

FINAL HOUSE VOTES
REFERENCE COMMITTEE A: Public Health

Item #	Title	Code	Action	Assigned/ Referred to	Page
1	Oversight of Home Health Aides	Resolution I-18 A-101	Referred to the BOT for Report Back at A-19	Legislation (in consultation with) Geriatric Medicine	x
2	Alzheimer's Disease and Dementia Education	CME/CGM Report I-18 A-1	Adopted as Amended	Geriatric Medicine (in consultation with) Medical Education	x
3a	Evidence-Based Care of Individuals Born with Differences in Sex Development (DSD)/Intersex	LGBTQ Report I-18 A-2(a)	Adopted	LGBTQ Matters	x
3b	Evidence-Based Care of Individuals Born with Differences in Sex Development (DSD)/Intersex	LGBTQ Report I-18 A-2(b)	Referred to the BOT for Report Back at I-19	Maternal and Perinatal Welfare (in consultation with) LGBTQ Matters	x
4	Guidelines for Sexual Education in Schools	Resolution I-18 A-102	Adopted as Amended	<i>MMS Policy Compendium</i> (Item 1) Legislation (and <i>MMS Policy Compendium</i>) (Item 2)	x
5	Equitable Health Care Regardless of Immigration Status	CVIP Report I-18 A-3	Adopted as Amended	<i>MMS Policy Compendium</i> (Items 1 and 2) Legislation (Item 1d, 1e - bullets 1 & 4, and Item 2) Public Health (Item 1e - bullets 2, 3, and Item f)	x

6	Support for Evidence-Based Metrics to More Accurately Characterize the Urban Soundscape	Resolution I-18 A-103	Adopted	MMS <i>Policy Compendium</i> (and Legislation, Environmental and Occupational Health)	x
7	Social Determinants of Health	CDM Report I-18 A-4	Adopted as Amended	MMS <i>Policy Compendium</i> (Items 1, 3) Public Health (in consultation with) The Quality of Medical Practice, Diversity in Medicine, Medical Education (Items 2, 4) (and <i>MMS Policy Compendium</i>)	X
8	Stop the Bleed/Save a Life	CPREP Report I-18 A-5 [A-17 B-211]	Adopted	Preparedness	x
9	Urine Drug Screens in Prisoners	CPH Report I-18 A-6 [I-17 A-105]	Adopted (CPH Report recommendation to <i>not adopt</i> Resolution I-17 A-105)	NA	x
10	Streamlining Human Immunodeficiency Virus Testing of Source Patients following an Occupational Exposure	COL Report I-18 A-7 [A-17 A-103 Item 14(b)]	Adopted (Original Resolution A-17 A-103 Item 14(b))	Legislation The Quality of Medical Practice	x

1 **REFERRED TO THE BOT FOR REPORT BACK AT A-19**

2
3 Item #: 1
4 Code: Resolution I-18 A-101
5 Title: Oversight of Home Health Aides
6 Sponsor: Ihor Bilyk, MD
7
8 Referred to: Reference Committee A
9 Ms. Marguerite Youngren, Chair

11	HOUSE VOTE:	Referred to the BOT for Report Back at A-19
12		
13		
14	Referred to:	Committee on Legislation (in consultation with)
15		Committee on Geriatric Medicine
16		
17	Report Back (Directly) to	A-19
18	HOD with Recommendation	
19	on Whether to Adopt, Amend,	
20	or Not Adopt:	
21	Strategic Priority:	Physician and Patient Advocacy

22
23 **That the Massachusetts Medical Society advocate for better regulation of the**
24 **home health aide industry to make it safer for the frail and aged clients. (D)**

25
26 Fiscal Note: No Significant Impact
27 (Out-of-Pocket Expenses)
28
29 FTE: Existing Staff
30 (Staff Effort to Complete Project)
31

1 **ADOPTED AS AMENDED**

2
3 Item #: 2
4 Code: CME/CGM Report I-18 A-1
5 Title: Alzheimer's Disease and Dementia Education
6 Sponsors: Committee on Medical Education
7 Michael Rosenblum, MD, Chair
8 Committee on Geriatric Medicine
9 Asif Merchant, MD, Chair

10
11 Referred to: Reference Committee A
12 Ms. Marguerite Youngren, Chair
13
14

15 HOUSE VOTE:	Adopted as Amended
16	
17 Referred to:	Committee on Geriatric Medicine (in consultation with) Committee on Medical Education
18	
19	
20 Informational Report:	I-19
21 Strategic Priority:	Physician and Patient Advocacy

22
23 **That the Massachusetts Medical Society develop an online educational activity for**
24 **physicians and other health care professionals on the diagnosis and management**
25 **of patients with cognitive impairments including, but not limited to, Alzheimer's**
26 **disease and other dementias, and which addresses the role of caregivers**
27 **including the burden of round-the-clock care, caregiver burnout, and the potential**
28 **for abuse. (D)**

29
30 Fiscal Note: One-Time Expense of \$10,000
31 (Out-of-Pocket Expenses)

32
33 FTE: Existing Staff
34 (Staff Effort to Complete Project)

1 **ADOPTED**

2

3 Item #: 3a
4 Code: LGBTQ Report I-18 A-2(a)
5 Title: Evidence-Based Care of Individuals Born with Differences
6 in Sex Development (DSD)/Intersex
7 Sponsor: MMS Committee on LGBTQ Matters
8 Carl Streed Jr., MD, MPH, Chair
9

10 Referred to: Reference Committee A
11 Ms. Marguerite Youngren, Chair
12

13 HOUSE VOTE:	Adopted
14	
15 Referred to:	Committee on LGBTQ Matters
16	
17 Informational Report:	I-19
18 Strategic Priority:	Physician and Patient Advocacy

19

20 **That the MMS promote the education of providers, parents, patients, and**
21 **multidisciplinary teams based on the most current evidence concerning the care**
22 **for individuals born with differences in sex development/intersex. (D)**
23

24 Fiscal Note: No Significant Impact
25 (Out-of-Pocket Expenses)

26
27 FTE: Existing Staff
28 (Staff Effort to Complete Project)

1 **REFERRED TO THE BOT FOR REPORT BACK AT I-19**

2
3 Item #: 3b
4 Code: LGBTQ Report I-18 A-2(b)
5 Title: Evidence-Based Care of Individuals Born with Differences
6 in Sex Development (DSD)/Intersex
7 Sponsor: MMS Committee on LGBTQ Matters
8 Carl Streed Jr., MD, MPH, Chair
9
10 Referred to: Reference Committee A
11 Ms. Marguerite Youngren, Chair
12

13 **HOUSE VOTE: Referred to the BOT for Report Back at I-19**

14
15
16 **Referred to: Committee on Maternal and Perinatal Welfare (in**
17 **consultation with) Committee on LGBTQ Matters**
18

