2019 Interim Meeting Informational Reports
(Available Online at massmed.org/interim2019/handbook)

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1a	Committee Reports on Activities and Initiatives *(Separate PDF-Online Only at (massmed.org/interim2019/handbook)*	Board of Trustees

MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Code: BOT Informational Report: I-19-01
Title: Summary of Official Actions
Sponsor: Board of Trustees
Maryanne Bombaugh, MD, MSc, MBA, FACOG, Chair

The Board of Trustees met on three occasions since the 2019 Annual Meeting of the House of Delegates: June 19, 2019, August 28, 2019, and September 25, 2019. The Board took action on the following items:

June 19, 2019

Summary of Votes

For Board Action:

- Approval of the minutes of the March 13, 2019, Board of Trustees meeting.

- Approval of Interim Committee Appointments for the Committees on Bylaws, Communications, Membership, Public Health, Nominations, Geriatric Medicine, Information Technology, LGBTQ Matters, Senior Physicians, Young Physicians; the Women Physicians' Section; and the Board of Directors of the MMS and Alliance Charitable Foundation.

- Approval of the Annual 2019 Resolutions and Reports, Committee Referrals and Prioritization.

- Approval of the Committee on Membership Report: Deprivations of Members for Non-payment of 2019 Dues.

- Approval of the Members and Chair of the Committee on Finance.

- Approval of the Members and Chair of the Committee on Recognition Awards.

- Approval of the revised Committee on Medical Education Mission Statement.

- Approval to elect or designate three members of the Board to serve on the Committee on Administration and Management (COAM). To allow the staggering of the three Board of Trustees designated or elected slots on the Committee on Administration and Management, effective June 19, 2019, one member of the BOT designated or elected COAM members shall serve for a designated term of one year, one member of the BOT designate or elected COAM members shall serve for a designated term of two years and one member of the BOT designated or elected COAM members shall serve for a designated term of three years.

  In conducting the election or designation of the BOT COAM members, the chair may designate which slot is for one year, two years and three years respectively. Upon completion of the length of service of each of the above designated slots, the term of office of each of these slots going forward shall be three years.

Impact
One-year term will be up in 2020. Upon completion of this one-year term, new term will end in 2023.
Two-year term will be up in 2021. Upon completion of this two-year term, new term will end in 2024.
Three-year term will be up in 2022. Upon completion of this three-year term, new term will end in 2025.

- Approval of the proposed criteria and composition of the Committee on Administration and Management.

- Approval of the proposed criteria and composition of the Committee on Strategic Planning.

- Approval of Christopher Garofalo, MD, Nidhi K. Lal, MD, and Sarah F. Taylor, MD, to serve on the Committee on Administration and Management.

- Approval of the following terms on the Committee on Administration and Management:

1-year term to 2020:	Nidhi K. Lal, MD
2-year term to 2021:	Christopher Garofalo, MD
3-year term to 2022:	Sarah F. Taylor, MD

- Approval of Geoffrey M. Zucker, MD, to serve on the Committee on Strategic Planning for the West Region.

- Approval of the following regional Trustees or Alternate Trustees to serve on the Committee on Strategic Planning:

East Region:	Paula Jo Carbone, MD
Two At-large representatives:	Julia F. Edelman, MD
	Kenath Shamir, MD

- Approval to temporarily recess the meeting of the Board of Trustees and call to order the Annual Meeting of the Stockholders of the Physicians Insurance Agency of Massachusetts (PIAM).

- Approval that the following individuals are hereby elected directors of the corporation (PIAM):

Name	Term Expiration Date
Paul Auffermann, Esq.	June 2022
John F. King	June 2022
Ellana N. Stinson, MD, MPH	June 2022

The term of office of the above named directors shall continue until the next annual meeting, or a special meeting in lieu thereof, of the year in which the term expires or until a successor is elected, unless the term shall subsequently be modified in accordance with the bylaws.

- Approval to elect Michael Farrell as Treasurer of the corporation (PIAM) for a term to continue until the next annual meeting, unless the term shall subsequently be modified in accordance with the bylaws.

- Approval to adjourn the Annual Meeting of the Stockholders of the Physicians Insurance Agency of Massachusetts (PIAM) and resume the meeting of the Board of Trustees.

For Recommendation to the House of Delegates:

(None)

August 28, 2019

Summary of Votes

For Board Action:

- Approval of the minutes of the June 19, 2019, Board of Trustees meeting as amended.

- Approval of Interim Committee Appointments for the Committees on Strategic Planning, Legislation, Public Health, Mental Health and Substance Use, Preparedness, Sustainability of Private Practice, and Violence Intervention and Prevention; the Task Force on Academic Physicians; the Women Physicians' Section Governing Council; the Boston Medical Library Trustees; the MMS and Alliance Charitable Foundation Board of Directors; and the MMS Charitable & Educational Fund Board of Directors.

- Opposition to reverting the language of Resolution A-19, A-101, Support for Modern Abortion Laws and Access, item 1, to the original resolution language.

- Approval that the Massachusetts Medical Society adopt as amended Resolution A-19, A-101, Support for Modern Abortion Laws and Access, item 1, to read as follows:

  That the MMS will advocate for legislation that would increase appropriate access to abortion services. *(D)*

- Approval that the Massachusetts Medical Society adopt Resolution A-19, A-101, Support for Modern Abortion Laws and Access, item 2, which reads as follows:

  That the MMS advocate for legislation and policies that would allow performance of abortions after 24 weeks of pregnancy in cases of lethal fetal anomalies. *(D)*

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

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

- Approval that the Massachusetts Medical Society adopt in lieu of Resolution A-19 B-206, Primary Care Spending, the following:

That the MMS collaborate with multi-stakeholders to define and measure primary care spend in Massachusetts to determine future investments in primary care services. *(D)*

Fiscal Note: (Estimated Expenses)	No Significant Impact
Estimated Staff Effort to Complete Directive(s):	Ongoing Expense of $6,000

For Recommendation to the House of Delegates:

(None)

September 25, 2019 (pending approval)

Summary of Votes

For Board Action:

- Approval to temporarily recess the meeting of the Board of Trustees and call to order the Annual Meeting of Physician Health Services, Inc.

- Approval that the Board of Trustees, acting for and on behalf of MMS in its capacity as Sole Voting Member of PHS, approve Dr. Dustin Patil and Dr. Glenn Pransky each for a three-year term on the PHS Board of Directors.

- Approval that the Board of Trustees, acting for and on behalf of MMS in its capacity as Sole Voting Member of PHS, approve Mr. Michael J. Farrell as Treasurer of Physician Health Services, Inc.

- Approval that the Board of Trustees, acting for and on behalf of MMS in its capacity as Sole Voting Member of PHS, approve the proposed bylaws changes as presented.

- Approval to adjourn the Annual Meeting of Physician Health Services, Inc. and resume the meeting of the Board of Trustees.

- Approval of the minutes of the August 28, 2019, Board of Trustees meeting.

- Approval of Interim Committee Appointments for the Committees on Nominations, Public Health, Diversity in Medicine, Global Health, and Senior Volunteer Physicians.

- Approval that, subject to approval of the terms and conditions by the Committee on Finance, the execution and delivery of documents evidencing a renewal of the Line of Credit from Bank of America, N.A. in the maximum principal amount of $7,000,000 and a promissory note evidencing same, as appropriate, (the “Loan Documents”), be and hereby are approved; and

  That, subject to approval of the terms and conditions by the Committee on Finance, the President and Secretary-Treasurer of the Corporation be and they are, and each of them acting singly is, hereby authorized and empowered, in the name and on behalf of the Corporation to execute and deliver each of the Loan

Documents in such form as the officer so acting may approve, the execution and delivery of the Loan Documents to be conclusive evidence that the same have been approved by the Board of Trustees; and

That, subject to approval of the terms and conditions by the Committee on Finance, the President, President-Elect, Vice President and Secretary-Treasurer of the Corporation be and they are, and each of them acting singly is, hereby authorized and empowered from time to time, in the name and on behalf of the Corporation, to execute, make oath to, acknowledge and deliver any and all such orders, directions, certificates and other documents and papers, and to do or cause to be done any and all such other acts and things, as may be shown by his/her execution or performance thereof to be in his/her judgment necessary or desirable in connection with the consummation of the transactions contemplated by the Loan Documents or otherwise authorized by these resolutions, the taking of any such action to be conclusive evidence that the same has been approved by the Board of Trustees.

- Approval of the BOT Informational Report I-19, titled Advancing Gender Equity in Medicine [I-18 C-302/ BOT/OFFICERS Report A-19-02] for submittal to the House of Delegates at I-19.

- Approval of the BOT/COAM/COC/COF Informational Report, titled Clarification on Specificity and Flexibility of Investment Policy on Fossil Fuels, Climate Change, and Socially Responsible Investments [I-18 C-301] for submittal to the House of Delegates at I-19.

- Approval to accept the FY20 Committee Reports on Goals and Activities/Initiatives as presented.

<u>For Recommendation to the House of Delegates:</u>

- Approval that the Massachusetts Medical Society adopt as amended Resolution A-19 B-207 to read as follows:

    1. That the MMS will encourage the Board of Registration in Medicine and other physician institutions (physician associations, hospitals, and other licensing bodies) to reconsider having “probing questions” about a physician’s mental health, addiction, or substance use on applications for medical licensure/credentialing or renewal, or to allow only questions that focus on the presence or absence of current impairments that impact physician practice and competence. *(D)*

    2. That the MMS will encourage the Board of Registration in Medicine and other physician institutions to offer “safe haven” non-reporting to applicants for licensure/credentialing who are receiving appropriate treatment for mental health or substance use and that the non-reporting would be based on monitoring by, and good standing with the recommendations of, a state physician health program. *(D)*

- Approval to recommend to the House of Delegates at I-19 that MMS grant affiliate membership to non-physician deans of Massachusetts schools of public health, and further recommend

  That the House of Delegates 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.

- Approval to recommend to the House of Delegates at I-19 that beginning in FY21 (June 2020), the work of all current FY20 special committees and any proposed future special committees be aligned within any future governance model including the existing standing committees, task forces, sections and member interest networks. *(D)*

- Approval to recommend to the House of Delegates at I-19 that the MMS sunset the following special committees requesting renewal at the end of FY20 (May 2020): Accreditation Review, Continuing Education Review, Diversity in Medicine, Environmental & Occupational Health, Geriatric Medicine, History, Information Technology, LGBTQ Matters, Maternal & Perinatal Welfare, Nutrition and Physical Activity, Oral Health, Senior Physicians, Senior Volunteer Physicians, Student Health & Sports Medicine, Violence Intervention & Prevention, and Young Physicians, and further recommend

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

- Approval to discontinue the allocation of human and financial resources to the Committee on Men's Health, and further recommend to the House of Delegates at I-19 sunsetting the Committee on Men's Health, effective immediately, with gratitude for the past work and efforts of its members currently serving on the committee. *(D)*

MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Code:	BOT Informational Report I-19-02 [A-19 A-101 (items 1-2); A-19 B-206; A-19 B-207]
Title:	Actions Taken on A-19 Items Referred to Board of Trustees for Decision
Sponsor:	Board of Trustees Maryanne Bombaugh, MD, MSc, MBA, FACOG, Chair
Resolution/Report History:	Resolution A-19 A-101 Resolution A-19 B-206 Resolution A-19 B-207

EXECUTIVE SUMMARY

At A-19, items 1-3 in grid below were referred to the Board of Trustees (BOT) for decision. The BOT referred the items to committees for review and a report with recommendations. The BOT took the actions as indicated (please see Appendices A-C).

Item	Title	Referred to	BOT Decision
1.	Support for Modern Abortion Laws and Access *(Appendix A)*	Committee on Maternal and Perinatal Welfare and Committee on the Quality of Medical Practice (1-2) (in consultation with) Committee on Legislation	Adopted as Amended (item 1) Adopted (item 2)
2.	Primary Care Spending *(Appendix B)*	MMS Presidential Officers	Adopted in lieu of
3.	Support for Physicians Experiencing Burnout *(Appendix C)*	Committee on the Quality of Medical Practice (in consultation with) Committee on Legislation	Adopted as Amended

APPENDIX A

MASSACHUSETTS MEDICAL SOCIETY

August 28, 2019

MEMORANDUM TO THE BOARD OF TRUSTEES

Subj: Resolution A-19, A-101, Support for Modern Abortion Laws and Access

Background

At A-19, the House of Delegates (HOD) referred items 1 and 2 of Resolution A-19 A-101, Support for Modern Abortion Laws and Access, to the Board of Trustees (BOT) for decision. The BOT referred this report to the Committees on Quality Medical Practice and Maternal and Perinatal Welfare (in consultation with) Committee on Legislation for a report at the August 28 BOT meeting.

