

**FINAL HOUSE VOTES**  
**REFERENCE COMMITTEE A: Public Health**

<b>Item #</b>	<b>Title</b>	<b>Code</b>	<b>Action</b>	<b>Page</b>
1	Evidence-Based Care of Individuals Born with Differences in Sex Development (DSD)/Intersex	CMPW Report I-19 A-1 [LGBTQ Report I-18 A-2(b)]	Adopted as Amended	X
2	E-Cigarette Consumer Warning Labels and Health Risk Research	Resolution I-19 A-101	Adopted as Amended	X
3	Informing Physicians, Health Care Providers, and the Public That Cooking with a Gas Stove Increases Household Air Pollution and the Risk of Childhood Asthma	Resolution I-19 A-102	Adopted as Amended	X
4	Expanding Access to Buprenorphine for Patients with Opioid Use Disorder	Resolution I-19 A-103	Adopted	X
5a	Expanding Access to Methadone Treatment for Opioid Use Disorder In the Midst of the Opioid Crisis	Resolution I-19 A-104(a)	Adopted as Amended	X
5b	Expanding Access to Methadone Treatment for Opioid Use Disorder In the Midst of the Opioid Crisis	Resolution I-19 A-104(b)	Referred to the BOT for Report Back at I-20	X
6	An MMS-Sponsored Educational Session to Explore the Impact of Decriminalizing the Use of Illegal Drugs and Their Possession in Amounts Consistent with Personal Use Only	Resolution I-19 A-105	Adopted	X
7	Support for Adoption of the National POLST Form and Process in Massachusetts	CGM Report I-19 A-3	Adopted	X

1 **ADOPTED AS AMENDED**

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Item #: 1  
Code: CMPW Report: I-19 A-1 [LGBTQ Report I-18 A-2(b)]  
Title: Evidence-Based Care of Individuals Born with Differences  
in Sex Development (DSD)/Intersex  
Sponsor: Committee on Maternal and Perinatal Welfare  
Sara Shields, MD, Chair

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Report History: Original Sponsor: Committee on LGBTQ Matters

Referred to: Reference Committee A  
Mary Beth Miotto, MD, MPH, Chair

16 **That the Massachusetts Medical Society adopt in lieu of Resolution I-18 A-2(b) the**  
17 **following:**

18  
19 **That the MMS supports optimal management of Differences in Sex**  
20 **Development/Intersex through individualized, multidisciplinary care that (1) seeks**  
21 **to foster the well-being of the child and of the adult the child will become; (2)**  
22 **respects the rights of the patient to participate in decisions and, except when life-**  
23 **threatening circumstances require emergency intervention, defers medical or**  
24 **surgical intervention until the child is able to participate in decision making; and**  
25 **(3) provides psychosocial support to promote patient and family well-being. (HP)**

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Fiscal Note: No Significant Impact  
(Estimated Expenses)

Estimated Staff Effort  
to Complete Directive(s): No Significant Impact

1 **ADOPTED AS AMENDED**

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3 Item #: 2  
4 Code: Resolution I-19 A-101  
5 Title: E-Cigarette Consumer Warning Labels and Health Risk Research  
6 Sponsors: Noreen Siddiqi  
7 Hasmeena Kathuria, MD  
8 Faizah Shareef  
9

10 Referred to: Reference Committee A  
11 Mary Beth Miotto, MD, MPH, Chair  
12

- 13 **1. That the MMS advocate for mandatory consumer warning labels on e-cigarette product**  
14 **packaging that strongly convey the potential health risks including deadly lung disease.**  
15 **(D)**  
16  
17 **2. That the MMS advocate for continued research by appropriate entities such as the**  
18 **Centers for Disease Control and Prevention and American Lung Association**  
19 **investigating the health impact of e-cigarette products. (D)**  
20

21 Fiscal Note: No Significant Impact  
22 (Estimated Expenses)

23  
24 Estimated Staff Effort  
25 to Complete Directive(s) Ongoing Expense of \$3,000

1 **ADOPTED AS AMENDED**

2  
3 Item #: 3  
4 Code: Resolution I-19 A-102  
5 Title: Informing Physicians, Health Care Providers, and the Public  
6 That Cooking with a Gas Stove Increases Household Air  
7 Pollution and the Risk of Childhood Asthma  
8 Sponsors: T. Stephen Jones, MD  
9 Regina LaRocque, MD  
10 Brita Lundberg, MD

11  
12 Referred to: Reference Committee A  
13 Mary Beth Miotto, MD, MPH, Chair  
14

- 15 **1. That the MMS recognizes the association between the use of gas stoves, indoor**  
16 **nitrogen dioxide levels, and asthma. (HP)**  
17  
18 **2. That the MMS will inform its members and, to the extent possible, health care**  
19 **providers, the public, and relevant Massachusetts organizations that use of a gas**  
20 **stove increases household air pollution and the risk of childhood asthma and**  
21 **asthma severity; which can be mitigated by reducing the use of the gas cooking**  
22 **stove, using adequate ventilation, and/or using an appropriate filter. (D)**  
23