19
20 **Report Back (Directly) to I-19**
21 **HOD with Recommendation**
22 **on Whether to Adopt, Amend,**
23 **or Not Adopt:**

24 **Strategic Priority: Physician and Patient Advocacy**
25

26 **That the MMS supports delaying surgical interventions for infants with differences**
27 **in sex development/intersex characteristics that are of a non-emergent status until**
28 **the individual has the capacity to participate in the decision. (HP)**
29

30 Fiscal Note: No Significant Impact
31 (Out-of-Pocket Expenses)

32
33 FTE: Existing Staff
34 (Staff Effort to Complete Project)

1 **ADOPTED AS AMENDED**

2
3 Item #: 4
4 Code: Resolution I-18 A-102
5 Title: Guidelines for Sexual Education in Schools
6 Sponsors: Aimie Zale, MD
7 Carl Streed Jr., MD, MPH
8 Katherine Atkinson, MD
9
10 Referred to: Reference Committee A
11 Ms. Marguerite Youngren, Chair
12

13 HOUSE VOTE:	Adopted as Amended
14	
15 Referred to:	<i>(Item 1) MMS Policy Compendium</i>
16	<i>(Item 2) Committee on Legislation (and MMS Policy</i>
17	<i>Compendium)</i>
18	
19 Informational Report:	I-19
20 Strategic Priority:	Physician and Patient Advocacy

- 21
- 22 1. That the MMS supports sexual health education that:
- 23
- 24 a. Is comprehensive, medically accurate, culturally and religiously aware, and
 - 25 age appropriate; and
 - 26 b. Promotes a perception of sexuality that is free from shame, blame, and
 - 27 stigma; and
 - 28 c. Prepares individuals to make healthy sexual decisions; and
 - 29 d. Includes essential concepts and issues such as:
 - 30 i. Sexual orientation and gender identity; and
 - 31 ii. Power dynamics inherent in sexual relationships, especially as related
 - 32 to age, gender, and substance use; and
 - 33 iii. Sexual health and access to sexual and reproductive health care; and
 - 34 iv. Intimate partner violence and sexual exploitation; and
 - 35 v. Relationships based on mutual respect, communication, and personal
 - 36 responsibility; and
 - 37 vi. Risks for HIV and other sexually transmitted infections and unplanned
 - 38 pregnancy; and
 - 39 vii. The benefits and risks of barrier methods (including condoms) and
 - 40 other contraceptive methods
- 41 *(HP)*
- 42
- 43 2. That the MMS advocate that schools receiving public funding be required to
- 44 offer age appropriate comprehensive evidence-based sexual health education
- 45 that:
- 46
- 47 a. Is based on rigorous, peer-reviewed science; and
 - 48 b. Incorporates sexual violence prevention including comprehensive
 - 49 discussion on consent and the relationship of substance use to sexual
 - 50 violence; and

- 1 c. Shows promise for delaying the onset of sexual activity and a reduction in
- 2 sexual behavior that puts adolescents at risk for contracting human
- 3 immunodeficiency virus (HIV) and other sexually transmitted infections and
- 4 for becoming pregnant; and
- 5 d. Includes an integrated strategy for providing both factual information and
- 6 skill-building related to reproductive biology, sexual abstinence, sexual
- 7 responsibility, contraceptives including condoms, alternatives in birth
- 8 control, and other issues aimed at prevention of pregnancy and sexual
- 9 transmission of diseases; and
- 10 e. Utilizes classroom teachers and other professionals who have shown an
- 11 aptitude for working with young people and who have received special
- 12 training that includes addressing the needs of sexual and gender minority
- 13 youth; and
- 14 f. Appropriately and comprehensively address the sexual behavior of all
- 15 people, inclusive of sexual and gender minorities; and
- 16 g. Includes ample involvement of parents, health professionals, and other
- 17 concerned members of the community in the development of the program;
- 18 and
- 19 h. Is part of an overall health education program; and
- 20 i. Includes culturally competent materials that are language-appropriate for
- 21 Limited English Proficiency (LEP) pupils without sacrificing
- 22 comprehensiveness.

23 **(D)**

24		
25	Fiscal Note:	No Significant Impact
26	(Out-of-Pocket Expenses)	
27		
28	FTE:	Existing Staff
29	(Staff Effort to Complete Project)	

1 **ADOPTED AS AMENDED**

2
3 Item #: 5
4 Code: CVIP Report I-18 A-3
5 Title: Equitable Health Care Regardless of Immigration Status
6 Sponsor: Committee on Violence Intervention and Prevention
7 Wendy Macias-Konstantopolous, MD, Chair
8
9 Referred to: Reference Committee A
10 Ms. Marguerite Youngren, Chair
11
12

13	HOUSE VOTE:	Adopted as Amended
14		
15	Referred to:	(Items 1 and 2) MMS <i>Policy Compendium and</i>
16		(Item 1d, 1e bullets 1 & 4, and Item 2) Committee on
17		Legislation
18		
19		Item 1e bullets 2, 3, and Item f) Committee on Public
20		Health
21		
22	Informational Report:	I-19
23	Strategic Priority:	Physician and Patient Advocacy

- 24
- 25 1. That the Massachusetts Medical Society adopt the following adapted from
- 26 American Medical Association policies:
- 27
- 28 a. That the Massachusetts Medical Society recognizes the negative health
- 29 consequences of the detention of families seeking safe haven. *(HP)*
- 30
- 31 b. That the Massachusetts Medical Society opposes family immigration
- 32 detention, due to the negative health consequences of detention. *(HP)*
- 33
- 34 c. That the Massachusetts Medical Society opposes the separation of parents
- 35 from their children who are detained while seeking safe haven. *(HP)*
- 36
- 37 d. That the Massachusetts Medical Society will advocate for safe access to
- 38 health care for immigrants and refugees in the Commonwealth regardless
- 39 of immigration status. *(D)*
- 40
- 41 e. That the Massachusetts Medical Society:
- 42 • Advocate for and support legislative efforts to designate healthcare
 - 43 facilities as sensitive locations by law *(D)*
 - 44 • Work with appropriate stakeholders to educate medical providers on
 - 45 the rights of undocumented patients while receiving medical care, and
 - 46 the designation of health care facilities as sensitive locations where US
 - 47 immigration enforcement actions should not occur *(D)*
 - 48 • Encourage health care facilities to clearly demonstrate and promote
 - 49 their status as sensitive locations *(D)*

1 **ADOPTED**

2
3 Item #: 6
4 Code: Resolution I-18 A-103
5 Title: Support for Evidence-Based Metrics to More Accurately
6 Characterize the Urban Soundscape
7 Sponsor: Mr. Prithwiji Roychowdhury
8
9 Referred to: Reference Committee A
10 Ms. Marguerite Youngren, Chair
11

