



April 21, 2026

Centralized Case Management Operations
U.S. Department of Health and Human Services

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RE: Complaint for Discrimination in Violation of 42 U.S.C. § 300a-7 (“Church Amendments”), Section 507(d) of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act (“Weldon Amendment”); and 42 U.S.C. § 238n (“Coats-Snowe Amendment”)

Contact attorneys for complainant:

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Complaint filed on behalf of:

A Woman’s Concern
d/b/a Your Options Medical Centers
 (“YOM”)

&

YOM’s Medical Director

*Person/Agency/Organization
committing discrimination:*

Massachusetts Department
of Public Health (DPH)

[REDACTED]
[REDACTED]

(contact information on file with
attorneys)

DATE AND NATURE OF DISCRIMINATORY ACTS

This complaint alleges unlawful and ongoing discrimination on the basis of religion, viewpoint, and conscience against YOM, a faith-based, licensed pro-life pregnancy resource center, in violation of federal civil rights laws and conscience statutes applicable to HHS-funded programs. These violations began publicly in January of 2024 and continue today through DPH's coordinated smear campaign, coercive actions, selective enforcement, and public disparagement of pro-life centers as engaging in illegal and dangerous conduct simply for existing. These actions are the subject of ongoing federal litigation.¹

BACKGROUND AND TIMELINE OF KEY EVENTS

YOM is a Christian nonprofit medical clinic licensed by DPH since 1999. It provides free, comprehensive pregnancy testing, ultrasounds, options counseling, and material support to women facing unexpected pregnancies, consistent with its religious belief in the sanctity of human life. YOM operates fully within its license and has never faced any patient complaints. Indeed, in its entire existence, it has only faced one complaint, made by an ideologically opposed pro-abortion organization and DPH's partner in creating the smear campaign: Reproductive Equity Now (REN).

On January 3, 2024, DPH simultaneously issued (1) a news release titled "Maintaining Integrity, Accessibility, and Transparency in Reproductive Care" (Press Release) and (2) a formal memorandum to all licensed providers and clinics titled "Reminder to Licensees Regarding Licensure Obligations and Providing Standard of Care" (Guidance Memo). These two documents—attached as Exhibits 1 and 2—are part of a single, coordinated campaign that explicitly singles out "anti-abortion centers"² (i.e., pro-life centers, including licensed facilities like YOM) for

¹ *A Woman's Concern, Inc. d/b/a Your Options Medical Centers v. Healey, et al.*, No. 1:24-cv-12131 (D. Mass. 2024) (currently on appeal to the First Circuit).

² *Search: Avoid Anti-Abortion Centers*, MASS. DEPT. OF PUB. HEALTH, <https://massclearinghouse.ehs.state.ma.us/SRCH.html?Search=Avoid+anti-abortion+centers> (last visited Apr. 10, 2026). Some of the materials created for this campaign are attached as exhibits 4-8.

heightened scrutiny and public warning, threatening those organizations for engaging in illegal, “deceptive” activity for their pro-life speech and services.

The Guidance Memo declares that DPH takes patients’ rights “very seriously,” including “providing patients **accurate and complete information . . .**.”³ The simultaneously released Press Release defines what DPH means by “**complete**” or “**comprehensive**” reproductive health care: “[pro-life centers] advertise themselves as full-service reproductive health care clinics, **yet they do not provide abortion care or abortion referrals, contraception, or other important reproductive health care services.**”⁴ The Press Release frames the Memo as part of DPH’s review of “statutory and regulatory obligations” triggered by (REN’s) complaints against these centers and announces a 2024 public-education campaign to steer patients away from “deceptive” pro-life facilities.⁵ The message is clear: simply refusing to offer abortion or abortion referrals is enough for a center to create a “public health threat,” in the words of DPH Commissioner Robbie Goldstein.

In the same Guidance Memo, DPH singles out abortion pill reversal (“APR”)—the prescription of progesterone to aid in maintaining a pregnancy after mifepristone has been ingested—as “unproven, unethical, and unsafe to provide to patients.”⁶ APR is a treatment offered primarily by pro-life physicians and referred to by PRCs like YOM because of their religious and moral commitment to preserving life.⁷ DPH warns that any physician or advanced practice provider who

³ Exhibit 1 at 1 (emphasis added).

⁴ Exhibit 2 at 3 (emphasis added).

⁵ *Id.* at 1.

⁶ Exhibit 2 at 3.

⁷ Pro-abortion states have increasingly targeted PRCs with laws and enforcement actions designed to prohibit them from discussing or promoting APR. In New York, Attorney General Letitia James sought to censor PRCs for sharing information about APR, but PRCs secured a major victory in *NIFLA v. James*, 746 F. Supp. 3d 100, 117-18 (WDNY 2024), where the court ruled that “Plaintiffs are likely to succeed on the merits of their First Amendment Free Speech claim” and that “[t]he First Amendment protects Plaintiffs’ right to speak freely about APR protocol and, more specifically, to say that it is safe and effective for a pregnant woman to use in consultation with her doctor.” Likewise, in Colorado, a state law banning healthcare providers from offering APR was struck down in *Bella Health & Wellness v. Weiser*, 699 F. Supp. 3d 1189, 1197-98, 1212-19 (D. Colo. 2023), blocking enforcement and affirming PRCs’ ability to provide this option. These rulings represent

offers this treatment “could be found to be practicing inconsistently with accepted practice and subject to discipline.”⁸ This is the only specific medical practice highlighted in the entire 6-page memo as potentially grounds for professional discipline, license revocation, or referral to the Attorney General, and it was included specifically to put licensed pro-life centers and their medical directors on notice of DPH’s disapproval of and enhanced scrutiny over their religiously informed pro-life speech and actions.⁹ Neither progesterone nor APR is unlawful under FDA regulations or Massachusetts law; progesterone is a lawfully approved medication, and its safety is regularly recognized in obstetric practice.

These actions form part of a broader, government-orchestrated campaign (in partnership with REN) to discredit and harass YOM and other faith-based PRCs based solely on their religious and pro-life viewpoint. This campaign is the precise subject of the parallel federal lawsuit referenced above.

TIMELINE

- **Early 2023:** The Massachusetts Legislature appropriates \$1 million for a public-awareness campaign targeting pro-life pregnancy resource centers (PRCs), which DPH develops in coordination with Reproductive Equity Now (REN).
- **October 2023:** REN files a complaint against YOM with DPH and the Executive Office of Health and Human Services, alleging deceptive advertising related to YOM’s mobile unit.
- **January 3, 2024:** DPH simultaneously issues its Guidance Memo (“Reminder to Licensees Regarding Licensure Obligations and

clear wins for PRCs in both states, safeguarding their First Amendment rights to inform women about APR without state interference. Despite these wins, PRCs are still facing censorship, as evidenced by Massachusetts’s actions against YOM. Further, in California, Attorney General Rob Bonta has pursued an aggressive ongoing campaign, including a 2023 state lawsuit against Heartbeat International and RealOptions Obria pregnancy centers for sharing information about APR.

⁸ Exhibit 1 at 3.

⁹ In an email obtained from a public records request, the Chief of Staff for DPH, Emily Dally, wrote in reference to the Guidance Memo: “While it does not specifically refer to anti-abortion centers (as the requirements outlined there in would apply to any licensed site/provider), the examples used in the document do put anti-abortion centers on notice.” Exhibit 3 at 2.

