

**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)]	Adopt as Amended	X
2	E-Cigarette Consumer Warning Labels and Health Risk Research	Resolution I-19 A-101	Adopt 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	Adopt as Amended	X
4	Expanding Access to Buprenorphine for Patients with Opioid Use Disorder	Resolution I-19 A-103	Adopt	X
5a	Expanding Access to Methadone Treatment for Opioid Use Disorder In the Midst of the Opioid Crisis	Resolution I-19 A-104(a)	Adopt 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)	Refer 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	Adopt	X
7	Support for Adoption of the National POLST Form and Process in Massachusetts	CGM Report I-19 A-3	Adopt	X

1 Item #: 1  
2 Code: CMPW Report: I-19 A-1 [LGBTQ Report I-18 A-2(b)]  
3 Title: Evidence-Based Care of Individuals Born with Differences  
4 in Sex Development (DSD)/Intersex  
5 Sponsor: Committee on Maternal and Perinatal Welfare  
6 Sara Shields, MD, Chair  
7

8 Report History: Original Sponsor: Committee on LGBTQ Matters  
9

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

13 Recommendation:  
14

15 Mister speaker, your reference committee recommends that the recommendation  
16 contained in CMPW Report: I-19 A-1 [LGBTQ Report I-18 A-2(b)] **be adopted as**  
17 **amended by addition and deletion to read as follows and the remainder of the**  
18 **report be filed.**  
19

20 **That the Massachusetts Medical Society adopt in lieu of Resolution I-18 A-2(b) the**  
21 **following:**  
22

23 **That the MMS supports optimal management of Differences in Sex**  
24 **Development/Intersex through individualized, multidisciplinary care that (1) seeks**  
25 **to foster the well-being of the child and of the adult the child he or she will**  
26 **become; (2) respects the rights of the patient to participate in decisions and,**  
27 **except when life-threatening circumstances require emergency intervention,**  
28 **defers medical or surgical intervention until the child is able to participate in**  
29 **decision making; and (3) provides psychosocial support to promote patient and**  
30 **family well-being. (HP)**  
31

32 Fiscal Note: No Significant Impact  
33 (Estimated Expenses)  
34

35 Estimated Staff Effort  
36 to Complete Directive(s): No Significant Impact  
37

38 *Your reference committee heard online and in person testimony largely in support of this*  
39 *report. Several members, however, expressed concern about waiting until the child is old*  
40 *enough to consent to DSD/Intersex surgery, the ramifications of later surgery, and the*  
41 *necessary support of parents. Testimony called for gender neutral language and your*  
42 *reference committee amended the recommendation to achieve this result.*  
43

44 House Vote: \_\_\_\_\_

1 Item #: 2  
2 Code: Resolution I-19 A-101  
3 Title: E-Cigarette Consumer Warning Labels and Health Risk  
4 Research  
5 Sponsors: Noreen Siddiqi  
6 Hasmeena Kathuria, MD  
7 Faizah Shareef  
8  
9 Referred to: Reference Committee A  
10 Mary Beth Miotto, MD, MPH, Chair  
11

12 Recommendation:

13  
14 Mister speaker, your reference committee recommends that Resolution I-19 A-101 **be**  
15 **adopted by addition and deletion to read as follows:**  
16

- 17 **1. RESOLVED, That the MMS advocate for mandatory consumer warning labels**  
18 **on e-cigarette product packaging that strongly convey the potential health**  
19 **risks including deadly lung disease with the following proposed verbiage:**  
20 **“This product is currently the subject of research for a potential direct link to**  
21 **deadly lung disease” or some variant effectively conveying the same**  
22 **information; and, be it further (D)**  
23  
24 **2. RESOLVED, That the MMS advocate for continued research by appropriate**  
25 **entities such as the Centers for Disease Control and Prevention and American**  
26 **Lung Association investigating the health impact of e-cigarette products,**  
27 **especially as it pertains to the recent outbreak of severe pulmonary disease**  
28 **among e-cigarette product users (D).**  
29

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

32  
33 Estimated Staff Effort  
34 to Complete Directive(s) Ongoing Expense of \$3,000  
35

36 *Your reference committee heard strong support for this resolution both online and in*  
37 *person. Testimony included: a warning label alone may not be a deterrent to e-cigarette*  
38 *use, the current national concern about deadly lung disease associated with e-*  
39 *cigarettes, preference for wholly opposing sales of e-cigarettes, and a recent NEJM*  
40 *article outlining the successful use of e-cigarettes as a harm-reduction method in the*  
41 *United Kingdom.*  
42

43 *Testimony also noted that a warning is only one portion of a multi-pronged approach to*  
44 *eliminating e-cigarettes. Your reference committee amended the language to make this*  
45 *resolution more enduring and inclusive of multiple research avenues.*  
46

47 House Vote: \_\_\_\_\_

1 Item #: 3  
2 Code: Resolution I-19 A-102  
3 Title: Informing Physicians, Health Care Providers, and the  
4 Public That Cooking with a Gas Stove Increases  
5 Household Air Pollution and the Risk of Childhood Asthma  
6 Sponsors: T. Stephen Jones, MD  
7 Regina LaRocque, MD  
8 Brita Lundberg, MD  
9  
10 Referred to: Reference Committee A  
11 Mary Beth Miotto, MD, MPH, Chair  
12

13 Recommendation:

14  
15 Mister speaker, your reference committee recommends that Resolution I-19 A-102 **be**  
16 **adopted as amended by substitution to read as follows:**  
17

18 **1. RESOLVED, That the MMS recognizes the association between the use of**  
19 **gas stoves, indoor nitrogen dioxide levels, and asthma; and, be it further**  
20 **(HP)**  
21

22 **2. RESOLVED, That the MMS will inform its members and, to the extent**  
23 **possible, health care providers, the public, and relevant Massachusetts**  
24 **organizations that use of a gas stove increases household air pollution and**  
25 **the risk of childhood asthma and asthma severity; which can be mitigated by**  
26 **reducing the use of the gas cooking stove, using adequate ventilation, and/or**  
27 **using an appropriate filter. (D)**  
28

29 ~~**1. RESOLVED, That the MMS reaffirms the United States Environmental**~~  
30 ~~**Protection Agency findings that increased levels of nitrogen dioxide irritate,**~~  
31 ~~**the respiratory system, are associated with asthma aggravation, and, with**~~  
32 ~~**longer exposure, may contribute to the development of asthma; and, be it**~~  
33 ~~**further (HP)**~~  
34