12 HOUSE VOTE:	Adopted
13	
14 Referred to:	MMS <i>Policy Compendium</i> and Committee on
15	Legislation and Committee on Environmental and
16	Occupational Health
17	
18 Report:	NA
19 Strategic Priority:	Physician and Patient Advocacy

20
21 **That the MMS supports governmental/environmental agencies and/or relevant**
22 **stakeholders exploring the feasibility of an evidence-based metric beyond purely**
23 **A-weighted noise to more accurately capture lower-frequencies in the public**
24 **soundscape. (HP)**
25

26 Fiscal Note: No Significant Impact
27 (Out-of-Pocket Expenses)
28
29 FTE: Existing Staff
30 (Staff Effort to Complete Project)

1 **ADOPTED AS AMENDED**

2
3 Item #: 7
4 Code: CDM Report I-18 A-4
5 Title: Social Determinants of Health
6 Sponsor: Committee on Diversity in Medicine
7 Simone Wildes, MD, Chair

8
9 Referred to: Reference Committee A
10 Ms. Marguerite Youngren, Chair

12	HOUSE VOTE:	Adopted as Amended
13		
14	Referred to:	(Items 1, 3) <i>MMS Policy Compendium</i>
15		
16		(Items 2, 4) Committee on Public Health (in
17		consultation with) Committee on the Quality of
18		Medical Practice, Committee on Diversity in Medicine,
19		Committee on Medical Education (and <i>MMS Policy</i>
20		<i>Compendium</i>)
21		
22	Informational Report:	I-19
23	Strategic Priority:	Physician and Patient Advocacy

- 24
- 25 1. That the Massachusetts Medical Society acknowledges that social
 - 26 determinants of health play a key role in health outcomes and health
 - 27 disparities, and that addressing the social determinants of health for patients
 - 28 and communities is critical to the health of our patients, our communities, and
 - 29 a sustainable, effective health care system. *(HP)*
 - 30
 - 31 2. That the Massachusetts Medical Society will, as appropriate, advocate for
 - 32 policies aimed at improving social determinants of health for all people. *(D)*
 - 33
 - 34 3. That the Massachusetts Medical Society will work with physicians, health
 - 35 systems, and payers to develop sustainable care delivery and payment models
 - 36 that incorporate innovative and creative ways of improving the social
 - 37 determinants of health for all patients. *(HP)*
 - 38
 - 39 4. That the Massachusetts Medical Society will educate its members about social
 - 40 determinants of health and the importance of addressing social determinants
 - 41 of health in order to improve health outcomes and promote health equity. *(D)*
 - 42

43 Fiscal Note: One-Time Expense of \$3,000
44 (Out-of-Pocket Expenses)

45
46 FTE: Existing Staff
47 (Staff Effort to Complete Project)

1 **ADOPTED**

2
3 Item #: 8
4 Code: CPREP Report I-18 A-5 [A-17 B-211]
5 Title: Stop the Bleed/Save a Life
6 Sponsor: Committee on Preparedness
7 Eric Goralnick, MD, MS, Chair

8
9 Report History: BOT Informational Report I-17-02
10 Resolution A-17 B-211

11
12 Referred to: Reference Committee A
13 Ms. Marguerite Youngren, Chair
14

15	HOUSE VOTE:	Adopted
16		
17	Referred to:	Committee on Preparedness
18		
19	Informational Report:	I-19
20	Strategic Priority:	Professional Knowledge and Satisfaction

- 21
- 22 1. That the MMS implement a three-year bleeding control “train the trainer”
23 demonstration project to provide hands-on regional instruction for physicians
24 and allied health professionals in bleeding control, wound packing, and
25 tourniquet application in order to increase the number of individuals trained in
26 bleeding control in the Commonwealth. (D)
 - 27
 - 28 2. That the MMS develop a comprehensive bleeding control resource and
29 information page on its website to support the demonstration project and
30 increase bleeding control awareness. (D)
 - 31
 - 32 3. That the MMS review and assess the efficacy and impact of the bleeding
33 control “train the trainer” demonstration project. (D)

34

35 Fiscal Note: \$60,000 (Total Expense)
36 (Out-of-Pocket Expenses)

37 \$30,000 year one
38 \$15,000 year two
39 \$15,000 year three

40
41 FTE: Existing Staff
42 (Staff Effort to Complete Project)

1 **ADOPTED (CPH Report Recommendation to *not adopt* Resolution I-17 A-105)**

2
3 Item #: 9
4 Code: CPH Report I-18 A-6 [I-17 A-105]
5 Title: Urine Drug Screens in Prisoners
6 Sponsor: Committee on Public Health
7 John Burrell, MD, Chair
8
9 Report History: Resolution I-17 A-105
10 Original Sponsors: Mirret El-Hagrassy, MD, Mark Kashtan,
11 MD
12
13 Referred to: Reference Committee A
14 Ms. Marguerite Youngren, Chair
15

16 **HOUSE VOTE: (Not Adopt Resolution I-17 A-105)**

17
18 **Referred to: NA**

19
20 **Report: NA**

21
22 **That the Massachusetts Medical Society not adopt Resolution I-17 A-105 which**
23 **reads as follows:**

- 24
25 1. **RESOLVED, That the MMS encourages education and training on the**
26 **appropriate use of urine drug screening and scientifically validated**
27 **confirmatory testing interpreted by qualified health care practitioners for all**
28 **administrators, staff, and health care practitioners who administer urine drug**
29 **screens or initiate legal or punitive action based on urine drug screen results**
30 **as part of their professional duties; and, be it further (HP)**
31
32 2. **RESOLVED, That the MMS encourages the mandatory use of appropriate,**
33 **scientifically validated confirmatory testing interpreted by qualified health care**
34 **practitioners for all instances in which presumptive positive urine drug**
35 **screens would lead to legal or punitive action excepting situations in which the**
36 **individual in question waives their right to a confirmatory test. (HP)**
37

38 Fiscal Note: No Significant Impact
39 (Out-of-Pocket Expenses)

40
41 FTE: Existing Staff
42 (Staff Effort to Complete Project)

1 **ADOPTED (Original Resolution A-17 A-103 Item 14b)**

2
3 Item #: 10
4 Code: COL Report I-18 A-7 [A-17 A-103 Item 14(b)]
5 Title: Streamlining Human Immunodeficiency Virus Testing of
6 Source Patients following an Occupational Exposure
7 Sponsor: Committee on Legislation
8 Theodore Calianos, II, MD, FACS, Chair
9

10 Report History: CPH/COL/MA AMA/OMSS Report A-18 A-5
11 Resolution A-17 A-103
12

13 Referred to: Reference Committee A
14 Ms. Marguerite Youngren, Chair
15

16 HOUSE VOTE:	Adopted
17	
18 Referred to:	Committee on Legislation and Committee on the
19	Quality of Medical Practice
20	
21 Informational Report:	I-19
22 Strategic Priority:	Physician and Patient Advocacy