Providing Standard of Care”) and press release (“Maintaining Integrity, Accessibility, and Transparency in Reproductive Care”), publicly condemning “anti-abortion centers” as deceptive, dangerous, and non-comprehensive while warning licensed providers that medication abortion reversal is “unproven, unethical, and unsafe” and subject to discipline. Uses REN’s October complaint as justification for issuing the guidance.

- **Late January/February 2024:** DPH completes its review of REN’s complaint, clears YOM of any licensing violations (finding full compliance after one minor, unrelated policy amendment), and issues a formal clearance letter; however, the Massachusetts Board of Registration in Medicine continues (and to this day maintains) an active investigation of YOM’s medical director based on the same REN complaint.
- **June 2024 - Present:** The Healey-Driscoll Administration launches its “first-in-the-nation” statewide billboard, poster, digital-ad, and Mass.gov website campaign explicitly warning the public to “Avoid Anti-Abortion Centers” and directing patients away from PRCs like YOM. The website for this campaign is maintained by the state to this day.

LEGAL CONSIDERATIONS

I. Church Amendments, 42 U.S.C. § 300a-7

The Church Amendments prohibit any entity receiving HHS grants, contracts, loans, or loan guarantees (including DPH) from discriminating against individuals or health care entities that “refuse[] to perform or assist in the performance of [an] abortion on the grounds that his performance or assistance in the performance of the procedure or abortion would be contrary to his religious beliefs or moral convictions.”¹⁰ “Here Congress quite properly sought to protect the freedom of religion of those with religious or moral scruples against sterilizations

¹⁰ 42 U.S.C. § 300a-7(c)(1)(B) (2011).

and abortions.”¹¹ The law is clear: “federal conscience laws definitively protect doctors from being required to perform abortions or to provide other treatment that violates their consciences.”¹²

Subsection (c) of the Church Amendments applies directly and with particular force to YOM’s medical director, a licensed physician under whose license the center operates and provides all medical services (including ultrasounds and pregnancy-related care). The statute expressly forbids discrimination “in the extension of staff or other privileges to any physician or other health care personnel . . . because of his religious beliefs or moral convictions respecting . . . abortions.”¹³

DPH’s coordinated Guidance Memo and Press Release threaten the medical director’s license because of his affiliation with YOM and care that DPH deems incomplete or non-comprehensive—that is, care that does not include abortion or abortion-related information. Even if the medical director does not lose his license but receives discipline as a result of the ongoing investigation against him that was triggered by the Guidance Memo and REN’s complaint about YOM, he faces losing admitting privileges or other serious consequences that undermine his ability to practice medicine.

In his public statements about the guidance and accompanying smear campaign, the Health Commissioner made clear that they were intended to threaten pro-life medical providers who work with PRCs:

“Every day, individuals in the Commonwealth walk into anti-abortion centers unaware that these facilities are **masquerading as comprehensive medical providers** and **pose a significant risk to the health and well-being** of those seeking help, support, and options,” said Robbie Goldstein, MD, PhD, Commissioner of the Department of Public Health. “As a physician, I find this kind of **deception and misrepresentation** unconscionable, and as Commissioner, I feel compelled to push back as hard as possible against these shameful practices and blatant misinformation.”¹⁴

¹¹ *Chrisman v. Sisters of St. Joseph of Peace*, 506 F.2d 308, 312 (9th Cir. 1974).

¹² *FDA v. All. for Hippocratic Med.*, 602 U.S. 367, 387 (2024).

¹³ 42 U.S.C. § 300a-7(c)(1)(B).

¹⁴ *Press Release, Healey-Driscoll Administration Launches First-in-the-Nation Public Education Campaign on the Dangers of Anti-Abortion Centers*, MASS.GOV (June 10, 2024),

He further stated:

“Inside they may look like medical clinics, with staff wearing scrubs or lab coats, but most centers are not even licensed clinics nor are the staff that are usually there licensed medical providers” “These centers offer pregnancy testing, and many perform and read ultrasounds, but ultimately they deceive patients, **plying them with pro-life pamphlets, religious information, and fliers about adoption resources and withholding information about comprehensive reproductive options.**”¹⁵

And:

[The campaign] “counter-punches to the vast amount of **misinformation and disinformation that these centers peddle every day, deceiving people** who may be frightened or confused as they find themselves at a crossroads.” . . . “As the commissioner of public health, I’m resolute about **calling out this deception for what it is: a public health threat.**”¹⁶

These statements expressly target doctors and practitioners for punishment, based on their views of abortion; simply refusing to provide it renders a doctor guilty of “misrepresentation.” If there were any question whether YOM is among the facilities that DPH and the Governor of Massachusetts deem “dangerous” or “deceptive” simply because it does not provide or refer for abortion, the state answers it by linking directly on its website to a REN website page that identifies every PRC in Massachusetts—including YOM’s multiple centers and its mobile unit.¹⁷

<https://www.mass.gov/news/healey-driscoll-administration-launches-first-in-the-nation-public-education-campaign-on-the-dangers-of-anti-abortion-centers> (emphasis added).

¹⁵ Matthew Medsger, *Massachusetts Warns Patients Over ‘Unconscionable’ Crisis Pregnancy Centers*, JAKE AUCHINCLOSS (June 10, 2024), <https://auchincloss.house.gov/media/in-the-news/massachusetts-warns-patients-over-unconscionable-crisis-pregnancy-centers>. While the Commissioner says that *most* of these centers are unlicensed, he does not say *all*, which means that despite the fact that YOM is a licensed medical facility, it is being included in his description of deceptive clinics.

¹⁶ Katie Lannan, *Mass. Officials Launch Information Campaign Warning Against Anti-Abortion Centers*, WGBH (June 10, 2024), <https://www.wgbh.org/news/politics/2024-06-10/mass-officials-launch-information-campaign-warning-against-anti-abortion-centers> (emphasis added).

¹⁷ *About Anti-Abortion Centers*, MASS.GOV, <https://www.mass.gov/info-details/about-anti-abortion-centers#how-can-i-spot-an-anti-abortion-center> (last visited Apr. 10, 2026). On this website, the state includes a link to “more than 30 anti-abortion centers in Massachusetts,” stating that “*even if you*

Moreover, the Guidance Memo explicitly labels APR—a treatment YOM advertises because of its religious and moral beliefs about the sanctity of life and opposition to abortion—as “unproven, unethical, and unsafe,” warning that physicians who provide it “could be found to be practicing inconsistently with accepted practice and subject to discipline.”¹⁸ Even if the physician does not provide APR directly, the Guidance Memo also warns that they “may not engage in any behavior that is likely to have an adverse effect on the health, safety, or welfare of the public,” and footnotes that statement with information opposing APR.¹⁹ The Memo’s threatening purpose—aimed at pro-life medical facilities and providers like YOM and its medical director—is confirmed by the state’s own website. Entitled “About anti-abortion centers,” it warns the general public that they can “spot an anti-abortion center” through “warning signs online,” such as whether “[the centers] have information on their website or say they offer ‘abortion pill reversal.’”²⁰

The threat against YOM and its medical director and personnel is very real. Since October 2023, the medical director has been under active investigation by the Massachusetts Board of Registration in Medicine following a complaint filed by Reproductive Equity Now (REN) against YOM. The investigation is directly tied to YOM’s pro-life practices, which the medical director supervises and which are rooted in his religious beliefs and moral convictions.