35 ~~**2. RESOLVED, That the MMS recognizes the association between household air**~~  
36 ~~**pollution produced by cooking with a gas stove and the increased risk of**~~  
37 ~~**asthma and greater asthma severity among children living in such**~~  
38 ~~**households; and, be it further (HP)**~~  
39

40 ~~**3. RESOLVED, That the MMS will inform its members and, to the extent possible,**~~  
41 ~~**health care providers, the public, and relevant Massachusetts organizations**~~  
42 ~~**that cooking with a gas stove increases household air pollution and the risk of**~~  
43 ~~**childhood asthma and asthma severity; and, be it further (D)**~~  
44

45 ~~**4. RESOLVED, That the MMS will inform its members and, to the extent**~~  
46 ~~**possible, health care providers, the public, and relevant Massachusetts**~~  
47 ~~**organizations that the risks of household air pollution and asthma**~~  
48 ~~**associated with gas cooking stoves can be mitigated by reducing the use of**~~  
49 ~~**the gas cooking stove, using adequate ventilation, using a HEPA filter, or**~~  
50 ~~**replacing the gas cooking stove with an electric stove. (D)**~~  
51

1 Fiscal Note: No Significant Impact  
2 (Estimated Expenses)

3  
4 Estimated Staff Effort  
5 to Complete Directive(s): One-Time Expense \$2,000  
6

7 *Your reference committee heard mixed testimony on this resolution, and reviewed online*  
8 *testimony. Testimony in support of the resolution discussed the data linking pollutants*  
9 *caused by natural gas combustion, including specifically from gas stoves, to respiratory*  
10 *health effects, particularly for children. It also noted that there are interventions, which in*  
11 *many cases are simple and cost-effective, such as turning on the vent above the*  
12 *cooking stove to mitigate the risk.*

13  
14 *Testimony in opposition questioned the quality of the data, whether this is a priority for*  
15 *the MMS, and whether it's practical for the public to act upon this information. Your*  
16 *reference committee notes the support of the Committee on Public Health and the*  
17 *Committee on Environmental and Occupational Health, that the resolution calls for very*  
18 *limited investment on the part of the MMS, and no requirement that physicians do more*  
19 *in their practices.*

20  
21 *Your reference committee recommends this simplified language to highlight the goal of*  
22 *making physicians and the public aware of a concern about which many are not aware,*  
23 *and recommends this substitution for its clarity of presentation to the HOD.*

24  
25 House Vote: \_\_\_\_\_

1 Item #: 4  
2 Code: Resolution I-19 A-103  
3 Title: Expanding Access to Buprenorphine for Patients with  
4 Opioid Use Disorder  
5 Sponsor: Nicolas Trad  
6  
7 Referred to: Reference Committee A  
8 Mary Beth Miotto, MD, MPH, Chair  
9

10 Recommendation:

11  
12 Mister speaker, your reference committee recommends that Resolution I-19 A-103 **be**  
13 **adopted.**

14  
15 **RESOLVED, That the MMS supports the elimination of the buprenorphine waiver**  
16 **requirement and related restrictions, including the cap on the number of patients**  
17 **that physicians are eligible to treat with buprenorphine. (HP)**

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

21  
22 Estimated Staff Effort  
23 to Complete Directive(s): No Significant Impact  
24

25 *Your reference committee heard testimony in strong, nearly unanimous support of this*  
26 *resolution to remove the buprenorphine waiver requirements. The consensus of those*  
27 *testifying was that this is a safe, effective drug, and that unnecessary barriers to access*  
28 *should be eliminated. Those testifying noted the low rate of physicians who prescribe*  
29 *buprenorphine and emphasized the urgency in advocating to remove regulatory*  
30 *obstacles expeditiously. Many commented that the formulations of the prevailing*  
31 *buprenorphine medications are inherently safe, and that international data shows the*  
32 *drug can be effectively prescribed for substance use disorder without additional training*  
33 *and oversight. Your reference committee recommends this resolution be adopted.*

34  
35 House Vote: \_\_\_\_\_

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

10  
11 Recommendation:

12  
13 Mister speaker, your reference committee recommends that Resolution I-19 A-104(a) **be**  
14 **adopted as amended by addition to read as follows:**

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

25  
26 Fiscal Note: No Significant Impact  
27 (Estimated Expenses)

28  
29 Estimated Staff Effort  
30 to Complete Directive(s): Ongoing Expense of ~~\$3,000~~\$1,500

31  
32 *Your reference committee heard thoughtful discussion on the merits of reducing state*  
33 *and federal regulation of methadone for treatment of opioid use disorder. Those*  
34 *testifying in support noted the efficacy of methadone, as well as successful attempts*  
35 *internationally to lower the barriers to methadone treatment that would not be possible in*  
36 *the US without the proposed reductions in regulation. The urgency of the need to*  
37 *expand access to methadone was highlighted, and examples were cited of how the*  
38 *current restrictions have disrupted care, such as in jails, rehabilitation facilities, and*  
39 *hospitals and for special populations such as persons with disabilities. Many noted that*  
40 *deregulating methadone and allowing it to be prescribed in primary care settings would*  
41 *reduce stigma.*

42  
43 *Those expressing concern or opposition noted the risk of methadone—both in terms of*  
44 *overdose and diversion—especially as compared with buprenorphine. Ultimately, your*  
45 *reference committee recommends to adopt, with an amendment to be sure that many of*  
46 *the safety concerns raised in testimony are paramount when advocating for the*  
47 *modification of regulations.*

48  
49 House Vote: \_\_\_\_\_

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

10  
11 Recommendation:

12  
13 Mister speaker, your reference committee recommends that Resolution I-19 A-104(b) **be**  
14 **referred to the Board of Trustees for report back at I-20.**

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

25  
26 Fiscal Note: No Significant Impact  
27 (Estimated Expenses)

28  
29 Estimated Staff Effort  
30 to Complete Directive(s): Ongoing Expense of ~~\$3,000~~\$1,500

31  
32 *Your reference committee heard extensive testimony about the merits of reducing*  
33 *regulations related to methadone (as per recommendation to adopt Item 5a), but heard*  
34 *little detail to support many of the specific models of care proposed to expand access in*  
35 *this resolve. Given that compelling testimony was provided about certain safeguards*  
36 *present in current opioid treatment programs, and given the lack of clarity about how the*  
37 *safeguards may apply to various care settings that were proposed, your reference*  
38 *committee recommends this resolution be referred to the BOT for report back at Interim*  
39 *2020. Item 5a allows MMS to address the urgency of this issue through advocacy to*  
40 *lessen unnecessary regulations while the BOT carefully explores the most appropriate*  
41 *models of care.*