23
24 **That the MMS work with appropriate organizations to advocate removal of**
25 **mandated informed written consent in the performance of HIV testing, and to**
26 **utilize HIPAA-appropriate patient notification and counseling in result**
27 **interpretation. (D)**
28

29 Fiscal Note: No Significant Impact
30 (Out-of-Pocket Expenses)

31
32 FTE: Existing Staff
33 (Staff Effort to Complete Project)

FINAL HOUSE VOTES
REFERENCE COMMITTEE B: Health Care Delivery

Item #	Title	Code	Action	Assigned/ Referred to	Page
1	Reauthorizing and Expanding the Conrad Waiver Program	Resolution I-18 B-201	Adopted as Amended	Legislation	x
2	Increased Evaluation of Access, Cost, Quality, and Health Outcomes in Direct Primary Care	Resolution I-18 B-202	Adopted	The Quality of Medical Practice	x
3	Streamlining the Prior Authorization Process	Resolution I-18 B-203	Adopted as Amended	The Quality of Medical Practice	x
4	Elimination by All Massachusetts Health Insurers of All Prior Authorization Requirements When Patients Are Prescribed Buprenorphine/Naloxone	Resolution I-18 B-204	Adopted	The Quality of Medical Practice and Legislation	x
5	Elimination of Prior Authorization for Non-opioid Medications and Modalities Prescribed for Pain Management	Resolution I-18 B-205	Adopted	The Quality of Medical Practice, Legislation (in consultation with) Task Force on Opioid Therapy and Physician Communication	x
6	Mitigating the Negative Effects of High-Deductible Health Plans on Patients and Physicians	CSPP Report I-18 B-1	Adopted	Legislation	x
7	Board of Registration Reporting Practices	Resolution I-18 B-206	Referred to BOT for Report Back	Legislation	x
8	Better Utilization of NICU Services	Resolution I-18 B-207	Adopted	The Quality of Medical Practice and Legislation (and MMS <i>Policy Compendium</i>)	x
9	Retraining Immigrant Physicians	COL/IMGS Report I-18 B-2 [I-17 B-202]	Adopted as Amended	Medical Education and the MA AMA Delegation	x

1 **ADOPTED AS AMENDED**

2
3 Item #: 1
4 Code: Resolution I-18 B-201
5 Title: Reauthorizing and Expanding the Conrad Waiver Program
6 Sponsors: Mr. Sanjay Raaj Gadi
7 Ms. Mugdha Mokashi
8 Ms. Dipal Nagda
9 Ms. Kavya Pathak
10 Mr. Nishant Uppal
11 Mr. Rajet Vatsa
12 Mr. David Velasquez

13
14 Referred to: Reference Committee B
15 Heidi Foley, MD, Chair
16

17 HOUSE VOTE:	Adopted as Amended
18	
19 Referred to:	Committee on Legislation
20	
21 Informational Report:	I-19
22 Strategic Priority:	Physician and Patient Advocacy

23
24 **That the MMS will advocate at the federal and/or state level for a program that**
25 **waives the two-year residence requirement following completion of a J1 exchange**
26 **visa for physicians. (D)**

27
28 Fiscal Note: No Significant Impact
29 (Out-of-Pocket Expenses)

30
31 FTE: Existing Staff
32 (Staff Effort to Complete Project)

1 **ADOPTED**

2
3 Item #: 2
4 Code: Resolution I-18 B-202
5 Title: Increased Evaluation of Access, Cost, Quality, and Health
6 Outcomes in Direct Primary Care
7 Sponsors: Mr. Tonatiuh Liévano Beltrán
8 Mr. Sanjay Gadi
9 Mr. Nicholos Joseph
10 Mr. Rajet Vatsa
11
12 Referred to: Reference Committee B
13 Heidi Foley, MD, Chair
14

15 HOUSE VOTE:	Adopted
16	
17 Referred to:	Committee on the Quality of Medical Practice
18	
19 Informational Report:	I-19
20 Strategic Priority:	Physician and Patient Advocacy

21
22 **That the MMS work with relevant stakeholders to study (a) the effects of direct**
23 **primary care (DPC) across diverse patient populations, with regards to health care**
24 **access, cost, quality, and health outcomes, (b) these effects in comparison to the**
25 **fee-for-service model, as well as other payment models, and (c) how DPC impacts**
26 **care utilization in the broader system involving specialty and other non-primary**
27 **care. (D)**

28
29 Fiscal Note: No Significant Impact
30 (Out-of-Pocket Expenses)
31
32 FTE: Existing Staff
33 (Staff Effort to Complete Project)

1 **ADOPTED AS AMENDED**

2
3 Item #: 3
4 Code: Resolution I-18 B-203
5 Title: Streamlining the Prior Authorization Process
6 Sponsor: Matthew Gold, MD
7
8 Referred to: Reference Committee B
9 Heidi Foley, MD, Chair

11 HOUSE VOTE:	Adopted as Amended
12	
13 Referred to:	Committee on the Quality of Medical Practice
14	
15 Informational Report:	I-19
16 Strategic Priority:	Physician and Patient Advocacy

17
18 **That the Massachusetts Medical Society expand and initiate advocacy efforts in**
19 **the Commonwealth of Massachusetts to require pharmacies, EHR vendors,**
20 **pharmacy benefit managers, payers, and other entities responsible for processing**
21 **and providing patients with prescriptions that require prior authorization to**
22 **provide accurate, complete, and actionable information to prescribing physicians**
23 **or their agents. Such information must enable Prior Authorization Request**
24 **submissions to be more transparent and efficient. (D)**

25
26 Fiscal Note: No Significant Impact
27 (Out-of-Pocket Expenses)
28
29 FTE: Existing Staff
30 (Staff Effort to Complete Project)

1 **ADOPTED**

2
3 Item #: 4
4 Code: Resolution I-18 B-204
5 Title: Elimination by All Massachusetts Health Insurers of All
6 Prior Authorization Requirements When Patients Are
7 Prescribed Buprenorphine/Naloxone
8 Sponsors: Ronald Newman, MD
9 Barbara Herbert, MD
10 Michael Medlock, MD
11
12 Referred to: Reference Committee B
13 Heidi Foley, MD, Chair
14

15 HOUSE VOTE:	Adopted
16	
17 Referred to:	Committee on the Quality of Medical Practice and
18	Committee on Legislation
19	
20 Informational Report:	I-19
21 Strategic Priority:	Physician and Patient Advocacy

22
23 **That the Massachusetts Medical Society will advocate for the elimination by all**
24 **Massachusetts health insurers of all prior authorization requirements or other**
25 **special billing/administrative maneuvers that inhibit patient access to**
26 **buprenorphine/naloxone. (D)**

27
28 Fiscal Note: No Significant Impact
29 (Out-of-Pocket Expenses)
30
31 FTE: Existing Staff
32 (Staff Effort to Complete Project)