Items 1 and 2 direct:

1. That the MMS advocate for legislation and policies that would remove barriers to abortion access. *(D)*

2. That the MMS advocate for legislation and policies that would allow performance of abortions after 24 weeks of pregnancy in cases of lethal fetal anomalies. *(D)*

Fiscal Note: (Out-of-Pocket Expenses)	No Significant Impact
Staff Effort to Complete Directive(s):	Ongoing Expense of $1,500

Reference Committee and HOD Testimony

At A-19, the reference committee recommended that this resolution be adopted. The following is the reference committee's rationale:

Your reference committee heard considerable, respectful discourse on this issue. The preponderance of the testimony, including from many committees and districts, supported the resolution as written. Testimony in opposition, both in person and online, came from individuals—some was generally in opposition to abortion, some expressed concern about minors not having the support of parents for this decision, and some noted that medical advances are making once lethal fetal anomalies no longer lethal.

Testimony noted that support of this resolution does not mean that any physician would be required to perform abortions; existing MMS and AMA policy acknowledges the physician's right to conscientious objection. Testimony emphasized that the resolution reinforces the principle that medical decisions should be determined by physicians and patients, and not legislators or others without medical expertise.

Testimony agreed that patients, particularly minors, should have access to emotional support when considering whether to terminate or maintain a pregnancy, but barriers should be eliminated in cases where minors' parents/guardians are not providing support.

Your reference committee considered that the language 'lethal fetal anomalies' allows for application of the best scientific information and judgment at that moment in time—anomalies which are lethal today may be treatable in the future with scientific advances and would no longer be considered lethal.

An amendment to item 'c' [3] proposed the deletion of 'only' which your reference committee judged reverses the intent of the resolution, which was not supported by testimony.

Your reference committee appreciates the respectful disagreement on this issue and based on most of the testimony, recommends adoption as written.

The House of Delegates heard thoughtful testimony relative to Items 1 and 2. One author offered testimony wishing to frame the importance of the resolution in the national context of abortion rights, wherein protections for the rights afforded under Roe v. Wade are being curtailed or eroded in other parts of the country, to underscore the importance of legal protections and accessibility in Massachusetts. Overall, testimony acknowledged the complexity and diversity of views on abortion and the issues raised in the resolution.

Testimony recommending referral for Item 1 expressed concern that the language about "removing barriers" was too broad – with "barriers" being undefined – and as such could potentially be inclusive of or enable support for policy or legislation in conflict with existing MMS policy. While testimony questioned whether this resolution would enable MMS to support allowing any practitioner to perform abortions and at any stage of pregnancy, this would not be consistent with current MMS policy, which states that abortion is a medical procedure and should be performed only by a duly licensed physician in conformance with standards of good medical practice.

Testimony recommending referral for Item 2 expressed the need for additional time for consideration and understanding of the policy. Some testimony questioned how lethal fetal anomalies would be defined and discussed the complicated nature of making prenatal diagnoses. Testimony also questioned how treatable verses non-treatable diagnosis would be treated under the proposed law. Other testimony suggested that the discussion should not be about whether termination should be allowed for fatal anomalies, but rather acknowledged that in practice, this is legal outside of Massachusetts, but there are only 2-3 places in the country where a pregnant person with a fatal fetal diagnosis can go. Because this out-of-state care would not be covered by insurance, current Massachusetts law places significant burden on people seeking this permissible care.

Current MMS Policy: ABORTION

The MMS has the following policy:

The Massachusetts Medical Society adopts the AMA Policy on abortion which reads:

The AMA reaffirms its opposition to legislative proposals that utilize federal or state health care funding mechanisms to deny established and accepted medical care to any segment of the population.

AMA: Reaffirmed I-93, Reaffirmed A-05, Reaffirmed, A-15, Reaffirmed I-93, Reaffirmed A-05, Reaffirmed A-15

Our AMA reaffirms that: (1) abortion is a medical procedure and should be performed only by a duly licensed physician and surgeon in conformance with standards of good medical practice and the Medical Practice Act of his state and (2) Neither physician, hospital, nor hospital personnel shall be required to perform any act violative of personally held moral principles. In these circumstances, good medical practice requires only that the physician or other professional withdraw from the case, so long as the withdrawal is consistent with good medical practice.

AMA: Reaffirmed I-96, Reaffirmed: A-97 Reaffirmed I-00, Reaffirmed I-96, Reaffirmed A-97 Reaffirmed I-00)
MMS Council, 10/11/89
Reaffirmed MMS House of Delegates, 5/7/99
Reaffirmed MMS House of Delegates, 5/12/06
Reaffirmed MMS House of Delegates, 5/11/13

The MMS will advocate for legislation and policies that would provide that the only criteria needed to consent to abortion are pregnancy and medical decision-making capacity.

The MMS will advocate for legislation and policies that would expand existing safety net health coverage for pregnancy-related care to abortion.

The MMS will advocate for legislation and policies that would update pregnancy and abortion-related medical terminology used in legal codes to reflect the most recent scientific evidence and knowledge. (D)

MMS House of Delegates, 5/4/19

Relevance to MMS Strategic Initiatives

An MMS strategic priority is Patients/2/Critical: Assess vulnerable populations and determine where the MMS can have the strongest impact on access to appropriate care, including social determinants of health and health disparities.

Discussion

Committee on the Quality of Medical Practice (CQMP)

The CQMP met on June 4, 2019 and discussed the reference committee testimony, HOD testimony, and discussed the resolution. Dr. Spivak, chair, framed the conversation about abortion and the legality surrounding it by reminding the group that it is easy to have political, religious, and personal ideology come to the forefront but that in this case, it is important to focus on what the committee thinks is the best for the state and what is best for the MMS to represent for the state. She also noted that particularly for item 2: “abortion after 24 weeks of pregnancy in cases of lethal fetal anomalies,” is often an issue for low-income populations who do not have adequate access to health care and prenatal care, which is often an unfortunate reality we also must work to improve.

Item 1 – "That the MMS advocate for legislation and policies that would remove barriers to abortion access."

Proposed Amendment:
The Committee on the Quality of Medical Practice made suggestions for amending the language in Item 1 as follows (added text shown as "text" and deleted text shown as "~~text~~"):

> "That the MMS advocate for legislation that would ~~remove barriers to abortion access~~ increase appropriate access to abortion services."

In regards to item 1: The committee heard from staff that it is easy to appreciate the sentiment of this item as originally written but it is also broad, and it is unclear about what could come forward for legislation that may "remove barriers" or go against what the MMS believes should be safe barriers to abortion. To respond to this and to the HOD comments, the committee entertained a positive wording of the resolution to "increase appropriate access" to abortion services, which appears to be the rationale for the resolution. The committee believes that this language could help with unintended consequences, and lets the MMS decide when it is reasonable to advocate for abortion services. The committee felt that leaving 'appropriate" undefined would enable the flexibility needed as well.

Item 2: "That the MMS advocate for legislation and policies that would allow performance of abortions after 24 weeks of pregnancy in cases of lethal fetal anomalies."

In regards to Item 2: The committee was reminded that in Massachusetts there has been long standing ability for physicians to provide abortions post 24 weeks in the context to protect the life and physical and mental health of the mother. Item 2 would now allow the MMS to advocate to expand this ability to also perform abortions post-24 weeks in the scenario of lethal fetal anomaly. This would enable the doctor and patient to make that determination as they see fit. Approximately eight other states (with more to follow) already have similar undefined provision in law related to lethal fetal anomaly. Abortions later in pregnancy in the case of fetal anomalies are explicitly permitted in statute in Georgia, Louisiana, Maryland, Mississippi, South Carolina, Texas, Utah, West Virginia; in all of these states except Maryland, the law applies specifically to a lethal diagnosis, but the language of these different laws varies. For example, a 2019 law in Georgia outlaws abortion early in the first trimester of pregnancy, but maintains an exception throughout pregnancy where the doctor determines there is a "medically futile pregnancy," which is defined as "a profound and irremediable congenital or chromosomal anomaly that is incompatible with sustaining life after birth." Notably, while legal, access to abortion later in pregnancy for fatal anomalies does not exist in most of these states. In practice, there are only two places in the country people can go for late 2nd or 3rd trimester abortions – Colorado and New Mexico. As had been noted before, the committee recognized the health disparities presupposed in item 2. The majority of the committee voted to adopt item 2 as written.

Committee on Maternal & Perinatal Welfare (CMPW)
The chair, vice chair, and members of the Committee on Maternal & Perinatal Welfare were provided a background memorandum, including a summary of HOD testimony, and discussed these items via telephone and email, ultimately voting on both items via an electronic poll.

Item 1 – "That the MMS advocate for legislation and policies that would remove barriers to abortion access."

Proposed Amendment:

The Committee on Maternal & Perinatal Welfare concurred with the Committee on the Quality of Medical Practice's suggestion for amending the language in Item 1 as follows:

> "The MMS advocate for legislation that would ~~remove barriers to abortion access~~ increase appropriate access to abortion services."

Testimony appreciated the concerns expressed by the HOD of the language in Item 1 being too broad – with "barriers" being undefined – and potentially being inclusive of or enabling support for policy or legislation in conflict with existing MMS policy and largely determined that the proposed amended language addressed those concerns. The committee agreed that having the language framed in the positive and having the word "appropriate", while perhaps relatively subjective, provides staff and physician leadership enough flexibility and discretion to constructively apply the policy.

Item 2: "That the MMS advocate for legislation and policies that would allow performance of abortions after 24 weeks of pregnancy in cases of lethal fetal anomalies."

The committee appreciated the concerns relayed by the HOD relative to how lethal fetal anomalies are or should be defined and how treatable v. non-treatable diagnoses would be dealt with under the proposed legislation. The committee agreed with the intent to provide due deference to the medical judgment of providers, such that they may use all the medical information available to them in each unique situation to make an appropriate, informed diagnosis for their patient. Testimony also discussed health equity concerns, as the ability to access to abortion later in pregnancy at present is available only to those with the means and resources to travel out-of-state, and not to those without such means, creating a disparity in access to care. As such, the committee voted to support the language of Item 2 as is.

Committee on Legislation
Item 1 – "That the MMS advocate for legislation and policies that would remove barriers to abortion access."

Proposed Amendment:

The Committee on Legislation concurred with the Committee on the Quality of Medical Practice and the Committee on Maternal & Perinatal Welfare's suggestion for amending the language in Item 1 as follows:

> "That the MMS advocate for legislation that would ~~remove barriers to abortion access~~ increase appropriate access to abortion services."

Committee discussion addressed concerns with Item 1 relative to the lack of definition of "barriers to access" and that broad framing could be overinclusive, allowing support for legislation that could conflict with existing MMS policy, including what types of providers may

perform abortions and at what stage of pregnancy. The committee agreed with the rationale behind the CQMP's and the CMPW's decision to recommend amended language for Item 1 and voted unanimously to support that item as amended.

Item 2: "That the MMS advocate for legislation and policies that would allow performance of abortions after 24 weeks of pregnancy in cases of lethal fetal anomalies."

There was robust discussion of Item 2. Some committee members raised concerns about whether the resolution should distinguish between treatable and non-treatable fetal diagnoses and how medical advances may affect what is considered a lethal anomaly. An amendment was offered to modify Item 2 to only support policy allowing the performance of abortions after 24 weeks of pregnancy in cases of "untreatable lethal fetal anomalies." This amendment was voted down; the prevailing committee testimony was that by definition, a lethal anomaly is not treatable, and further, that while there may be treatment options available for certain diagnoses, it is misguided to foreclose the option of abortion in that instance and force a woman to treat and carry that pregnancy to term; it was also acknowledged that women with less means may lack access to such treatment options.