42  
43 House Vote: \_\_\_\_\_



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

12 Recommendation:

13  
14 Mister speaker, your reference committee recommends that Resolution I-19 A-105 **be**  
15 **adopted.**  
16

17 **RESOLVED, That the Massachusetts Medical Society will sponsor an educational**  
18 **session that will explore decriminalizing the use of illegal drugs and their**  
19 **possession in amounts consistent with personal use only and consider the impact**  
20 **that this approach could have on the Commonwealth of Massachusetts. Health**  
21 **care providers, legislators, health care administrators, and law enforcement**  
22 **officials should be among those invited to take part in the session. (D)**  
23

24 Fiscal Note: One-Time Expense of \$8,000  
25 (Estimated Expenses)

26  
27 Estimated Staff Effort  
28 to Complete Directive(s): One-Time Expense of \$4,500  
29

30 *Testimony was overwhelmingly in favor of this resolution which furthers MMS's prior*  
31 *activities and advocacy related to preventing substance use disorder and promoting*  
32 *access to substance use disorder treatment. Testimony highlighted the experience of*  
33 *Portugal, which moved from a criminal justice model to a public health model of*  
34 *preventing substance use, with positive effect. Testimony recommended the educational*  
35 *program be balanced.*  
36

37 *Your reference committee notes that this directive is educational, not a position on*  
38 *whether or not drugs should be decriminalized, and trusts the MMS's ability to provide a*  
39 *balanced educational program and so offered no amendment.*  
40

41 House Vote: \_\_\_\_\_

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

10  
11 Recommendation:

12  
13 Mister speaker, your reference committee recommends that the recommendations  
14 contained in CGM Report I-19 A-3 **be adopted and the remainder of the report be**  
15 **filed.**

- 16  
17 **1. That the MMS advocate to the Massachusetts Department of Public Health that**  
18 **the national POLST form be adopted for use in Massachusetts. (D)**  
19  
20 **2. That the MMS lead the physician education component of the Massachusetts**  
21 **Implementation Guide, which will reflect the improved governing structure and**  
22 **key implementation components of the national POLST form. (D)**  
23  
24 **3. That the MMS conduct an online webinar on the use of the Massachusetts**  
25 **version of the national POLST form. (D)**  
26  
27 **4. That the MMS support the statewide implementation of the Massachusetts**  
28 **version of the national POLST form. (D)**

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

32  
33 Estimated Staff Effort  
34 to Complete Directive(s): One-Time Expense of \$2,500  
35

36 *Your reference committee heard online and in person testimony in support of this report.*  
37 *Testimony unanimously supported adopting the national POLST form. There were*  
38 *concerns that in some systems, such as federal health care systems and long-term care*  
39 *facilities, the current POLST form is not used as intended, which is when the patient has*  
40 *a serious illness and is perceived to be in the final months of life. Similarly, testimony*  
41 *noted that often social workers instead of physicians are initiating POLST orders with*  
42 *patients, which the physician subsequently signs. Such concerns support the need for*  
43 *the education recommended by the report. Representatives from the Committee on*  
44 *Legislation and the Committee on Finance supported relevant aspects of this report.*

45  
46 House Vote: \_\_\_\_\_

1 *Mister speaker, this concludes the report of Reference Committee A. My thanks to*  
2 *reference committee members Louis Fazen, MD, MPH, Michael Kaplan, MD, Keith*  
3 *Reisinger-Kindle, DO, MPH, Ms. Leah Yuan, Ms. Asha Ayub, and Mr. David Davila; staff*  
4 *coordinators Robyn Alie, Candace Savage, and Lisa Smith; legal counsel Brendan Abel,*  
5 *Esq.; and all those who testified before the committee.*

*For the reference committee,*

A handwritten signature in black ink that reads "Mary Beth Miotto MD". The signature is written in a cursive, flowing style with a large initial "M" and a long horizontal stroke at the end.

*Mary Beth Miotto, MD, MPH, Chair*

***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]	Adopt 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 Adopt	xx
3	Improving Access to Shingles Vaccination for Medicare Patients	Resolution I-19 B-102	Adopt 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	Refer 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	Adopt	xx
6	Prohibiting Insurance Companies from Dictating How Much and How Often Medication Can Be Dispensed	Resolution I-19 B-105	Adopt	xx
7	Requiring Health Insurance Companies to Post Formularies Online	Resolution I-19 B-106	Adopt as Amended	xx
8	Defining a Core Electronic Health Record	Resolution I-19 B-107	Not Adopt	xx
9	Board of Registration Reporting Practices	COL Report: I-19 B-2 [I-18 B-206]	Adopt	xx

1 Item #: 1  
2 Code: OFFICERS Report: I-19 B-1 [A-19 B-201]  
3 Title: Endorse "Medicare for All"  
4 Sponsor: MMS Presidential Officers:  
5 Maryanne Bombaugh, MD, MSc, MBA, FACOG  
6 David Rosman, MD, MBA  
7 Carole Allen, MD, MBA, FAAP  
8

9 Report History: Resolution A-19 B-201  
10 Original Sponsors: Hubert Caplan, MD, Patricia Downs, MD  
11

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

15 Recommendation:  
16  
17 Mister speaker, your reference committee recommends that the recommendations contained in  
18 OFFICERS Report: I-19 B-1 [A-19 B-201] **be adopted as amended by deletion to read as**  
19 **follows and the remainder of the report be filed:**  
20

21 **That the Massachusetts Medical Society adopt in lieu of Resolution A-19 B-201 the**  
22 **following:**  
23

- 24 **1. That the Massachusetts Medical Society supports a system for health insurance**  
25 **coverage that allows for universal access to quality, equitable, affordable coverage,**  
26 **~~including but not limited to a universally accessible public option.~~ (HP)**  
27
- 28 **2. That the Massachusetts Medical Society take a leadership role in advocating for health**  
29 **insurance coverage that allows for universal access to quality, equitable, affordable**  
30 **coverage,**~~including but not limited to a universally accessible public option.~~ **(D)**  
31
- 32 **3. That the Massachusetts Medical Society undertake a review of its policies regarding**  
33 **principles of health insurance coverage with a goal of consolidating such policies. (D)**  
34

35 Fiscal Note: No Significant Impact  
36 (Estimated Expenses)

37  
38 Estimated Staff Effort Item 2: Ongoing Expense of \$3,000  
39 to Complete Directive(s): Item 3: One-Time Expense of \$5,000  
40