1 **ADOPTED**

2
3 Item #: 5
4 Code: Resolution I-18 B-205
5 Title: Elimination of Prior Authorization for Non-opioid
6 Medications and Modalities Prescribed for Pain
7 Management
8 Sponsor: Essex South District Medical Society
9 Ronald Newman, MD, President
10
11 Referred to: Reference Committee B
12 Heidi Foley, MD, Chair
13

14 HOUSE VOTE:	Adopted
15	
16 Referred to:	Committee on the Quality of Medical Practice, 17 Committee on Legislation (in consultation with) Task 18 Force on Opioid Therapy and Physician 19 Communication
20	
21 Informational Report:	I-19
22 Strategic Priority:	Physician and Patient Advocacy

- 23
- 24 1. That the Massachusetts Medical Society advocate to expand coverage for
25 evidence-based non-opioid pharmacologic and non-pharmacologic pain
26 management options. *(D)*
27
 - 28 2. That the Massachusetts Medical Society advocate for the elimination of prior
29 authorization and other utilization-management obstacles to evidence-based
30 non-opioid pharmacologic and non-pharmacologic pain management options.
31 *(D)*
32

33 Fiscal Note: No Significant Impact
34 (Out-of-Pocket Expenses)
35
36 FTE: Existing Staff
37 (Staff Effort to Complete Project)

1 **ADOPTED**

2
3 Item #: 6
4 Code: CSPP Report I-18 B-1
5 Title: Mitigating the Negative Effects of High-Deductible Health
6 Plans on Patients and Physicians
7 Sponsor: Committee on the Sustainability of Private Practice
8 Christopher Garofalo, MD, Chair
9

10 Referred to: Reference Committee B
11 Heidi Foley, MD, Chair
12

13 HOUSE VOTE:	Adopted
14	
15 Referred to:	Committee on Legislation
16	
17 Informational Report:	I-19
18 Strategic Priority:	Physician and Patient Advocacy

19
20 **That the Massachusetts Medical Society advocate for legislation or regulation**
21 **specifying that codes for outpatient evaluation and management services,**
22 **including initial and established patient office visits, be exempt from deductible**
23 **payments, so that insurers will pay the entire usual fee for these codes without**
24 **triggering any deductible payment by the patient. (D)**

25
26 Fiscal Note: No Significant Impact
27 (Out-of-Pocket Expenses)

28
29 FTE: Existing Staff
30 (Staff Effort to Complete Project)

1 **REFERRED TO THE BOT FOR REPORT BACK**

2
3 Item #: 7
4 Code: Resolution I-18 B-206
5 Title: Board of Registration Reporting Practices
6 Sponsor: Kimberley O’Sullivan, MD
7
8 Referred to: Reference Committee B
9 Heidi Foley, MD, Chair

11	HOUSE VOTE:	Referred to the BOT for Report Back
12		
13	Referred to:	Committee on Legislation
14		
15	Report Back (Directly) to	I-19
16	HOD with Recommendation	
17	on Whether to Adopt, Amend,	
18	or Not Adopt:	
19	Strategic Priority:	Physician and Patient Advocacy

- 20
- 21 1. That the MMS advocate, when allegations against a physician have been
22 proven to be unsubstantiated, that the Board of Registration in Medicine
23 (BORIM) be required to remove in totality all allegations from a physician’s
24 BORIM profile and rescind its reporting of same to the National Practitioner
25 Data Bank at the request of the victimized physician. (D)
 - 26
 - 27 2. That the MMS advocate for the Board of Registration in Medicine (BORIM) to
28 remove from the BORIM physician profile and rescind their reporting to the
29 National Practitioner Data Bank all trickle-down events that stemmed from the
30 unsubstantiated allegations, such as loss of hospital privileges, loss of
31 insurance contracts, etc. (D)
 - 32
 - 33 3. That the MMS advocate that any Board of Registration in Medicine (BORIM)
34 discipline that results from the BORIM scrutiny initiated from unsubstantiated
35 allegations must be a stand-alone discipline that does not include any
36 reference to the unsubstantiated allegations or subsequent event that
37 stemmed from the unsubstantiated allegations. (D)
 - 38
 - 39 4. That the MMS advocate for the Board of Registration in Medicine (BORIM) to
40 create a narrative section for physicians to make a statement under any and all
41 allegations that are posted to a physician’s BORIM profile in order that both
42 parties have equal presence to the matter on the profile. (D)

43
44 Fiscal Note: No Significant Impact
45 (Out-of-Pocket Expenses)
46
47 FTE: Existing Staff
48 (Staff Effort to Complete Project)

1 **ADOPTED**

2
3 Item #: 8
4 Code: Resolution I-18 B-207
5 Title: Better Utilization of NICU Services
6 Sponsor: Ihor Bilyk, MD
7
8 Referred to: Reference Committee B
9 Heidi Foley, MD, Chair

11 HOUSE VOTE:	Adopted
12	
13 Referred to:	Committee on the Quality of Medical Practice and 14 Committee on Legislation (and MMS <i>Policy</i> 15 <i>Compendium</i>)
16	
17 Informational Report:	I-19
18 Strategic Priority:	Physician and Patient Advocacy

19
20 **That the Massachusetts Medical Society support the wise use of the Neonatal**
21 **Intensive Care Unit (NICU) and advocate to legislators and insurers for regulations**
22 **that eliminate medical-insurance obstacles that prevent the transport of stabilized**
23 **infants to a lower level of neonatal care, when appropriate. (HP/D)**

24
25 Fiscal Note: No Significant Impact
26 (Out-of-Pocket Expenses)
27
28 FTE: Existing Staff
29 (Staff Effort to Complete Project)

1 **ADOPTED AS AMENDED**

2

3 Item #: 9

4 Code: COL/IMGS Report I-18 B-2 [I-17 B-202]

5 Title: Retraining Immigrant Physicians

6 Sponsors: Committee on Legislation

7 Theodore Calianos II, MD, FACS, Chair

8 International Graduate Section

9 Mr. Rajendra Trivedi, Chair

10

11 Report History: Resolution I-17 B-202

12 Original Sponsor: Thomas Murray III, MD

13

14 Referred to: Reference Committee B

15 Heidi Foley, MD, Chair

16

17 HOUSE VOTE:	Adopted as Amended
18	
19 Referred to:	Committee on Medical Education and the MA AMA
20	Delegation
21	
22 Informational Report:	I-19
23 Strategic Priority:	Physician and Patient Advocacy

24

25 **That the Massachusetts Medical Society adopt as amended Resolution I-17 B-202,**

26 **to read as follows:**

27

28 **That the MMS encourage the ACGME, the AMA, and any appropriate stakeholders**

29 **to support programs to facilitate and expedite the entry of competent International**

30 **Medical Graduate physicians into practice in areas where needed without having**