Committee discussion also raised concerns about the possibility and rate of occurrence of misdiagnoses of lethal anomalies and whether women are aware of possible treatment options for certain diagnoses. An amendment was offered to modify Item 2 to allow for abortions after 24 weeks in cases of lethal fetal anomalies *only after consultation with appropriate subspecialty services*. There was discussion as to whether this amendment could exacerbate inequities based on racial and socioeconomic disparities in access to quality prenatal care and whether it may put an undue burden on pregnant patients – particularly women of color – and doctors. Based on this discussion, a further amendment was offered to allow for abortions after 24 weeks in cases of lethal fetal anomalies only after consultation with appropriate subspecialty services *is offered*. The further amendment was adopted, but ultimately the amendment to require the offering of subspecialty consultations was voted down. The prevailing committee discussion recognized the shared goal of wanting to outline and ensure perfect care for patients, but acknowledged that there may be unintended consequences of the amended language and that providers should be trusted to exercise their best medical judgment to use all of the information available to them to provide the best possible care to their patients. Additionally, discussion acknowledged that access to abortion later in pregnancy in the case of a lethal fetal anomalies exists in other parts of the country, and that it should be available to Massachusetts patients.

Conclusion

All three committees voted to recommend that Item 1 be amended, as proposed by the CQMP and that item 2 be adopted as presented.

Recommendations:

1. That the Massachusetts Medical Society adopt as amended Resolution A-19, A-101, item 1, to read as follows:

   That the MMS will advocate for legislation that would increase appropriate access to abortion services. *(D)*

2. That the Massachusetts Medical Society adopt Resolution A-19, A-101, item 2, which reads as follows:

   That the MMS advocate for legislation and policies that would allow performance of abortions after 24 weeks of pregnancy in cases of lethal fetal anomalies. *(D)*

Fiscal Note: (Out-of-Pocket Expenses)	No Significant Impact
Staff Effort to Complete Directive(s):	Ongoing Expense of $1,500

Sincerely,

Barbara Spivak, MD
Chair, Committee on the Quality of Medical Practice

Sara Shields, MD, MS, FAAFP
Chair, Committee on Maternal and Perinatal Welfare

Sarah Taylor, MD
Chair, Committee on Legislation

APPENDIX B

MASSACHUSETTS MEDICAL SOCIETY

August 28, 2019

MEMORANDUM TO THE BOARD OF TRUSTEES

Subj: Resolution A-19 B-206, Primary Care Spending

Background

At 1-19, the House of Delegates (HOD) referred Resolution A-19 B-206, Primary Care Spending, to the Board of Trustees (BOT) for decision. The BOT referred this report to the MMS presidential officers for a report at the August 28, 2019, BOT meeting.

The resolution directs:

1. That the MMS advocate for legislation to define which expenses constitute primary care service expenses. *(D)*

2. That the MMS advocate for legislation, regulation, and business practices of appropriate stakeholders that will lead to the doubling of the percentage of all health care spending in Massachusetts spent on primary care services. *(D)*

Fiscal Note: (Estimated Expenses)	No Significant Impact
Estimated Staff Effort to Complete Directive(s):	Ongoing Expense of $6,000

Reference Committee Testimony

At A-19, the reference committee recommended that this resolution be referred to the BOT for decision. The following is the reference committee's rationale:

Your reference committee heard mixed testimony regarding this resolution. On the one hand, there is evidence from a Harvard study of a program in Rhode Island that establishes that this approach, of compensating primary care physicians more, works to increase the number of primary care physicians, which in turn decreases costs and increases healthcare quality and population health. On the other hand, this resolution calls for legislative intervention into the definition of "primary care," and broad legislative involvement in the allocation of healthcare dollars. Given these strong, compelling, yet countervailing arguments, your reference committee recommends referral for decision.

On a related note, some testimony suggested that the RUC (RVS [Relative Value Scale] Update Committee) already does this work, but your reference committee believes this resolution addresses an issue separate from the work of the RUC.

Current MMS Policy
The MMS has no policy on this specific topic.

Relevance to MMS Strategic Initiatives
MMS strategic priorities are Patients/#2/Critical: Assess vulnerable populations and determine where the MMS can have the strongest impact on access to appropriate care, including social determinants of health and health disparities, and Physicians/#5/ Intermediate: Advocate for fair and equitable systems of compensation.

Discussion
On July 24, 2019, the Presidential Officers held a conference call meeting with the sponsor of the resolution. Several questions were posed regarding the intent of the resolves. The sponsor shared an additional report analyzing state-level investing in primary care from the Patient-Centered Primary Care Collaborative (PCPCC) and Robert Graham Center. The report, Investing in Primary Care: A State-Level Analysis, released in July 2019, was produced to inform the efforts of both state and national leaders.

Key findings of the report are:
1. The proportion of health care expenditures spent on primary care is low.
2. Considerable state variation exists in percent of primary care spend for both the "Narrow" and "Broad" definitions.
3. There was only a weak correlation of state-level primary care spend by each payer type.
4. Large differences exist between the "Primary Care Narrow" spend and the "Primary Care Broad" spend for most states.
5. There is a negative association between primary care spend and utilization outcomes, but more research is needed to understand the impact increased primary care investment has on a state.
6. A standardized measure of primary care spend is needed.

The report also includes a description of legislative/regulatory efforts in 10 states to measure and report on primary care spend and to shift more resources into primary care. Multi-stakeholder collaboratives are beginning to work informally in several states. In Massachusetts, the formation of a Primary Care Investments Workgroup within the New England States Consortium Systems Organization (NESCSO) – a non-profit corporation organized by six New England Health and Human Services (HHS) agencies and the University of Massachusetts Medical School was recently appointed. In 2019 and beyond, the workgroup's planned goal is to collaborate on ideas to increase primary care investment and evolve payment models.

During discussions, the officers acknowledged the following:
- Investing in primary care to achieve better outcomes, more health equity and lower costs is important and a strategic initiative of the MMS.
- The PCPCC shows that Massachusetts is 2nd to Minnesota in percentage of spend on primary care.
- Massachusetts has the Health Policy Commission (HPC) charged with monitoring health care spending growth in Massachusetts and providing data-driven policy recommendations regarding health care delivery and payment system reform. With the

state's goal of bringing health care spending growth in line with growth in the state's overall economy, the HPC established the health care cost growth benchmark, a statewide target for the rate of growth of total health care expenditures.

- Establishing a standard measure for primary care spend and tools to track primary care investment using a standardized measure are important.
- Collaborating with multi-stakeholders (e.g. MA Health Policy Commission, New England States Consortium Systems Organization, etc.) in order to get diverse input on defining and measuring primary care spend and on establishing a mechanism for collecting and reporting related data is a key component before any regulations or legislation can be proposed.

Following consideration of these points, the officers agreed to recommend that the Board of Trustees to adopt in lieu of Resolution A-19 B-206, Primary Care Spending the following (added text shown as "text"-and deleted text shown as "~~text~~"):

That the MMS collaborate with multi-stakeholders to define and measure primary care spend in Massachusetts to determine future investments in primary care services.

~~1. That the MMS advocate for legislation to define which expenses constitute primary care service expenses. *(D)*~~

~~2. That the MMS advocate for legislation, regulation, and business practices of appropriate stakeholders that will lead to the doubling of the percentage of all health care spending in Massachusetts spent on primary care services. *(D)*~~

Conclusion

In conclusion, the officers recommend

That the Board of Trustees adopt in lieu of Resolution A-19 B-206, Primary Care Spending the following:

That the MMS collaborate with multi-stakeholders to define and measure primary care spend in Massachusetts to determine future investments in primary care services. *(D)*

Fiscal Note: (Estimated Expenses)	No Significant Impact
Estimated Staff Effort to Complete Directive(s):	Ongoing Expense of $6,000

Recommendation:
That the Board of Trustees adopt in lieu of Resolution A-19 B-206, Primary Care Spending the following:

That the MMS collaborate with multi-stakeholders to define and measure primary care spend in Massachusetts to determine future investments in primary care services. *(D)*

Fiscal Note: (Estimated Expenses)	No Significant Impact
Estimated Staff Effort to Complete Directive(s):	Ongoing Expense of $6,000

Sincerely,

Maryanne C. Bombaugh, MD, MSc, MBA, FACOG, President
David A. Rosman, MD, MBA, President-elect
Carole E. Allen, MD, MBA, Vice President

APPENDIX C

MASSACHUSETTS MEDICAL SOCIETY

September 25, 2019

MEMORANDUM TO THE BOARD OF TRUSTEES

Subj: Resolution A-19 B-207, Support for Physicians Experiencing Burnout

Background

At A-19, the House of Delegates (HOD) referred Resolution A-19 B-207, Support for Physicians Experiencing Burnout, to the Board of Trustees (BOT) for decision. The BOT referred this report to the Committee on the Quality of Medical Practice in consultation with the Committee on Legislation for a report at the September 25, 2019, BOT meeting.

The resolution directs:

1. That the MMS will encourage the Board of Registration in Medicine and other physician institutions (physician associations, hospitals, and other licensing bodies) to reconsider having "probing questions" about a physician's mental health, addiction, or substance use on applications for medical licensure/credentialing or renewal, or to allow only questions that focus on the presence or absence of current impairments that impact physician practice and competence. *(D)*

2. That the MMS will encourage the Board of Registration in Medicine and other physician institutions to offer "safe haven" non-reporting to applicants for licensure/credentialing who are receiving appropriate treatment for mental health or substance use and that the non-reporting would be based on monitoring and good standing with the recommendations of a state physician health program. *(D)*

Fiscal Note: (Estimated Expenses)	No Significant Impact
Estimated Staff Effort to Complete Directive(s):	Ongoing Expense of $3,000

Reference Committee Testimony

At a-19 the reference committee recommended that this resolution/report be referred to the BOT for decision. The following is the reference committee's rationale:

Your reference committee received copious testimony, online and in person, regarding this resolution. Most of the testimony favored referral for decision, given that this is an active issue, and Society officers and others should have flexibility when working with the Board of Registration in Medicine and others. Your reference committee therefore recommends that this resolution be referred to the Board of Trustees for decision.

Current MMS Policy
The MMS has the following policy:

REGULATION AND LICENSURE
Board of Registration in Medicine (BORIM)
The Massachusetts Medical Society will work with the Board of Registration in Medicine to establish limitations for accessing physicians' medical and/or mental health treatment records when they are irrelevant to the matter under investigation. (D)

The Massachusetts Medical Society will encourage the Board of Registration in Medicine, when it is inquiring into the medical or mental health status of a licensee, to accept a treatment summary provided by the treating physician in lieu of accessing the licensee's medical or mental health records. (D)

If negotiations with the Board of Registration in Medicine do not result in a satisfactory response, the Massachusetts Medical Society's Committee on Legislation will seek to secure a statutory privilege protecting physicians' medical and/or mental health treatment records from access by the Board of Registration in Medicine, except and to the degree that the Board can establish a compelling need to access those portions relevant to a current investigation. (D)

MMS House of Delegates, 11/8/96
Reaffirmed MMS House of Delegates, 5/2/03
Reaffirmed MMS House of Delegates, 5/14/10
Reaffirmed MMS House of Delegates, 4/29/17

Relevance to MMS Strategic Initiatives
The resolution as submitted relates to the MMS strategic priority Physicians/1/Critical: Identify and implement three high-impact initiatives to advocate for the reduction of unnecessary regulations and administrative burdens. Physician /4/ Intermediate/ Identify factors that contribute to satisfying work environments and advocate with stakeholders for action, where needed.

Discussion
The following background information was provided to the members of the CQMP to help frame their conversation on September 12th. Item1 and Item 2 were each discussed at length. Both Items were adopted with Item 2 being amended for clarity.