41 *Your reference committee heard copious, strongly divided testimony online and in person*  
42 *regarding this report. The underlying resolution advocated for support and advocacy of*  
43 *"Medicare for All," and had been referred to the Board of Trustees, which then delegated*  
44 *consideration of the issue to the Officers. The Officers considered the underlying resolution at*  
45 *length, and concluded that the Society should advocate for a system of health insurance*  
46 *coverage with certain qualities, and that such a system could include, but not be limited to, "a*  
47 *universally accessible public option," in part to avoid the uncertainty and contentiousness*  
48 *surrounding the term "Medicare for All."*

1 *Testimony included debate of the advantages and disadvantages of both Medicare for all and a*  
2 *public option to address the failings of our current healthcare system. Because each of these*  
3 *terms is contentious and not always clearly defined, your reference committee has focused on*  
4 *the fact that testimony generally supported the idea of “a system for health insurance coverage*  
5 *that allows for universal access to quality, equitable, affordable coverage.” Your reference*  
6 *committee notes that other terms were suggested, including “publicly financed, privately*  
7 *delivered healthcare system,” and “publicly funded, single payer system.”*

8  
9 *Your reference committee believes that the portion of the report describing the elements of the*  
10 *system without choosing a specific name for it should be adopted, while the portion with specific*  
11 *nomenclature should be deleted so that the intent may be carried out regardless of the term*  
12 *used. This approach will allow the Society to participate in all discussions, rather than limiting its*  
13 *advocacy to those efforts that adopt the same nomenclature.*

14  
15 House Vote: \_\_\_\_\_

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

10 Recommendation:

11  
12 Mister speaker, your reference committee recommends that Resolution I-19 B-101 **be not**  
13 **adopted.**

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

25  
26 Fiscal Note: No Significant Impact  
27 (Estimated Expenses)

28  
29 Estimated Staff Effort Resolve 1: Ongoing Expense of \$3,000  
30 to Complete Directive(s): Resolve 2: One-Time Expense of \$2,000  
31

32 *Your reference committee heard divided testimony both in person and online regarding this*  
33 *resolution. Although testimony was sympathetic to the problems the resolution seeks to solve,*  
34 *the bulk of the testimony opposed adopting the resolution on the grounds that its core approach*  
35 *was problematic. Some testified that requiring reimbursement at "at least" then-current Medicare*  
36 *rates would likely lead payors to reimburse at "no more than" those rates. Others suggested that*  
37 *it could be inaccurate to extol the virtues of Medicare, when physician experience with Medicare*  
38 *varies widely depending on the physician specialty and practice environment. Your reference*  
39 *committee is persuaded that this resolution would lead to expenditure of Society effort on a*  
40 *potentially unattainable goal, with likely unintended adverse consequences, and therefore*  
41 *recommends that the resolution be not adopted.*

42  
43 House Vote: \_\_\_\_\_

1 Item #: 3  
2 Code: Resolution I-19 B-102  
3 Title: Improving Access to Shingles Vaccination for Medicare Patients  
4 Sponsors: Keith Nobil, MD  
5 Essex South District Medical Society  
6 Ronald Newman, MD, President  
7

8 Referred to: Reference Committee B  
9 Odysseus Argy, MD, Chair  
10

11 Recommendation:

12  
13 Mister speaker, your reference committee recommends that Resolution I-19 B-102 **be adopted**  
14 **as amended by addition and deletion to read as follows:**

15  
16 **RESOLVED, That the MMS ~~advocate to our AMA~~ work with appropriate stakeholders,**  
17 **including the AMA, to encourage the Centers for Medicare and Medicaid Services all**  
18 **payors to improve coverage cover in-office administration of all of the new Shingrix**  
19 **vaccine vaccinations recommended by the Centers for Disease Control and Prevention in**  
20 **office-based practices. (D)**

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

24  
25 Estimated Staff Effort  
26 to Complete Directive(s): No Significant Impact  
27

28 *Your reference committee heard unanimous testimony in support of this resolution, both online*  
29 *and in person. Testimony noted that such coverage would make it easier for patients to access*  
30 *recommended vaccines and would positively impact physician practices. Some who testified*  
31 *requested that the resolution be broadened beyond a brand-name vaccine and beyond a vaccine*  
32 *for shingles, to apply to all evidence-based vaccines in an office setting. Others suggested*  
33 *referring to the recommendations of the Advisory Committee on Immunization Practices (ACIP)*  
34 *of the Centers for Disease Control and Prevention (CDC). Because the ACIP considers the*  
35 *evidence when deciding whether to recommend a particular vaccine, your reference committee*  
36 *is persuaded that this is the appropriate authority for coverage.*

37  
38 *Although testimony and the resolution addressed the Center for Medicare and Medicaid*  
39 *Services' (CMS's) coverage of vaccines, your reference committee is cognizant that private*  
40 *payors, without a required mandate, might discontinue their current practice of providing such*  
41 *coverage, and therefore expanded the resolution to apply to all payors. Your reference*  
42 *committee thus recommends that this resolution be adopted as amended.*

43  
44 House Vote: \_\_\_\_\_



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

10  
11 Recommendation:

12  
13 Mister speaker, your reference committee recommends that Resolution I-19 B-103 **be referred**  
14 **to the Board of Trustees for report back at I-20.**

15  
16 **1. RESOLVED, That the MMS work with the attorney general’s office and other appropriate**  
17 **entities to ensure that large multispecialty corporations are not permitted to force their**  
18 **physicians to refer to in-company specialists who may not be providing comprehensive**  
19 **services (hospital and outpatient services) that are convenient to the patient (in place**  
20 **or time) (D); and, be it further**

21  
22 **2. RESOLVED, That the MMS work with the attorney general’s office and other appropriate**  
23 **entitites to ensure that large multispecialty corporations are not impeding the ability of**  
24 **patients or providers to obtain referrals to a particular specialist of their choosing**  
25 **outside the large multispecialty company. (D)**

26  
27 Fiscal Note: No Significant Impact  
28 (Estimated Expenses)

29  
30 Estimated Staff Effort  
31 to Complete Directive(s): Ongoing Expense of \$3,000

32  
33 *Your reference committee heard divided testimony, both online and in person. The majority of*  
34 *the testimony supported the spirit of the resolution, which argued that physicians should be able*  
35 *to make referrals based on who will provide the best care for the patient, free from restrictions*  
36 *and fear of financial or administrative penalty. Testimony in opposition noted that keeping*  
37 *referrals within ACO networks or preferred provider networks is an important mechanism to*  
38 *control costs and can be more convenient for patients in a medical home setting. Ultimately, your*  
39 *reference committee was persuaded by several speakers, including testimony from the*  
40 *Committee on Legislation, who recommended referral for report back in order to further study*  
41 *and understand the complexity of the issue. As such, your reference committee recommends*  
42 *referral for report back at I-20.*