DPH’s actions, therefore, violate subsection (c) of the Church Amendments by using its HHS-funded authority to target and penalize YOM and its medical director for their religious beliefs and moral convictions regarding abortion. This mirrors OCR’s prior enforcement actions against states that impose burdens on pro-

are not looking for an abortion, these centers are not a safe or trusted place to go for reproductive health care.” *Id.* (emphasis added). The link leads here: *What Are Anti-Abortion Centers?*, REPRODUCTIVE EQUITY NOW, <https://reproequitynow.org/about-antiabortion-centers#:~:text=List%20of%20Anti%2DAbortion%20Centers%20in%20New%20England%3A> (last visited Apr. 10, 2026).

¹⁸ Exhibit 1 at 3.

¹⁹ *Id.* at 4.

²⁰ *About Anti-Abortion Centers*, MASS.GOV, <https://www.mass.gov/info-details/about-anti-abortion-centers#how-can-i-spot-an-anti-abortion-center> (last visited Apr. 10, 2026).

life PRCs because of their religious beliefs and moral convictions on abortion.²¹ While previous violations have been found where the state attempted to compel pro-abortion speech, those same violations are taking place here, where DPH and Massachusetts are engaged in discrimination against PRCs by threatening to punish their pro-life speech.

Further, DPH’s warning that APR is “unproven, unethical, and unsafe”—and its threat of discipline for any physician who offers it—directly mirrors the kind of state-enforced medical orthodoxy the Supreme Court recently condemned in *Chiles v. Salazar*.²² There, the Court held that the First Amendment does not permit the government to silence licensed professionals’ good-faith speech that deviates from “current beliefs about the safety and efficacy of various medical treatments,” even when those views conflict with prevailing professional consensus.²³ As the Court explained,

Today, tomorrow, and forever, too, any professional speech that deviates from “current beliefs about the safety and efficacy of various medical treatments” could be silenced with relative ease. . . . Fortunately, that is not the world the First Amendment envisions for us. Licensed professionals “have a host of good-faith disagreements” about the “prudence” and “ethics” of various practices in their fields. Medical consensus, too, is not static; it evolves and always has. A prevailing standard of care may reflect what most practitioners believe today, but it cannot mark the outer boundary of what they may say tomorrow. Far from a test of professional consensus, the First Amendment rests instead on a simple truth: “[T]he people lose” whenever the government transforms prevailing opinion into enforced conformity.²⁴

II. Weldon Amendment

The Weldon Amendment²⁵ prohibits discrimination by HHS fund recipients against health care entities that decline to provide, cover, or refer for abortions on

²¹ See Notice of Violation, OCR Transaction Nos. 16-224756 & 18-292848 (Jan. 18, 2019) (finding California’s FACT Act violated conscience protections by targeting PRCs that refused to refer for abortions).

²² 2026 U.S. LEXIS 1565 (2026).

²³ *Id.* at *36.

²⁴ *Id.* at *36-37 (internal citations omitted).

²⁵ Section 507(d) of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2024, Pub. Law No. 118-47, 138 Stat. 460, 703 (Mar. 23, 2024)

the basis of religious or moral convictions.²⁶ Specifically, it states that “None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.”²⁷ As the sponsor of the Amendment explained: “This provision is intended to protect the decisions of physicians, nurses, clinics, hospitals, medical centers, and even health insurance providers from being forced by the government to provide, refer, or pay for abortions. This is a reasonable Federal policy, one that was overwhelmingly approved by [Congress].”²⁸

The actions discussed above constitute impermissible viewpoint discrimination and targeting of religious exercise, chilling the protected activities of YOM and its medical director, even as DPH continues to receive and administer HHS Title X funds.

III. Coats-Snowe Amendment

The Coats-Snowe Amendment²⁹ similarly prevents “any State or local government that receives Federal financial assistance” from “subject[ing] any health care entity to discrimination on the basis that—” the entity refuses to provide referrals for induced abortions.³⁰ The statute defines “health care entity” broadly to include “an individual physician.”³¹ Like the Church Amendments, Coats-Snowe is a condition on the receipt of federal funds and is enforceable by OCR.

as carried forward by the Full-Year Continuing Appropriations and Extensions Act, 2025, Pub. Law No. 119-4, 139 Stat. 9 (Mar. 15, 2025) (hereinafter The Weldon Amendment), https://www.hhs.gov/sites/default/files/weldon_ammendment.pdf.

²⁶ *See also* Consolidated Appropriations Act, 2023, Pub. L. No. 117-328, div. H, § 507(d)(1), 136 Stat. 4459, 4908 (2022) (enacting the amendment for the fiscal year ending September 30, 2023); Further Consolidated Appropriations Act, 2024, H.R. 2882, 118th Cong. div. D, § 507(d)(1) (2024) (enacting the amendment for the fiscal year ending September 30, 2024).

²⁷ The Weldon Amendment, *supra* note 25.

²⁸ 150 Cong. Rec. H10,090 (2004) (statement of Rep. Weldon).

²⁹ 42 U.S.C. § 238n (2023).

³⁰ *Id.* at (a)-(a)(1).

³¹ *Id.* at (c)(2).

DPH's actions violate Coats-Snowe for the same reasons they violate the Church Amendments and the Weldon Amendment. YOM and its Medical Director are "health care entities" under the statute: YOM is a DPH-licensed medical clinic, and its medical director is a licensed physician who provides and supervises medical services at the center. Both refuse to provide, refer for, or make arrangements for abortions on the basis of sincere religious and moral convictions. DPH has subjected them to discrimination precisely because of that refusal.

The Memo, simultaneous press release, and subsequent campaign, label pro-life centers "non-comprehensive" and "deceptive" for failing to provide abortion care or referrals, and for providing information about APR, while publicly warning that any physician who doesn't provide "comprehensive" information or is associated with even providing information about APR is engaging in "unproven, unethical, and unsafe" practice subject to discipline.³² The Commissioner's accompanying statements reinforce the discriminatory view that PRCs "masquerad[e] as comprehensive medical providers" and "deceive patients" by withholding "comprehensive reproductive options."³³ The state's website goes further, linking directly to REN's list of every PRC in Massachusetts (including YOM's centers and mobile unit) and warning the public that these centers "are not a safe or trusted place to go for reproductive health care"—even if the patient is not seeking an abortion.³⁴

This is textbook discrimination under Coats-Snowe: DPH uses its regulatory authority over licensees, its public-education campaign, and its ongoing investigation of YOM's medical director (triggered by REN's October 2023 complaint and continuing today) to penalize and stigmatize health care entities that refuse to participate in abortion-related activities. The threat is not abstract; the medical director faces potential license discipline or loss of admitting privileges solely because of his religiously motivated refusal and his continued work with YOM,

³² See BACKGROUND AND TIMELINE OF KEY EVENTS, *supra* p. 2.

³³ *Id.*

³⁴ *About Anti-Abortion Centers*, MASS.GOV, <https://www.mass.gov/info-details/about-anti-abortion-centers#how-can-i-spot-an-anti-abortion-center> (last visited Apr. 10, 2026).

which provides information about APR. Moreover, YOM has sustained reputational damage, a loss of patients, and is under constant threat of investigations, as DPH continues to solicit complaints from the general public about PRCs because of their pro-life viewpoints, expressed through their speech and activities.

By continuing to receive and administer HHS Title X funds while engaging in this discrimination scheme, DPH violates the plain terms of the Coats-Snowe Amendment.

Harm: YOM has suffered investigation, reputational damage, operational harassment, selective regulatory scrutiny, and deterrence of patients—all directly traceable to DPH's use of its HHS-funded platform to advance an anti-pro-life agenda. These violations are ongoing and directly impact both YOM's operations and its medical director's ability to practice consistent with his conscience.