24 Fiscal Note: No Significant Impact  
25 (Estimated Expenses)

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27 Estimated Staff Effort  
28 to Complete Directive(s): One-Time Expense \$2,000  
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1 **ADOPTED**

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Item #:

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Code:

Resolution I-19 A-103

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Title:

Expanding Access to Buprenorphine for Patients with Opioid  
Use Disorder

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Sponsor:

Nicolas Trad

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Referred to:

Reference Committee A  
Mary Beth Miotto, MD, MPH, Chair

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**That the MMS supports the elimination of the buprenorphine waiver requirement and related restrictions, including the cap on the number of patients that physicians are eligible to treat with buprenorphine. (HP)**

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Fiscal Note:

No Significant Impact

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(Estimated Expenses)

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Estimated Staff Effort

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to Complete Directive(s):

No Significant Impact

1 **ADOPTED AS AMENDED**

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3 Item #: 5a  
4 Code: Resolution I-19 A-104(a)  
5 Title: Expanding Access to Methadone Treatment for Opioid Use  
6 Disorder in the Midst of the Opioid Crisis  
7 Sponsor: Massachusetts Society of Addiction Medicine  
8 Peter Friedmann, MD, MPH, President  
9

10 Referred to: Reference Committee A  
11 Mary Beth Miotto, MD, MPH, Chair  
12

- 13 **1. That the MMS states that current federal and state regulations of methadone**  
14 **for the treatment of opioid use disorder are overly restrictive and limit the**  
15 **clinically indicated use of methadone to treat opioid use disorder in the midst**  
16 **of the opioid crisis. (HP)**  
17  
18 **2. That the MMS will advocate for amendment of federal and state laws to reduce**  
19 **current restrictions on the use of methadone for the treatment of opioid use**  
20 **disorder; while balancing the urgent need for expanded access with**  
21 **considerations for safe practices. (D)**  
22

23 Fiscal Note: No Significant Impact  
24 (Estimated Expenses)

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26 Estimated Staff Effort  
27 to Complete Directive(s): Ongoing Expense of \$1,500

1 **REFERRED TO THE BOT FOR REPORT BACK AT I-20**

2  
3 Item #: 5b  
4 Code: Resolution I-19 A-104(b)  
5 Title: Expanding Access to Methadone Treatment for Opioid Use  
6 Disorder in the Midst of the Opioid Crisis  
7 Sponsor: Massachusetts Society of Addiction Medicine  
8 Peter Friedmann, MD, MPH, President  
9

10 Referred to: Reference Committee A  
11 Mary Beth Miotto, MD, MPH, Chair  
12

13 **3. That the MMS will advocate for implementation of effective models drawn from**  
14 **the experience of other nations and research evidence to expand access to**  
15 **methadone for the treatment of opioid use disorder. These models will include**  
16 **interim methadone in opioid treatment programs, office-based prescribing in**  
17 **collaboration with community pharmacists to dispense and supervise dosing;**  
18 **and prescribing and dispensing in emergency departments, hospitals,**  
19 **detoxification programs, skilled nursing facilities, home care settings, and**  
20 **other controlled environments (e.g., jails and prisons). (D)**  
21

22 Fiscal Note: No Significant Impact  
23 (Estimated Expenses)

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25 Estimated Staff Effort  
26 to Complete Directive(s): Ongoing Expense of \$1,500

1 **ADOPTED**

2  
3 Item #: 6  
4 Code: Resolution I-19 A-105  
5 Title: An MMS-Sponsored Educational Session to Explore the  
6 Impact of Decriminalizing the Use of Illegal Drugs and  
7 Their Possession in Amounts Consistent with Personal  
8 Use Only  
9 Sponsor: Ronald Newman, MD  
10  
11 Referred to: Reference Committee A  
12 Mary Beth Miotto, MD, MPH, Chair  
13

14 **That the Massachusetts Medical Society will sponsor an educational session that**  
15 **will explore decriminalizing the use of illegal drugs and their possession in**  
16 **amounts consistent with personal use only and consider the impact that this**  
17 **approach could have on the Commonwealth of Massachusetts. Health care**  
18 **providers, legislators, health care administrators, and law enforcement officials**  
19 **should be among those invited to take part in the session. (D)**  
20

21 Fiscal Note: One-Time Expense of \$8,000  
22 (Estimated Expenses)  
23  
24 Estimated Staff Effort  
25 to Complete Directive(s): One-Time Expense of \$4,500



1 **ADOPTED**

2  
3 Item #: 7  
4 Code: CGM Report I-19 A-3  
5 Title: Support for Adoption of the National POLST Form and  
6 Process in Massachusetts  
7 Sponsor: Committee on Geriatric Medicine  
8 Asif Merchant, MD, Chair  
9