43  
44 House Vote: \_\_\_\_\_

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

12 Recommendation:

13  
14 Mister speaker, your reference committee recommends that Resolution I-19 B-104 **be adopted.**

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

41  
42 Fiscal Note: No Significant Impact  
43 (Estimated Expenses)

44  
45 Estimated Staff Effort Resolved 3 and 4: Ongoing Expense of \$4,500  
46 to Complete Directive(s): Resolved 5: One-Time Expense of \$1,500  
47

48 *Your reference committee heard unanimous testimony in support of this resolution in person and*  
49 *online. It was noted that words matter, and the word "physician" restores physician dignity and*  
50 *professionalism, conveys the training and skills that are unique to physicians, and supports the*  
51 *health of the physician-patient relationship. Further, this resolution is aligned with current AMA*

1 *policy. Testimony also noted that the use of the word “physician” to describe MDs and DOs does*  
2 *not diminish the importance or value of other health professionals in providing care to patients,*  
3 *but serves instead to emphasize the unique skills, training, and role of physicians. Your*  
4 *reference committee therefore recommends that this resolution be adopted.*

5  
6 House Vote: \_\_\_\_\_

1 Item #: 6  
2 Code: Resolution I-19 B-105  
3 Title: Prohibiting Insurance Companies from Dictating How Much and  
4 How Often Medication Can Be Dispensed  
5 Sponsor: Cecilia Mikalac, MD  
6  
7 Referred to: Reference Committee B  
8 Odysseus Argy, MD, Chair  
9  
10 Recommendation:  
11  
12 Mister speaker, your reference committee recommends that Resolution I-19 B-105 **be adopted.**  
13  
14 **RESOLVED, That the MMS advocate to prevent health care insurers from basing their**  
15 **coverage of a prescription on how many days' supply is ordered or dispensed. (D)**  
16  
17 Fiscal Note: No Significant Impact  
18 (Estimated Expenses)  
19  
20 Estimated Staff Effort  
21 to Complete Directive(s): Ongoing Expense of \$3,000  
22  
23 *Your reference committee heard unanimous testimony in support of this resolution, both online*  
24 *and in person. Testimony underscored the importance of allowing physicians to prescribe*  
25 *appropriate supplies of medication to ensure safety and monitor appropriate medication*  
26 *adherence. Testimony strongly condemned payors' ability to unduly interfere in the provision of*  
27 *care by denying coverage based on the length of a prescription, e.g. requiring a 90-day supply*  
28 *when a 21-day or 120-day supply is more clinically appropriate. Your reference committee*  
29 *therefore recommends that this resolution be adopted.*  
30  
31 House Vote: \_\_\_\_\_

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

9 Recommendation:

10  
11 Mister speaker, your reference committee recommends that Resolution I-19 B-106 **be adopted**  
12 **as amended by addition and deletion to read as follows:**  
13

- 14 1. **RESOLVED, That the MMS advocate that all payors Blue Cross Blue Shield of**  
15 **Massachusetts (BCBS) to make all their complete formulary formularies** available  
16 **online to all beneficiaries, and their physicians and pharmacists,** in a format that is  
17 **searchable, updated monthly, and includes categorization by indication** ~~all BCBS~~  
18 ~~beneficiaries online;~~ and be it further (D)  
19  
20 2. **RESOLVED, That the MMS advocate for legislation to require that ~~private health~~**  
21 **~~insurance companies~~ all payors post all their formularies online to all beneficiaries,**  
22 **and their physicians and pharmacists,** in a format that is **searchable, updated monthly,**  
23 **and includes categorization by indication** ~~in order to allow all beneficiaries to view~~  
24 ~~their options before their appointment.~~ (D)  
25

26 Fiscal Note: No Significant Impact  
27 (Estimated Expenses)

28  
29 Estimated Staff Effort Resolved 1: Ongoing Expense of \$1,500  
30 to Complete Directive(s): Resolved 2: Ongoing Expense of \$3,000  
31

32 *Your reference committee heard unanimous testimony in support of this resolution, both in*  
33 *person and online. Testimony emphasized that transparency is critical to quality patient care and*  
34 *ease of practice. Testimony noted that instead of singling out a particular payor, MMS should*  
35 *advocate that all payors – both public and private – should post their formularies online. Several*  
36 *speakers also noted the added difficulties faced by patients because pharmacists lack access to*  
37 *payor formularies. Lastly, it was suggested that these posted formularies be in a searchable*  
38 *format and updated monthly. The resolution's sponsor agreed with all the suggestions and your*  
39 *reference committee recommended these amendments consistent with this testimony.*  
40

41 House Vote: \_\_\_\_\_

1 Item #: 8  
2 Code: Resolution I-19 B-107  
3 Title: Defining a Core Electronic Health Record  
4 Sponsors: Michael Medlock, MD  
5 Maximilian Pany  
6  
7 Referred to: Reference Committee B  
8 Odysseus Argy, MD, Chair  
9

10 Recommendation:

11  
12 Mister speaker, your reference committee recommends that Resolution I-19 B-107 **be not**  
13 **adopted.**

- 14  
15 **1. RESOLVED, That the MMS endorses the principle of a core electronic health record**  
16 **(EHR) containing the most important documents for longitudinal care across the**  
17 **lifetime of every patient to be held by a primary custodian designated by the patient;**  
18 **and, be it further (HP)**  
19  
20 **2. RESOLVED, That the MMS study and refine the specifications of a core EHR that are**  
21 **useful, adequate, practical, and achievable, with a report back at I-20; and, be it further**  
22 **(D)**  
23  
24 **3. RESOLVED, That the MMS advocate that documents specified as a part of the EHR be**  
25 **submitted by every health care provider in a timely fashion to the primary custodian of**  
26 **the core EHR of each patient. (D)**  
27

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

30  
31 Estimated Staff Effort Resolved 2: One-Time Expense of \$3,500  
32 to Complete Directive(s): Resolved 3: Ongoing Expense of \$3,000  
33

34 *Your reference committee heard copious online and in-person testimony both for and against.*  
35 *Testimony in opposition stated that efforts are already underway at the Federal level by the*  
36 *Office of the National Coordinator for Health Information Technology to define a core Electronic*  
37 *Health Record, that efforts by the Society would be duplicative at best, and that therefore*  
38 *dedication of Society resources to such an effort would not be productive. Other testimony*  
39 *suggested that the idea of a core record “custodian” could create administrative uncertainty or*  
40 *burdens beyond those already imposed by the use of EHRs. Finally, the Committee on Finance*  
41 *testified that this effort would likely cost significantly more than the amount estimated. Your*  
42 *reference committee therefore recommends that this resolution be not adopted.*  
43