31 **to repeat training that may be unnecessary and wasteful of limited resources. (D)**

32

33 Fiscal Note: No Significant Impact

34 (Out-of-Pocket Expenses)

35

36 FTE: Existing Staff

37 (Staff Effort to Complete Project)

FINAL HOUSE VOTES
REFERENCE COMMITTEE C: MMS Administration

Item #	Title	Code	Action	Assigned/ Referred to	Page
1	MMS Annual Strategic Plan	CSP Report I-18 C-1	Adopted	MMS Presidential Officers	x
2	Clarification on Specificity and Flexibility of Investment Policy on Fossil Fuels, Climate Change, and Socially Responsible Investments	Resolution I-18 C-301	Adopted as Amended	Board of Trustees (Item 1) Administration and Management (Item 2) Communications (Item 3) Finance (Items 4, 5)	x
3	Advancing Gender Equity in Medicine	Resolution I-18 C-302	Adopted	Women's Health (Items 1-3 - 3c (in consultation with Medical Education) Board of Trustees (Items 4-5)	x
4	Facilitating the Community of Medicine	Resolution I-18 C-303	Adopted	Membership (in consultation with) Arts, History, Humanism and Culture Member Interest Network Executive Council	x
5	MMS Former Speakers and House of Delegates Membership	OFFICERS Report: I-18 C-2 [I-17 C-301]	Adopted (OFFICER Report Recommendation to not adopt Resolution I-17 C-301)	NA	x

6	Medical Student and Resident/Fellow Committee on Nominations Voting Rights	RFS/MSS Report I-18 C-3	Adopted	Bylaws	x
7	One Minute of Seated Silence during Each Opening Session	Resolution I-18 C-304	Not Adopted	NA	x
8	Bylaws Changes	COB Report I-18 C-4	Adopted	(Annual Meeting of the Society for Ratification)	x
9	Special Committee Renewals	BOT Report I-18 C-5	Adopted	Board of Trustees	x

1 **ADOPTED**

2
3 Item #: 1
4 Code: CSP Report I-18 C-1
5 Title: MMS Annual Strategic Plan
6 Sponsor: Committee on Strategic Planning
7 Maryanne Bombaugh, MD, MSc, MBA, FACOG, Chair
8
9 Referred to: Reference Committee C
10 Mary Lou Ashur, MD
11
12

13 HOUSE VOTE:	Adopted
14	
15 Referred to:	MMS Presidential Officers
16	
17 Informational Report:	NA
18 Strategic Priority:	Physician and Patient Advocacy

19
20 **That the Massachusetts Medical Society’s strategic priorities for Fiscal Year 2019–**
21 **2020 are the following: a focus on physician and patient advocacy, membership**
22 **value and engagement, and professional knowledge and satisfaction. To advance**
23 **the Society’s mission and serve the needs of the physician community and their**
24 **patients, the goals of our one-year strategic plan will be the following:**
25

- 26 • ***Physician and Patient Advocacy:***
 - 27 ➤ **As a trusted and respected leadership voice in health care, ensure**
 - 28 **that the perspectives of physicians and patients are represented at**
 - 29 **the state and national level on the most important issues impacting**
 - 30 **physicians, the health care environment, and patient care and**
 - 31 **outcomes.**
- 32
- 33 • ***Membership Value and Engagement:***
 - 34 ➤ **Ensure that the Society is positioned to meet the changing needs of**
 - 35 **physicians across all demographic segments and practice settings.**
 - 36 ➤ **Align member benefits, services, and communication channels with**
 - 37 **the needs of the physicians we serve, creating a clear membership**
 - 38 **value proposition.**
 - 39 ➤ **Ensure that the Society’s governance structure maximizes**
 - 40 **membership growth, diversity, and engagement and expands**
 - 41 **access to leadership opportunities.**
 - 42 ➤ **Ensure that communication engages physicians and promotes the**
 - 43 **Society’s efforts and achievements.**
- 44
- 45 • ***Professional Knowledge and Satisfaction:***
 - 46 ➤ **Advance medical knowledge to develop and maintain the highest**
 - 47 **standards of medical practice and health care.**
 - 48 ➤ **Support members in developing the skills and knowledge they need**
 - 49 **to further learning, transform the practice of health care, and**
 - 50 **achieve lifelong professional growth.**
 - 51 ➤ **Build and promote a sense of community, professional satisfaction,**
 - 52 **and meaning in practice through support, networking, mentoring,**
 - 53 **education, and physician wellness programs.**

1 **ADOPTED AS AMENDED**

2
3 Item #: 2
4 Code: Resolution I-18 C-301
5 Title: Clarification on Specificity and Flexibility of Investment
6 Policy on Fossil Fuels, Climate Change, and Socially
7 Responsible Investments
8 Sponsors: Joseph Heyman, MD
9 Essex North District Medical Society
10 Joshua St. Louis, MD, President
11
12 Referred to: Reference Committee C
13 Mary Lou Ashur, MD, Chair
14

15 HOUSE VOTE:	Adopted as Amended
16	
17 Referred to:	(Item 1) Board of Trustees
18	(Item 2) Committee on Administration and
19	Management
20	(Item 3) Committee on Communications
21	(Items 4, 5) Committee on Finance
22	
23 Informational Report:	I-19 (And Items 4, 5: every two years, until I-24)
24	
25	
26 Strategic Priority:	Physician and Patient Advocacy

27
28 **That the MMS adopt the following, partially adapted from AMA policy:**

- 29
30 1. **That the MMS, the MMS and Alliance Foundation, and any affiliated**
- 31 **corporations or subsidiaries should work in a timely, incremental, and fiscally**
- 32 **responsible manner, to the extent allowed by their legal and fiduciary duties, to**
- 33 **end all financial investments or relationships (divestment) with companies that**
- 34 **generate the majority of their income from the exploration for, production of,**
- 35 **transportation of, or sale of fossil fuels. (D)**
- 36
- 37 2. **That the MMS should choose for its commercial relationships, when fiscally**
- 38 **responsible, vendors, suppliers, and corporations that have demonstrated**
- 39 **environmental sustainability practices that seek to minimize their fossil fuels**
- 40 **consumption. (D)**
- 41
- 42 3. **That the MMS support efforts of physicians and other health professional**
- 43 **associations to proceed with divestment, including to create policy analyses,**
- 44 **support continuing medical education, and to inform our patients, the public,**
- 45 **legislators, and government policy makers. (D)**
- 46
- 47 4. **That the MMS shall report every two years to the BOT and the HOD, for a**
- 48 **period of six years, on progress toward divestment of fossil fuel investments.**
- 49 **(D)**
- 50
- 51 5. **That the MMS shall report every two years to the BOT and the HOD, for a**
- 52 **period of six years, on the voting decisions made in proxy voting services of**
- 53 **the Institutional Shareholders, Services, Inc. (ISS) using the customized MMS,**

