



Massachusetts
Family Institute

MFI Brief

HB3320/SD109, HB1102/SD1450, & SD2200 Acts to Increase Abortions

Recent aggressive abortion legislation in NY and VA reveal that the abortion movement in America is now openly advocating for infanticide. Similar bills are have been filed and are currently pending in MA.

HB3320/SD109, HB1102/SD1450, and SD2200 allow abortion at any point in the pregnancy, eliminate requirements to preserve the life of the unborn child, exempt abortion centers from even minimal safety regulation, and mandate taxpayer funding.

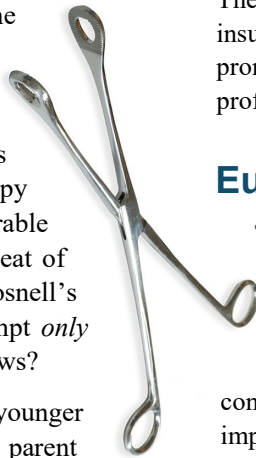
Specifically, this legislation:

- Allows abortion through all nine months
- Allows minors to get abortions with no parental knowledge or consent
- Requires MA health insurance plans to pay for 100% of abortion services
- Allows the killing of unborn children with disabilities at any time

Exempt From Regulation

So long as the physician believes the abortion services are “medically appropriate,” the time, manner, or place (including “webcam abortions”) cannot be regulated by the state. This means abortion centers can now avoid basic standards for medical safety, fire prevention, and disposal of hazardous waste - standards that apply to even Lasik or endoscopy centers! This puts the lives of vulnerable women at risk and could lead to a repeat of the horrors found in Doctor Kermit Gosnell’s infamous clinic. Why should we exempt *only* abortion centers from standard safety laws?

Right now, women 17 years old or younger have to get the consent of at least one parent before having an abortion. Under these laws, girls of any age would also be able to procure an abortion **without their parents’ consent or even knowledge.**



A Preference for Killing Babies

Under existing MA law, after 24 weeks an unborn baby may be removed from the uterus if the life or health of the mother is threatened, **but the baby must be kept alive.** This is why in 2017, out of **18,285 abortions performed in MA**, only 23 were on babies past the 24-week mark. The new laws remove this requirement. Without the current legal protections for unborn children, how many more abortions will there be at 24 weeks or older, where babies have an average survival rate of over 50% when proper care is administered? In this way, the “ROE” Abortion Acts give preference to killing the baby in utero or allowing it to die shortly after birth.

Under these bills, a baby may be killed at any point in the pregnancy, so long as the physician decides it is “medically appropriate,” as broadly evaluated “in light of all factors.” But polls consistently show an overwhelming majority of Americans want SOME restrictions on late term abortions.

Paid for by YOU

SD2200 and HB1102/SD1450 require that health insurance contracts in the state of MA cover abortion, *and* pay 100% of the costs associated with the abortion surgery and related services—no copay or deductible is allowed!

These acts also add abortion to taxpayer-funded health insurance plans. YOUR tax dollars will be used to promote this highly destructive—and extremely profitable—abortion industry.

Eugenics

These bills explicitly allow abortion at any time “in cases of lethal fetal anomalies, or **where the fetus is incompatible with sustained life outside the uterus.**” However, this diagnosis is commonly used to cover a broad range of congenital abnormalities—i.e. physical or mental impairment. The Geneva Declaration on Perinatal Care states that “‘incompatible with life’ is not a medical diagnosis and should not be used when describing unborn children who may have a life-limiting condition.” However, these acts enable **such babies to be killed at any time for any reason.**

OPPOSE HB3320/SD109, HB1102/SD1450, & SD2200