Item 1
The committee was informed that the resolution language draws from recommendations found in the Federation of State Medical Board report "Physician Wellness and Burnout: Report and Recommendations of the Workgroup on Physician Wellness and Burnout." The Workgroup examined the issue of physician burnout from a broad perspective, reviewing as many facets of this complex issue as possible, including existing research, resources, and strategies for addressing it, and their recommendations for state medical boards and osteopathic boards focus primarily on the licensing process. Of note, the MMS-MHA Joint Task Force on Physician Burnout reviewed and supported the recommendations targeting State Medical Boards. The recommendations include encouraging Board's to consider whether it is necessary to include "probing questions" about a physician applicant's mental health, addiction or substance use on applications for medical licensure or renewal, and whether the information these questions are

designed to elicit, ostensibly in the interests of patient safety, and may be better obtained through means less likely to discourage treatment seeking among physician applicants". [i]

The recommendations further state that "where member boards strongly feel that questions addressing the mental health of physician applicants must be included on medical licensing applications, that such questions, "focus only on **current** impairment, which may be more meaningful in the context of a physician's ability to provide safe care to patients in the immediate future." [ii]

The MMS staff notes that Massachusetts Board of Registration in Medicine has revised its applications to ask the following questions:

1) Do you have a medical or physical condition that currently impairs your ability to practice medicine?
2) Have you engaged in the use of any substances with the result that your ability to practice medicine is currently impaired?

The CQMP appreciates that the current approach is focused on **current** rather than a history of health concerns, and that it is focused on conditions that affect one's ability to practice medicine.

To respond to the resolutions additional language around competence, the CQMP reviewed the licensing application and saw that questions 18-21 of the current re-licensure application met the practice of medicine and competence criteria mentioned in the Item 1. For example, "18b) Have you taken a leave of absence from any health care facility group practice, or employer for reasons related to your competence to practice medicine?"

Since the application review process is continuous and flowing, the committee recommends adoption of item 1.

Item 2

The FSMB report goes on to recommend that " State medical boards are also encouraged to approach physician wellness and burnout from a non-punitive perspective, avoiding public disclosure of any information about a physician diagnosis during licensing processes and offering "safe haven" non- reporting options to physicians who are under treatment and in good standing with a recognized physicians health program or other appropriate care.

Despite the long-standing "safe haven" for non-reporting of applicants for licensure/credentialing who are receiving appropriate treatment for mental health or substance use, recent BORIM regulations (August 9, 2019) have altered the exemptions from otherwise mandatory reporting. Firstly, Board regulations now require, as a condition of exemption from reporting, that physicians have not violated **any statute or regulation, aside from the drug or alcohol use that is the subject matter of the impairment**. This language thus further limits the applicability of the exemption from reporting, but it still maintains the availability of the exemption for the cases most central to its purpose. Secondly, the new regulations require that physicians not be impaired **at the workplace or while on call**. The ambiguous use of the term 'workplace' may lead to complications for physicians seeking help for their substance use. Due to the uncertainty regarding these new revisions, we recommend adopting this resolution.

The committee amended item 2 to ensure that "monitoring was understood to be completed "by the state physician health program."

The Committee on Legislation addressed this resolution at length at its September 18th meeting, with the majority of the discussion focusing on Item 2. Specifically, there was robust discussion about the "crossing the threshold of the workplace" provision of the recent BORIM regulations and how that could undermine many cases where a safe-haven should be available. The consensus was that the recent changes to the longstanding safe-haven underscore the need for MMS policy in this arena. Item 1 was fully supported with little discussion. The Committee on Legislation unanimously voted to support the adopting the resolution as amended by the Committee on Quality Medical Practice.

Conclusion
The Committee on the Quality of Medical Practice and the Committee on Legislation recommend adopting the resolution as amended.

Recommendation:
That the Massachusetts Medical Society adopt as amended Resolution A-19 B-207 to read as follows:

1. That the MMS will encourage the Board of Registration in Medicine and other physician institutions (physician associations, hospitals, and other licensing bodies) to reconsider having "probing questions" about a physician's mental health, addiction, or substance use on applications for medical licensure/credentialing or renewal, or to allow only questions that focus on the presence or absence of current impairments that impact physician practice and competence. *(D)*

2. That the MMS will encourage the Board of Registration in Medicine and other physician institutions to offer "safe haven" non-reporting to applicants for licensure/credentialing who are receiving appropriate treatment for mental health or substance use and that the non-reporting would be based on monitoring by, and good standing with the recommendations of, a state physician health program. *(D)*

Fiscal Note: (Estimated Expenses)	No Significant Impact
Estimated Staff Effort to Complete Directive(s):	Ongoing Expense of $3,000

Sincerely,
Barbara Spivak, MD
Chair, Committee on the Quality of Medical Practice

[i] http://www.fsmb.org/siteassets/advocacy/policies/policy-on-wellness-and-burnout.pdf

[ii] http://www.fsmb.org/siteassets/advocacy/policies/policy-on-wellness-and-burnout.pdf

MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Code:	BOT/OFFICERS Informational Report I-19-03 [I-18 C-302]
Title:	Advancing Gender Equity in Medicine
Sponsor:	Board of Trustees
	Maryanne Bombaugh, MD, MSc, MBA, FACOG, Chair
	MMS Presidential Officers:
	Maryanne Bombaugh, MD, MSc, MBA, FACOG
	David Rosman, MD, MBA
	Carole Allen, MD, MBA
Report History:	BOT/OFFICERS Report A-19-02
	Resolution I-18 C-302

Background

At A-18, the House of Delegates adopted Resolution I-18 C-302, Advancing Gender Equity in Medicine. The Board of Trustees referred items 1-3 to the Committee on Women's Health (3c in consultation with Committee on Medical Education) and items 4-5 to the Board of Trustees for implementation and an informational report at A-19. (Subsequently, the BOT reassigned items 1-3 to the new Women's Physician Section which was established after A-19, and will report at A-20. With consideration that the newly created section is the appropriate body to implement these items.) The resolution directs:

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

1. That the MMS draft and disseminate a report detailing its positions and recommendations for gender equity in medicine, including clarifying principles for state and specialty societies, academic medical centers, and other entities that employ physicians, to be submitted to the House for consideration at the 2019 Annual Meeting. *(D)*

2. That the MMS:
   (a) Promote institutional, departmental, and practice policies, consistent with federal and Massachusetts law, that offer transparent criteria for initial and subsequent physician compensation;
   (b) Continue to advocate for pay structures based on objective, gender-neutral criteria;
   (c) Promote existing Attorney General guidance related to the Massachusetts Equal Pay Act, which offers a framework for to identifying gender pay disparities and guidance regarding appropriate compensation models and metrics for all Massachusetts employees; and
   (d) Advocate for training to identify and mitigate implicit bias in compensation decision making for those in positions to determine salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impede compensation and career advancement. *(D)*

3. That the MMS recommend as immediate actions to reduce gender bias to:
(a) Inform physicians about their rights under the: (i) Lilly Ledbetter Fair Pay Act, which restores protection against pay discrimination; and the (ii) Equal Pay Act, requiring, among other things, equal pay for comparable work, non-prohibition of voluntary wage disclosure to others, prohibitions on asking about salary history, and prohibitions on retaliating against employees who exercise their rights under the Act; and (iii) disseminate educational materials informing physicians about their rights under the Massachusetts Equal Pay Act;
(b) Promote educational programs to help empower physicians of all genders to negotiate equitable compensation; and
(c) Work with relevant stakeholders to develop and host a workshop on the role of medical societies in advancing women in medicine, with co-development and broad dissemination of a report based on workshop findings. *(D)*

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

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

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

FTE: Existing Staff
(Staff Effort to Complete Project)

Discussion
Update on Items 4

As reported at A-19 by the presidential officers and the Board of Trustees it is most helpful to update and provide data for presentation to the House of Delegates at each Interim Meeting, rather than at the Annual Meeting. This provides current data to guide annual district and leadership appointments, which occur at the beginning of each calendar year.

The Board of Trustees and MMS presidential officers submit the requested findings in the following charts titled “2019-2020 Demographic Data on Gender Equity” and “Annual Comparison of Demographic Data on Gender Equity”, which compares the data to the previous year. An analysis follows.

2019 - 2020 Demographic Data on Gender Equity

MMS Membership by Gender (July 2019)					
Category	**Male**	**Female**	**Total**	**Male**	**Female**
Affiliate	1	0	1	100%	0%
Sr Physician	2,961	515	3,476	85%	15%
Physician	7,558	5,290	12,848	59%	41%
Resident/Fellow	3,010	2,844	5,854	51%	49%
Medical Student	1,384	1,556	2,940	47%	53%
Total	**14,914**	**10,205**	**25,119**	**59%**	**41%**

Leadership Representation						
1	Officers	4	3	7	57%	43%
2	Board Trustees	18	14	32	56%	44%
3	Board Alternate Trustees (2 vacant)	13	7	20	65%	35%
4	House of Delegates	341	173	514	66%	34%
5	Reference Committees (5 positions are pending)	15	6	21	71%	29%
6	4 Board Committees: 4 Chairs	1	3	4	25%	75%
7	4 Board Committees: 3 Vice Chairs (COAM - no VC)	1	2	3	33%	67%
8	13 Standing Committees (Judicial vacant): 12 Chairs	9	3	12	75%	25%
9	13 Standing Committees (Judicial vacant): 14 Vice Chairs (COM - 2 VCs; CQMP - 2 VCs)	4	10	14	29%	71%
10	22 Special Committees/1 MIN/7 Task Forces: 30 Chairs	19	9	30	63%	37%
11	7 Sections (Academic inactive): 6 Chairs in 2019 (WPS added)	3	3	6	50%	50%
12	Public Health Leadership Forum Speakers	5	4	9	56%	44%
13	Annual Education Program Speakers		TBD	TBD		TBD
14	Annual Orator	1	0	1	100%	0%
15	MMS AMA Delegates	9	4	13	69%	31%
16	MMS AMA Alternate Delegates	5	3	8	63%	38%
17	Committee Awards	7	7	14	50%	50%
18	Community Clinicians of the Year Awards (district awarded)	13	6	19	68%	32%

Annual Comparison of Demographic Data on Gender Equity

MMS and Alliance Charitable Foundation International Health Studies Grants*		Male	Female	Total	Male	Female
	Students	3	1	4	75%	25%
	Residents	1	6	7	14%	86%

*2018-2019 data. The Foundation has not awarded international health studies grants at this time in FY20. The deadline for applications is November 15, 2019, with decisions made in December 2019.

	FY18-FY19		FY19-FY20		Variation (color coded)
MMS Membership	**Male**	**Female**	**Male**	**Female**	
Affiliate	100%	0%	100%	0%	
Sr Physician	85%	15%	85%	15%	
Physician	59%	41%	59%	41%	
Resident/Fellow	51%	49%	51%	49%	
Medical Student	47%	53%	47%	53%	
Total	**59%**	**41%**	**59%**	**41%**	
Leadership Representation	**Male**	**Female**	**Male**	**Female**	
Officers	71%	29%	57%	43%	
Board Trustees	63%	37%	56%	44%	
Board Alternate Trustees (2 vacant)	68%	32%	65%	35%	
House of Delegates	65%	35%	66%	34%	
Reference Committees*	50%	50%	71%	29%	
4 Board Committees: 4 Chairs	50%	50%	25%	75%	
4 Board Committees: 3 Vice Chairs (COAM - no VC)	33%	67%	33%	67%	
13 Standing Committees (Judicial vacant): 12 Chairs	83%	17%	75%	25%	
13 Standing Committees (Judicial vacant): 14 Vice Chairs (COM - 2 VCs; CQMP - 2 VCs)	50%	50%	29%	71%	
22 Special Committees/1 MIN/7 Task Forces: 30 Chairs	70%	30%	63%	37%	

7 Sections (Academic inactive): 6 Chairs in 2019 (WPS added)	60%	40%	50%	50%	
Public Health Leadership Forum Speakers	56%	44%	56%	44%	
Annual Education Program Speakers*	78%	22%	TBD	TBD	TBD
Annual Orator	0%	100%	100%	0%	
MMS AMA Delegates	69%	31%	69%	31%	
MMS AMA Alternate Delegates	69%	31%	63%	37%	
Committee Awards	50%	50%	50%	50%	
Community Clinicians of the Year Awards (district awarded)	68%	32%	68%	32%	
MMS and Alliance Charitable Foundation International Health Studies Grants*	**Male**	**Female**	**Male**	**Female**	
Students	75%	25%	75%	25%	
Residents	14%	86%	14%	86%	
*2018-2019 data: Selection of Reference Committee members and speakers for the AEP have not been completed to date. The Foundation has not awarded international health studies grants at this time in FY20. The deadline for applications is November 15, 2019, with decisions made in December 2019.					

