

REFERENCE COMMITTEE A: Public Health

Item #	Title	Code	Action	Page
1	Oversight of Home Health Aides	Resolution I-18 A-101	Refer to the BOT for Report Back at A-19	X
2	Alzheimer's Disease and Dementia Education	CME/CGM Report I-18 A-1	Adopt as Amended	X
3a	Evidence-Based Care of Individuals Born with Differences in Sex Development (DSD)/Intersex	LGBTQ Report I-18 A-2(a)	Adopt	X
3b	Evidence-Based Care of Individuals Born with Differences in Sex Development (DSD)/Intersex	LGBTQ Report I-18 A-2(b)	Refer to the BOT for Report Back at I-19	X
4	Guidelines for Sexual Education in Schools	Resolution I-18 A-102	Adopt as Amended	X
5	Equitable Health Care Regardless of Immigration Status	CVIP Report I-18 A-3	Adopt as Amended	X
6	Support for Evidence-Based Metrics to More Accurately Characterize the Urban Soundscape	Resolution I-18 A-103	Adopt	X
7	Social Determinants of Health	CDM Report I-18 A-4	Adopt as Amended	X
8	Stop the Bleed/Save a Life	CPREP Report I-18 A-5 [A-17 B-211]	Adopt	X
9	Urine Drug Screens in Prisoners	CPH Report I-18 A-6 [I-17 A-105]	Adopt (CPH Report recommendation to not adopt Resolution I-17 A-105)	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)]	Adopt (COL Report recommendation to not adopt Resolution A-17 A-103 Item 14(b))	X

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

9 Recommendation:

10
11 Mister speaker, your reference committee recommends that Resolution I-18 A-101 **be referred**
12 **to the Board of Trustees for report back at A-19.**

13
14 **RESOLVED, That the Massachusetts Medical Society advocate for better regulation of**
15 **the home health aide industry to make it safer for the frail and aged clients. (D)**

16
17 Fiscal Note: No Significant Impact
18 (Out-of-Pocket Expenses)

19
20 FTE: Existing Staff
21 (Staff Effort to Complete Project)

22
23 *Your reference committee heard online and in person testimony. There was strong support of*
24 *the need to provide oversight of the home health industry, but we also heard debate questioning*
25 *the appropriate scope of the proposed resolution. Several delegates testified that the narrow*
26 *scope of the Resolved failed to capture many compelling issues raised in the whereas*
27 *statements. Debate also took place regarding the relative merits of adding additional detail to*
28 *the Resolved to better advise the subsequent advocacy. The failure to acknowledge the positive*
29 *aspects of the home health industry was also noted. For these reasons, your reference*
30 *committee recommends referral for report back at A-19.*

31
32 House Vote: _____

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

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

12 Recommendation:

13
14 Mister speaker, your reference committee recommends that the recommendation contained in
15 CME/CGM Report I-18 A-1 **be adopted as amended by addition to read as follows:**
16

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

23 Fiscal Note: One-Time Expense of \$10,000
24 (Out-of-Pocket Expenses)
25

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

29 *Your reference committee heard testimony both online and in person. Testimony was largely in*
30 *support of the report's report, including from the Committee on Finance, the Committee on*
31 *Public Health, and the Committee on Legislation. A friendly amendment proposed during*
32 *testimony clarifies that Alzheimer's is a form of dementia.*
33

34 House Vote: _____

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

10
11 Recommendation:

12
13 Mister speaker, your reference committee recommends that the recommendations contained in
14 LGBTQ Report I-18 A-2(a) **be adopted and the remainder of the report be filed.**

15
16 **That the MMS promote the education of providers, parents, patients, and**
17 **multidisciplinary teams based on the most current evidence concerning the care for**
18 **individuals born with differences in sex development/intersex. (D)**

19
20 Fiscal Note: No Significant Impact
21 (Out-of-Pocket Expenses)

22
23 FTE: Existing Staff
24 (Staff Effort to Complete Project)

25
26 *Your reference committee heard strong consensus both online and in person in favor of the*
27 *adoption of the report's first recommendation. There was unanimous support for additional*
28 *education to support physicians and families on this important, evolving issue.*

29
30 House Vote: _____

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

10
11 Recommendation:

12
13 Mister speaker, your reference committee recommends that the recommendation contained in
14 LGBTQ Report I-18 A-2(b) **be referred to the Board of Trustees for report back at I-19.**

15
16 **That the MMS supports delaying surgical interventions for infants with differences in sex**
17 **development/intersex characteristics that are of a non-emergent status until the**
18 **individual has the capacity to participate in the decision. (HP)**

19
20 Fiscal Note: No Significant Impact
21 (Out-of-Pocket Expenses)

22
23 FTE: Existing Staff
24 (Staff Effort to Complete Project) basis

25
26 *Your reference committee heard significant debate in person and online regarding the second*
27 *recommendation. Many spoke in favor of adoption, and there was consensus that it is important*
28 *to respect the autonomy of patients. However, many raised compelling medical concerns*
29 *regarding how best to care for these patients, as evidenced by the differing positions of medical*
30 *specialty societies. Your reference committee heard testimony noting that the NIH is currently*
31 *working on a report on this issue. Given the need to evaluate more evidence in this area, the*
32 *disagreement among clinicians regarding the evidence-based standard of care for these issues,*
33 *and the complexity and heterogeneity of the medical conditions involved, your reference*
34 *committee recommends referral.*

35
36 House Vote: _____

1 Item #: 4
2 Code: Resolution I-18 A-102
3 Title: Guidelines for Sexual Education in Schools
4 Sponsors: Aimie Zale, MD
5 Carl Streed Jr., MD, MPH
6 Katherine Atkinson, MD
7

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

11 Recommendation:
12

13 Mister speaker, your reference committee recommends that Resolution I-18 A-102 **be adopted**
14 **by addition and deletion to read as follows:**
15

16 **1. RESOLVED, That the MMS supports sexual health education that:**
17

- 18 a. **Is comprehensive, medically accurate, and culturally and religiously aware and**
19 **age appropriate; and**
- 20 b. **~~Promotes healthy sexuality, including a perception of one's own sexuality, that is~~**
21 **free from shame, blame, and stigma; and**
- 22 c. **Prepares individuals to make healthy sexual decisions; and**
- 23 d. **Includes essential concepts and issues such as:**
 - 24 i. **Sexual orientation and gender identity; and**
 - 25 ii. **Power dynamics inherent in sexual relationships, especially as related to age,**
26 **gender, and substance use; and**
 - 27 iii. **Sexual health and access to sexual and reproductive health care; and**
 - 28 iv. **Intimate partner violence and sexual exploitation; and**
 - 29 v. **Relationships based on mutual respect, communication, and personal**
30 **responsibility; and**
 - 31 vi. **Risks for HIV and other sexually transmitted infections and unplanned**
32 **pregnancy; and**
 - 33 vii. **The benefits and risks of barrier methods (including condoms) and other**
34 **contraceptive methods**