44 House Vote: \_\_\_\_\_

1 Item #: 9  
2 Code: COL Report: I-19 B-2 [I-18 B-206]  
3 Title: Board of Registration Reporting Practices  
4 Sponsor: Committee on Legislation  
5 Theodore Calianos II, MD, FACS, Chair  
6  
7 Report History: Resolution I-18 B-206  
8 Original Sponsor: Kimberley O'Sullivan, MD  
9  
10 Referred to: Reference Committee B  
11 Odysseus Argy, MD, Chair  
12

13 Recommendation:

14  
15 Mister speaker, your reference committee recommends that the recommendation contained in  
16 COL Report I-19 B-2 [B-206] **be adopted and the remainder of the report be filed.**

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

- 20  
21 **1. That the MMS supports the disclosure on a physician's Board of Registration in**  
22 **Medicine (BORIM) or National Practitioner Data Bank (NPDB) profile of disciplinary**  
23 **actions, pleas, admissions, or findings of guilt or liability only when determinations**  
24 **are finalized and adverse to the physician. (HP)**  
25  
26 **2. That the MMS advocate for rescission from a physician's BORIM and/or NPDB profile**  
27 **of all information pertaining to disciplinary actions that have been fully**  
28 **reversed/annulled/rescinded/voided by the originating entity. (D)**  
29  
30 **3. That the MMS advocate that any BORIM discipline that results from the BORIM**  
31 **scrutiny initiated from original allegations that have since been found in favor of the**  
32 **physician must be a stand-alone discipline that does not include any reference to the**  
33 **original allegations or subsequent event that stemmed from the original allegations.**  
34 **(D)**  
35  
36 **4. That the MMS advocate for BORIM to create a narrative section for physicians to make**  
37 **a statement under any and all allegations that are posted to a physician's BORIM**  
38 **profile in order that both parties have equal presence to the matter on the profile. (D)**  
39

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

42  
43 Estimated Staff Effort  
44 to Complete Directive(s): Ongoing Expense of \$3,000  
45

46 *Your reference committee heard testimony online and in person unanimously supporting this*  
47 *resolution to protect physicians against long-term harms caused by unsubstantiated allegations.*  
48 *Your reference committee therefore recommends that this resolution be adopted.*  
49

50 House Vote: \_\_\_\_\_

*Mister speaker, this concludes the report of Reference Committee B. My thanks to reference committee members Jaya Agrawal, MD, Julian Huang, MD, Constantine Kostas, MD, Darrolyn McCarroll, MD, Mr. Jacob Radparvar, and Lorraine Schratz, MD; staff coordinators Bissan Biary, MHA, and Jessica Lacy, MHA; legal counsel Leda Anderson, Esq., and Liz Rover Bailey, Esq.; and all those who testified before the committee.*

*For the reference committee,*

A handwritten signature in black ink, appearing to read "O Argy". The signature is fluid and cursive, with the first letter "O" being large and prominent.

*Odysseus Argy, MD, Chair*



**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]	Adopt as Amended	X
1b	Bylaws Changes	COB Report I-19 C-1b [A-19-C-301]	Not Adopt	X
2	Affiliate Membership for Commonwealth of Massachusetts Schools of Public Health Non-Physician Deans	BOT Report I-19 C-2	Refer 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]	Adopt	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 Item #: 1a  
2 Code: COB Report I-19 C-1a [A-19-C-301]  
3 Title: Bylaws Changes  
4 Sponsor: Committee on Bylaws  
5 Lee Perrin, MD, Chair  
6  
7 Report History: Resolution A-19 C-301  
8  
9 Referred to: Reference Committee C  
10 Tom Amoroso, MD, MPH, Chair  
11

12 Recommendation:

13  
14 Mister speaker, your reference committee recommends that the recommendation  
15 contained in COB Report I-19 C-1a [A-19-C-301] **be adopted as amended by addition**  
16 **and the remainder of the report be filed (reference committee's amendments**  
17 **shown as "text"):**  
18

19 **The Committee on Bylaws recommends that the House of Delegates approve the**  
20 **following amendments to the Bylaws (except as otherwise noted, added text is**  
21 **shown as "text" and deleted text is shown as "~~text~~"):**  
22

23 **ITEM A:**

24  
25 **CHAPTER 3 • District Societies**  
26

27 . . .  
28

29 **3.21 Committee on Nominations Membership**  
30

31 **Only delegates who have served as such for at least two years and have been**  
32 **members of the Society for at least five years are eligible to become members or**  
33 **alternate members of the Committee on Nominations of the Massachusetts**  
34 **Medical Society. Members of the Committee on Nominations shall serve one-year**  
35 **terms and shall not serve for more than eight total years as a member, after which**  
36 **they shall not be eligible for re-election. Alternate members of the Committee on**  
37 **Nominations shall serve one-year terms and shall not serve for more than eight**  
38 **total years as an alternate member, after which they shall not be eligible for re-**  
39 **election. Total years served includes all time served, regardless of when it was**  
40 **served, except that total years served shall not include time served filling a**  
41 **vacancy on the Committee on Nominations.**  
42

43 **The eight-year term limit for members and alternate members of the Committee on**  
44 **Nominations shall become effective as of the close of the 2015 annual meeting of**  
45 **the Society.**  
46

47 **Notwithstanding the foregoing, each district society may, by a three-quarter vote**  
48 **by ballot by members present and voting at its annual meeting, extend eligibility**  
49 **of a member or alternate member of the Committee on Nominations of the**  
50 **Massachusetts Medical Society beyond 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 **Notwithstanding the foregoing, each district society may, by a three-quarter vote**  
8 **by ballot by members present and voting at its annual meeting, extend eligibility**  
9 **of a member or alternate member of the Committee on Legislation of the**  
10 **Massachusetts Medical Society beyond nine consecutive years.**

11  
12 . . .

13  
14 **CHAPTER 11 • Committees**

15  
16 **11.01 Term and Qualifications of Committee Members**

17  
18 . . .

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

22 . . .