Requested Relief:

1. Immediate investigation into DPH's policies and practices.
2. A finding that the actions violate federal law, including the Church Amendments (42 U.S.C. § 300a-7), the Weldon Amendment, and the Coats-Snowe Amendment (42 U.S.C. § 238n).
3. Corrective action requiring DPH to cease all discriminatory targeting, public disparagement, and unequal treatment of faith-based pro-life centers and their licensed medical directors.
4. Any other relief deemed appropriate, including potential suspension or conditions on future HHS funding to DPH for noncompliance.
5. Coordination with the ongoing federal litigation where appropriate.

Respectfully submitted,



Olivia F. Summers*
Senior Litigation Counsel
*Licensed in VA and DC

EXHIBIT 1



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner



To: Massachusetts licensed physicians, physician assistants, nurses, pharmacists, pharmacies, hospitals, and clinics

From: Robert Goldstein, MD, PhD, Commissioner, Department of Public Health

Date: January 3, 2024

Subject: Reminder to Licensees Regarding Licensure Obligations and Providing Standard of Care

The Department of Public Health takes patients' rights and the provision of high quality, evidence-based, safe care by all providers very seriously. **This includes providing patients accurate and complete information for informed decision-making, accurate portrayal and advertising of clinical services, and licensees practicing within their scope of practice and their license.** The Department issues this memorandum to outline and remind licensees of their obligations under state law and as a condition of licensure.

Clinic Licensure Requirements

Massachusetts law requires that clinics be licensed by the Department of Public Health (DPH). (See [M.G.L. c. 111, § 51](#).) A clinic is any entity, however organized, whether conducted for profit or not for profit, that is advertised, announced, established, or maintained for the purpose of providing ambulatory medical, surgical, dental, physical rehabilitation, or mental health services. However, the law provides an exception from licensure requirements under this section for any entity that is wholly owned and controlled by one or more of its medical practitioners and does not use the word "clinic," "institute" or "dispensary" in its name. (See [M.G.L. c. 111, § 52](#) for the definition of "clinic.") Thus, any entity that provides ambulatory medical services is subject to clinic licensure if it is not wholly owned and controlled by one or more of its practitioners.

Ambulatory medical services are services providing diagnosis or treatment of a health condition and include procedures such as diagnosing pregnancies, performing ultrasounds and other clinical procedures. **Any entity that offers ambulatory medical services, including said procedures, is subject to clinic licensure and must meet the requirements of 105 CMR 140.000, unless otherwise exempt.**

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Additionally, any clinic providing medical services must meet the requirements of 105 CMR 140.000, including specific requirements related to staffing¹.

Failure to adhere to the staffing requirements of 105 CMR 140.000 could not only jeopardize a clinic license through administrative action including licensure suspension or revocation², but may also result in the referral of licensed providers deemed out of compliance to the appropriate licensing board.

Entities and individuals may be referred to the Attorney General's Office by DPH for prosecution of deceptive practices by holding the entity out as a clinic, or performing unlicensed medical services.

Massachusetts Controlled Substances Registration (MCSR) Requirements

All practitioners and entities must comply with controlled substance requirements in M.G.L. c. 94C, as implemented by 105 CMR 700.000, regardless of whether the entity is licensed as a clinic or owned and operated by one or more practitioners. A MCSR is required for any practitioner or entity to purchase, store, or dispense any controlled substance, which includes any prescription medication in Massachusetts.

Licensed Healthcare Professionals

The Board of Registration in Medicine (BORIM) and the Boards of Registration within the Bureau of Health Professions Licensure (BHPL) at the Department of Public Health regulate and oversee individual healthcare practitioners, including physicians, nurses, and physician assistants.

All healthcare practitioners in Massachusetts are subject to professional discipline for the failure to comply with recognized standards of practice and for engaging in conduct that is dishonest or deceitful.

1. Licensed healthcare professionals must comply with recognized standards of practice.

Nurses are required to comply with recognized standards of nursing practice and to act within the scope of practice for nurses.³

Board of Registration in Nursing (BORN) regulations require that a nurse shall perform nursing techniques and procedures, including but not limited to providing ultrasounds, only after appropriate education and demonstrated clinical competency.⁴ In other words, a nurse is prohibited from using any technique or procedure if they have not received appropriate education

¹ 105 CMR 140.310 through 105 CMR140.334

² 105 CMR 140.130 through 105 CMR 140.134

³ 244 CMR 7.03(1)(i); 244 CMR 9.03(5); 244 CMR 9.03(47); 244 CMR 7.03(1)(h); 244 CMR 9.03(10).

⁴ 244 CMR 9.03(11) & (12)

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and demonstrated clinical competency. Nurses are responsible and accountable for their nursing actions, judgments, and competencies.⁵

Physicians and Advanced Practice Registered Nurses (APRN) who practice in violation of good and accepted health care practice may be disciplined for conduct which places into question their competence to practice.⁶ For example, there is strong evidence that medication abortion reversal is unproven, unethical, and unsafe to provide to patients⁷; such that a physician or APRN who offers or provides this treatment could be found to be practicing inconsistently with accepted practice and subject to discipline.

Similarly, physician assistants (PAs) must act within the scope of practice for PAs, 263 CMR 5.09(4), and may only assume duties and responsibilities within their scope of practice and for which they have acquired and maintained necessary knowledge, skills, and abilities.⁸

Failure to comply with recognized standards of practice is grounds for professional discipline, up to and including license revocation.

2. Licensed healthcare professionals, including physicians, nurses, and physician assistants, may not engage in deceitful conduct or any conduct that poses a risk to public health, safety, or welfare.

Physicians may not practice medicine deceitfully or engage in conduct which has the capacity to deceive or defraud.⁹ They also may not advertise in a manner that is false, deceptive, or misleading, or that has the effect of intimidating or exerting undue pressure.¹⁰ Nor may they engage in conduct that undermines public confidence in the integrity of the medical profession, even where the physician may not have engaged in wrongdoing or deceit.¹¹

These principles have been specifically applied to advertising and communications concerning the qualifications and licensure of an unlicensed individual providing services in the same location as the physician. For example, advertising or communications that suggest interpretation of ultrasound results is being performed by a licensed and qualified provider, when the person interpreting the results is not licensed or qualified would constitute false, deceptive, and misleading practice. Additionally, licensed individuals practicing in the setting where any such service is provided undermines the public confidence. Conduct or advertising which is objectively

⁵ 244 CMR 9.03(9).

⁶ For physicians see 243 CMR 1.03(5)(a); for APRNs, the standards of care to which nurses in advanced practice shall be held, shall be those standards which protect consumers, and provide them with safe and comprehensive care, and shall be standards comparable to other professionals, including physicians, providing the same services. MGL c. 112 §80B.

⁷ See American College of Obstetricians and Gynecologists advocacy stance regarding medication abortion “reversals”: [Medication Abortion "Reversal" Is Not Supported by Science | ACOG](#)

⁸ 263 CMR 5.09(5).

⁹ 243 CMR 1.03(5)(a)10

¹⁰ 243 CMR 2.07(11)(a).

¹¹ *Welter v. Board of Registration in Medicine*, 490 Mass 718, 725, 196 N.E.3d 312, 320 (2022), cert. denied sub nom. *Welter v. Massachusetts Bd. of Registration in Med.*, 143 S. Ct. 2561 (2023).