35 **(HP)**
36

37 **; and, be it further**
38

39 **2. RESOLVED, That the MMS advocate that schools receiving public funding be required**
40 **to offer age appropriate ~~for comprehensive evidence-based sexual health education~~**
41 **~~to be required in schools receiving public funding,~~ that:**
42

- 43 a. **Is based on rigorous, peer-reviewed science; and**
- 44 b. **Incorporates sexual violence prevention including comprehensive discussion on**
45 **consent and the relationship of substance use to sexual violence; and**
- 46 c. **Shows promise for delaying the onset of sexual activity and a reduction in sexual**
47 **behavior that puts adolescents at risk for contracting human immunodeficiency**
48 **virus (HIV) and other sexually transmitted infections and for becoming pregnant;**
49 **and**
- 50 d. **Includes an integrated strategy for providing both factual information and skill-**
51 **building related to reproductive biology, sexual abstinence, sexual responsibility,**
52 **contraceptives including condoms, alternatives in birth control, and other issues**
53 **aimed at prevention of pregnancy and sexual transmission of diseases; and**

- e. Utilizes classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of sexual and gender minority youth; and
- f. Appropriately and comprehensively address the sexual behavior of all people, inclusive of sexual and gender minorities; and
- g. Includes ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and
- h. Is part of an overall health education program; and
- i. Includes culturally competent materials that are language-appropriate for Limited English Proficiency (LEP) pupils without sacrificing comprehensiveness.

(D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)

Your reference committee heard online and in person testimony, including from committees and districts, mostly in favor of this resolution. There were several amendments offered, including that education should be age appropriate. Testimony also noted the importance of requiring that all schools offer sexual health education, with deference to municipalities to set parental opt out policies.

House Vote: _____

1 Item #: 5
2 Code: CVIP Report I-18 A-3
3 Title: Equitable Health Care Regardless of Immigration Status
4 Sponsor: Committee on Violence Intervention and Prevention
5 Wendy Macias-Konstantopolous, MD, Chair
6

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

10 Recommendation:

11
12 Mister speaker, your reference committee recommends that the recommendation contained in
13 CVIP Report I-18 A-3 **be adopted by addition and deletion to read as follows:**
14

15 **1. That the Massachusetts Medical Society adopt the following adapted from American**
16 **Medical Association policies:**
17

- 18 **4a. That the Massachusetts Medical Society recognizes the negative health**
19 **consequences of the detention of families seeking safe haven. (HP)**
20
21 **2b. That the Massachusetts Medical Society opposes ~~the expansion of~~ family**
22 **immigration detention, due to the negative health consequences of detention. (HP)**
23
24 **3c. That the Massachusetts Medical Society opposes the separation of parents from**
25 **their children who are detained while seeking safe haven. (HP)**
26
27 **4d. That the Massachusetts Medical Society will advocate for safe access to health**
28 **care for immigrants and refugees in the Commonwealth regardless of immigration**
29 **status. (D)**
30
31 **5e. That the Massachusetts Medical Society:**
32
 - 33 • **Advocate for and support legislative efforts to designate healthcare facilities**
34 **as sensitive locations by law (D)**
 - 35 • **Work with appropriate stakeholders to educate medical providers on the rights**
36 **of undocumented patients while receiving medical care, and the designation of**
37 **health care facilities as sensitive locations where ~~US Immigration and Customs~~**
38 **Enforcement (ICE) immigration enforcement actions should not occur (D)**
 - 39 • **Encourage health care facilities to clearly demonstrate and promote their**
40 **status as sensitive locations (D)**
 - 41 • **Oppose the presence of ~~ICE~~ immigration enforcement agents at health care**
42 **facilities (HP)**
43 **6f. That the Massachusetts Medical Society:**
44
 - 45 • **Encourage appropriate stakeholders to study the impact of mandated**
46 **immigration reporting laws on individuals with undocumented immigrant**
47 **status and identify potential barriers for survivors seeking care (D)**
 - 48 • **Work with community-based organizations and related stakeholders to study**
49 **and mitigate the implications of mandated immigration reporting laws, so that**
50 **immigrants can continue to receive necessary protective services without fear**
51 **of consequences to their immigration status (D)**

1 **72. That the Massachusetts Medical Society advocate for legislative/regulatory changes**
2 **that will protect the civil rights, safety, and well-being of all patients by drawing a clear**
3 **line between immigration enforcement and health care. (D)**
4

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

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

10
11 *Your reference committee heard testimony largely in support of this report, including from*
12 *committees and districts. There was some discussion that recommendation 1b was politically*
13 *focused, but convincing testimony highlighted that these policies are detrimental to health. An*
14 *additional amendment was made to that recommendation to clarify the intent of the report.*

15
16 *The name of a current government agency was changed to provide a more generally applicable*
17 *policy. Your reference committee has renumbered the items to clarify which items are adapted*
18 *from AMA policy and which is not.*

19
20 House Vote: _____

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

10 Recommendation:

11
12 Mister speaker, your reference committee recommends that Resolution I-18 A-103 **be adopted.**

13
14 **RESOLVED, That the MMS supports governmental/environmental agencies and/or**
15 **relevant stakeholders exploring the feasibility of an evidence-based metric beyond**
16 **purely A-weighted noise to more accurately capture lower-frequencies in the public**
17 **soundscape. (HP)**

18
19 Fiscal Note: No Significant Impact
20 (Out-of-Pocket Expenses)

21
22 FTE: Existing Staff
23 (Staff Effort to Complete Project)

24
25 *Your reference committee heard unanimous support for this resolution, which recommends*
26 *more appropriate measures of noise pollution, which is associated with negative health*
27 *outcomes. The Committee on Public Health, the Committee on Legislation and the Committee*
28 *on Environmental and Occupational Health, among others, recommended adoption.*

29
30 House Vote: _____

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

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

10 Recommendation:

11
12 Mister speaker, your reference committee recommends that the recommendations contained in
13 CDM Report I-18 A-4 **be adopted by addition and deletion to read as follows:**
14

- 15 **1. That the Massachusetts Medical Society acknowledges that social determinants of**
16 **health play a key role in health outcomes and health disparities, and that addressing**
17 **the social determinants of health for patients and communities is critical to the health**
18 **of our patients, our communities, and a sustainable, effective health care system.**
19 **(HP)**
20
- 21 **2. That the Massachusetts Medical Society will, as appropriate, advocate for policies**
22 **aimed at improving social determinants of health for all the people of Massachusetts.**
23 **(D)**
24
- 25 **3. That the Massachusetts Medical Society will work with encourages physicians, and**
26 **health systems, and payers to work develop sustainable care delivery and payment**
27 **models that incorporate innovative and creative ways of improving the social**
28 **determinants of health for all patients. (HP)**
29
- 30 **4. That the Massachusetts Medical Society will educate its members about social**
31 **determinants of health and the importance of addressing social determinants of**
32 **health in order to improve health outcomes and promote health equity. (D)**
33
34