The 2019-2020 committee assignments and committee leadership positions were considered through the lens of gender equity as the result of the adoption of this resolution and presentation of data.

Analyzing the updated data available to date in comparison to the previous period reveals the following:

- No change in total MMS membership from February to July (25,119 as of February 2019, with 59% male and 41% female).

  Less gender equity in the categories of Senior Physician (85% male; 15% female) and active Physician (59% male; 41% female), with more gender equity in the category of Resident/Fellow (51% male; 49% female) and the Medical Student category (47% male; 53% female), revealing an increasing majority of female medical students.

- Variations in the following categories occurred during this period:
  - Officers (increase in parity from M/F: 71% / 29% to 57% / 43%)
  - Board of Trustees (increase in parity from M/F: 63% / 37% to 56% / 44%)
  - Alternate Trustees (increase in parity from M/F: 68% / 32% to 65% / 35%)
  - House of Delegates (slight change M/F: 65% / 35% to 66% / 34%)

- Reference Committees (increase M/F: 50% / 50% to 71% / 29%) with 5 pending positions
- Board Committee Chairs (increase in female representation from M/F: 50% /50% to 25% / 75%)
- Standing Committee Chairs (increase in parity from M/F: 83% / 17% to 75% / 25%)
- Standing Committee Vice Chairs (parity tipped with an increase in female vice chairs from M/F: 50% / 50% to 29% / 71%)
- Special Committees/MIN/Task Forces (increase in female representation/ from M/F 70% / 30% to M/F 63% / 37%)
- Section Leadership (shift from M/F 60% / 40% to representative parity M/F 50% / 50%)
- MMS AMA Alternate Delegates (slight change M/F: 63% /31% to 63% / 37%)

MMS also participated in a local research project led by the Eos Foundation (http://eosfoundation.org/about/) and the Boston Business Journal in the spring of 2019 as part of the Eos Foundation's Women's Power Gap Initiative. This Initiative, which aims to dramatically increase the number of women leaders, from a diverse set of backgrounds, across all sectors of Massachusetts, conducts actionable research on prominent sectors of the state's economy, measures the extent of the power gap, and proposes solutions to reach parity. In the 2019 report, the surveyors reached out to 25 business advocacy organizations asking them to self-report the data captured here (https://womenspowergap.org/25-business-advocacy-orgs/report/).

The presidential officers recently met with a representative of the Eos Foundation to explore the most effective policies and practices that organizations are utilizing to work towards gender and racial balance. The officers shared what the MMS is doing and presented questions that might further enhance the continuing research that Eos is undertaking. Another report is expected in the coming year.

Conclusion

Consideration of member demographics through the lens of gender parity can demonstrate more gender parity in governance leadership and committees. There continues to be a need for ongoing study, monitoring, and action to address gender parity to correlate more closely to the trends illustrated in future membership of the MMS. The MMS has seen progress this year and recognizes there is more to do.

Per the directive in item 4, this directive is ongoing, and a status report will be provided annually at the Interim Meetings (in advance of the annual committee appointment, district election, etc. processes).

MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Code:	BOT/COAM/COF/COC Informational Report I-19-04 [I-18 C-301]
Title:	Clarification on Specificity and Flexibility of Investment Policy on Fossil Fuels, Climate Change, and Socially Responsible Investments
Sponsors:	Board of Trustees and Committee on Administration and Management Maryanne Bombaugh, MD, MSc, MBA, FACOG, Chair Committee on Finance Kristen Robson, MD, MBA, Chair Committee on Communications Michael Sinha, MD, JD, MPH, Chair
Report History:	Resolution I-18 C-301

Background

At I-18, the House of Delegates adopted as amended Resolution I-19, C-301, Clarification on Specificity and Flexibility of Investment Policy on Fossil Fuels, Climate Change, and Socially Responsible Investments. The Board of Trustees referred item 1 to the Board of Trustees, item 2 to the Committee on Administration and Management, item 3 to the Committee on Communications, and items 4 and 5 to the Committee on Finance, with an informational report due at I-19 (and items 4-5: every two years, until I-24). The resolution directs:

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

1. That the MMS, the MMS and Alliance Foundation, and any affiliated corporations or subsidiaries should work in a timely, incremental, and fiscally responsible manner, to the extent allowed by their legal and fiduciary duties, to end all financial investments or relationships (divestment) with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels. *(D)*

2. That the MMS should choose for its commercial relationships, when fiscally responsible, vendors, suppliers, and corporations that have demonstrated environmental sustainability practices that seek to minimize their fossil fuels consumption. *(D)*

3. That the MMS support efforts of physicians and other health professional associations to proceed with divestment, including to create policy analyses, support continuing medical education, and to inform our patients, the public, legislators, and government policy makers. *(D)*

4. That the MMS shall report every two years to the BOT and the HOD, for a period of six years, on progress toward divestment of fossil fuel investments. *(D)*

5. That the MMS shall report every two years to the BOT and the HOD, for a period of six years, on the voting decisions made in proxy voting services of the Institutional Shareholders, Services, Inc. (ISS) using the customized MMS, US, and International guidelines to vote the shares held in the MMS Portfolio. *(D)*

Discussion

Board of Trustees (Item 1)

Under the tutelage of the Committee on Finance, the MMS has proactively embarked this past year on several initiatives related to the directives as outlined in Resolution I-18 C-301, Clarification on Specificity and Flexibility of Investment Policy on Fossil Fuels, Climate Change, and Socially Responsible Investments. The resolution directed the MMS to work in a timely, incremental and fiscally responsible manner while still carrying out its fiduciary duties. The Committee on Finance worked with its investment advisor, Meketa Investment Group, to regularly assess ways to minimize MMS investments in fossil fuels and will continue to work towards divestiture in a timely, incremental and fiscally responsible manner as fiduciaries of the Society.

Overall Investment Portfolio Exposure to Energyy Sector

Investments in energy company securities comprise a relatively small portion of the Society's Endowment Reserve Fund. As of June 30, 2019, energy (mainly fossil fuel producers and refiners) stocks and bonds accounted for 2.5% of the Fund's total market value. Looked at in more detail, the Society's global equity allocation to energy is just 1.4%. By contrast, energy is 5.6% of the global equity market, quadruple the size of the Society's weighting. For a historical comparison, ten years ago, energy comprised 13.6% of the Society's equities.

The Society also holds energy company bonds. The Society's investment-grade portfolio holds a 3.0% allocation to energy issues, compared to the benchmark's 2.3% weighting. Energy companies make up a larger segment of the high yield bond market. Energy companies frequently are rated below investment-grade due to the heightened risk associated with volatile energy prices, and because energy companies have high rates of capital expenditures. On June 30, energy comprised 12.7% of the Society's high yield bond portfolio, slightly below the 12.8% allocation of the high yield index.

New Portfolio Manager – Aristotle International Equity

In January of 2019, the Committee on Finance approved the appointment of Aristotle Capital Management as one of MMS' international equity portfolio managers. Aristotle agreed to MMS' request to implement a restriction on any energy-related holdings.

Parnassus Core Equity

The Parnassus Core Equity Fund invests in U.S. large cap companies with positive performance on ESG criteria. This fund has no holdings in the energy sector and comprises 20% of the MMS portfolio. The fund is the largest sustainable investing funds in operation 10 or more years.

Core Infrastructure

In 2018, the Committee on Finance unanimously approved a revised asset allocation for the MMS Endowment fund that would allocate up to 5% of its investment in Core Infrastructure. MMS investment advisor, Meketa, has actively performed due diligence on several potential investments in Core Infrastructure with specific focus on "green" projects. Currently there have been no projects identified that meet Meketa's standards to be included in recommendations to customer portfolios. Research by Meketa in this area is on-going.

Proxy Voting Service

In 2017 the MMS hired a proxy voting service, Institutional Shareholder Services (ISS), as directed by Resolution I15 A-106, Climate Change: What Can We Do About It?. The ISS is the world's leading provider of corporate governance and responsible investment solutions,

which includes proxy voting services on a global basis that considers environmental, social and governance risks. The Committee on Finance approved customized domestic and international guidelines for ISS to follow for voting our shares in favor of supporting: reporting of global warming and climate change-related risks; reducing GHG emissions; disclosing research on climate change; reporting on energy efficiency policies and development of renewable energy resources; investing in renewable resources; and electing environmentally sympathetic directors.

Attachment A is a report prepared by MMS financial advisor, Meketa Investment Group, which provides an update on Proxy Voting activity for the twelve months ended June 2019.

Administration and Management (Item 2)

At the COAM meeting on September 11, 2019, the following update was presented on what MMS has been doing to meet the directive regarding choosing its commercial relationships, vendors, suppliers, and corporations that have demonstrated environmental sustainability practices that seek to minimize their fossil fuels consumption.

Update

In the past 12 months the following actions have been taken to both reduce the Society's fossil fuel consumption as well as vendor selection for those who seek to reduce their consumption.

Procurement Efforts

1. Legal & Procurement have modified their standard terms and purchase order documents to include the following statements:
   - Consultant agrees to make reasonable efforts to utilize environmental sustainability practices that seek to minimize fossil fuel consumption.
   - You agree to make reasonable efforts to utilize environmental sustainability practices that seek to minimize fossil fuel consumption.

2. Quality Resource Group (annual spending 107k)
   - This vendor has been selected for the primary purchase of promotional materials used by the Sales and Membership departments. The vendor has provided this statement regarding their practices:
     - "We abide by all applicable environmental laws and regulations. We will manage our environmental footprint to minimize the adverse impact on the environment. We will manage our energy, water and waste systems for maximum efficiency and minimal adverse impact on the environment."
   - This vendor has provided a specialized catalog of green promotional materials for our internal teams to shop from. These items primarily ship from east coast facilities to reduce the transportation related consumption of fossil fuels.

3. Chapman Construction/Design (annual spending >$2m annually)
   - This vendor has a commitment to incorporating sustainable practices into their construction methods and has a LEED Platinum solar powered headquarters building.

4. Herman Miller (annual spend averages $40k) has been chosen as one of two primary furniture manufacturers. Their commitment to safety and sustainability highlights the following:

- Being Resource Smart
- Acting on the prevention of pollution, the elimination of all forms of waste, and the efficient use of all resources.
- Being Eco Inspired
- Advocating for better, more sustainable products with safer material chemistry.

5. National Office Furniture (annual spend average $40k) is one of two primary furniture manufactures we purchase from. Their commitment to sustainability includes use of LEED certified facilities along with ISO 14001 environmental standards to reduce waste in manufacturing operations.

MMS Sustainability Achievements

- A combination of efforts including the new better insulated roof, nine new HVAC units and the replacement of light bulbs with LED has saved us over .9M kHw of electricity consumption last year. MMS averaged 4.1million kHw per year for the previous 4 years, this past year MMS used only used 3.2M kHw, a 22% reduction.
- 90% of petroleum based plastic single serve utensils, cups and servingware have been replaced with plant based options for the café and conference center use. All employee kitchen areas have been fully changed to plant based products where such alternatives exist.
- Recently installed garage doors have significantly reduced the use of heaters in the ceiling of the garage which help to heat the first-floor spaces and keep pipes from freezing.
- The upgraded energy management system has allowed the heating and cooling systems to respond better to outside temperatures and only run the systems when needed.

Green Team Initiatives

The Green Team is a group of MMS employees that are passionate about reducing the negative effects of human impact on our planet, have ideas about how the MMS could be "greener," are able to objectively assess the practicality of an idea (including benefits and costs), and are interested in educating fellow employees about responsible consumption to preserve and protect our natural resources.

A sampling of Green Team Initiatives includes:

- The Graphics/Pre-Media team has developed an alternate presentation board to the Styrofoam single use ones which were the MMS standard. High quality presentation paper is now offered to internal customers with mounting strips which can be attached to boards and then removed to reduce the single use of each board.
- Have eliminated single serve plastic water bottles for most functions.
- Encouraging use of the 128 BC Shuttle as alternative transportation to single occupancy cars. MMS subsidizes this program for employees.

Communications (Item 3)

The Committee on Communications was assigned the following directive:

That the MMS support efforts of physicians and other health professional associations to proceed with divestment, including to create policy analyses, support continuing medical education, and to inform our patients, the public, legislators, and government policy makers.