1 **US, and International guidelines to vote the shares held in the MMS Portfolio.**
2 **(D)**

3

4 Fiscal Note: No Significant Impact
5 (Out-of-Pocket Expenses)

6

7 FTE: Existing Staff
8 (Staff Effort to Complete Project)

1 **ADOPTED**

2
3 Item #: 3
4 Code: Resolution I-18 C-302
5 Title: Advancing Gender Equity in Medicine
6 Sponsors: Julie K. Silver, MD
7 Michael S. Sinha, MD, JD, MPH
8
9 Referred to: Reference Committee C
10 Mary Lou Ashur, MD, Chair
11

12 HOUSE VOTE:	Adopted
13	
14 Referred to:	(Items 1-3 Committee on Women’s Health (3c in 15 consultation with Committee on Medical Education) 16 17 (Items 4-5) Board of Trustees
18	
19 Informational Report:	A-19
20 Strategic Priority:	Physician and Patient Advocacy and Membership 21 Value and Engagement
22	

23 **That the MMS adopt the following, which is adapted from American Medical**
24 **Association policy/directives:**

- 25
- 26 1. **That the MMS draft and disseminate a report detailing its positions and**
27 **recommendations for gender equity in medicine, including clarifying principles**
28 **for state and specialty societies, academic medical centers, and other entities**
29 **that employ physicians, to be submitted to the House for consideration at the**
30 **2019 Annual Meeting. (D)**
31
 - 32 2. **That the MMS:**
 - 33 (a) **Promote institutional, departmental, and practice policies, consistent with**
34 **federal and Massachusetts law, that offer transparent criteria for initial and**
35 **subsequent physician compensation;**
 - 36 (b) **Continue to advocate for pay structures based on objective, gender-neutral**
37 **criteria;**
 - 38 (c) **Promote existing Attorney General guidance related to the Massachusetts**
39 **Equal Pay Act, which offers a framework for to identifying gender pay**
40 **disparities and guidance regarding appropriate compensation models and**
41 **metrics for all Massachusetts employees; and**
 - 42 (d) **Advocate for training to identify and mitigate implicit bias in compensation**
43 **decision making for those in positions to determine salary and bonuses, with a**
44 **focus on how subtle differences in the further evaluation of physicians of**
45 **different genders may impede compensation and career advancement. (D)**
46
 - 47 3. **That the MMS recommend as immediate actions to reduce gender bias to:**
 - 48 (a) **Inform physicians about their rights under the: (i) Lilly Ledbetter Fair Pay**
49 **Act, which restores protection against pay discrimination; and the (ii) Equal**
50 **Pay Act, requiring, among other things, equal pay for comparable work, non-**
51 **prohibition of voluntary wage disclosure to others, prohibitions on asking**
52 **about salary history, and prohibitions on retaliating against employees who**
53 **exercise their rights under the Act; and (iii) disseminate educational materials**
54 **informing physicians about their rights under the Massachusetts Equal Pay**

1 **Act;**
2 **(b) Promote educational programs to help empower physicians of all genders**
3 **to negotiate equitable compensation; and**
4 **(c) Work with relevant stakeholders to develop and host a workshop on the**
5 **role of medical societies in advancing women in medicine, with co-**
6 **development and broad dissemination of a report based on workshop findings.**
7 **(D)**
8

9 **4. That the MMS collect and analyze comprehensive demographic data and**
10 **produce a study on gender equity, including, but not limited to, membership;**
11 **representation in the House of Delegates; reference committee makeup; and**
12 **leadership positions within our MMS, including the Board of Trustees,**
13 **Councils and Section governance, plenary speaker invitations (including, but**
14 **not limited to, the Annual Meeting Education Program, the Annual Oration, and**
15 **the Public Health Leadership Forum), recognition awards, and grant funding**
16 **(including, but not limited to, grants from the MMS and Alliance Charitable**
17 **Foundation); and disseminate such findings in regular reports to the House of**
18 **Delegates, beginning at A-19 and continuing yearly thereafter, with**
19 **recommendations to support ongoing gender equity efforts. (D)**
20

21 **5. That MMS commit to the principles of pay equity across the organization and**
22 **take steps aligned with this commitment. (D)**
23

24 Fiscal Note: One-Time Expense of \$3,000
25 (Out-of-Pocket Expenses)

26
27 FTE: Existing Staff
28 (Staff Effort to Complete Project)

1 **ADOPTED**

2
3 Item #: 4
4 Code: Resolution I-18 C-303
5 Title: Facilitating the Community of Medicine
6 Sponsor: Matthew Gold, MD

7
8 Referred to: Reference Committee C
9 Mary Lou Ashur, MD, Chair

11 HOUSE VOTE:	Adopted
12	
13 Referred to:	Committee on Membership (in consultation with) Arts, 14 History, Humanism and Culture Member Interest 15 Network Executive Council
16	
17 Informational Report:	I-19
18 Strategic Priority:	Membership Value and Engagement

19
20 **That the Massachusetts Medical Society create, maintain, and grow a repository**
21 **for MMS members of potential activities for group experiences to facilitate medical**
22 **community members and families sharing in collegial activities. (D)**

23
24 Fiscal Note: No Significant Impact
25 (Out-of-Pocket Expenses)

26
27 FTE: Existing Staff
28 (Staff Effort to Complete Project)

1 **ADOPTED (OFFICERS Report recommendation to *not adopt* Resolution I-17 C-301)**

2
3 Item #: 5
4 Code: OFFICERS Report: I-18 C-2 [I-17 C-301]
5 Title: MMS Former Speakers and House of Delegates
6 Membership
7 Sponsor: MMS Presidential Officers:
8 Alain Chaoui, MD, FAAFP
9 Maryanne Bombaugh, MD, MSc, MBA, FACOG
10 David Rosman, MD, MBA
11
12 Report History: Resolution I-17 C-301
13 Original Sponsors: Lee Perrin, MD, Kenneth Peelle, MD
14
15 Referred to: Reference Committee C
16 Mary Lou Ashur, MD, Chair
17

18 **HOUSE VOTE: (Not Adopt Resolution I-17 C-301)**

19 **Referred to: NA**

20 **Informational Report: NA**

21
22
23
24 **That the Massachusetts Medical Society not adopt Resolution I-17 C-301, which**
25 **reads as follows:**

26
27 **RESOLVED, That the MMS request that the Bylaws be amended as appropriate to**
28 **designate former speakers of the House of Delegates as ex-officio members of the**
29 **House of Delegates as long as they remain members of the MMS. (D)**
30

31 Fiscal Note: No Significant Impact
32 (Out-of-Pocket Expenses)

33
34 FTE: Existing Staff
35 (Staff Effort to Complete Project)