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

37
38 FTE: Existing Staff
39 (Staff Effort to Complete Project)
40

41 *Your reference committee heard testimony wholly in support of adopting policy on social*
42 *determinants of health. The recommendations acknowledge the critical contribution social*
43 *determinants make to health outcomes, and the implications for physicians and health care*
44 *systems. A number of amendments were proposed to specify avenues for the Society to*
45 *explore, some of which fall under the umbrella of the existing recommendations. Your reference*
46 *committee has made amendments to strengthen the role the MMS will play in developing*
47 *sustainable care delivery models that address social determinants of health and do not add*
48 *burden or risk to physicians.*
49

50 House Vote: _____

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

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

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

13 Recommendation:
14

15 Mister speaker, your reference committee recommends that the recommendations contained in
16 CPREP Report I-18 A-5 [A-17 B-211] **be adopted and the remainder of the report be filed.**
17

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

31 Fiscal Note: \$60,000 (Total Expense)
32 (Out-of-Pocket Expenses)
33 \$30,000 year one
34 \$15,000 year two
35 \$15,000 year three
36

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

40 *Your reference committee heard strong and unanimous support for these recommendations.*
41 *We recommend adoption.*
42

43 House Vote: _____

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

13 Recommendation:

14
15 Mister speaker, your reference committee recommends that the recommendation contained in
16 CPH Report I-18 A-6 [I-17 A-105] to not adopt original Resolution I-17 A-105, **be adopted and**
17 **the remainder of the report be filed.**

18
19 **That the Massachusetts Medical Society not adopt Resolution I-17 A-105 which reads as**
20 **follows:**

- 21
22 **1. RESOLVED, That the MMS encourages education and training on the appropriate use**
23 **of urine drug screening and scientifically validated confirmatory testing interpreted**
24 **by qualified health care practitioners for all administrators, staff, and health care**
25 **practitioners who administer urine drug screens or initiate legal or punitive action**
26 **based on urine drug screen results as part of their professional duties; and, be it**
27 **further (HP)**
28
29 **2. RESOLVED, That the MMS encourages the mandatory use of appropriate,**
30 **scientifically validated confirmatory testing interpreted by qualified health care**
31 **practitioners for all instances in which presumptive positive urine drug screens**
32 **would lead to legal or punitive action excepting situations in which the individual in**
33 **question waives their right to a confirmatory test. (HP)**

34
35 Fiscal Note: No Significant Impact
36 (Out-of-Pocket Expenses)

37
38 FTE: Existing Staff
39 (Staff Effort to Complete Project)

40
41 *Your reference committee heard mixed testimony on this report. Proponents of the report stated*
42 *that the resolutions in question would implicitly support drug testing for punitive purposes, which*
43 *the Committee on Public Health (CPH) viewed as gravely concerning. Instead, the CPH urges*
44 *that the MMS continue to support drug testing only for therapeutic and treatment purposes.*

45
46 *Those who testified against the report were arguing for evidence-based approaches to urine*
47 *drug screening in the context of voluntary testing, which the CPH and others argued would be*
48 *better addressed through a new resolution. Your reference committee concurred with the*
49 *report's proponents, and encourages the sponsors of the initial resolution to file a new*
50 *resolution, specific to voluntary urine drug testing, at A-19. Accordingly, your reference*
51 *committee recommends adoption of this report.*

52
53 House Vote: _____

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

8 Report History: CPH/COL/MA AMA/OMSS Report A-18 A-5
9 Resolution A-17 A-103

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

14 Recommendation:

15
16 Mister speaker, your reference committee recommends that the recommendation contained in
17 COL Report I-18 A-7 [A-17 A-103 Item 14(b)] to not adopt Resolution A-17 A-103 Item 14(b), **be**
18 **adopted and the remainder of the report be filed.**

19
20 **That the Massachusetts Medical Society not adopt Resolution A-17 A-103 Item 14(b)**
21 **which reads as follows:**

22
23 **That the MMS work with appropriate organizations to advocate removal of mandated**
24 **informed written consent in the performance of HIV testing, and to utilize HIPAA-**
25 **appropriate patient notification and counseling in result interpretation. (D)**
26

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

29
30 FTE: Existing Staff
31 (Staff Effort to Complete Project)
32

33 *Your reference committee heard significant testimony, including from relevant committees, in*
34 *support of the recommendation to not adopt the proposed policy change. They referenced the*
35 *policy passed at A-18, which aims to improve the rate by which patients involved in potential*
36 *occupational exposures opt to consent to HIV testing. Proponents of the report's*
37 *recommendation expressed concern that this final policy step may not be consistent with the*
38 *existing MMS policy passed at A-18. In addition, they indicated that removing the written*
39 *consent requirement would not obviate the need for consent from the patient to test them for*
40 *HIV, it would just change the manner of receiving consent. If a patient objects to testing—by*
41 *either written or traditional verbal means—the test should not be ordered.*

42
43 *Several individuals also opposed the recommendation to not adopt the proposed policy, arguing*
44 *that the written informed consent requirements reflect an antiquated, stigma-perpetuating,*
45 *exceptionalist policy that should be eliminated. They felt that any additional barrier to obtaining*
46 *consent for HIV testing should be removed. Others contested these points, and argued that the*
47 *A-18 policy adequately addresses the issue of occupational exposure to HIV.*

48
49 House Vote: _____

Mister speaker, this concludes the report of Reference Committee A. My thanks to reference committee members Odysseus Argy, MD, Mr. Patrick Lowe, Mary Beth Miotto, MD, Shakti Sabharwal, MD, and Mr. Akhil Uppalapati; staff coordinators Robyn Alie, Sarah Bates, MBE, Candace Savage, Lisa Smith; legal counsel Brendan Abel, Esq.; and all those who testified before the committee.

For the reference committee,

A handwritten signature in black ink that reads "Marguerite Youngren". The signature is written in a cursive, flowing style with a long horizontal tail on the "n".

Ms. Marguerite Youngren, Chair

REFERENCE COMMITTEE B: Health Care Delivery

Item #	Title	Code	Action	Page
1	Reauthorizing and Expanding the Conrad Waiver Program	Resolution I-18 B-201	Adopt as Amended	xx
2	Increased Evaluation of Access, Cost, Quality, and Health Outcomes in Direct Primary Care	Resolution I-18 B-202	Adopt	xx
3	Streamlining the Prior Authorization Process	Resolution I-18 B-203	Adopt as Amended	xx
4	Elimination by All Massachusetts Health Insurers of All Prior Authorization Requirements When Patients Are Prescribed Buprenorphine/Naloxone	Resolution I-18 B-204	Adopt	xx
5	Elimination of Prior Authorization for Non-opioid Medications and Modalities Prescribed for Pain Management	Resolution I-18 B-205	Adopt	xx
6	Mitigating the Negative Effects of High-Deductible Health Plans on Patients and Physicians	CSPP Report I-18 B-1	Adopt	xx
7	Board of Registration Reporting Practices	Resolution I-18 B-206	Adopt as Amended	xx
8	Better Utilization of NICU Services	Resolution I-18 B-207	Adopt	xx
9	Retraining Immigrant Physicians	COL/IMGS Report I-18 B-2 [I-17 B-202]	Adopt as Amended	xx