During review of the directive, a question was raised about the lack of specificity around the use of the word ‘divestment’. It became clear that this directive did not stand on its own. The Committee is assuming it is referencing divestment from “companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels.”

Further clarification of this directive was sought from the original sponsor. One suggestion was to investigate and promote other entities undergoing efforts that support this cause, such as My Green Doctor. My Green Doctor is a free, not-for-profit service owned by the Florida Medical Association, Tallahassee, Florida, that helps anyone who works in a healthcare clinic, office and outpatient facilities, find ways to contribute to making a healthier world by being environmentally sustainable in their offices and homes.

Upon further reflection, the Committee would like to pause until it is able to consider how MMS is addressing directives 1 and 2 as reported here. This will further inform their discussions to develop a communications plan to address directive 3.

Conclusion

A significant amount of progress has been made this past year to address the directives in Items 1 and 2. Efforts will continue to work towards environmental sustainability and divestiture in a timely, incremental and fiscally responsible manner.

These directives are ongoing with reports due for items 4-5 every two years to the BOT and HOD for a period of six years. (*Interim 2019, Interim 2021, Interim 2024)*

Massachusetts Medical Society
Endowment/Reserve Fund

Proxy Voting Update

M E K E T A I N V E S T M E N T G R O U P
100 LOWDER BROOK DRIVE SUITE 1100 WESTWOOD MA 02090
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Climate Change Update

Massachusetts Medical Society Committee on Finance has voted on addressing climate change through investment actions. The Committee is seeking to identify direct alternative energy investment opportunities.

During 2017, the Committee evaluated the benefits of voting proxies in an activist manner, and decided that an outsourced specialist firm would best provide timely proxy votes.

The Committee evaluated three proxy voting firms to take on that role:

- **SHARE** (Shareholder Association for Research and Education) is a Vancouver-based firm focused on developing responsible investment practices. They have worked with a network of institutional investors since 2000 to develop and implement responsible investment policies.
- **Glass Lewis** is a global firm that provides proxy voting services to over 1200 organizations. Glass Lewis provides in-depth analysis of proxy questions across 100 different markets. The firm has full service offices in New York, San Francisco, Ireland, Germany, and Australia, and is owned by the Ontario Teachers' Pension Plan Board and Alberta Investment Management Company.
- **Institutional Shareholder Services** (ISS) was founded in 1985 with an intention to improve corporate governance. They began offering proxy advisory services the next year. For many clients, including investment managers, pension funds, and endowment funds, they provide research and a proxy voting platform that investors use to coordinate and manage the proxy voting process.

The Committee hired ISS in 2017 to vote proxies for the Endowment/Reserve Fund's equity managers. The Committee adopted ISS' Sustainability Proxy Voting Guidelines, which focuses on environmental issues.

Proxy Voting Guidelines

The ISS Sustainability Guidelines are comprehensive, covering dozens of separate areas common to proxy votes.

The guidelines include specific direction on voting regarding the following areas:

- Climate Change/Greenhouse Gas Emissions
- Energy Efficiency
- Renewable Energy
- Hydraulic Fracturing
- Operations in Protected Areas
- Recycling
- Sustainability Reporting
- Water Issues

For example, under Sustainability Reporting, the guidelines state that ISS will vote "in favor of shareholder proposals seeking greater disclosure on the company's environmental and social practices, and/or associated risks and liabilities."

Under Renewable Energy, the guidelines state that ISS will "generally vote for proposals requesting that the company invest in renewable energy resources."

In the Climate Change section, the guidelines state that ISS will "vote for shareholder proposals calling for the reduction of GHG emissions." They will also "vote for shareholder proposals seeking reports on responses to regulatory and public pressures surrounding climate change, and for disclosure of research that aided in setting company policies around climate change."

Under Water Issues, the guidelines state that ISS will "generally vote in favor of proposals requesting a company to report on, or to adopt a new policy on water-related risks and concerns, taking into account the company's current disclosure of relevant policies, initiatives, oversight mechanisms, and water usage metrics."

They will consider "whether or not the company's existing water-related policies and practices are consistent with relevant internationally recognized standards and national/local regulations."

On the following pages, we summarize all votes cast over the year ending June 30, 2019, relating to climate change and other environmental issues.

Proxy Voting Summary
Next Century

Company Name	Proposal Text	Vote Instruction	Voting Policy Rationale	Vote Against Management
Darden Restaurants	Assess feasibility of adopting a policy to phase out use of antibiotics	For	A growing number of Darden's peers have committed to eliminating the use of medically important antibiotics for disease prevention purposes in their animal agriculture supply chains, and the company could be at risk of becoming a laggard.	Yes
Coca-Cola	Report on the health impacts and risks of sugar in the company's products	For	Additional disclosure would benefit shareholders by increasing transparency regarding the company's efforts to address the risks related the use of sugar, and would serve to provide greater assurance to shareholders that the firm's initiatives and practices sufficiently guard against potential financial, litigation and operational risks to the firm.	Yes

Proxy Voting Summary
Parnassus

Company Name	Proposal Text	Vote Instruction	Voting Policy Rationale	Vote Against Management
UPS	Assess feasibility of including sustainability as a performance measure for senior executive compensation	For	The shareholders would benefit from a broader discussion of the company's general approach to addressing considerations on sustainability as they relate to the company's incentive compensation schemes. Establishing sustainability metrics as part of senior executives' compensation packages may be an effective way to further incentivize executives to ensure positive sustainability performance.	Yes
Alphabet	Assess feasibility of including sustainability as a performance measure for senior executive compensation	For	Alphabet's compensation program lacks performance-based pay elements, and the adoption of this proposal may promote a more strongly performance-based pay program for executives.	Yes

Proxy Voting Summary
Thomas White

Company Name	Proposal Text	Vote Instruction	Voting Policy Rationale	Vote Against Management
Toronto-Dominion Bank	Request, evaluate and consider GHG emissions, stop financing existing energy projects that emit or enable significant GHGs, among other things.	Against	While sustainability advisory services generally supports proposals that seek greater disclosure surrounding GHG emissions and their impact, this proposal goes well beyond a disclosure request and appears highly prescriptive.	No

- ISS did not vote any sustainability proxies for Neuberger Berman and NewSouth during the year ending June 30, 2019.

- During the year, ISS voted proxies for five separately managed equity portfolios, on behalf of Massachusetts Medical Society.
- Most proxies voted related to the relatively routine matters such as election of directors, selecting auditors, amending articles of incorporation, and approving executive compensation.

Total Proxies Voted	
Neuberger	63
NewSouth	210
Next Century	257
Parnassus	326
Thomas White	147

MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Code: C&E Informational Report I-19-05
Title: Charitable and Educational Fund
Sponsor: Charitable and Educational Fund Board of Directors
Michele Pugnaire, MD, Chair

Background

The provisions of the Massachusetts Medical Society (MMS) Charitable and Educational Fund (the Fund), re-affirmed at A-15, require the Board of Directors of the Fund to provide on an annual basis an informational report to the House of Delegates on the Fund's finances.

Current Status

Our independent auditors, PricewaterhouseCoopers, LLP, completed their audit of the financial statements of the Fund as of May 31, 2019, and May 31, 2018.

PricewaterhouseCoopers, LLP, rendered its opinion in the Fund's financial statements by stating that such financial statements present fairly, in all material respects, the financial position of the Fund at May 31, 2019, and May 31, 2018, and that the results of the Fund's operations and its cash flows for the years then ended are in conformity with accounting principles generally accepted in the United States.

For the full text of our financial statements, please request a copy in writing from the Secretary-Treasurer of the MMS, 860 Winter Street, Waltham, MA 02451-1411.

MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Code: ST Informational Report I-19-06
Title: Report of the Secretary-Treasurer
Sponsor: Joseph Bergeron, MD, Secretary-Treasurer

Background

Section 8.054(8) of the Massachusetts Medical Society (MMS) Bylaws requires the Secretary-Treasurer, in conjunction with the Committee on Finance and the Vice President of Finance, to oversee an annual audit of the financial accounts of the Society by a certified Public Accountant, and submit an annual report to the Board of Trustees and House of Delegates of the results of the audit of the previous fiscal year-end.

Our independent auditors, PricewaterhouseCoopers, LLP, completed their audit of the consolidated financial statements of the MMS and affiliates as of May 31, 2019, and May 31, 2018. PricewaterhouseCoopers, LLP, rendered its opinion on the Society's consolidated financial statements by stating that such consolidated financial statements present fairly, in all material respects, the financial position of the MMS and affiliates at May 31, 2019, and May 31, 2018, and that the results of their activities and changes in their net assets and cash flows for the years then ended are in conformity with accounting principles generally accepted in the United States.

For the full text of our financial statements, please request a copy in writing from the Secretary-Treasurer of the MMS, 860 Winter Street, Waltham, MA 02451-1411.

(Informational Report 7)

Informational Updates: I-18 and A-19 Directives/Implementation

ADOPTED AS AMENDED

Item #:	2
Code:	CME/CGM Report I-18 A-1
Title:	Alzheimer's Disease and Dementia Education
Sponsors:	Committee on Medical Education Michael Rosenblum, MD, Chair Committee on Geriatric Medicine Asif Merchant, MD, Chair
Referred to:	Reference Committee A Ms. Marguerite Youngren, Chair

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

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

Fiscal Note: (Out-of-Pocket Expenses)	One-Time Expense of $10,000
FTE: (Staff Effort to Complete Project)	Existing Staff

Informational Update

Geriatric Medicine (in consultation with) Medical Education

In August 2018, Chapter 220 of the Acts of 2018, An Act Relative to Alzheimer's and Related Dementias, became law in the Commonwealth. The law mandates that all physicians, physician assistants, registered nurses, and practical nurses who work with adult populations complete a one-time educational course on the diagnosis, treatment, and care of patients with cognitive impairments including, but not limited to, Alzheimer's disease and dementia.

Members of the Committee on Geriatric Medicine (CGM) recommended that, in addition to brief training modules, the education include recognition of the role of caregivers, caregiver burnout, the burdens of round-the-clock care, and the potential for elder abuse. The training also includes how dementia patients may also be abusive of their caregiver(s), particularly emotionally. There is also an emphasis on the need for physicians to urge their patients to execute advance care planning documents prior to the onset of dementia.

MMS staff from several departments met with the leadership of the MA/NH Alzheimer's Association to develop an educational plan. This included a recommendation that a case-based learning format would be optimal for this online activity. Members of the CGM and Committee on Medical Education provided feedback and were kept informed throughout the planning and development processes.

Members of the CGM, with their expertise in this topic area, and professionals from the MA/NH Alzheimer's Association provided information that contributed to the content included in the online modules. They also suggested subject matter experts to address the educational needs identified in the topic areas below. The five modules are:

- **Diagnosis,** *presented by* ***Dan Press, MD***
- **Screening and Testing,** *presented by* ***Ed Marcantonio, MD, SM***
- **Non-pharmacologic Management,** *presented by* ***Lorraine Kermond, MA***
- **Pharmacologic Treatment,** *presented by* ***Brent Forester, MD, MSc***
- **Ongoing Care,** *presented by* **S*usan Rowlett, LICSW***

In addition to specifics as suggested by the title, each module includes information on family support including advising and listening to families, as well as an emphasis on exercise, diet, and socialization as preventative measures.

The educational content has been recorded for each module and the activity is currently being prepared for launch prior to the 2019 Interim Meeting. The Society will promote these modules, as well as inform the Massachusetts Board of Registration in Medicine of the availability of this online course.