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deceptive, even if technically accurate, is prohibited and may be the basis for discipline, irrespective of whether the physician had an intent to deceive or whether anyone was subjectively deceived¹².

BORN regulations also prohibit a nurse from engaging in any fraudulent conduct, and any conduct likely to have an adverse effect on health, safety, or welfare of the public.¹³ Any conduct that undermines public confidence in the integrity of the profession is grounds for discipline of a nursing or physician assistant license.¹⁴

The BORN and Board of Registration of Physician Assistants (BORPA) regulations further prohibit nurses and PAs from exercising undue influence on a patient, including the promotion or sale of services, goods, appliances, or drugs, in such a manner as to exploit the patient for financial gain of the nurse or a third party.

A nurse or physician assistant may not engage in any behavior that is likely to have an adverse effect on the health, safety, or welfare of the public.^{15 16}

A nurse or physician assistant shall not knowingly falsify, or attempt to falsify, any documentation or information related to any aspect of their practice or delivery of medical services.¹⁷

Finally, the regulations explicitly prohibit nurses and PAs from engaging in false, deceptive, or misleading advertising or any other fraudulent practice.¹⁸

Based on the foregoing, any conduct or communication by a physician, nurse, or PA that is misleading or inaccurate would be a violation of regulations governing practice of the profession and may be grounds for discipline which could include but may not be limited to reprimand, probation, suspension, or revocation of the individual's license to practice.

All services performed by a physician assistant must be supervised by a licensed physician and the services must be: (1) within the competence of the PA, as determined by the supervising physician; and (2) within the scope of services for which the supervising physician can provide adequate supervision.¹⁹ Moreover, the supervising physician must provide supervision adequate to ensure the PA practices medicine in accordance with accepted standards of medical practice.²⁰

¹² *Welter, supra*, at 490 Mass. 726-728.

¹³ 244 CMR 9.03 (32), 244 CMR 7.03(1)(w); 244 CMR 9.03(47).

¹⁴ 244 CMR 7.03(1)(x); 263 CMR 6.02(2)(x).

¹⁵ 244 CMR 9.03(47); 263 CMR 6.03(2)(w).

^{16 16} See American College of Obstetricians and Gynecologists advocacy stance regarding medication abortion "reversals": [Medication Abortion "Reversal" Is Not Supported by Science | ACOG](#)

¹⁷ 244 CMR 9.03(31); 263 CMR 5.09(8).

¹⁸ 244 CMR 9.03(32); 263 CMR 5.09(21) & (22).

¹⁹ 263 CMR 5.03.

²⁰ 263 CMR 5.04.

EXHIBIT 1

3. Licensed healthcare professionals, including physicians, nurses, and physician assistants, are required to comply with the law.

Failure of physicians, nurses, and PAs to comply with all laws, regulations, advisory rulings, and policies of their respective licensing board are subject to discipline.²¹

Similarly, nurses and PAs may not aid another person in performing any act prohibited by laws or regulation²².

4. Advanced Practice Registered Nurses

Nurses authorized to practice in the advanced role must adhere to their scope of practice. 244 CMR 4.06; 244 CMR 9.04 (1). APRNs must also fully disclose, when proposing any diagnostic or therapeutic intervention which is beyond the scope of generic nursing practice, to the patient or to the patient's representative the risks and benefits of, and alternatives to, such intervention and shall document such disclosure in the patient's record. 244 CMR 9.04 (5).

APRNs who provide abortion services must comply with [Advisory Ruling 21-02 Certified Nurse Midwives and Certified Nurse Practitioners as Providers of Abortions for Pregnancies of Less than 24 Weeks](#).

5. Responsibility concerning activities of unlicensed individuals.

BORIM addresses physician responsibility for activities of unlicensed individuals in several ways. First, physicians may not knowingly permit, aid, or abet an unlicensed person to perform activities requiring a license.²³ In addition, physicians may not delegate medical services to an individual who is not licensed to perform those services in Massachusetts.²⁴ Medical services requiring licensure are services which fall within the definition of the practice of medicine, which may only be performed by licensed physicians, and other licensed health care professionals to the extent that the services also fall within the scope of practice of the license held.²⁵ Such services include diagnosis, treatment, use of instruments or other devices, or the prescribing, administering, dispensing, or distributing of drugs for the relief of diseases or adverse physical or mental conditions.²⁶ It also includes conduct by an individual that encourages reliance by others on the individual's knowledge or skill in the maintenance of human health. Id. For example, BORIM has imposed discipline on a physician who authored ultrasound reports on the basis of sonographer impressions in lieu of personally reviewing images.

²¹ 243 CMR 1.03(5)(a)2. and 11; 244 CMR 7.03(1)(a), (b), (e); 263 CMR 6.03(2)(a), (b), (e).

²² 244 CMR 9.03(7); 263 CMR 5.09(24).

²³ 243 CMR 1.03(5)(a)6

²⁴ 243 CMR 2.07(4).

²⁵ See 243 CMR 2.01(4)

²⁶ 243 CMR 2.01(4)

EXHIBIT 1

Additionally, 244 CMR 3.00 sets forth the responsibilities and functions of nurses and states requirements for delegation of nursing activities to unlicensed persons.

Conclusion

The Department expects the attention and cooperation of all licensees in providing accurate patient education, delivering safe and quality patient care, and adhering to professional standards under state licensure and the rights of all Massachusetts patients.



OFFERED BY **Department of Public Health**

NEWS

Maintaining Integrity, Accessibility, and Transparency in Reproductive Care

1/03/2024 Department of
Public Health

The Department of Public Health (DPH) is committed to comprehensive reproductive health care access. In the wake of recent complaints regarding several anti-abortion centers, DPH has initiated a review of its statutory and regulatory obligations. The purpose of this review is to make sure DPH professional licensees and facility licensees –

EXHIBIT 2

including these centers – are adhering to their designated scope of practice and operating transparently and free from deceptive practices.

Our goal is to strengthen the integrity of the health care system in the state and foster an environment of trust and compassion for those who are navigating the many options available to them at a challenging and time-sensitive point in their lives.

DPH jurisdiction over anti-abortion centers

Anti-abortion centers – often called “crisis pregnancy centers” – provide information and counseling to individuals who are, or may be, pregnant. Some provide testing for sexually transmitted infections, pregnancy tests, and ultrasounds to determine

EXHIBIT 2

how far along a pregnancy may be. Many of these centers advertise themselves as full-service reproductive health care clinics, yet they do not provide abortion care or abortion referrals, contraception, or other important reproductive health care services. Most centers are affiliated with national advocacy or religious organizations that provide funding and support to advance an anti-abortion agenda.

In Massachusetts, there are nearly 30 anti-abortion centers that operate in the state, with only four currently subject to DPH licensure under state law.

- Licensed clinics must comply with the requirements and standards of medical care and services associated with this certification.
- Licensed clinics usually are staffed with full- or part-time medical providers that

EXHIBIT 2

may include physicians, nurses, nurse practitioners, or physician assistants.

- These licensed facilities may provide medical services, including testing and ultrasound, as long as the service delivered is within the scope of practice for the involved provider.
- The clinicians in licensed centers bear a responsibility to adhere to all license requirements and meet the professional standards to ensure the well-being of those seeking care and support.

Most centers in Massachusetts, however, are not licensed as “clinics.” These non-licensed centers are largely staffed by nonmedical individuals or volunteers.

Absent the provision of medical care, DPH does not have jurisdiction over these facilities and cannot oversee the quality of services they provide.