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

11
12 Referred to: Reference Committee B
13 Heidi Foley, MD, Chair
14

15 Recommendation:

16
17 Mister speaker, your reference committee recommends that Resolution I-18 B-201
18 **be adopted as amended by addition and deletion to read as follows:**

19
20 **RESOLVED, That the MMS will advocate at the federal and/or state level for a the**
21 **~~expansion of an existing program (known as the “Conrad 30 Waiver”)~~ that waives**
22 **the two-year residence requirement following completion of a J1 exchange visa**
23 **~~for up to thirty (30) physicians per federal fiscal year. (D)~~**

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

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

30
31 *Your reference committee received extensive testimony online and in person strongly in*
32 *favor of this resolution. The resolution originally referenced expanding an existing*
33 *program, but that program has lapsed and was limited to thirty physicians per state per*
34 *federal fiscal year. Testimony indicated a desire to expand beyond that limit, and not*
35 *necessarily to be bound to one particular program, when there may be a new one*
36 *proposed that accomplishes the same thing. For these reasons, your reference*
37 *committee recommends that this resolution be adopted as amended.*

38
39 House Vote: _____

1 Item #: 2
2 Code: Resolution I-18 B-202
3 Title: Increased Evaluation of Access, Cost, Quality, and Health
4 Outcomes in Direct Primary Care
5 Sponsors: Mr. Tonatuih Liévano Beltrán
6 Mr. Sanjay Gadi
7 Mr. Nicholos Joseph
8 Mr. Rajet Vatsa
9

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

12 Recommendation:

13
14 Mister speaker, your reference committee recommends that Resolution I-18 B-202 **be**
15 **adopted.**

16
17 **RESOLVED, That the MMS work with relevant stakeholders to study (a) the effects**
18 **of direct primary care (DPC) across diverse patient populations, with regards to**
19 **health care access, cost, quality, and health outcomes, (b) these effects in**
20 **comparison to the fee-for-service model, as well as other payment models, and (c)**
21 **how DPC impacts care utilization in the broader system involving specialty and**
22 **other non-primary care. (D)**

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

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

29
30 *Your reference committee heard unanimous testimony in support of this resolution in*
31 *person and online.*

32
33 *There was a strong support mentioned for the need of developing such a study and*
34 *aligning with the AMA efforts on the national level. Some members proposed the need to*
35 *provide fiscal notes, and funding for the study, but working with other stakeholders*
36 *allows us to avoid incurring costs. The majority agreed that the study should examine*
37 *the impact of DPC models on access to care especially for people with high deductible*
38 *health plans and higher copays. It was noted that the study should research the demand*
39 *for DPC models especially for people with financial constraints, others on Mass Health,*
40 *and uninsured populations. Some recommended that this study should investigate the*
41 *cost saving for utilizing DPC models with low monthly fees, compared to traditional high*
42 *premium insurance plans. Data was mentioned to highlight that transformation from fee-*
43 *for-service (FFS) into DPC models will reduce ED visits, and improve the overall health*
44 *of the patient. It was suggested that the study works on examining the issue of equity of*
45 *a DPC model. Although many people were familiar with the concept of DPC, a question*
46 *was asked about the difference between DPC and concierge medicine. Your reference*
47 *committee therefore recommends that this resolution be adopted.*

48
49 House Vote: _____

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

9 Recommendation:

10
11 Mister speaker, your reference committee recommends that Resolution I-18 B-203 **be**
12 **adopted as amended by addition and deletion to read as follows:**

13
14 **RESOLVED, That the Massachusetts Medical Society expand, and, where**
15 **appropriate, initiate advocacy efforts to regulators and legislators in the**
16 **Commonwealth of Massachusetts to require pharmacies, EHR vendors, pharmacy**
17 **benefit managers, payers, and other entities responsible for processing and**
18 **providing patients with prescriptions that require prior authorization to provide**
19 **accurate, complete, and actionable information to prescribing physicians or their**
20 **agents ~~at the time of notification of prior authorization requirements.~~ Such**
21 **information must enable Prior Authorization Request submissions to be more**
22 **transparent and efficient without further time-consuming and distracting work on**
23 **the part of the physician or the physician's agents. (D)**

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

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

30
31 *Your reference committee heard considerable and consistent testimony in support for*
32 *this resolution. Some testimony discussed the explosion of prior authorization mandates*
33 *for prescriptions and so the need for focused attention in this area. The author of the*
34 *resolution and many others are seeking support and transparent and efficient access to*
35 *necessary information from pharmacies, but also EHR vendors, pharmacy benefit*
36 *managers and payers and other entities to provide accurate, complete, and actionable*
37 *information that will help the practice complete the necessary prior authorizations. The*
38 *reference committee felt it important to specify each stakeholder mentioned in the*
39 *testimony, and not limit it to ' pharmacies and other entities". One testifier mentioned a*
40 *website for prior authorization assistance. However, another cautioned against using*
41 *that website for gathering insurer information. The Committee on Legislation spoke in*
42 *favor of the resolution with a suggested amendment to not limit the advocacy to*
43 *"regulators and legislators" but to allow advocacy efforts deemed appropriate in the*
44 *Commonwealth, and so your reference committee amended the resolution as*
45 *suggested. Testimony also noted that this resolution is consistent with AMA policy and*
46 *would allow our MMS advocacy to be in synch which could improve its effectiveness.*
47 *For these reasons, your reference committee recommends that this resolution be*
48 *adopted as amended.*

49
50 House Vote: _____

1 Item #: 4
2 Code: Resolution I-18 B-204
3 Title: Elimination by All Massachusetts Health Insurers of All
4 Prior Authorization Requirements When Patients Are
5 Prescribed Buprenorphine/Naloxone
6 Sponsors: Ronald Newman, MD
7 Barbara Herbert, MD
8 Michael Medlock, MD
9

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

13 Recommendation:

14
15 Mister speaker, your reference committee recommends that Resolution I-18 B-204
16 **be adopted.**

17
18 **RESOLVED, That the Massachusetts Medical Society will advocate for the**
19 **elimination by all Massachusetts health insurers of all prior authorization**
20 **requirements or other special billing/administrative maneuvers that inhibit patient**
21 **access to buprenorphine/naloxone. (D)**

22
23 Fiscal Note: No Significant Impact
24 (Out-of-Pocket Expenses)

25
26 FTE: Existing Staff
27 (Staff Effort to Complete Project)
28

29 *Your committee heard unanimous testimony in support of this resolution. It was noted*
30 *that this resolution is consistent with AMA policy. The Taskforce on Opioid Therapy and*
31 *Physician Communication testified that this resolution is consistent with its major*
32 *priorities to fight the opioid epidemic. Testimony noted that when prior authorizations*
33 *prevent immediate access to buprenorphine and naloxone for patients seeking recovery,*
34 *many of these patients fail to enter treatment and return to drug use.*