10 Referred to: Reference Committee A  
11 Mary Beth Miotto, MD, MPH, Chair  
12

- 13 **1. That the MMS advocate to the Massachusetts Department of Public Health that**  
14 **the national POLST form be adopted for use in Massachusetts. (D)**  
15  
16 **2. That the MMS lead the physician education component of the Massachusetts**  
17 **Implementation Guide, which will reflect the improved governing structure and**  
18 **key implementation components of the national POLST form. (D)**  
19  
20 **3. That the MMS conduct an online webinar on the use of the Massachusetts**  
21 **version of the national POLST form. (D)**  
22  
23 **4. That the MMS support the statewide implementation of the Massachusetts**  
24 **version of the national POLST form. (D)**  
25

26 Fiscal Note: One-Time Expense of \$10,000  
27 (Estimated Expenses)

28  
29 Estimated Staff Effort  
30 to Complete Directive(s): One-Time Expense of \$2,500

**FINAL HOUSE VOTES**  
**REFERENCE COMMITTEE B – Health Care Delivery**

<b>Item #</b>	<b>Title</b>	<b>Code</b>	<b>Action</b>	<b>Page</b>
1	Endorse “Medicare for All”	OFFICERS Report: I-19 B-1 [A-19 B-201]	Adopted as Amended	xx
2	Resolution for “Medicare for All” Defining the Term and Outlining the Payment Strategy and Reimbursement	Resolution I-19 B-101	Not Adopted	xx
3	Improving Access to Shingles Vaccination for Medicare Patients	Resolution I-19 B-102	Adopted as Amended	xx
4	Instituting Regulations on Large Multispecialty Groups to Prevent Denial of Referrals outside the Company and Pressure on Physicians within the Company to Refer to Company Specialists	Resolution I-19 B-103	Referred to the BOT for Report Back at I-20	xx
5	Definition and Encouragement of the Appropriate Use of the Word “Physician”	Resolution I-19 B-104	Adopted	xx
6	Prohibiting Insurance Companies from Dictating How Much and How Often Medication Can Be Dispensed	Resolution I-19 B-105	Adopted	xx
7	Requiring Health Insurance Companies to Post Formularies Online	Resolution I-19 B-106	Adopted as Amended	xx
8(a)	Defining a Core Electronic Health Record	Resolution I-19 B-107(a)	<i>8 - Divided/HOD:</i> Referred to the BOT for Report Back (1)	xx
8(b)	Defining a Core Electronic Health Record	Resolution I-19 B-107(a)	<i>8- Divided/HOD:</i> Not Adopted (2, 3)	xx
9	Board of Registration Reporting Practices	COL Report: I-19 B-2 [I-18 B-206]	Adopted	xx

1 **ADOPTED AS AMENDED**

2  
3 Item #: 1  
4 Code: OFFICERS Report: I-19 B-1 [A-19 B-201]  
5 Title: Endorse "Medicare for All"  
6 Sponsor: MMS Presidential Officers:  
7 Maryanne Bombaugh, MD, MSc, MBA, FACOG  
8 David Rosman, MD, MBA  
9 Carole Allen, MD, MBA, FAAP  
10  
11 Report History: Resolution A-19 B-201  
12 Original Sponsors: Hubert Caplan, MD, Patricia Downs, MD  
13  
14 Referred to: Reference Committee B  
15 Odysseus Argy, MD, Chair  
16

17 **That the Massachusetts Medical Society adopt in lieu of Resolution A-19 B-201 the**  
18 **following:**

- 19  
20 **1. That the Massachusetts Medical Society supports a system for health insurance**  
21 **coverage that allows for universal access to quality, equitable, affordable coverage.**  
22 **(HP)**  
23  
24 **2. That the Massachusetts Medical Society take a leadership role in advocating for health**  
25 **insurance coverage that allows for universal access to quality, equitable, affordable**  
26 **coverage. (D)**  
27  
28 **3. That the Massachusetts Medical Society undertake a review of its policies regarding**  
29 **principles of health insurance coverage with a goal of consolidating such policies. (D)**  
30

31 Fiscal Note: No Significant Impact  
32 (Estimated Expenses)

33  
34 Estimated Staff Effort Item 2: Ongoing Expense of \$3,000  
35 to Complete Directive(s): Item 3: One-Time Expense of \$5,000  
36

1 **NOT ADOPTED**

2  
3 Item #: 2  
4 Code: Resolution I-19 B-101  
5 Title: Resolution for "Medicare for All" Defining the Term and Outlining  
6 the Payment Strategy and Reimbursement  
7 Sponsor: Nadia Urato, MD  
8  
9 Referred to: Reference Committee B  
10 Odysseus Argy, MD, Chair  
11

- 12 **1. RESOLVED, That the MMS work with our representatives in the MA Legislature to**  
13 **specify that all health insurance reimbursements to physicians must at least match the**  
14 **then-current Medicare rates; that no referrals may be required to access specialists,**  
15 **and no deductibles and no co-pays may be present for patients, and patients must be**  
16 **allowed choice of doctors; and, be it further (D)**  
17  
18 **2. RESOLVED, That the MMS use social media and public platforms to publicize the**  
19 **benefits of Medicare as listed here: sustainable for physicians; choice of doctors for**  
20 **patients; with no co-pays, no deductibles, and no premiums; and affordable if a payroll**  
21 **tax is instituted. (D)**