However, if these facilities are

EXHIBIT 2

providing medical care or advertising services that are consistent with a clinic, DPH maintains a responsibility to oversee the safe provision of medical services and health care in the state. DPH may be involved in investigating complaints regarding allegations about provision of inappropriate medical services or staff members performing services without the required credentials. This work may be done in collaboration with the Attorney General's Office's Reproductive Justice Unit.

DPH guidance

Guidance for Massachusetts licensed physicians, physician assistants, nurses, pharmacists, pharmacies, hospitals, and clinics: [Reminder to Licensees Regarding Licensure Obligations and Providing Standard of Care PDF](#)
[\(/doc/reminder-to-licensees-regarding-licensure-obligations-and-providing-standard-of-care-](#)

[pdf/download](#)) | [Doc](#)
[\(/doc/reminder-to-licensees-regarding-licensure-obligations-and-providing-standard-of-care/download\)](#)

Filing complaints

The Department of Public Health actively seeks feedback and complaints from individuals who have had concerning experiences with anti-abortion centers as well as from other stakeholders who have information about questionable practices. Complaints about staff can be filed with:

- [Board of Registration in Medicine](#) ([/info-details/submit-a-complaint-against-a-physician](#)) for physician concerns
- [Board of Registration in Nursing](#) ([/board-of-registration-in-nursing-complaint-process](#)) for nurse concerns
- [Board of Registration of Physician Assistants](#)

EXHIBIT 2

[\(/orgs/board-of-registration-of-physician-assistants\)](#) for physician assistant concerns

- [Office of the Attorney General](#) ([/how-to/file-a-civil-rights-complaint](#)) for concerns about potential deceptive practices or misleading information that affects consumers

Educational efforts

In addition to DPH's work on the licensing and regulatory aspects of these anti-abortion centers, the Department is also focused on educating the public about the differences between facilities that provide comprehensive reproductive care and those that practice deceptive tactics to limit people's choices and prevent abortions. DPH will increase its efforts to educate the public through a multi-faceted awareness campaign in 2024.

EXHIBIT 2



Department of Public Health

DPH keeps people healthy and communities strong. We promote the health and well-being of all residents by ensuring access to high-quality public health and health care services, focusing on prevention and wellness, and health equity for all.

State Organizations (</massachusetts-state-organizations>)

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EXHIBIT 3

To: "Goldstein, Robert (DPH)" [REDACTED], "McLaughlin, Beth D. (DPH)" [REDACTED],
[REDACTED], "Barrelle, Jennifer (DPH)" [REDACTED],
"Cosmas, Karen (DPH)" [REDACTED], "Slasman, Peggy (DPH)" [REDACTED],
[REDACTED], "Scales, Ann (DPH)" [REDACTED], "McNamara,
Torey (DPH)" [REDACTED], "McLaughlin, Beth D. (DPH)" [REDACTED]

Cc: "McGeown-Conron, Ryan C (DPH)" [REDACTED], "Dudley-
Youngs, Hannah (DPH)" [REDACTED], "White, Rebecca (DPH)" [REDACTED]

Subject: RE: For EHS review by Dec 4: Anti-abortion center package (licensure guidance, comms strategy)

Importance: Normal

Embedded: unnamed

Hi DPH team

Sharing an update for awareness on seeking approval for the Anti-abortion center package. The Outreach Plan (shared link with EHS & Gov's office) is here: [Outreach Plan - anti-abortion center guidance - 12.6.2023.docx \(sharepoint.com\)](#)

- 12/6 – Asked to develop Outreach Plan for Anti-Abortion Centers
 - Updated Outreach Plan based on Gov's office feedback
- 12/13 – remain on "hold" by Gov's office (email attached for reference)

Emily I. Dally, MPH (pronouns: she/her)
Chief of Staff
Massachusetts Department of Public Health
E: [REDACTED]
P: [REDACTED]

From: Dally, Emily I (DPH)
Sent: Monday, November 27, 2023 11:27 AM
To: Beckman, Mary A (EHS) [REDACTED]; Boyle, Sharon (EHS) [REDACTED];
Mahaniah, Kiame J (EHS) [REDACTED]; Bianco, Amy (EHS) <[REDACTED]>; Harding,
Christopher (EHS) [REDACTED]; Hay, Jeremiah (EHS) <[REDACTED]>; Segal, Tami
(EHS) [REDACTED]; Whitehouse, Caroline (EHS) [REDACTED]
Cc: Goldstein, Robert (DPH) [REDACTED]; McLaughlin, Beth D. (DPH) [REDACTED]
[REDACTED]; Barrelle, Jennifer (DPH) [REDACTED]; Cosmas, Karen (DPH) [REDACTED]
[REDACTED]; Slasman, Peggy (DPH) [REDACTED]; Scales, Ann (DPH) [REDACTED]
[REDACTED]; McNamara, Torey (DPH) [REDACTED]
Subject: For EHS review by Dec 4: Anti-abortion center package (licensure guidance, comms strategy)

Good morning Kiame, Mary, Sharon, Amy, Caroline, Chris, Jeremiah, Tami,

As part of our efforts to protect and improve access to comprehensive reproductive health care, DPH is deeply concerned with anti-abortion centers (previously referred to as crisis pregnancy centers or "CPCs") operating in the Commonwealth. These centers do not provide complete information, such as abortion options, to individuals seeking their services – and in many instances individuals receive misinformation. There was press earlier this year about two centers operating in Massachusetts, one [noting an instance of patient harm](#) due to poor care received at the center and another regarding a [mobile anti-abortion service](#) coming online on the Cape. In these instances, both are licensed clinics; however, the vast majority of these centers are not licensed (only 4 out of 29 are licensed clinics).

EXHIBIT 3

DPH has developed a set of materials (summarized below) to respond to these concerns and would like to release these materials **Monday, December 4**, if possible.

1) Licensure guidance: [DRAFT anti-abortion center and standard of care reminder guidance - 11.21.2023.docx](#)

There is concern that some medical services may be provided at the unlicensed locations, and that some providers are performing services beyond their licensure/role at the center (e.g., ultrasound technologists interpreting ultrasound results for patients). While HCQ has conducted inspections related to specific patient complaints and/or concerns with services provided by an anti-abortion center licensed by the Department, DPH plans to also issue guidance to its licensed facilities and professionals outlining and reminding them of their obligations to provide the standard of care to patients, including providing complete information on reproductive health options and not providing misleading information. The guidance also outlines the scope of practice and who and how they may supervise other professionals. Similar to the guidance DPH released on mifepristone this past spring, this document is meant to serve as a strong reminder of requirements under licensure. While it does not specifically refer to anti-abortion centers (as the requirements outlined therein would apply to any licensed site/provider), the examples used in the document do put anti-abortion centers on notice.

2) Public/cover messaging for licensure guidance: [Anti-Abortion Centers -- DPH Public Document Draft2 - 11.21.2023.docx](#)

We've also drafted public-facing language to couple with the guidance – this could be used for media, and also shared as a cover letter to the guidance and posted alongside when posting the guidance online. As you will see, this does more specifically refer to anti-abortion centers and outlines our concerns, the limited role of licensure under statute, and informs the public on how to file complaints related to these center. We think both of these issued together take a strong stance reflective of DPH's concern with the operation of these centers, particularly given how unsafe they can be.