35
36 *Several testified that this resolution should stand on its own and remain separate from*
37 *other resolutions put forth before this committee related to prior authorizations given the*
38 *dire nature of the opioid epidemic. Several testified that this issue could be addressed*
39 *via a single-payer health care delivery system. One person mentioned removing the*
40 *physician DEA Drug Addiction Treatment Act (DATA) waiver program in order to further*
41 *improve patient access to these medications. Finally, someone noted that medical*
42 *conditions caused by opioid use disorder, such as bacterial endocarditis, are far more*
43 *costly to treat than the cost of these medications. Your reference committee therefore*
44 *recommends that this resolution be adopted.*

45
46 House Vote: _____

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

12
13 Mister speaker, your reference committee recommends that Resolution I-18 B-205 **be**
14 **adopted.**

- 15
16 **1. RESOLVED That the Massachusetts Medical Society advocate to expand**
17 **coverage for evidence-based non-opioid pharmacologic and non-**
18 **pharmacologic pain management options; and, be it further (D)**
19
20 **2. RESOLVED That the Massachusetts Medical Society advocate for the**
21 **elimination of prior authorization and other utilization-management obstacles**
22 **to evidence-based non-opioid pharmacologic and non-pharmacologic pain**
23 **management options. (D)**

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

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

30
31 *Your committee heard unanimous testimony in support of this resolution. Physicians*
32 *expressed their frustrations with being tasked with addressing the opioid crisis yet being*
33 *prevented from using non-opioid medications and modalities because of their costs.*
34 *Further testimony noted that chronic pain patients must have access to alternative*
35 *medicine and modalities that are not currently covered by health insurers. Others noted*
36 *concern for pain patients who are left with few treatment options as many physicians*
37 *fear the legal ramifications of treating patients for pain given the current opioid epidemic.*
38 *Testimony noted that this resolution is consistent with AMA policy. The Taskforce on*
39 *Opioid Therapy and Physician Communication testified that this issue is very much*
40 *consistent with its policies and priorities. Your reference committee therefore*
41 *recommends that this resolution be adopted.*

42
43 House Vote: _____

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

10 Recommendation:
11
12 Mister speaker, your reference committee recommends that the recommendation
13 contained in CSPP Report I-18 B-1 **be adopted and the remainder of the report be**
14 **filed.**

15
16 **That the Massachusetts Medical Society advocate for legislation or regulation**
17 **specifying that codes for outpatient evaluation and management services,**
18 **including initial and established patient office visits, be exempt from deductible**
19 **payments, so that insurers will pay the entire usual fee for these codes without**
20 **triggering any deductible payment by the patient. (D)**

21
22 Fiscal Note: No Significant Impact
23 (Out-of-Pocket Expenses)

24
25 FTE: Existing Staff
26 (Staff Effort to Complete Project)

27
28 *Your reference committee heard mixed testimony online and in person regarding this*
29 *report. Most testimony supported adoption. Testimony noted that E&M codes account for*
30 *less than 4% of total healthcare costs. Many testifying in favor noted that charging*
31 *deductibles for care for chronic conditions is “penny wise but pound foolish,” as patients*
32 *with chronic conditions are foregoing care due to high deductibles resulting in avoidable*
33 *and costly hospitalizations and treatments. In fact, testimony discussed studies that*
34 *have shown that patients who see their treating physicians regularly reduce costs to the*
35 *system by not incurring as many ER visits or needing catastrophic care.*

36
37 *Some testified in favor of the intent of this resolution but against the actual report due to*
38 *concerns that premiums may increase if E&M services are exempt from deductibles*
39 *which could further exacerbate the very access issues this resolution hoped to address.*
40 *Therefore, some recommended that this issue be referred to the BOT for further study.*
41 *Your reference committee was persuaded, however, that the overall cost to the system*
42 *would not increase significantly, and might in fact decrease as patients stop avoiding*
43 *routine care, such that premiums would not increase because overall costs would not*
44 *increase. Your reference committee therefore recommends that this report be adopted.*

45
46 House Vote: _____

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

10 Mister speaker, your reference committee recommends that Resolution I-18 B-206 **be**
11 **adopted as amended by addition and deletion to read as follows:**
12

- 13 1. **RESOLVED, That the MMS advocate, when allegations against a physician**
14 **have been proven to be unsubstantiated, that the Board of Registration in**
15 **Medicine (BORIM) be required to remove in totality all unproven allegations**
16 **from a physician's BORIM profile and rescind its reporting of same to the**
17 **National Practitioner Data Bank at the request of the victimized physician; and,**
18 **be it further (D)**
19
- 20 2. **RESOLVED, That the MMS advocate for the Board of Registration in Medicine**
21 **(BORIM) to remove from the BORIM physician profile and rescind their**
22 **reporting to the National Practitioner Data Bank all ~~trickle-down events~~**
23 **consequences that stemmed from the unsubstantiated allegations, such as**
24 **loss of hospital privileges, loss of insurance contracts, etc.; and, be it further**
25 **(D)**
26
- 27 3. **RESOLVED, That the MMS advocate that, if an inquiry into unproven**
28 **allegations reveals anything likely to lead to discipline, the new inquiry must**
29 **not any Board of Registration in Medicine (BORIM) discipline that results from**
30 **the BORIM scrutiny initiated from unsubstantiated allegations must be a stand-**
31 **alone discipline that does not include any reference to the unsubstantiated**
32 **unproven allegations or subsequent event consequences that stemmed from**
33 **the unsubstantiated unproven allegations; and, be it further (D)**
34
- 35 4. **RESOLVED, That the MMS advocate for the Board of Registration in Medicine**
36 **(BORIM) to create a narrative section for physicians to make a statement under**
37 **any and all allegations that are posted to a physician's BORIM profile in order**
38 **that both parties have equal presence to the matter on the profile; and, be it**
39 **further (D)**
40
- 41 5. **RESOLVED, That the MMS work with appropriate stakeholders to initiate**
42 **reforms in the way the National Practitioner Data Bank (NPDB) and the Board**
43 **of Registration in Medicine (BORIM) address rebuttals to unproven allegations.**
44 **(D)**
45

46 Fiscal Note: No Significant Impact
47 (Out-of-Pocket Expenses)

48
49 FTE: Existing Staff
50 (Staff Effort to Complete Project)

1 *Your reference committee received copious testimony, both in person and online*
2 *regarding this resolution. No testimony opposed the resolution; rather, the testimony*
3 *was divided between recommending referral to the Board of Trustees (BOT), and*
4 *recommending adoption. Generally, testimony was persuasive that physicians should*
5 *have a way to remediate the harms caused by unsubstantiated allegations, and that the*
6 *MMS should work toward the creation of such a mechanism. Those who recommended*
7 *adoption were impassioned in their request that if the resolution were referred to the*
8 *BOT, item 4 (dealing with a physician's ability to make a rebuttal statement on the*
9 *BORIM profile about the physician) should nevertheless be adopted.*

10
11 *Some testimony indicated that the complexity of the wording of the resolution might*
12 *obfuscate its intent, so your reference committee worked to revise the wording to clarify*
13 *the intent as described in testimony. Other testimony suggested adding a fifth resolved*
14 *clause to address the way the National Practitioner Data Bank handles rebuttals to*
15 *unproven allegations. Your reference committee believes the general intent of the*
16 *resolution, and of the testimony received, supports adoption of this resolved clause and*
17 *expansion to include the BORIM.*