22  
23 Fiscal Note: No Significant Impact  
24 (Estimated Expenses)

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26 Estimated Staff Effort Resolve 1: Ongoing Expense of \$3,000  
27 to Complete Directive(s): Resolve 2: One-Time Expense of \$2,000  
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1 **ADOPTED AS AMENDED**

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Item #: 3  
Code: Resolution I-19 B-102  
Title: Improving Access to Shingles Vaccination for Medicare Patients  
Sponsors: Keith Nobil, MD  
Essex South District Medical Society  
Ronald Newman, MD, President

Referred to: Reference Committee B  
Odysseus Argy, MD, Chair

**That the MMS work with appropriate stakeholders, including the AMA, to encourage all payors, including the Centers for Medicare and Medicaid Services, to cover in-office administration of all vaccinations recommended by the Centers for Disease Control and Prevention. (D)**

Fiscal Note: No Significant Impact  
(Estimated Expenses)  
Estimated Staff Effort  
to Complete Directive(s): No Significant Impact

1 **REFERRED TO THE BOT FOR REPORT BACK AT I-20**

2  
3 Item #: 4  
4 Code: Resolution I-19 B-103  
5 Title: Instituting Regulations on Large Multispecialty Groups to Prevent  
6 Denial of Referrals outside the Company and Pressure on  
7 Physicians within the Company to Refer to Company Specialists  
8 Sponsor: Nadia Urato, MD  
9  
10 Referred to: Reference Committee B  
11 Odysseus Argy, MD, Chair  
12

- 13 **1. That the MMS work with the attorney general’s office and other appropriate entities to**  
14 **ensure that large multispecialty corporations are not permitted to force their physicians**  
15 **to refer to in-company specialists who may not be providing comprehensive services**  
16 **(hospital and outpatient services) that are convenient to the patient (in place or time)**  
17 **(D); and, be it further**  
18  
19 **2. That the MMS work with the attorney general’s office and other appropriate entitites to**  
20 **ensure that large multispecialty corporations are not impeding the ability of patients or**  
21 **providers to obtain referrals to a particular specialist of their choosing outside the**  
22 **large multispecialty company. (D)**

23  
24 Fiscal Note: No Significant Impact  
25 (Estimated Expenses)  
26  
27 Estimated Staff Effort  
28 to Complete Directive(s): Ongoing Expense of \$3,000  
29

1 **ADOPTED**

2  
3 Item #: 5  
4 Code: Resolution I-19 B-104  
5 Title: Definition and Encouragement of the Appropriate Use of the Word  
6 "Physician"  
7 Sponsors: Christopher Garofalo, MD, FAAFP  
8 Bristol North District Medical Society  
9 Eric Ruby, MD, President  
10  
11 Referred to: Reference Committee B  
12 Odysseus Argy, MD, Chair  
13

- 14 **1. That the MMS affirms that the term "physician" be applied and limited to those people**  
15 **who have attained a Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), or**  
16 **a recognized equivalent physician degree. (HP)**  
17  
18 **2. That the MMS utilize the term "physician" and discontinue use of the term "provider"**  
19 **when referring to an MD or DO in all communications, including but not limited to**  
20 **conferences, media, publications, and public relations messaging. (D)**  
21  
22 **3. That the MMS advocate that future references to physicians by state government,**  
23 **insurance companies and other health care entities in contracts, advertising,**  
24 **agreements, published descriptions, and other communications utilize the term**  
25 **"physician" and discontinue use of the term "provider." (D)**  
26  
27 **4. That the MMS urge physicians to insist on being identified as a physician, to sign only**  
28 **those professional or medical documents identifying them as physicians, and not to**  
29 **let the term physician be used by any other person involved in health care. (D)**  
30  
31 **5. That the MMS advocate that our American Medical Association, American Academy of**  
32 **Family Physicians, American Academy of Pediatrics and any other appropriate**  
33 **medical organizations that have similar policy regarding the use of the term**  
34 **"physician" actively partner and cooperate in developing a sustained and wide-**  
35 **reaching public relations campaign to utilize the term "physician" and discontinue use**  
36 **of the term "provider." (D)**  
37

38 Fiscal Note: No Significant Impact  
39 (Estimated Expenses)

40  
41 Estimated Staff Effort Resolved 3 and 4: Ongoing Expense of \$4,500  
42 to Complete Directive(s): Resolved 5: One-Time Expense of \$1,500  
43

1 **ADOPTED**

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Item #:

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Code:

Resolution I-19 B-105

5

Title:

Prohibiting Insurance Companies from Dictating How Much and  
How Often Medication Can Be Dispensed

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7

Sponsor:

Cecilia Mikalac, MD

8

9

Referred to:

Reference Committee B

10

Odysseus Argy, MD, Chair

11

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**That the MMS advocate to prevent health care insurers from basing their coverage of a  
prescription on how many days' supply is ordered or dispensed. (D)**

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Fiscal Note:

No Significant Impact

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(Estimated Expenses)

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Estimated Staff Effort

19

to Complete Directive(s):

Ongoing Expense of \$3,000

20



1 **ADOPTED AS AMENDED**

2  
3 Item #: 7  
4 Code: Resolution I-19 B-106  
5 Title: Requiring Health Insurance Companies to Post Formularies Online  
6 Sponsor: Cecilia Mikalac, MD  
7  
8 Referred to: Reference Committee B  
9 Odysseus Argy, MD, Chair

- 10  
11 **1. That the MMS advocate that all payors make all their formularies available online to all**  
12 **beneficiaries, and their physicians and pharmacists, in a format that is searchable,**  
13 **updated monthly, and includes categorization by indication. (D)**  
14  
15 **2. That the MMS advocate for legislation to require that all payors post all their**  
16 **formularies online to all beneficiaries, and their physicians and pharmacists, in a**  
17 **format that is searchable, updated monthly, and includes categorization by indication.**  
18 **(D)**

19  
20 Fiscal Note: No Significant Impact  
21 (Estimated Expenses)

22  
23 Estimated Staff Effort Resolved 1: Ongoing Expense of \$1,500  
24 to Complete Directive(s): Resolved 2: Ongoing Expense of \$3,000  
25

1 ***DIVIDED/HOD:***  
2 **REFERRED TO THE BOT FOR REPORT BACK (1)**

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5 Item #: 8(a)  
6 Code: Resolution I-19 B-107(a)  
7 Title: Defining a Core Electronic Health Record  
8 Sponsors: Michael Medlock, MD  
9 Maximilian Pany

10  
11 Referred to: Reference Committee B  
12 Odysseus Argy, MD, Chair  
13

- 14 **1. That the MMS endorses the principle of a core electronic health record (EHR)**  
15 **containing the most important documents for longitudinal care across the lifetime of**  
16 **every patient to be held by a primary custodian designated by the patient. (HP)**

17  
18 Fiscal Note: No Significant Impact  
19 (Estimated Expenses)

20  
21 Estimated Staff Effort  
22 to Complete Directive(s): No Significant Impact  
23

1 ***DIVIDED/HOD:***  
2 **NOT ADOPTED (2, 3)**  
3

4  
5 Item #: 8(b)  
6 Code: Resolution I-19 B-107(b)  
7 Title: Defining a Core Electronic Health Record  
8 Sponsors: Michael Medlock, MD  
9 Maximilian Pany

10  
11 Referred to: Reference Committee B  
12 Odysseus Argy, MD, Chair  
13

- 14 **2. RESOLVED, That the MMS study and refine the specifications of a core EHR that are**  
15 **useful, adequate, practical, and achievable, with a report back at I-20. (D)**  
16  
17 **3. RESOLVED, That the MMS advocate that documents specified as a part of the EHR be**  
18 **submitted by every health care provider in a timely fashion to the primary custodian of**  
19 **the core EHR of each patient. (D)**  
20

21 Fiscal Note: Resolved 2: One-Time Expense of \$20,000  
22 (Estimated Expenses)

23  
24 Estimated Staff Effort Resolved 2: One-Time Expense of \$3,500  
25 to Complete Directive(s): Resolved 3: Ongoing Expense of \$3,000  
26

1 **ADOPTED**

2  
3 Item #: 9  
4 Code: COL Report: I-19 B-2 [I-18 B-206]  
5 Title: Board of Registration Reporting Practices  
6 Sponsor: Committee on Legislation  
7 Theodore Calianos II, MD, FACS, Chair  
8

9 Report History: Resolution I-18 B-206  
10 Original Sponsor: Kimberley O'Sullivan, MD  
11

12 Referred to: Reference Committee B  
13 Odysseus Argy, MD, Chair  
14

15 **That the Massachusetts Medical Society adopt as amended Resolution I-18 B-206 to read**  
16 **as follows:**  
17

- 18 **1. That the MMS supports the disclosure on a physician's Board of Registration in**  
19 **Medicine (BORIM) or National Practitioner Data Bank (NPDB) profile of disciplinary**  
20 **actions, pleas, admissions, or findings of guilt or liability only when determinations**  
21 **are finalized and adverse to the physician. (HP)**  
22
- 23 **2. That the MMS advocate for rescission from a physician's BORIM and/or NPDB profile**  
24 **of all information pertaining to disciplinary actions that have been fully**  
25 **reversed/annulled/rescinded/voided by the originating entity. (D)**  
26
- 27 **3. That the MMS advocate that any BORIM discipline that results from the BORIM**  
28 **scrutiny initiated from original allegations that have since been found in favor of the**  
29 **physician must be a stand-alone discipline that does not include any reference to the**  
30 **original allegations or subsequent event that stemmed from the original allegations.**  
31 **(D)**  
32
- 33 **4. That the MMS advocate for BORIM to create a narrative section for physicians to make**  
34 **a statement under any and all allegations that are posted to a physician's BORIM**  
35 **profile in order that both parties have equal presence to the matter on the profile. (D)**  
36