Indicate whether directive(s) is/are completed or ongoing: completed

ADOPTED

Item #:	3a
Code:	LGBTQ Report I-18 A-2(a)
Title:	Evidence-Based Care of Individuals Born with Differences in Sex Development (DSD)/Intersex
Sponsor:	MMS Committee on LGBTQ Matters Aditya Chandrasekhar, MD, Chair
Referred to:	Reference Committee A Ms. Marguerite Youngren, Chair

HOUSE VOTE:	**Adopted**
Referred to:	**Committee on LGBTQ Matters**
Informational Report:	**I-19**
Strategic Priority:	**Physician and Patient Advocacy**

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

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

Informational Update

LGBTQ Matters

In an effort to educate physicians about the importance of evidence-based care of individuals born with differences in sex development (DSD)/Intersex, the Committee on LGBTQ Matters had articles and brochures available at their booth at last year's Annual Meeting. These included:

1. "What We Wish Our Parents Knew" (interactadvocates.org) brochures, created by intersex youth group (with additional resources at that link)
2. Supporting Your Intersex Child - A Parent's Toolkit, (https://oiieurope.org/supporting-your-intersex-child-a-parents-toolkit/)
3. a collaboration between several leading international intersex organizations
4. *Intersex-Affirming Hospital Policies: Providing Ethical and Compassionate Health Care to Intersex Patients*, (https://www.lambdalegal.org/publications/intersex-affirming) a collaboration between interACT, Lambda Legal, and Proskauer Rose LLP
5. https://www.thenation.com/article/why-intersex-patients-need-the-truth-and-doctors-need-to-listen/
6. Would any of the CA coverage be helpful? http://www.sfexaminer.com/wiener-legislation-prohibit-cosmetic-genital-surgery-intersex-babies/

7. The discussion from the Council of Europe Committee on Bioethics starting on page 40: https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016806d8e2f
8. AAFP policy: https://www.aafp.org/about/policies/all/genital-surgeries-intersexchildren.html

The committee invited the original authors of the resolution to write an article about this topic for *Vital Signs*. Information is also available on the committee's page on the MMS website.

Indicate whether directive(s) is/are completed or ongoing: ongoing

ADOPTED AS AMENDED

Item #:	4
Code:	Resolution I-18 A-102
Title:	Guidelines for Sexual Education in Schools
Sponsors:	Aimie Zale, MD Carl Streed Jr., MD, MPH Katherine Atkinson, MD
Referred to:	Reference Committee A Ms. Marguerite Youngren, Chair

HOUSE VOTE:	**Adopted as Amended**
Referred to:	**(Item 1) *MMS Policy Compendium*** **(Item 2) Committee on Legislation (and *MMS Policy Compendium*)**
Informational Report:	**I-19**
Strategic Priority:	**Physician and Patient Advocacy**

1. That the MMS supports sexual health education that:

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

(HP)

2. That the MMS advocate that schools receiving public funding be required to offer age appropriate comprehensive evidence-based sexual health education that:

    a. Is based on rigorous, peer-reviewed science; and
    b. Incorporates sexual violence prevention including comprehensive discussion on consent and the relationship of substance use to sexual violence; and
    c. Shows promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted infections and for becoming pregnant; and

d. Includes an integrated strategy for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; and
e. Utilizes classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of sexual and gender minority youth; and
f. Appropriately and comprehensively address the sexual behavior of all people, inclusive of sexual and gender minorities; and
g. Includes ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and
h. Is part of an overall health education program; and
i. Includes culturally competent materials that are language-appropriate for Limited English Proficiency (LEP) pupils without sacrificing comprehensiveness.

(D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)

Informational Update

MMS Policy Compendium (Item 1)

Legislation (and MMS Policy Compendium) (Item 2)
To date, MMS submitted written testimony to the legislature's Joint Committee on Education in support of H.410/S.660, *An Act Relative to Healthy Youth.* This legislation is consistent with MMS' policy and requires all schools teaching sexual health education in Massachusetts to use a curriculum that is comprehensive, medically accurate, age-approprioate, and LGBTQ-inclusive. The subject matter required to be covered in sexual health education by this bill is consistent with bulleted points in Item 2. MMS engaged with lead stakeholders and sponsors of this legislation, communciating our strong support for this legislation.

Indicate whether directive(s) is/are completed or ongoing: ongoing

ADOPTED AS AMENDED

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

HOUSE VOTE:	**Adopted as Amended**
Referred to:	**(Items 1 and 2) MMS *Policy Compendium and* (Item 1d, 1e bullets 1 & 4*,* and Item 2) Committee on Legislation** **Item 1e bullets 2, 3, and Item f) Committee on Public Health**
Informational Report:	**I-19**
Strategic Priority:	**Physician and Patient Advocacy**

1. That the Massachusetts Medical Society adopt the following adapted from American Medical Association policies:

   a. That the Massachusetts Medical Society recognizes the negative health consequences of the detention of families seeking safe haven. *(HP)*

   b. That the Massachusetts Medical Society opposes family immigration detention, due to the negative health consequences of detention. *(HP)*

   c. That the Massachusetts Medical Society opposes the separation of parents from their children who are detained while seeking safe haven. *(HP)*

   d. That the Massachusetts Medical Society will advocate for safe access to health care for immigrants and refugees in the Commonwealth regardless of immigration status. *(D)*

   e. That the Massachusetts Medical Society:
   - Advocate for and support legislative efforts to designate healthcare facilities as sensitive locations by law *(D)*
   - Work with appropriate stakeholders to educate medical providers on the rights of undocumented patients while receiving medical care, and the designation of health care facilities as sensitive locations where US immigration enforcement actions should not occur *(D)*
   - Encourage health care facilities to clearly demonstrate and promote their status as sensitive locations *(D)*
   - Oppose the presence of immigration enforcement agents at health care facilities *(HP)*

f. That the Massachusetts Medical Society:
- Encourage appropriate stakeholders to study the impact of mandated immigration reporting laws on individuals with undocumented immigrant status and identify potential barriers for survivors seeking care *(D)*
- Work with community-based organizations and related stakeholders to study and mitigate the implications of mandated immigration reporting laws, so that immigrants can continue to receive necessary protective services without fear of consequences to their immigration status *(D)*

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

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

Informational Update

Legislation (Item 1d, 1e - bullets 1 & 4, and Item 2)

To date, the MMS has:
- Issued a statement (www.massmed.org/mmspositions) opposing and condemning the Trump Administration's decision to end medical deferred action. Medical deferred action allows immigrant families whose sick children are seeking lifesaving medical treatment at our hospitals - from some of the most skilled and compassionate physicians and health care teams in the world – to extend their visas on this basis. The medical society believes that health care is a basic human right, and the decision to remove access to lifesaving care for a child is inhumane in a civil society. [Item 1d; Item 2]
- Submitted public comments (www.massmed.org/Advocacy/Federal-Advocacy)
- opposing a proposed federal rule to change the definition of *public charge*, a determination of whom might become dependent upon the government for subsistence. Under the revised rule, an immigrant's use, or likely use, of non-cash benefits, including health care programs -such as Medicaid, SNAP, Medicare PART D low income subsidy or CHIP - could be considered as part of the public charge determination process and used to deny legal permanent resident status in the United States. As physicians, MMS expressed concern that families will not access necessary health care and food services – to which they are legally entitled – because their use of those programs could count against them in the determination of their final legal status in the country. [Item 1d; Item 2]
- Through support (http://www.massmed.org/Advocacy/MMS-Testimony/MMS-Testimony/) of key provisions of ROE Act, MMS supported the codification of safety net coverage for abortion care, to ensure that those with undocumented status who rely on state safety net programs have access to coverage for comprehensive reproductive health care. [Item 1d]

- Deepened membership engagement by dedicating an issue of Vital Signs to issues pertaining to immigration and health care.

- Supported legislation adopted in the FY 20 budget creating a commission to develop and recommend pathways to practice in underserved areas for immigrant and refugee medical practitioners. This legislation addressed two challenges facing Massachusetts: critical shortages of healthcare providers that disproportionately affect community health centers and "Safety Net" hospitals serving low-income and minority communities outside Greater Boston; and supporting the 8,000 foreign-born providers, educated abroad, often with years of practice experience, who would welcome the opportunity to work in these communities. [Item 1d]
- Identified further legislation for potential support that is designed to promote safe communities and protect immigrant communities, to dispel fear and encourage the use of basic protections and services, including medical treatment, emergency 911 services, and police protection. MMS has reached out to lead stakeholders on the issue to discuss ways in which MMS may support these legislative efforts. [Item 1d; Item 1e; Item 2]
- MMS also intends to reach out to key advocates and stakeholders to explore legislative and/or regulatory opportunities to designate healthcare facilities as sensitive locations. [Item 1e, bullet 1]

Public Health (Item 1e - bullets 2, 3, and Item f)

To date, MMS has:

- Engaged with the Health and Law Immigrant Solidarity Network (HLISN), an online network of hospitals, health centers and providers working with immigrant patients. This is physician led with a listserv with hundreds of members. The designation of healthcare facilities, such as medical treatment locations, hospitals, doctors' offices, accredited health clinics, and emergent or urgent care centers, as "sensitive locations" is Immigration and Customs Enforcement (ICE) policy, not statutory, and thus could be changed by ICE at any time. [Item 1e bullets 2, 3]
- Linked to resources on immigrant rights, health, safety (domestic, interpersonal violence) on the MMS website and promoted the information to members and other healthcare providers. Two such examples are the Massachusetts Immigrant Health Toolkit and the National Immigration Law Center Resource Kit for Healthcare Providers. Also included are position papers and statements from the National Health Collaborative for Violence and Abuse, the American Academy of Pediatrics and other national healthcare organizations. The intention is to provide information to providers, knowing that there are patients in the Commonwealth who fear reaching out to law enforcement or healthcare providers due to their immigration status. This includes those seeking asylum for domestic violence. [Item 1e bullet 2]

The MMS is preparing a letter to community-based organizations and government agencies regarding Commonwealth-specific or national studies on mandatory immigration reporting laws and the impact of these laws on those seeking care. These include the Massachusetts Immigration and Refugee Advocacy Coalition, United We Dream, and Health Care for All. There is interest from members of the Committee on Violence Intervention and Prevention and the Committee on Public Health to collaborate on these studies. [Item 1f bullets 1, 2]

Members of the Committee on Violence Intervention and Prevention (CVIP) will consider co-sponsorship of a full-day educational event focused on immigrant health. This program will be hosted in the spring by the Division of Pediatric Global Health at Massachusetts General Hospital for Children and the Massachusetts General Hospital Department of Emergency

Medicine's Center for Social Justice and Health Equity. Should members agree, the CVIP will seek approval by Society leadership.

Once vetted by the Committee on Public Health and CVIP members, potentially request that the Society promote the Migration is Beautiful initiative, which visually demonstrates health care providers' solidarity with immigrant patients by distributing butterfly stickers for providers to wear on the ID badges.

Indicate whether directive(s) is/are completed or ongoing: ongoing

ADOPTED AS AMENDED

Item #:	7
Code:	CDM Report I-18 A-4
Title:	Social Determinants of Health
Sponsor:	Committee on Diversity in Medicine Simone Wildes, MD, Chair
Referred to:	Reference Committee A Ms. Marguerite Youngren, Chair

HOUSE VOTE:	**Adopted as Amended**
Referred to:	**(Items 1, 3) MMS *Policy Compendium*** **(Items 2, 4) Committee on Public Health (in consultation with) Committee on the Quality of Medical Practice, Committee on Diversity in Medicine, Committee on Medical Education (and *MMS Policy Compendium*)**
Informational Report:	**I-19**
Strategic Priority:	**Physician and Patient Advocacy**

1. That the Massachusetts Medical Society acknowledges that social determinants of health play a key role in health outcomes and health disparities, and that addressing the social determinants of health for patients and communities is critical to the health of our patients, our communities, and a sustainable, effective health care system. *(HP)*

2. That the Massachusetts Medical Society will, as appropriate, advocate for policies aimed at improving social determinants of health for all people. *(D)*

3. That the Massachusetts Medical Society will work with physicians, health systems, and payers to develop sustainable care delivery and payment models that incorporate innovative and creative ways of improving the social determinants of health for all patients. *(HP)*

4. That the Massachusetts Medical Society will educate its members about social determinants of health and the importance of addressing social determinants of health in order to improve health outcomes and promote health equity. *(D)*

Fiscal Note: (Out-of-Pocket Expenses)	One-Time Expense of $3,000
FTE: (Staff Effort to Complete Project)	Existing Staff

Informational Update

Public Health (in consultation with) the Quality of Medical Practice, Diversity in Medicine, and Medical Education

The MMS FY 2020-2024 Strategic Plan identifies access to care as a strategic initiative, with the directive to assess vulnerable populations and determine where the MMS can have the strongest impact on access to appropriate care, including social determinants of health and health disparities.