18
19 *For these reasons, your reference committee recommends that this resolution be*
20 *adopted as amended.*

21
22 House Vote: _____

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

10 Mister speaker, your reference committee recommends Resolution I-18 B-207 **be**
11 **adopted.**

12
13 **RESOLVED, That the Massachusetts Medical Society support the wise use of the**
14 **Neonatal Intensive Care Unit (NICU) and advocate to legislators and insurers for**
15 **regulations that eliminate medical-insurance obstacles that prevent the transport**
16 **of stabilized infants to a lower level of neonatal care, when appropriate. (HP)**

17
18 Fiscal Note: No Significant Impact
19 (Out-of-Pocket Expenses)

20
21 FTE: Existing Staff
22 (Staff Effort to Complete Project)

23
24 *Your reference committee heard divided testimony regarding this resolution. Some*
25 *questioned the need for these measures, while others recommended adoption. The*
26 *Committee on Legislation, in particular, expressed that the resolution is worthy of*
27 *support and stated that the committee is looking forward to providing direction to*
28 *legislators and regulators on this topic. All agreed that infants should be in the most*
29 *cost-effective care-delivery location appropriate to their condition. Your reference*
30 *committee therefore recommends that this resolution be adopted.*

31
32 House Vote: _____

1 Item #: 9
2 Code: COL/IMGS Report I-18 B-2 [I-17 B-202]
3 Title: Retraining Immigrant Physicians
4 Sponsors: Committee on Legislation
5 Theodore Calianos II, MD, FACS, Chair
6 International Graduate Section
7 Mr. Rajendra Trivedi, Chair
8

9 Report History: Resolution I-17 B-202
10 Original Sponsor: Thomas Murray III, MD
11

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

14 Recommendation:

15
16 Mister speaker, your reference committee recommends that the recommendation
17 contained in COL/IMGS Report I-18 B-2 [I-17 B-202] **be adopted as amended by**
18 **addition and deletion to read as follows and the remainder of the report be filed:**

19
20 **That the Massachusetts Medical Society adopt as amended Resolution I-17 B-202,**
21 **to read as follows:**

22
23 **That the MMS encourage the AMA, and any appropriate stakeholders state or**
24 **federal agency, to support programs, ~~such as that of Minnesota, throughout the~~**
25 **United States to facilitate and expedite the entry train of competent International**
26 **Medical Graduate physicians into ~~to be able to~~ practice in areas where needed**
27 **without having to repeat training that may be unnecessary and wasteful of limited**
28 **resources. (D)**

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

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

35
36 *Your reference committee heard limited testimony regarding this report. Those who*
37 *testified were largely in favor of the intent of the report. Opposition existed to the*
38 *reference to the Minnesota program, which requires that an international medical*
39 *graduate (IMG) physician participate in a residency program, counter to the intent of the*
40 *underlying original resolution, which was to allow for IMG physicians to enter practice*
41 *more expeditiously and without tying up limited residency spots. Testimony particularly*
42 *emphasized that IMG physicians who bypass residency and enter practice via a*
43 *mentorship or other program should serve under-served populations and geographic*
44 *areas. For these reasons, your reference committee recommends that the*
45 *recommendation in this report be adopted as amended.*

46
47 House Vote: _____

Mister speaker, this concludes the report of Reference Committee B. My thanks to reference committee members Tom Amoroso, MD, MPH, Kenneth Hekman, MD, Mr. Tyler Lang, Donna Norris, MD, Ellana Stinson, MD, MPH, and Steven Young, MD; staff coordinators Bissan Biary, MHA, Therese Fitzgerald, PhD, Yael Miller, MBA, and Carly Redmond; legal counsel Liz Rover Bailey, Esq., and all those who testified before the committee.

For the reference committee,

A handwritten signature in cursive script that reads "Heidi J. Foley MD". The signature is written in black ink and is positioned above the printed name.

Heidi Foley, MD, Chair

REFERENCE COMMITTEE C: MMS Administration

Item #	Title	Code	Action	Page
1	MMS Annual Strategic Plan	CSP Report I-18 C-1	Adopt	xx
2	Clarification on Specificity and Flexibility of Investment Policy on Fossil Fuels, Climate Change, and Socially Responsible Investments	Resolution I-18 C-301	Adopt as Amended	xx
3	Advancing Gender Equity in Medicine	Resolution I-18 C-302	Adopt	xx
4	Facilitating the Community of Medicine	Resolution I-18 C-303	Adopt	xx
5	MMS Former Speakers and House of Delegates Membership	OFFICERS Report: I-18 C-2 [I-17 C-301]	Adopt	xx
6	Medical Student and Resident/Fellow Committee on Nominations Voting Rights	RFS/MSS Report I-18 C-3	Adopt	xx
7	One Minute of Seated Silence during Each Opening Session	Resolution I-18 C-304	Not Adopt	xx
8	Bylaws Changes	COB Report I-18 C-4	Adopt	xx
9	Special Committee Renewals	BOT Report I-18 C-5	Adopt	xx

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

10 Recommendation:

11
12 Mister speaker, your reference committee recommends that the recommendation
13 contained in CSP Report I-18 C-1 **be adopted and the remainder of the report be**
14 **filed.**

15
16 **That the Massachusetts Medical Society's strategic priorities for Fiscal Year 2019–**
17 **2020 are the following: a focus on physician and patient advocacy, membership**
18 **value and engagement, and professional knowledge and satisfaction. To advance**
19 **the Society's mission and serve the needs of the physician community and their**
20 **patients, the goals of our one-year strategic plan will be the following:**

21
22 • ***Physician and Patient Advocacy:***

- 23 ➤ **As a trusted and respected leadership voice in health care, ensure**
24 **that the perspectives of physicians and patients are represented at**
25 **the state and national level on the most important issues impacting**
26 **physicians, the health care environment, and patient care and**
27 **outcomes.**

28
29 • ***Membership Value and Engagement:***

- 30 ➤ **Ensure that the Society is positioned to meet the changing needs of**
31 **physicians across all demographic segments and practice settings.**
32 ➤ **Align member benefits, services, and communication channels with**
33 **the needs of the physicians we serve, creating a clear membership**
34 **value proposition.**
35 ➤ **Ensure that the Society's governance structure maximizes**
36 **membership growth, diversity, and engagement and expands**
37 **access to leadership opportunities.**
38 ➤ **Ensure that communication engages physicians and promotes the**
39 **Society's efforts and achievements.**

40
41 • ***Professional Knowledge and Satisfaction:***

- 42 ➤ **Advance medical knowledge to develop and maintain the highest**
43 **standards of medical practice and health care.**
44 ➤ **Support members in developing the skills and knowledge they need**
45 **to further learning, transform the practice of health care, and**
46 **achieve lifelong professional growth.**
47 ➤ **Build and promote a sense of community, professional satisfaction,**
48 **and meaning in practice through support, networking, mentoring,**
49 **education, and physician wellness programs.**
50 ➤ **Support physicians in building strong patient-physician**
51 **relationships.**