37 Fiscal Note: No Significant Impact  
38 (Estimated Expenses)

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40 Estimated Staff Effort  
41 to Complete Directive(s): Ongoing Expense of \$3,000

**FINAL HOUSE VOTES**  
**REFERENCE COMMITTEE C: MMS Administration**

<b>Item #</b>	<b>Title</b>	<b>Code</b>	<b>Action</b>	<b>Page</b>
1a	Bylaws Changes	COB Report I-19 C-1a [A-19-C-301]	Referred to the BOT for Report Back at A-20	X
1b	Bylaws Changes	COB Report I-19 C-1b [A-19-C-301]	Not Adopted	X
2	Affiliate Membership for Commonwealth of Massachusetts Schools of Public Health Non-Physician Deans	BOT Report I-19 C-2	Referred to BOT for Report Back at A-20	X
3	MMS Committees Structure Principles Policy (Policy Sunset Process: Reaffirmed One Year at A-19 Pending Review)	CSP Report I-19 C-3 [A-19 C-4, Section C, 8c]	Referred to the BOT for Report Back at A-20	X
4a	Special Committee Renewals and Continuance	BOT Report I-19 C-4a	Refer to the BOT for Report Back at A-20	X
4b	Special Committee Renewals and Continuance	BOT Report I-19 C-4b	Adopt as Amended	X
6	Making Options Consistent for all Policies Presented in the Sunset Policy Review Report	Resolution I-19 C-101	Adopt as Amended	X
7	Suggested Method for Expediting Referred Resolutions	Resolution I-19 C-102	Adopt as Amended	X

**Adopted, Speakers' Consent Calendar, HOD First Session**

5	Sunset Policy Review Process	OFFICERS Report I-19 C-5		
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1 **REFERRED TO THE BOT FOR REPORT BACK AT A-20**

2  
3 Item #: 1a  
4 Code: COB Report I-19 C-1a [A-19-C-301]  
5 Title: Bylaws Changes  
6 Sponsor: Committee on Bylaws  
7 Lee Perrin, MD, Chair  
8  
9 Report History: Resolution A-19 C-301  
10  
11 Referred to: Reference Committee C  
12 Tom Amoroso, MD, MPH, Chair  
13  
14

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

18  
19 **ITEM A:**

20  
21 **CHAPTER 3 • District Societies**

22  
23 . . .  
24

25 **3.21 Committee on Nominations Membership**

26  
27 **Only delegates who have served as such for at least two years and have been**  
28 **members of the Society for at least five years are eligible to become members or**  
29 **alternate members of the Committee on Nominations of the Massachusetts**  
30 **Medical Society. Members of the Committee on Nominations shall serve one-year**  
31 **terms and shall not serve for more than eight total years as a member, after which**  
32 **they shall not be eligible for re-election. Alternate members of the Committee on**  
33 **Nominations shall serve one-year terms and shall not serve for more than eight**  
34 **total years as an alternate member, after which they shall not be eligible for re-**  
35 **election. Total years served includes all time served, regardless of when it was**  
36 **served, except that total years served shall not include time served filling a**  
37 **vacancy on the Committee on Nominations.**

38  
39 **The eight-year term limit for members and alternate members of the Committee on**  
40 **Nominations shall become effective as of the close of the 2015 annual meeting of**  
41 **the Society.**

42  
43 **Notwithstanding the foregoing, each district society may, by a three-quarter vote**  
44 **by ballot at its annual meeting, extend eligibility of a member or alternate member**  
45 **of the Committee on Nominations of the Massachusetts Medical Society beyond**  
46 **eight total years.**

1 **3.22 Committee on Legislation Membership**

2  
3 **Members of the Committee on Legislation of the Massachusetts Medical Society**  
4 **shall serve one-year terms with a maximum of nine consecutive years. Alternate**  
5 **members of the Committee on Legislation of the Massachusetts Medical Society**  
6 **shall serve one-year terms with a maximum of nine consecutive years.**

7  
8 **Notwithstanding the foregoing, each district society may, by a three-quarter vote**  
9 **by ballot at its annual meeting, extend eligibility of a member or alternate member**  
10 **of the Committee on Legislation of the Massachusetts Medical Society beyond**  
11 **nine consecutive years.**

12  
13 . . .

14  
15 **CHAPTER 11 • Committees**

16  
17 **11.01 Term and Qualifications of Committee Members**

18  
19 . . .

20 **Committee members elected by districts shall serve for ~~one year terms with a~~**  
21 **~~maximum of nine consecutive years, unless otherwise specifically provided in~~**  
22 **~~these bylaws set forth in 3.21 and 3.22.~~**

23 . . .

