient Access to Care" (Chapter 188 of the Acts of 2026) should take effect immediately.

The Act amends sections 12N, 12N½, and 12P of chapter 112 of the General Laws, which govern abortion care after a pregnancy has existed for 24 weeks or more. Under current law, a physician may provide such care only under specified exceptions concerning the patient's life, physical or mental health, or a lethal or grave fetal diagnosis. Although these exceptions were intended to accommodate serious circumstances, experience has proven them too narrow to account for the full spectrum of high-risk pregnancy complications that can arise later in pregnancy. Physicians and medical organizations report that the exceptions lack clinical definitions, making it difficult to determine what conditions actually qualify under the statute. Physicians and medical organizations also report that the exceptions, together with differing institutional interpretations of their requirements by hospitals and their lawyers, can delay care and encourage waiting until a patient's condition worsens before treatment is considered. Such delay can jeopardize a patient's health and safety.

The Act replaces the enumerated statutory exceptions with a provision permitting an abortion after 24 weeks when performed by a physician based upon the professional judgment of the physician. The Act also permits these procedures in appropriately licensed health care

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treatment centers in addition to hospitals, expanding the settings in which patients may obtain necessary care. The Act does not displace applicable professional standards of care, informed-consent obligations, licensing requirements, or facility oversight. Under the Act, abortions after 24 weeks will continue to be extremely rare.

Massachusetts is home to some of the best hospitals in the world, and our laws contain some of the strongest abortion protections in the country. Yet, every year, under sections 12N, 12N½ and 12P, dozens of patients facing devastating diagnoses or other complex circumstances late in pregnancy are forced to decide whether to leave Massachusetts to receive care, or forego it altogether. Many who do leave the state face out-of-pocket costs reaching tens of thousands of dollars, along with the burdens of travel far from their doctors, families, and support networks. All of this occurs because our law, as currently in effect, wrongly interferes with the health care decisions of women and their doctors.

Our current law, in short, creates unnecessary barriers to essential care, jeopardizes patient health, and undermines providers' ability to deliver compassionate, timely treatment. I have determined, consistent with the provisions of Article XLVIII, and consistent with the Legislature's intent in passing the Act, that these critical issues must be addressed now. Any further delay in implementing the Act would prolong uncertainty for patients, families, physicians and health care institutions, and risk further harm to the health and safety of women in Massachusetts.

The Legislature passed the Act on July 31, 2026 and I signed it into law on August 10, 2026. Since that time, physicians and health care institutions across the state have prepared for the Act to become effective this month. And since that time, according to the Massachusetts Medical Society, several more patients have been forced to leave Massachusetts to obtain medically necessary care due to the inadequacies of the current law. The promise of the Act must not be delayed when patients are already experiencing the consequences of the existing restrictions. I therefore declare that it is in the public interest that the Act take effect immediately, and I declare the Act to be an emergency law.

Sincerely,

Maura T. Healey
Governor

Encl.: Chapter 188 of the Acts of 2026

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Chapter 188
of the Acts of 2026

THE COMMONWEALTH OF MASSACHUSETTS

In the One Hundred and Ninety-Fourth General Court

AN ACT PRIORITIZING PATIENT ACCESS TO CARE.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section 12N of chapter 112 of the General Laws, as appearing in the 2024 Official Edition, is hereby amended by striking out, in lines 1 to 9, inclusive, the words "no abortion may be performed except by a physician, and only if in the best medical judgement of the physician it is: (i) necessary to preserve the life of the patient; (ii) necessary to preserve the patient's physical or mental health; (iii) warranted because of a lethal fetal anomaly or diagnosis; or (iv) 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" and inserting in place thereof the following words:- an abortion may be performed by a physician based upon the professional judgment of the physician.

SECTION 2. Said chapter 112 is hereby further amended by striking out section 12N1/2 and inserting in place thereof the following section:-

Section 12N1/2. No medical review process shall override the professional judgment of a treating physician and a patient or the patient's health care proxy to provide an abortion consistent with section 12N.

SECTION 3. Section 12P of said chapter 112, as appearing in the 2024 Official Edition, is hereby amended by striking out the second paragraph.

House of Representatives, July 31, 2026.

Passed to be enacted, , Speaker.

In Senate, July 31, 2026.

Passed to be enacted, , President.

August 10, 2026.

Approved,

, Governor.