1 **(HP)**

2 Fiscal Note: No Significant Impact
3 (Out-of-Pocket Expenses)

4
5 FTE: Existing Staff
6 (Staff Effort to Complete Project)

7

8 *Your reference committee heard almost unanimous testimony in support of the report.*
9 *While some word changes were suggested, your committee did not consider them*
10 *substantive. The issue of physician burnout was also raised, however testimony*
11 *reflected that the current strategic planning process does address physician well-being*
12 *and burnout.*

13

14 House Vote: _____

1 Item #: 2
2 Code: Resolution I-18 C-301
3 Title: Clarification on Specificity and Flexibility of Investment
4 Policy on Fossil Fuels, Climate Change, and Socially
5 Responsible Investments
6 Sponsors: Joseph Heyman, MD
7 Essex North District Medical Society
8 Joshua St. Louis, MD, President
9
10 Referred to: Reference Committee C
11 Mary Lou Ashur, MD, Chair
12
13 Recommendation:
14
15 Mister speaker, your reference committee recommends that Resolution I-18 C-301 **be**
16 **adopted as amended by addition and deletion to read as follows:**
17
18 **RESOLVED, That the MMS adopt the following, partially adapted from AMA policy:**
19
20 **1. That the MMS, the MMS and Alliance Foundation, and any affiliated**
21 **corporations or subsidiaries should aspire to work in a timely, incremental, and**
22 **fiscally responsible manner, to the extent allowed by their legal and fiduciary**
23 **duties, to end all financial investments or relationships (divestment) with**
24 **companies that generate the majority of their income from the exploration for,**
25 **production of, transportation of, or sale of fossil fuels. (D)**
26
27 **2. That the MMS should aspire to choose for its commercial relationships, when**
28 **fiscally responsible, vendors, suppliers, and corporations that have**
29 **demonstrated environmental sustainability practices that seek to minimize**
30 **their fossil fuels consumption. (D)**
31
32 **3. That the MMS support efforts of physicians and other health professional**
33 **associations to proceed with divestment, including to create policy analyses,**
34 **support continuing medical education, and to inform our patients, the public,**
35 **legislators, and government policy makers. (D)**
36
37 **4. That the MMS shall report annually every two years to the HOD BOT, for a**
38 **period of ~~seven~~ six years, on progress toward divestment of fossil fuel**
39 **investments. (D)**
40
41 **5. That the MMS shall report annually every two years to the HOD BOT, for a**
42 **period of ~~seven~~ six years, on the voting decisions made in proxy voting**
43 **services of the Institutional Shareholders, Services, Inc. (ISS) using the**
44 **customized MMS, US, and International guidelines to vote the shares held in**
45 **the MMS Portfolio. (D)**
46
47 Fiscal Note: No Significant Impact
48 (Out-of-Pocket Expenses)
49
50 FTE: Existing Staff
51 (Staff Effort to Complete Project)

1 *Your reference committee heard extensive and mixed testimony regarding this*
2 *resolution. After considering all testimony, your reference committee has proposed*
3 *amendments to reflect this testimony and maintain the spirit of the resolution.*

4
5 House Vote: _____

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

10 Recommendation:

11
12 Mister speaker, your reference committee recommends that Resolution I-18 C-302 **be**
13 **adopted.**

14
15 **RESOLVED, That the MMS adopt the following, which is adapted from American**
16 **Medical Association policy/directives:**

- 17
18 1. **That the MMS draft and disseminate a report detailing its positions and**
19 **recommendations for gender equity in medicine, including clarifying principles**
20 **for state and specialty societies, academic medical centers, and other entities**
21 **that employ physicians, to be submitted to the House for consideration at the**
22 **2019 Annual Meeting. (D)**
23
24 2. **That the MMS:**
25 **(a) Promote institutional, departmental, and practice policies, consistent with**
26 **federal and Massachusetts law, that offer transparent criteria for initial and**
27 **subsequent physician compensation;**
28 **(b) Continue to advocate for pay structures based on objective, gender-neutral**
29 **criteria;**
30 **(c) Promote existing Attorney General guidance related to the Massachusetts**
31 **Equal Pay Act, which offers a framework for to identifying gender pay**
32 **disparities and guidance regarding appropriate compensation models and**
33 **metrics for all Massachusetts employees; and**
34 **(d) Advocate for training to identify and mitigate implicit bias in compensation**
35 **decision making for those in positions to determine salary and bonuses, with a**
36 **focus on how subtle differences in the further evaluation of physicians of**
37 **different genders may impede compensation and career advancement. (D)**
38
39 3. **That the MMS recommend as immediate actions to reduce gender bias to:**
40 **(a) Inform physicians about their rights under the: (i) Lilly Ledbetter Fair Pay**
41 **Act, which restores protection against pay discrimination; and the (ii) Equal**
42 **Pay Act, requiring, among other things, equal pay for comparable work, non-**
43 **prohibition of voluntary wage disclosure to others, prohibitions on asking**
44 **about salary history, and prohibitions on retaliating against employees who**
45 **exercise their rights under the Act; and (iii) disseminate educational materials**
46 **informing physicians about their rights under the Massachusetts Equal Pay**
47 **Act;**
48 **(b) Promote educational programs to help empower physicians of all genders**
49 **to negotiate equitable compensation; and**
50 **(c) Work with relevant stakeholders to develop and host a workshop on the**
51 **role of medical societies in advancing women in medicine, with co-**

1 development and broad dissemination of a report based on workshop findings.
2 (D)

- 3
- 4 **4. That the MMS collect and analyze comprehensive demographic data and**
5 **produce a study on gender equity, including, but not limited to, membership;**
6 **representation in the House of Delegates; reference committee makeup; and**
7 **leadership positions within our MMS, including the Board of Trustees,**
8 **Councils and Section governance, plenary speaker invitations (including, but**
9 **not limited to, the Annual Meeting Education Program, the Annual Oration, and**
10 **the Public Health Leadership Forum), recognition awards, and grant funding**
11 **(including, but not limited to, grants from the MMS and Alliance Charitable**
12 **Foundation); and disseminate such findings in regular reports to the House of**
13 **Delegates, beginning at A-19 and continuing yearly thereafter, with**
14 **recommendations to support ongoing gender equity efforts. (D)**
- 15
- 16 **5. That MMS commit to the principles of pay equity across the organization and**
17 **take steps aligned with this commitment. (D)**

18

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

21

22 FTE: Existing Staff
23 (Staff Effort to Complete Project)

24

25 *Your reference committee heard overwhelming testimony in support of this resolution.*
26 *While there was online testimony that expressed concerns, your reference committee*
27 *recommends adoption as drafted.*

28

29 House Vote: _____

1 Item #: 4
2 Code: Resolution I-18 C-303
3 Title: Facilitating the Community of Medicine
4 Sponsor: Matthew Gold, MD
5
6 Referred to: Reference Committee C
7 Mary Lou Ashur, MD, Chair
8

9 Recommendation:

10
11 Mister speaker, your reference committee recommends that Resolution I-18 C-303 **be**
12 **adopted.**