24  
25 **11.0411 Committee on Legislation**

26  
27 **The Committee on Legislation shall be composed of a chair and a vice chair, both**  
28 **appointed from among the committee members by the President-elect and one**  
29 **member and alternate from each district society as provided in 3.14 and 3.22.**  
30 **When an immediate decision is needed concerning legislative action, the decision**  
31 **shall be made by the President (or in the absence of the President, by the**  
32 **President-elect; or in the absence of the President and President-elect by the Vice**  
33 **President) in consultation with the committee chair (or in the absence of the**  
34 **committee chair with the vice chair) of the Committee on Legislation. The chair of**  
35 **the Committee on Legislation shall report this decision to all members of the**  
36 **committee.**

37  
38 **(D)**

39  
40 Fiscal Note: No Significant Impact  
41 (Estimated Expenses)

42  
43 Estimated Staff Effort  
44 to Complete Directive(s): No Significant Impact

1 **NOT ADOPTED**

2  
3 Item #: 1b  
4 Code: COB Report I-19 C-1b [A-19-C-301]  
5 Title: Bylaws Changes  
6 Sponsor: Committee on Bylaws  
7 Lee Perrin, MD, Chair

8  
9 Report History: Resolution A-19 C-301

10  
11 Referred to: Reference Committee C  
12 Tom Amoroso, MD, MPH, Chair

13  
14 **The Committee on Bylaws recommends that the House of Delegates approve the**  
15 **following amendments to the Bylaws (except as otherwise noted, added text is**  
16 **shown as “text” and deleted text is shown as “~~text~~”):**

17  
18 **ITEM B:**

19  
20 **CHAPTER 7 • Board of Trustees**

21  
22 • • •

23  
24  
25 **7.08 Committee on Finance**

26  
27 **The Board of Trustees shall have a Committee on Finance, which shall consist of**  
28 **nine members each of who shall have been a Regular member of the Society for at**  
29 **least five years. Of these nine members, at least five must be current trustees. In**  
30 **addition, the Secretary-Treasurer and the Assistant Secretary-Treasurer shall each**  
31 **be a member ex-officio of the Committee. In addition, one member of the Medical**  
32 **Student Section and one member of the Resident and Fellow Section shall be a**  
33 **member of the Committee, but neither shall be included in the determination of**  
34 **the number of members to which the Committee is entitled.**

35  
36 • • •

37  
38 **(D)**

39  
40 Fiscal Note: No Significant Impact  
41 (Estimated Expenses)

42  
43 Estimated Staff Effort  
44 to Complete Directive(s): No Significant Impact



1 **REFERRED TO THE BOT FOR REPORT BACK AT A-20**

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3  
4  
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9

Item #: 2  
Code: BOT Report I-19 C-2  
Title: Affiliate Membership for Commonwealth of Massachusetts  
Schools of Public Health Non-Physician Deans  
Sponsor: Board of Trustees  
Maryanne Bombaugh, MD, MSc, MBA, FACOG, Chair

10  
11  
12

Referred to: Reference Committee C  
Tom Amoroso, MD, MPH, Chair

13  
14  
15  
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20

1. That the MMS grant affiliate membership to non-physician deans of Massachusetts schools of public health. *(D)*
2. That the MMS grant affiliate membership to Michelle A. Williams, dean of the faculty, Harvard T.H. Chan School of Public Health, and Anna Maria Siega-Riz, PhD, dean of the School of Public Health and Health Sciences, University of Massachusetts, Amherst. *(D)*

21  
22  
23  
24  
25

Fiscal Note: No Significant Impact  
(Estimated Expenses)  
Estimated Staff Effort  
to Complete Directive(s): No Significant Impact

1 **REFERRED TO THE BOT FOR REPORT BACK AT A-20**

2 *[please note that the HOD was focused on the matter of the policy]*

3  
4 Item #: 3  
5 Code: CSP Report I-19 C-3 [A-19 C-4, Section C, 8c]  
6 Title: MMS Committees Structure Principles Policy  
7 (Policy Sunset Process: Reaffirmed One Year at A-19  
8 Pending Review)  
9 Sponsor: Committee on Strategic Planning  
10 David Rosman, MD, MBA, Chair  
11  
12 Report History: OFFICERS Report A-19 C-4 (Section C, 8c)  
13  
14 Referred to: Reference Committee C  
15 Tom Amoroso, MD, MPH, Chair  
16

17 **That the Massachusetts Medical Society sunset the MMS Committee Structure**  
18 **Principles policy amended and reaffirmed at A-12, which reads as follows:**

19  
20  
21 **MMS Committee Structure Principles**

22 **The CSP shall:**

- 23 a) **Review the MMS committee structure as warranted;**
- 24 b) **Develop a comprehensive action and communication plan for any**  
25 **committee structure changes;**

26  
27 **The MMS shall:**

- 28 c) **Review committee productivity against committee action plans and**  
29 **current environmental/leadership needs, including the Society's**  
30 **strategic priorities;**
- 31 d) **Review a more comprehensive leadership and coaching process for the**  
32 **MMS leadership (including district, committee, and potential future**  
33 **leaders) regarding their responsibilities and leadership skills;**
- 34 e) **Explore, develop, and promote new methods for encouraging**  
35 **committee participation that will attract and retain members;**
- 36 f) **Prior to each Presidential Year, develop a comprehensive outreach**  
37 **communication plan to members and specific targeted populations to**  
38 **promote the work of the MMS committees.**