1 **ADOPTED**

2
3 Item #: 6
4 Code: RFS/MSS Report I-18 C-3
5 Title: Medical Student and Resident/Fellow Committee on
6 Nominations Voting Rights
7 Sponsors: Resident and Fellow Section
8 Monica Wood, MD, Chair
9 Medical Student Section
10 Mr. Annirudh Balachandran, Chair
11
12 Referred to: Reference Committee C
13 Mary Lou Ashur, MD, Chair
14

15 HOUSE VOTE:	Adopted
16	
17 Referred to:	Committee on Bylaws
18	
19 Report for Action:	A-19
20 Strategic Priority:	Membership Value and Engagement

21
22 **That the relevant MMS Bylaw sections be amended such that all members of the**
23 **Committee on Nominations, including the Medical Student Section member and**
24 **the Resident and Fellow Section member, have the right to vote. (D)**
25

26 Fiscal Note: No Significant Impact
27 (Out-of-Pocket Expenses)
28
29 FTE: Existing Staff
30 (Staff Effort to Complete Project)

1 **NOT ADOPTED**

2
3
4
5
6
7
8
9
10
11

Item #: 7
Code: Resolution I-18 C-304
Title: One Minute of Seated Silence during Each Opening
Session
Sponsor: Michael Medlock, MD
Referred to: Reference Committee C
Mary Lou Ashur, MD, Chair

12 **RESOLVED, That the MMS create a separate item in the Order of Business at each**
13 **House of Delegates opening session after the Memorial Resolutions to observe**
14 **one minute (60 seconds) of seated silence in honor of our deceased colleagues**
15 **and to promote goodwill going forward with our colleagues and our patients. (D)**

16
17 Fiscal Note: No Significant Impact
18 (Out-of-Pocket Expenses)
19
20 FTE: Existing Staff
21 (Staff Effort to Complete Project)

1 **ADOPTED**

2
3 Item #: 8
4 Code: COB Report I-18 C-4
5 Title: Bylaws Changes
6 Sponsor: Committee on Bylaws
7 Lee Perrin, MD, Chair

8
9 Referred to: Reference Committee C
10 Mary Lou Ashur, MD, Chair

12	HOUSE VOTE:	Adopted
13		
14	Referred to:	(Annual Meeting of the Society for ratification)
15		
16	Informational Report:	NA
17	Strategic Priority:	Membership Value and Engagement

18
19 **The Committee on Bylaws recommends that the House of Delegates approve the**
20 **following amendments to the Bylaws (except as otherwise noted, added text is**
21 **shown as “text” and deleted text is shown as “~~text~~”):**

22
23
24 **CWIM Report: A-18 C-2 (Item 1) Establishing a Women Physicians Section**

25
26 **CHAPTER 5 • Sections**

27
28 **5.01 Categories of Sections**

29 **There shall be a Medical Student Section, a Resident and Fellow Section, an**
30 **Organized Medical Staff Section, an Academic Physician Section, an International**
31 **Medical Graduate Section, a Minority Affairs Section, and a Women Physicians**
32 **Section.**

33
34 . . .

35
36 **5.08 Women Physicians Section**

37 **The Women Physicians Section is composed of members of the Massachusetts**
38 **Medical Society who are women or other members by request.**

39
40 **5.081 House of Delegates Representation**

41 **The Women Physicians Section is entitled to one delegate in the House of**
42 **Delegates. Such delegate shall be elected annually by the Women**
43 **Physicians Section.**

44
45 **5.08 5.09 Delegate Vacancies**

46 **A vacancy that occurs in the office of delegate shall be filled for the unexpired**
47 **term by the President of the Massachusetts Medical Society after consultation**
48 **with the representatives of the sections.**

49
50 **~~5.09~~ 5.10 Limitations**

51 **Sections of the Massachusetts Medical Society may not speak for or in behalf of**
52 **the Massachusetts Medical Society.**

53
54 . . .

1
2 **CHAPTER 6 • The House of Delegates**
3
4 . . .
5

6 **6.02 Composition**

7 **The House of Delegates is composed of delegates elected by the district societies**
8 **as provided in 3.15 and in addition:**

- 9 **(1) One delegate from each designated medical specialty society as provided in**
10 **4.03.**
11 **(2) Two delegates duly authorized from the student membership in each medical**
12 **school in the Commonwealth of Massachusetts and the Medical Student Section**
13 **trustee and alternate as provided in 5.021.**
14 **(3) Eight delegates from the Resident and Fellow Section as provided in 5.031.**
15 **(4) One delegate from the Organized Medical Staff Section of the Society as**
16 **provided in 5.041, one delegate from the Academic Physician Section of the**
17 **Society as provided in 5.051, one delegate from the International Medical Graduate**
18 **Section as provided in 5.061, ~~and~~ one delegate from the Minority Affairs Section**
19 **as provided in 5.071, and one delegate from the Women Physicians Section as**
20 **provided in 5.081.**
21 **(5) The President, President-elect, Vice President, Secretary-Treasurer, Assistant**
22 **Secretary-Treasurer, Speaker and Vice Speaker.**
23 **(6) The president and secretary of each district medical society.**
24 **(7) Chairs of all standing committees of the Society.**
25 **(8) Past Presidents of the Society.**
26 **(9) Delegates-at-large, as recommended by the Board of Trustees, may be elected**
27 **by the House of Delegates.**
28 **Delegates-at-large must be members of the Massachusetts Medical Society, must**
29 **be elected individually, and will have the right to vote.**
30 **(10) The President of the Massachusetts Medical Society Alliance.**
31 **(11) Trustees and alternates from each district medical society as provided in 3.17.**
32 **(12) The President of the Boston Medical Library provided that he or she must be**
33 **a member of the Society.**

34 **(D)**

35
36 Fiscal Note: No Significant Impact
37 (Out-of-Pocket Expenses)

38
39 FTE: Existing Staff
40 (Staff Effort to Complete Project)

1 **ADOPTED**

2
3 Item #: 9
4 Code: BOT Report I-18 C-5
5 Title: Special Committee Renewals
6 Sponsor: Board of Trustees
7 Alain Chaoui, MD, FAAFP, Chair

8
9 Referred to: Reference Committee C
10 Mary Lou Ashur, MD, Chair

12 HOUSE VOTE:	Adopted
14 Referred to:	Board of Trustees
16 Report:	I-19
17 Strategic Priority:	Membership Value and Engagement

18
19 **That the MMS support the renewal of the following special committees for one**
20 **year: Accreditation Review, Diversity in Medicine, Environmental and**
21 **Occupational Health, Men’s Health, Nutrition and Physical Activity, Sponsored**
22 **Programs, Oral Health, and Senior Physicians. (D)**

23
24 Fiscal Note: Average Annual Expense per Committee
25 (Out-of-Pocket Expenses): (for 1 year beginning FY20):
26 \$3,000 per committee, for a total of \$24,000

27
28 FTE: Existing Staff
29 (Staff Effort to Complete Project)