13
14 **RESOLVED, That the Massachusetts Medical Society create, maintain, and grow a**
15 **repository for MMS members of potential activities for group experiences to**
16 **facilitate medical community members and families sharing in collegial activities.**
17 **(D)**

18
19 Fiscal Note: No Significant Impact
20 (Out-of-Pocket Expenses)

21
22 FTE: Existing Staff
23 (Staff Effort to Complete Project)

24
25 *Your reference committee heard unanimous testimony in support of this resolution.*
26 *Based on this testimony, your reference committee recommends adopting this*
27 *resolution.*

28
29 House Vote: _____

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

16 Recommendation:

17
18 Mister speaker, your reference committee recommends that the recommendation
19 contained in OFFICERS Report: I-18 C-2 [I-17 C-301] **be adopted and the remainder**
20 **of the report be filed.**

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

24
25 **RESOLVED, That the MMS request that the Bylaws be amended as appropriate to**
26 **designate former speakers of the House of Delegates as ex-officio members of the**
27 **House of Delegates as long as they remain members of the MMS. (D)**

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

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

34
35 *While your reference committee heard some opposition to the report, we heard*
36 *compelling testimony in support of the recommendation contained in OFFICERS Report:*
37 *I-18 C-2, and therefore uphold the recommendation.*

38
39 House Vote: _____

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

13 Recommendation:

14
15 Mister speaker, your reference committee recommends that the recommendation
16 contained in RFS/MSS Report I-18 C-3 **be adopted and the remainder of the report**
17 **be filed.**

18
19 **That the relevant MMS Bylaw sections be amended such that all members of the**
20 **Committee on Nominations, including the Medical Student Section member and**
21 **the Resident and Fellow Section member, have the right to vote. (D)**

22
23 Fiscal Note: No Significant Impact
24 (Out-of-Pocket Expenses)

25
26 FTE: Existing Staff
27 (Staff Effort to Complete Project)

28
29 *While some testimony suggested deferring this matter due to the work of the Task Force*
30 *on Governance, the majority of testimony strongly supported the recommendation.*
31 *Therefore, your reference committee recommends that the report be adopted.*

32
33 House Vote: _____

1 Item #: 7
2 Code: Resolution I-18 C-304
3 Title: One Minute of Seated Silence during Each Opening
4 Session
5 Sponsor: Michael Medlock, MD
6
7 Referred to: Reference Committee C
8 Mary Lou Ashur, MD, Chair
9
10 Recommendation:
11
12 Mister speaker, your reference committee recommends that Resolution I-18 C-304 **be**
13 **not adopted.**
14
15 **RESOLVED, That the MMS create a separate item in the Order of Business at each**
16 **House of Delegates opening session after the Memorial Resolutions to observe**
17 **one minute (60 seconds) of seated silence in honor of our deceased colleagues**
18 **and to promote goodwill going forward with our colleagues and our patients. (D)**
19
20 Fiscal Note: No Significant Impact
21 (Out-of-Pocket Expenses)
22
23 FTE: Existing Staff
24 (Staff Effort to Complete Project)
25
26 *Your reference committee heard limited testimony. The reference committee respects*
27 *the spirit of this resolution. After considering all testimony however, your reference*
28 *committee determined that a separate item in the Order of Business at the opening*
29 *session is not necessary due to an existing moment of silence.*
30
31 House Vote: _____

1 Item #: 8
2 Code: COB Report I-18 C-4
3 Title: Bylaws Changes
4 Sponsor: Committee on Bylaws
5 Lee Perrin, MD, Chair
6
7 Referred to: Reference Committee C
8 Mary Lou Ashur, MD, Chair
9

10 Recommendation:

11
12 Mister speaker, your reference committee recommends that the recommendation
13 contained in COB Report I-18 C-4 **be adopted and the remainder of the report be**
14 **filed.**

15
16 **The Committee on Bylaws recommends that the House of Delegates approve the**
17 **following amendments to the Bylaws (except as otherwise noted, added text is**
18 **shown as “text” and deleted text is shown as “~~text~~”):**
19

20
21 **CWIM Report: A-18 C-2 (Item 1) Establishing a Women Physicians Section**

22
23 **CHAPTER 5 • Sections**

24
25 **5.01 Categories of Sections**

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

30
31 . . .

32
33 **5.08 Women Physicians Section**

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

36
37 **5.081 House of Delegates Representation**

38 **The Women Physicians Section is entitled to one delegate in the House of**
39 **Delegates. Such delegate shall be elected annually by the Women**
40 **Physicians Section.**

41
42 **5.08 5.09 Delegate Vacancies**

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

46
47 **5.09 5.10 Limitations**

48 **Sections of the Massachusetts Medical Society may not speak for or in behalf of**
49 **the Massachusetts Medical Society.**

. . .

1 CHAPTER 6 • The House of Delegates

2
3 . . .
4

5 **6.02 Composition**

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

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

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

36
37 FTE: Existing Staff
38 (Staff Effort to Complete Project)

39
40 *The Committee on Bylaws presented this report, and with no other testimony, your*
41 *reference committee recommends adoption.*

42
43 House Vote: _____

1 Item #: 9
2 Code: BOT Report I-18 C-5
3 Title: Special Committee Renewals
4 Sponsor: Board of Trustees
5 Alain Chaoui, MD, FAAFP, Chair
6
7 Referred to: Reference Committee C
8 Mary Lou Ashur, MD, Chair
9

10 Recommendation:

11
12 Mister speaker, your reference committee recommends that the recommendation
13 contained in BOT Report I-18 C-5 **be adopted and the remainder of the report be**
14 **filed.**

15
16 **That the MMS support the renewal of the following special committees for one**
17 **year: Accreditation Review, Diversity in Medicine, Environmental and**
18 **Occupational Health, Men’s Health, Nutrition and Physical Activity, Sponsored**
19 **Programs, Oral Health, and Senior Physicians. (D)**

20
21 Fiscal Note: Average Annual Expense per Committee
22 (Out-of-Pocket Expenses): (for 1 year beginning FY20):
23 \$3,000 per committee, for a total of \$24,000
24

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

28 *Your reference committee heard mixed testimony. Testimony addressed the importance*
29 *of attendance at committee meetings, the value of volunteer hours, and the work of the*
30 *Committee on Strategic Planning. As a result, your reference committee determined that*
31 *the current report sufficiently addresses these issues.*

32
33 House Vote: _____

Mister speaker, this concludes the report of Reference Committee C. My thanks to reference committee members John DeLoge, MD, MPH, Judd Kline, MD, Brita Lundberg, MD, Ms. Avneet Soin, Mr. Danny Vazquez, and Ms. Leah Yuan; staff coordinators Brett Bauer, Bill Howland, and Linda Howard; and legal counsel Roberta Coen, Esq., and all those who testified before the committee.

For the reference committee,

A handwritten signature in cursive script that reads "Mary Louise C. Ashur, MD". The signature is written in black ink and is positioned to the right of the typed name below it.

Mary Lou Ashur, MD, Chair