39 **(HP)**

40 ***MMS House of Delegates, 5/13/05***  
41 ***Amended and Reaffirmed MMS House of Delegates, 5/19/12***

42  
43 Fiscal Note: No Significant Impact  
44 (Estimated Expenses)

45  
46 Estimated Staff Effort  
47 to Complete Directive(s): No Significant Impact

1 **REFERRED TO THE BOT FOR REPORT BACK AT A-20**

2  
3 Item #: 4a  
4 Code: BOT Report I-19 C-4a  
5 Title: Special Committee Renewals  
6 Sponsor: Board of Trustees  
7 Maryanne Bombaugh, MD, MSc, MBA, FACOG, Chair  
8  
9 Referred to: Reference Committee C  
10 Tom Amoroso, MD, MPH, Chair  
11

- 12 **1. That beginning in FY21, the work of all current FY20 special committees and**  
13 **any proposed future special committees be aligned within any future**  
14 **governance model including the existing standing committees, task forces,**  
15 **sections or member interest networks. (D)**  
16

17 Fiscal Note: No Significant Impact  
18 (Estimated Expenses)

19  
20 Estimated Staff Effort  
21 to Complete Directive(s): Item 1: One-Time Expense of \$9,000

1 **ADOPTED AS AMENDED**

2  
3 Item #: 4b  
4 Code: BOT Report I-19 C-4b  
5 Title: Special Committee Renewals  
6 Sponsor: Board of Trustees  
7 Maryanne Bombaugh, MD, MSc, MBA, FACOG, Chair  
8  
9 Referred to: Reference Committee C  
10 Tom Amoroso, MD, MPH, Chair  
11

12 **2. That the MMS renew for two years the following special committees requesting**  
13 **renewal at the end of FY20 (May 2020): Accreditation Review, Continuing**  
14 **Education Review, Diversity in Medicine, Environmental and Occupational Health,**  
15 **Geriatric Medicine, History, Information Technology, LGBTQ Matters, Maternal and**  
16 **Perinatal Welfare, Men’s Health, Nutrition and Physical Activity, Oral Health,**  
17 **Senior Physicians, Senior Volunteer Physicians, Student Health and Sports**  
18 **Medicine, Violence Intervention and Prevention, and Young Physicians, with**  
19 **individual reports back to the HOD for each committee, and further recommends**  
20

21 **That the MMS renew the following special committees through the end of FY22**  
22 **(May 2022): Global Health, Mental Health and Substance Use, Physician**  
23 **Preparedness, Sustainability of Private Practice, and Women’s Health with**  
24 **individual reports back to the HOD for each committee. (D)**  
25

26 Fiscal Note: Item 2: \*\$114,000 \*[corrected to include 4 of 5  
27 (Estimated Expenses) committees, lines 21-23, due to reach term at  
28 the end of FY21/May 2021]  
29

30  
31 Estimated Staff Effort  
32 to Complete Directive(s): Item 2: \*\$210,000 [corrected to reflect 2  
33 years for committees lines 13-18, and 1 year for  
34 4 of 5 committees, lines 21-23]

1 **ADOPTED AS AMENDED**

2  
3 Item #: 6  
4 Code: Resolution I-19 C-101  
5 Title: Making Options Consistent for all Policies Presented in the  
6 Sunset Policy Review Report  
7 Sponsors: Kenneth Peelle, MD  
8 Lee Perrin, MD  
9  
10 Referred to: Reference Committee C  
11 Tom Amoroso, MD, MPH, Chair  
12

- 13 **1. That the MMS revise the *MMS Procedures of the House of Delegates, #19,***  
14 **Sunset Policy, to provide that the House shall have the same options for**  
15 **disposition of items submitted for review under the Sunset Policy Procedure,**  
16 **regardless of any proposed recommended minor amendments. (D)**  
17  
18 **2. That the MMS revise the *MMS Procedures of the House of Delegates, #19,***  
19 **Sunset Policy, to provide that policies submitted pursuant to the**  
20 **“Review/Report Process,” except for minor amendments that maintain the**  
21 **original intent of the policy, may not be amended by the House and that this**  
22 **rule may not be suspended. (D)**

23  
24 Fiscal Note: No Significant Impact  
25 (Estimated Expenses)  
26  
27 Estimated Staff Effort  
28 to Complete Directive(s): No Significant Impact

1 **ADOPTED AS AMENDED**

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Item #: 7  
Code: Resolution I-19 C-102  
Title: Suggested Method for Expediting Referred Resolutions  
Sponsor: Ihor Bilyk, MD  
Referred to: Reference Committee C  
Tom Amoroso, MD, MPH, Chair

12 **That the MMS recommend that all committees evaluating a referred HOD**  
13 **resolution/report make a reasonable effort to contact the referred resolution's**  
14 **author. (D)**

15  
16 Fiscal Note: No Significant Impact  
17 (Estimated Expenses)  
18  
19 Estimated Staff Effort  
20 to Complete Directive(s): No Significant Impact