23  
24 **11.0411 Committee on Legislation**

25  
26 **The Committee on Legislation shall be composed of a chair and a vice chair, both**  
27 **appointed from among the committee members by the President-elect and one**  
28 **member and alternate from each district society as provided in 3.14 and 3.22.**  
29 **When an immediate decision is needed concerning legislative action, the decision**  
30 **shall be made by the President (or in the absence of the President, by the**  
31 **President-elect; or in the absence of the President and President-elect by the Vice**  
32 **President) in consultation with the committee chair (or in the absence of the**  
33 **committee chair with the vice chair) of the Committee on Legislation. The chair of**  
34 **the Committee on Legislation shall report this decision to all members of the**  
35 **committee.**

36  
37 **(D)**

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

41  
42 Estimated Staff Effort  
43 to Complete Directive(s): No Significant Impact

44  
45 *Your reference committee heard engaging testimony, including online, noting that some*  
46 *smaller districts have difficulty filling available committee seats. Other testimony,*  
47 *however, reflected support for term limits, which create opportunities for different*  
48 *members to serve on committees. Your reference committee heard compelling*  
49 *testimony offering an amendment clarifying the three-quarter vote by ballot. Therefore,*  
50 *your reference committee added language accordingly.*

51  
52 House Vote: \_\_\_\_\_

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

12 Recommendation:

13  
14 Mister speaker, your reference committee recommends that the recommendation  
15 contained in COB Report I-19 C-1b [A-19-C-301] **be not adopted and the remainder of**  
16 **the report be filed.**

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

21  
22 **ITEM B:**

23  
24 **CHAPTER 7 • Board of Trustees**

25  
26 • • •

27  
28  
29 **7.08 Committee on Finance**

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

39  
40 • • •

41  
42 **(D)**

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

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

49  
50 *Your reference committee heard consistent testimony, including online, that this*  
51 *suggested bylaws change reflected a top down process and lacked transparency.*

1 *Testimony also suggested that any bylaws changes at this time were premature given*  
2 *the pending work at the upcoming strategic planning summits. Your reference committee*  
3 *found this compelling and therefore recommends that this change to the bylaws be not*  
4 *adopted.*

5  
6 House Vote: \_\_\_\_\_

1 Item #: 2  
2 Code: BOT Report I-19 C-2  
3 Title: Affiliate Membership for Commonwealth of Massachusetts  
4 Schools of Public Health Non-Physician Deans  
5 Sponsor: Board of Trustees  
6 Maryanne Bombaugh, MD, MSc, MBA, FACOG, Chair  
7  
8 Referred to: Reference Committee C  
9 Tom Amoroso, MD, MPH, Chair

10  
11 Recommendation:

12  
13 Mister speaker, your reference committee recommends that the recommendations  
14 contained in BOT Report I-19 C-2 **be referred to the Board of Trustees for Report**  
15 **Back at A-20.**

- 16  
17 **1. That the MMS grant affiliate membership to non-physician deans of**  
18 **Massachusetts schools of public health. (D)**  
19  
20 **2. That the MMS grant affiliate membership to Michelle A. Williams, dean of the**  
21 **faculty, Harvard T.H. Chan School of Public Health, and Anna Maria Siega-Riz,**  
22 **PhD, dean of the School of Public Health and Health Sciences, University of**  
23 **Massachusetts, Amherst. (D)**

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

27  
28 Estimated Staff Effort  
29 to Complete Directive(s): No Significant Impact

30  
31 *Your reference committee heard testimony, including online, that MMS membership*  
32 *should not include non-physicians, which could dilute the physicians' voice. Other*  
33 *testimony reflected, however, that there is precedent for non-physician affiliate*  
34 *membership. Of notable concern to the reference committee was testimony indicating*  
35 *the recommendations conflict with the bylaws concerning affiliate members. Therefore,*  
36 *your reference committee recommends this matter be referred to the Board of Trustees*  
37 *for Report Back.*

38  
39 House Vote: \_\_\_\_\_

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

14 Recommendation:

15  
16 Mister speaker, your reference committee recommends that the recommendation  
17 contained in CSP Report I-19 C-3 [A-19 C-4, Section C, 8c] **be adopted and the**  
18 **remainder of the report be filed.**  
19

20 **That the Massachusetts Medical Society sunset the MMS Committee Structure**  
21 **Principles policy amended and reaffirmed at A-12, which reads as follows:**  
22

23 **MMS Committee Structure Principles**

24 **The CSP shall:**

- 25 a) **Review the MMS committee structure as warranted;**  
26 b) **Develop a comprehensive action and communication plan for any**  
27 **committee structure changes;**  
28

29 **The MMS shall:**

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

41 **(HP)**

42 ***MMS House of Delegates, 5/13/05***  
43 ***Amended and Reaffirmed MMS House of Delegates, 5/19/12***  
44

45 Fiscal Note: No Significant Impact  
46 (Estimated Expenses)

47  
48 Estimated Staff Effort  
49 to Complete Directive(s): No Significant Impact

1 *Your reference committee heard testimony, including online, requesting the*  
2 *postponement of this recommendation to sunset this policy until the completion of the*  
3 *current planning summit process. Your reference committee also heard persuasive*  
4 *testimony that the sunseting of this policy will allow the Committee on Strategic*  
5 *Planning to focus on its primary responsibility of planning for the Society, rather than*  
6 *being tasked with responsibility for oversight of the MMS committee structure. Your*  
7 *reference committee found the latter testimony compelling and therefore recommends*  
8 *the sunseting of this policy be adopted.*

9  
10 House Vote: \_\_\_\_\_



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

10  
11 Mister speaker, your reference committee recommends that the recommendation  
12 contained in BOT Report I-19 C-4a **be referred to the Board of Trustees for report**  
13 **back at A-20.**

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

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

22  
23 Estimated Staff Effort  
24 to Complete Directive(s): Item 1: One-Time Expense of \$9,000  
25

26 *Your reference committee heard abundant testimony, including online, that recommends*  
27 *the strategic planning process be completed prior to restructuring the current special*  
28 *committee process. Testimony indicated the special committee review process lacked*  
29 *transparency, adequate notice, and a definite plan for the committee work going forward.*  
30 *Testimony also indicated, however, an appreciation for the extensive work completed by*  
31 *the Board of Trustees. Therefore, your reference committee recommends referral to the*  
32 *Board of Trustees to allow for additional input and to plan development.*

33  
34 House Vote: \_\_\_\_\_

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

10  
11 Mister speaker, your reference committee recommends that the recommendations  
12 contained in BOT Report I-19 C-4b **be adopted by addition and deletion to read as**  
13 **follows and the remainder of the report be filed:**  
14