3) Communications Strategy: [Communication Strategy for Anti-Abortion Centers.docx](#)

DPH's planned communications strategy includes a comprehensive health marketing campaign to be launched Spring 2024. As you will see in the communications strategy, staff have been in touch with AGO staff, including from the newly formed Reproductive Justice Unit, and will plan to share the draft materials with AGO staff in parallel given they refer to potential action by the AGO.

Please let us know if you have any questions or concerns on this approach.

Thank you,

Emily I. Dally, MPH (pronouns: she/her)
Chief of Staff
Massachusetts Department of Public Health

E: [REDACTED]
P: [REDACTED]

.....

AVOID

Anti-Abortion Centers

They might look
like medical clinics
— but try to **LIMIT**
YOUR OPTIONS if
you're pregnant



Massachusetts
Department
of Public Health

EE6683 English June 2024

Get care
you can trust

mass.gov/GetTrustedCare



EXHIBIT 5

AVOID Anti-Abortion Centers

What are anti-abortion centers?

Anti-abortion centers, often called “crisis pregnancy centers,” may look like medical clinics but don’t offer comprehensive reproductive health care.

Some advertise abortion counseling, but they do not provide abortion care or referrals to abortion providers.

Anti-abortion centers may mislead pregnant people about their options, delay their care, and can put their health at risk.



Get care you can
TRUST

Find trusted reproductive health care providers, including abortion providers at mass.gov/GetTrustedCare



Massachusetts
Department
of Public Health

EXHIBIT 5

Have you been
harmed by an
anti-abortion
center?



Learn how
to file a
complaint

If you have been to an anti-abortion center and have concerns about your experience, you can **file a complaint online** or call the Attorney General's Civil Rights Division at **(617) 963-2917**.

mass.gov/GetTrustedCare

AVOID Anti-Abortion Centers

What You Need to Know

Anti-abortion centers, often called “crisis pregnancy centers,” may purposefully try to look like medical clinics, but **do NOT offer comprehensive care.**

Anti-abortion centers can put your health at risk

- ✓ They may use **deceptive advertising** to look like they provide abortion services or referrals.
- ✓ Some anti-abortion centers offer free resources like pregnancy tests or ultrasounds, but then they may try to **delay your care** or **mislead** you about how far along your pregnancy is.
- ✓ Many have **untrained staff and volunteers** who are not licensed medical professionals or trained to read results of ultrasounds.
- ✓ They often provide **misinformation** about abortion to prevent you from making an informed choice.

There are more than 30 anti-abortion centers in Massachusetts.

Even if you're not looking for an abortion, these centers are not a safe or trusted place to go for reproductive health care.



Looking for abortion care? Want to learn about your options if you're pregnant?



Get care you can
TRUST

mass.gov/GetTrustedCare



Massachusetts Department
of Public Health

EXHIBIT 6

How to spot an Anti-Abortion Center

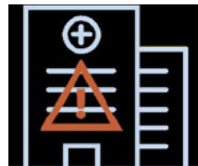
Anti-abortion centers may purposefully try to look like medical facilities.

LEARN COMMON WARNING SIGNS



Warning signs online

- The center name includes words like hope, options, or choice/choices.
- They use terms like pregnancy resource center, pregnancy help center, pregnancy care center, or women's resource center.
- There are negative online reviews from previous patients that warn about the facility.
- They advertise free pregnancy tests or services like abortion counseling, pre-abortion screenings, and abortion education, but don't say that they provide abortion services or referrals.
- They have information on their website or say they offer "abortion pill reversal."



Warning signs when you call or visit

- When you call to ask about abortion care, they say they require you to come into the center before they can give an answer about the services they offer.
- When you call to ask for an appointment, they tell you that you can schedule one later, or they try to delay an already scheduled appointment.
- The facility waiting room has pictures of babies and children.
- They try to pressure you into continuing a pregnancy, for example, by providing a small plastic fetus, images of aborted fetuses, or baby clothes.

Learn more, including how to file a complaint if you've been harmed by an anti-abortion center, at mass.gov/GetTrustedCare

EE6656 English June 2024



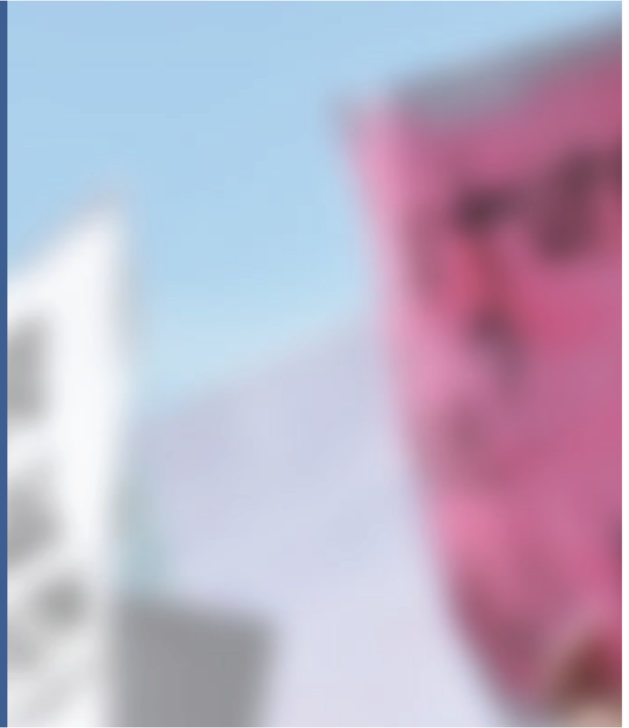
Learn how
to file a
complaint



OFFERED BY **Governor Maura Healey and Lt. Governor Kim Driscoll**

Accessing Abortion Care in Massachusetts

Use this guide to learn more about protections for abortion and reproductive health services, find a provider, or explore payment options.



Whether you live in Massachusetts or are traveling from another state, you can access abortion care in Massachusetts. In the wake of the Supreme Court's decision overturning *Roe v. Wade* and actions by federal courts to restrict access to the full spectrum of reproductive care, Massachusetts took immediate action to protect patients seeking and providers offering abortion care services in the Commonwealth.

Abortion is safe, legal, and accessible in Massachusetts.

Abortion remains legal in Massachusetts. Following the Supreme Court's decision in *Dobbs*, [Executive Order 600 \(/executive-orders/no-600-protecting-access-to-reproductive-health-care-services-in-the-commonwealth\)](#) protected access to reproductive health care in the Commonwealth. Shortly after, the [Shield Law \(https://malegislature.gov/Laws/SessionLaws/Acts/2022/Chapter127\)](#) was enacted to codify protections for reproductive and gender affirming care. Click [here \(/info-details/massachusetts-law-about-abortion\)](#) to view Massachusetts' laws governing abortion access.

In January 2025, the Healey-Driscoll Administration adopted [emergency amendments \(/news/healey-driscoll-administration-adopts-emergency-regulations-protecting-reproductive-health-care\)](#) to protect nurses who provide, or assist in providing, reproductive health care services in Massachusetts.

Find an abortion provider (<https://reproequitynow.org/find-a-provider-massachusetts>)

Get help paying for an abortion (<https://reproequitynow.org/step-3-can-i-get-help-paying-for-an-abortion>)

Call the Abortion Legal Hotline (<https://reproequitynow.org/hotline>)

The Abortion Legal Hotline is a free and confidential abortion information resource created by the AG's Office, advocates, and private law firms to connect patients and providers with free legal advice about lawful abortion.