15 **2. That the MMS sunset renew for one year the following special committees**  
16 **requesting renewal at the end of FY20 (May 2020): Accreditation Review,**  
17 **Continuing Education Review, Diversity in Medicine, Environmental and**  
18 **Occupational Health, Geriatric Medicine, History, Information Technology,**  
19 **LGBTQ Matters, Maternal and Perinatal Welfare, Nutrition and Physical**  
20 **Activity, Oral Health, Senior Physicians, Senior Volunteer Physicians, Student**  
21 **Health and Sports Medicine, Violence Intervention and Prevention, and Young**  
22 **Physicians, and further recommends**  
23

24 ~~**That the MMS sunset the following special committees at the end of FY20 (May**~~  
25 ~~**2020): Global Health, Mental Health and Substance Use, Physician**~~  
26 ~~**Preparedness, Sustainability of Private Practice, and Women's Health. (D)**~~  
27

28 **3. That MMS sunset the Committee on Men's Health, effective immediately, with**  
29 **gratitude for the past work and efforts of its members (12) currently serving on**  
30 **the committee. (D)**  
31

32 Fiscal Note: ~~No Significant Impact~~ \$48,000  
33 (Estimated Expenses)  
34

35  
36 Estimated Staff Effort  
37 to Complete Directive(s): Item 2: \$96,000  
38

39 *Your reference committee heard overwhelming testimony, including online, in favor of*  
40 *most special committees. Testimony reflected concerns about a top down process, a*  
41 *lack of transparency, perceived ambiguity, and timing. Testimony noted special*  
42 *committees provided valuable benefits: membership engagement, leadership*  
43 *opportunities for young physicians, representation of special interests, and trusting*  
44 *relationships with outside partners, among other benefits. Testimony indicated members*  
45 *were not opposed to change but did not agree with the process to determine how*  
46 *committees would be sunset. Testimony offered multiple potential recommendations for*  
47 *a path forward. After considering all potential recommendations, your reference*  
48 *committee recommends extending a one-year renewal for those special committees*  
49 *requesting renewal at the end of FY20. With regards to those five special committees*  
50 *not up for renewal (Global Health, Mental Health and Substance Use, Physician*  
51 *Preparedness, Sustainability of Private Practice, and Women's Health), your reference*

1 *committee recommends not sunsetting these special committees and allowing them to*  
2 *continue to their current renewal date. Your reference committee did note that no*  
3 *testimony was given supporting continuation of the Committee on Men's Health,*  
4 *therefore your reference committee recommends sunsetting this special committee*  
5 *effective immediately.*

6  
7 House Vote: \_\_\_\_\_

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

10  
11 Recommendation:

12  
13 Mister speaker, your reference committee recommends that Resolution I-19 C-101 **be**  
14 **adopted as amended by addition and deletion to read as follows:**

15  
16 **1. RESOLVED, That the MMS revise the *MMS Procedures of the House of***  
17 ***Delegates, #19, Sunset Policy, to provide that the House shall have the same***  
18 ***options for disposition of items submitted for review under the Sunset Policy***  
19 ***Procedure, regardless of any proposed recommended minor amendments; and,***  
20 ***be it further (D)***

21  
22 **2. RESOLVED, That the MMS revise the *MMS Procedures of the House of***  
23 ***Delegates, #19, Sunset Policy, to provide that policies submitted pursuant to***  
24 ***the “Review/Report Process”, except for minor amendments that maintain the***  
25 ***original intent of the policy, may not be amended, ~~except for minor~~***  
26 ***amendments that maintain the original intent of the policy, by the House and***  
27 ***that this rule may not be suspended. (D)***

28  
29 Fiscal Note: No Significant Impact  
30 (Estimated Expenses)

31  
32 Estimated Staff Effort  
33 to Complete Directive(s): No Significant Impact

34  
35 *Your reference committee heard limited testimony regarding this resolution. Testimony*  
36 *expressed a general concern about a lack of prior notice when a policy will be sunset.*  
37 *Testimony also included a request from one of the co-sponsors for minor amendments*  
38 *to the resolution language. Therefore, your reference committee recommends adoption*  
39 *as amended.*

40  
41 House Vote: \_\_\_\_\_

1 Item #: 7  
2 Code: Resolution I-19 C-102  
3 Title: Suggested Method for Expediting Referred Resolutions  
4 Sponsor: Ihor Bilyk, MD  
5  
6 Referred to: Reference Committee C  
7 Tom Amoroso, MD, MPH, Chair  
8

9 Recommendation:

10  
11 Mister speaker, your reference committee recommends that Resolution I-19 C-102 be  
12 adopted as amended by addition and deletion to read as follows:  
13

- 14 **1. RESOLVED, That the MMS ~~amend the *Procedures of the House of Delegates* by~~**  
15 **~~adding a new procedure that will requires recommend that all committees~~**  
16 **~~evaluating a referred HOD resolution/report make a reasonable effort to~~**  
17 **~~contact the referred resolution’s author, for further input and, if appropriate, to~~**  
18 **~~work with the author on how to fulfill the spirit of the resolution acceptable for~~**  
19 **~~presentation to the HOD; and, be it further (D)~~**  
20  
21 **2. RESOLVED, That the MMS ~~amend the *Procedures of the House of Delegates* by~~**  
22 **~~adding language that requires that all committees evaluating a referred HOD~~**  
23 **~~resolution to include in their report back information on whether the referred~~**  
24 **~~resolution’s sponsor was able to provide feedback. (D)~~**

25  
26 Fiscal Note: No Significant Impact  
27 (Estimated Expenses)

28  
29 Estimated Staff Effort  
30 to Complete Directive(s): No Significant Impact  
31

32 *Your reference committee heard testimony, including online, in support of the underlying*  
33 *intent to improve communication between resolution authors and the committees to*  
34 *which resolutions are assigned. Your reference committee also heard concerns that*  
35 *mandating this communication could give undue influence to an author following*  
36 *adoption by the House of Delegates. Testimony further reflected concern that the*  
37 *language could be punitive by requiring committees always receive input from resolution*  
38 *authors. Therefore, your reference committee recommends adoption as amended.*  
39

40 House Vote: \_\_\_\_\_

*Mister speaker, this concludes the report of Reference Committee C. My thanks to reference committee members Rachael Consoli, MD, MPH, FACOG, Kenneth Hekman, MD, Ronald Newman, MD, Spiro Spanakis, DO. Janet Limke, MD, and Michael Moses, MD; staff coordinators Bill Howland and Brett Bauer; legal counsel Casey Rojas, Esq.; and all those who testified before the committee.*

*For the reference committee,*

A handwritten signature in black ink, appearing to read "Tom Amoroso". The signature is fluid and cursive, with a large, sweeping flourish at the end.

*Tom Amoroso, MD, MPH, Chair*