In 2020, the Massachusetts Legislature enacted key provisions of the ROE Act, protecting the right to abortion and allowing for abortion later in pregnancy in cases of fatal fetal diagnoses. Click [here](https://reproequitynow.org/laws-governing-access) (<https://reproequitynow.org/laws-governing-access>) to learn more about consent and access for minors.

Mifepristone will remain available in the Commonwealth.

Following a federal judge's decision to roll back the Food and Drug Administration's 23 year approval of the drug mifepristone, Governor Healey issued [Executive Order 609](#) ([/executive-orders/no-609-protecting-access-to-medication-abortion-services-in-the-commonwealth](#)) to confirm protections for medication abortion, including mifepristone under the Shield Law. The administration also worked with the [University of Massachusetts and other providers](#) ([/news/governor-healey-announces-immediate-action-to-protect-access-to-medication-abortion-in-massachusetts](#)) to secure well over a year's supply of mifepristone.

In June 2024, the Supreme Court ruled that abortion opponents lacked the legal right to sue over the federal Food and Drug Administration's approval of mifepristone, dismissing the case.

You have the right to emergency abortion care.

On the two-year anniversary of the *Dobbs* decision which overturned *Roe v. Wade*, Massachusetts Governor Healey [signed an Executive Order \(/doc/eo-633/download\)](#) protecting access to emergency abortion care in Massachusetts.

The Department of Public Health (DPH) [issued guidance to hospitals \(/doc/guidance-regarding-obligation-of-hospitals-to-treat-individuals-with-a-pregnancy-related-emergency-medical-condition-0\)](#), licensed health care providers and physicians, stating that each must treat emergency medical conditions, including when necessary to avoid the risk of loss of life of a pregnant person or serious harm to their health.

Governor Healey's Executive Order (<https://www.mass.gov/executive-orders/no-633-protecting-access-to-emergency-abortion-care-in-massachusetts>)

Guidance for providers (<https://www.mass.gov/doc/guidance-regarding-obligation-of-hospitals-to-treat-individuals-with-a-pregnancy-related-emergency-medical-condition-0>)

The Division of Insurance (DOI) also [issued a bulletin to insurers \(/doc/bulletin-2024-07-abortion-and-medication-abortion-services-issued-june-24-2024/download\)](#) identifying the state's expectations regarding carriers' requirements to provide coverage for abortion, abortion-related care, and medication abortion services, including emergency abortion care. DOI also [issued a bulletin to commercial insurers \(/doc/bulletin-2024-08-medical-malpractice-coverage-for-providers-of-reproductive-or-gender-affirming-health-care-services-issued-june-24-2024/download\)](#) offering medical malpractice coverage to identify expectations regarding medical malpractice coverage for providers that may provide reproductive or gender-affirming care, including emergency abortion care.

Beware anti-abortion centers.

If you are pregnant and looking to understand your abortion options, you should consult with a licensed reproductive healthcare provider. Anti-abortion centers are commonly called [Crisis Pregnancy Centers \(CPCs\)](#) (</news/warning-about-crisis-pregnancy-centers>) and do not provide comprehensive reproductive health care and seek to prevent people from accessing abortion care.

If you have concerns about your experience with a crisis pregnancy center, [file a complaint](#) (</how-to/file-a-civil-rights-complaint>) with the Attorney General's Civil Rights Division online or at 617-963-2917.

Find a licensed provider (<https://www.mass.gov/info-details/sexual-and-reproductive-health-service-locations>)

File a complaint about a CPC (<https://www.mass.gov/how-to/file-a-civil-rights-complaint>)

Learn more about CPCs (<https://www.mass.gov/news/warning-about-crisis-pregnancy-centers>)

[Collapse all](#)

More reproductive health care resources (3)

Find a provider offering sexual and reproductive health services (<https://www.mass.gov/info-details/sexual-and-reproductive-health-service-locations>)

Know your birth control options
(<https://www.plannedparenthood.org/learn/birth-control>)

Learn more about accessing birth control
(<https://www.mass.gov/info-details/access-to-birth-control-and-emergency-contraception>)

State Organizations (</massachusetts-state-organizations>)

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REPRODUCTIVE EQUITY NOW STATEMENT ON New MA DPH Guidance Regarding Anti- Abortion

*Guidance comes after Repro Equity Now recently filed complaints
against two licensed anti-abortion centers*

BOSTON (January 5, 2024) – Reproductive Equity Now President Rebecca Hart Holder released the following statement today after the Massachusetts Department of Public Health issued guidance outlining and reminding licensed providers, clinics, and hospitals of their obligations under state law and as a condition of licensure. These obligations include “providing patients accurate and complete information for informed decision-making, accurate portrayal and advertising of clinical services, and licensees practicing within their scope of practice and their license.”

Rebecca Hart Holder, President of Reproductive Equity Now: “Anti-abortion centers pose a serious threat to pregnant people seeking unbiased reproductive health care in Massachusetts. We’re proud that the Department of Public Health is taking our complaints against these anti-abortion centers seriously and issued guidance to ensure that licensed providers and facilities understand their obligation to offer patients complete and accurate information on all of their reproductive health care options. We thank Commissioner Dr. Robert Goldstein for his bold leadership and look forward to continuing our work together to combat anti-abortion centers’ deception and disinformation.”

Reproductive Equity Now recently filed two complaints against two different licensed Massachusetts anti-abortion centers: Clearway Clinic in Worcester and Your Options Medical’s new anti-abortion mobile van preparing to operate on Cape Cod. Reproductive

Equity Now called for an investigation surrounding the facilities' alleged deceptive advertising practices and potential out-of-scope medical practice.

Both complaints followed Massachusetts Commissioner of Public Health Dr. Robert Goldstein's letter to the editor in the Boston Globe that encouraged those who have concerns about the "qualifications or safety of care delivered by a nurse or physician" to file a formal complaint to initiate an investigation. People who have had a negative experience with anti-abortion centers can call Reproductive Equity Now's Abortion Legal Hotline at 833-309-6301 to report their case and be referred to pro bono attorneys. Patients can also file a report with the Attorney General Office's Civil Rights Division online or at 617-963-2917.

For patients in need of legitimate abortion, reproductive, and sexual health care services, Reproductive Equity Now's New England Abortion Care Guide identifies your nearest reproductive health care clinic and flags dangerous anti-abortion centers to avoid in your area.

BACKGROUND:

- Anti-abortion centers, also known as "crisis pregnancy centers," are not legitimate health care providers. According to the American College of Obstetricians and Gynecologists, anti-abortion centers present themselves to be pregnancy health care providers but "actually aim to dissuade people from accessing certain types of reproductive health care, including abortion care and even contraceptive options." The Massachusetts Attorney General's office notes that "CPCs do NOT provide comprehensive reproductive healthcare. CPCs are organizations that seek to prevent people from accessing abortion care."
- Anti-abortion centers more than double the number of legitimate abortion clinics in Massachusetts. Reproductive Equity Now's New England Abortion Care Guide identifies 19 abortion clinics and 39 anti-abortion centers in the Bay State. Anti-abortion centers often position themselves directly next to legitimate clinics to confuse patients.
- Massachusetts has allocated major funding to educate residents on the harms of anti-abortion centers. In February of 2023, Governor Maura Healy approved \$1 million for a public education campaign to illuminate the dangers of anti-abortion centers for Bay Staters.

###

EXHIBIT 8

< GBH | State
Department of Public
Health warns anti-
abortion centers
against using
deceptive tactics

CT News Junkie | U.S.
Supreme Court Takes
Up Abortion
Medication Case >



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