MMS has identified four areas of concentration:

1. **Advancing policy on health equity**
   The Massachusetts Medical Society asserts that enjoyment of the highest attainable standard of health, in all its dimensions, including health care, is a basic human right.
   The provision of health care services, as well as optimizing the social determinants of health, is an ethical obligation of a civil society. (MMS House of Delegates, 5/4/19)

2. **Educating physicians and health care professionals about the social determinants of health**
   The Society's Educational Road Map on the Social Determinants of Health, an educational, results-focused campaign will continue throughout the coming year. Highlights include the 2019 Public Health Leadership Forum, 2019 Annual Oration, 2020 Annual Education Program, District Medical Society meetings and MMS Accredited Provider meetings. Communications initiatives include content focus in *Vital Signs*, website resources and the use of social media, including production of videos.

3. **Education and advocacy addressing food and access**
   The Food Is Medicine state plan was released. The MMS is the co-chair of Provider Nutrition Education and Referral Task Force. The MMS engaged with Hunger to Health Collaboratory, focusing on access to food.
   The MMS supported HR 4004, the Social Determinants Accelerator Act of 2019, introduced by Representatives McGovern and Bustos which would create an Interagency Task Force charged with developing criteria for the awarding of social determinants accelerator plan grants.

4. **Addressing behavioral/mental health (care integration, reimbursement, parity, stigma)**
   The Committee on Mental Health and Substance Use has been appointed and its mission includes a focus on integration of mental health into primary care and reducing barriers to mental health treatment.

The MMS continued to be engaged with MassHealth and their roll out of the flexible spending program which provides funding to MassHealth ACOs for health-related social needs regarding nutrition and housing. The MMS continues to support this MassHealth initiative and will likely provide comment on the need for these services in the next MassHealth waiver.

In FY19, the CQMP spent the year, along with Committee on Interspecialty learning about social determinants of health and MassHealth ACOs. The committees wrote a report on said topic for the 2019 Annual Meeting. Over 500 members were beneficiary of this educational report and it continues to be a resource today.

Indicate whether directive(s) is/are completed or ongoing: ongoing

ADOPTED

Item #:	8
Code:	CPREP Report I-18 A-5 [A-17 B-211]
Title:	Stop the Bleed/Save a Life
Sponsor:	Committee on Preparedness Eric Goralnick, MD, MS
Report History:	BOT Informational Report I-17-02 Resolution A-17 B-211
Referred to:	Reference Committee A Ms. Marguerite Youngren, Chair

HOUSE VOTE:	**Adopted**
Referred to:	**Committee on Preparedness**
Informational Report:	**I-19**
Strategic Priority:	**Professional Knowledge and Satisfaction**

1. That the MMS implement a three-year bleeding control "train the trainer" demonstration project to provide hands-on regional instruction for physicians and allied health professionals in bleeding control, wound packing, and tourniquet application in order to increase the number of individuals trained in bleeding control in the Commonwealth. *(D)*

2. That the MMS develop a comprehensive bleeding control resource and information page on its website to support the demonstration project and increase bleeding control awareness. *(D)*

3. That the MMS review and assess the efficacy and impact of the bleeding control "train the trainer" demonstration project. *(D)*

Fiscal Note: (Out-of-Pocket Expenses)	$60,000 (Total Expense) $30,000 year one $15,000 year two $15,000 year three
FTE: (Staff Effort to Complete Project)	Existing Staff

Informational Update

Preparedness

The Committee on Preparedness continues to provide advice and support for the Stop the Bleed Demonstration Project. Work on the directives is ongoing. The first Stop the Bleed (STB) Train the Trainer (TTT) session took place at A-19. MMS has partnered with Massachusetts Department of Public Health's Office of Preparedness and Emergency Management and the Medical Reserve Corps Units of Massachusetts to coordinate and provide five regional STB

train-the-trainer sessions across the Commonwealth for MMS members and medical volunteers. Instructors trained at the initial A-19 training have led and assisted with the regional STB TTT trainings. A STB TTT session is being planned for A-20.

The MMS bleeding control resource and information page, www.massmed.org/bleedingcontrol, has been enhanced with additional content and instructor resources to support the demonstration project and increase bleeding control awareness. Three bleeding control kits, required to conduct the STB TTT sessions, were purchased to support the ability to reach and teach interested health professionals.

Indicate whether directive(s) is/are completed or ongoing: ongoing

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

Item #:	10
Code:	COL Report I-18 A-7 [A-17 A-103 Item 14(b)]
Title:	Streamlining Human Immunodeficiency Virus Testing of Source Patients following an Occupational Exposure
Sponsor:	Committee on Legislation Theodore Calianos, II, MD, FACS, Chair
Report History:	CPH/COL/MA AMA/OMSS Report A-18 A-5 Resolution A-17 A-103
Referred to:	Reference Committee A Ms. Marguerite Youngren, Chair

HOUSE VOTE:	**Adopted**
Referred to:	**Committee on Legislation and Committee on the Quality of Medical Practice**
Informational Report:	**I-19**
Strategic Priority:	**Physician and Patient Advocacy**

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

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

Informational Update

Legislation

MMS advocacy team worked with several appropriate stakeholders, both governmental and private, to continue to look for avenues to fully achieve the intent of this resolution.

The complexity of this area of law continues to pose challenges for both the creation of policy and the execution of directives contained therein. The plain reading of this resolution leads to a conclusion that it is accomplished, as it seems to articulate the current legal status quo. Currently in MA, there is no mandated written informed consent for the performance of HIV testing. In 2012, Massachusetts changed the HIV testing part of the law to require only “verbal informed consent.” The law continues to specify that a physician, health care provider, or health care facility may not do any of the following without first obtaining a person’s written informed consent: 1) reveal to third parties that a person took an HIV test; or 2) disclose to third parties the results of a person’s

HIV test. The resulting interpretation and patient notification would all be done in a HIPAA compliant fashion.

Despite this, MMS continues to be active in this policy area to be sure we continue to advocate for the highest possible rates of HIV testing, and the best possible communication of the results. MMS has met with stakeholder groups such as AIDS Action and Fenway Health, and has had conversations with the Massachusuetts Health and Hospital Association to understand the landscape of legislative proposals related to HIV consent. There appears to be no attempt to undo the 2012 changes. There has been legislation to further remove some restrictions around HIV testing: one legislative proposal would remove explicit verbal consent for HIV testing that is a part of “routine care.” Another bill would allow for the sharing of HIV test results without explicit consent within a health care system. MMS did not weigh in on either of these bills as we do not believe it is necessary to achieve this resolution.

Quality of Medical Practice

The CQMP remains sensitive to the interests/concerns of providers who want to know patient HIV results following an occupational exposure. This is extremely understandable. As has been stated, the HIV testing does not require mandated written informed consent so the intent of the resolution in that sphere has been met. Also as has been stated, the resulting interpretation and patient notificiation would all be done in a HIPAA compliant fashion also meeting the intent of the resolution.

Indicate whether directive(s) is/are completed or ongoing: completed

ADOPTED AS AMENDED

Item #:	1
Code:	Resolution I-18 B-201
Title:	Reauthorizing and Expanding the Conrad Waiver Program
Sponsors:	Mr. Sanjay Raaj Gadi Ms. Mugdha Mokashi Ms. Dipal Nagda Ms. Kavya Pathak Mr. Nishant Uppal Mr. Rajet Vatsa Mr. David Velasquez
Referred to:	Reference Committee B Heidi Foley, MD, Chair

HOUSE VOTE:	**Adopted as Amended**
Referred to:	**Committee on Legislation**
Informational Report:	**I-19**
Strategic Priority:	**Physician and Patient Advocacy**

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

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

Informational Update

Legislation

At the federal level, the MMS is supporting HR 2141/S. 948, *The Conrad State 30 and Physician Access Act,* which would reauthorize and expand the Conrad 30 visa waiver program. Notably, the Conrad State 30 & Physician Access Act extends the program until 2021. The legislation makes improvements to the process for obtaining a visa, bolsters important workplace protections for recipients, and provides a path to increase the number of waivers available to states beyond the current allotment of 30 waivers per state if certain requirements are met. Further, the bill also allows the spouses of doctors to work in the United States.

Indicate whether directive(s) is/are completed or ongoing: ongoing

ADOPTED

Item #:	2
Code:	Resolution I-18 B-202
Title:	Increased Evaluation of Access, Cost, Quality, and Health Outcomes in Direct Primary Care
Sponsors:	Mr. Tonatiuh Liévano Beltrán Mr. Sanjay Gadi Mr. Nicholos Joseph Mr. Rajet Vatsa
Referred to:	Reference Committee B Heidi Foley, MD, Chair

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

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

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

Informational Update

Quality of Medical Practice

The MMS Practice Solutions and Medical Economics team is reaching out to multiple stakeholders to complete the requested resolution study including the Massachusetts Direct Primary Care Coalition, individual DPC practices, DPC consultants/advocates, and the American Academy of Family Practice. Literature reviews are being completed including case studies and the American College of Physician references, as well CMS reports.

In 2017, MMS approved a policy to advocate for changes in federal law that establish Direct Primary Care membership fees may be paid with pre-tax funds. In addition, MMS advocated for the passage of state legislation that establishes patient rights to seek care from specialists who are contracted with their insurance plan and to have that service covered when referred by a primary care physician who is not contracted with their insurance plan.

In our review, we are finding that there are limited evidenced-based studies on DPC due to the relative infancy of the DPC model. Fortunately, there are calls for additional studies by the American College of Physicians and the American Academy of Family Physicians (AAFP) among others. For the purposes of this study, we are drawing from the Medical Group Management Association data, AAFP surveys, existing evidence-based studies, and DPC specific case studies regarding access, cost, quality, and health outcomes.

Currently, the knowledge around the full impact of DPC model is unclear. However, we are seeing continued efforts to utilize and engage with this model. In addition, other innovative primary care models continue to develop new payment and service delivery arrangements. MMS also intends to reach out to appropriate stakeholders to explore other concerns related to access, equity, and care utilization, among others.

This study is currently being developed to address and investigate all findings and a follow-up report is forthcoming.

Indicate whether directive(s) is/are completed or ongoing: ongoing

ADOPTED AS AMENDED

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

HOUSE VOTE:	**Adopted as Amended**
Referred to:	**Committee on the Quality of Medical Practice**
Informational Report:	**I-19**
Strategic Priority:	**Physician and Patient Advocacy**

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

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

Informational Update

The MMS Practice Solutions and Medical Economics team working with the CQMP and the Task Force on Physician Burnout, has reached out to EHR vendors, health plans, and payers seeking transparency of formularies to enable an efficient system. The MMS has identified that Medicare Advantage programs require formulary transparency and therefore are seeking for health plans to apply similar rules to their commercial lines of business.

Indicate whether directive(s) is/are completed or ongoing: ongoing

ADOPTED

Item #:	4
Code:	Resolution I-18 B-204
Title:	Elimination by All Massachusetts Health Insurers of All Prior Authorization Requirements When Patients Are Prescribed Buprenorphine/Naloxone
Sponsors:	Ronald Newman, MD Barbara Herbert, MD Michael Medlock, MD
Referred to:	Reference Committee B Heidi Foley, MD, Chair

HOUSE VOTE:	**Adopted**
Referred to:	**Committee on the Quality of Medical Practice and Committee on Legislation**
Informational Report:	**I-19**
Strategic Priority:	**Physician and Patient Advocacy**

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

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

Informational Update

Quality of Medical Practice and Legislation

The MMS has strongly supported the removal of barriers to medication for addiction treatment. The MMS supported Chapter 258 of the Acts of 2014, which first established attempts to reduce prior authorizations for medication for addiction treatment. The MMS engaged with the Division of Insurance as they detailed this provision in Bulletin 2015-05. This prohibition applies to all commercial plans and HMOs under the jurisidiction of the Division of Insurance. While this prohibition on prior authorization technically applies only to prescribers who are licensed by the Department of Public Health (which technically does not include physicians), the practical effect of this regulation is a general elimination of “medical necessity” prior authorizations in MA.

Depsite these important safeguards that were obtained, prior authorizations continued to be a problem for prescribing of Medication-Assisted Treatment. Insurers moved from “medical necessity” prior authorizations to “dosage” or other more nuanced prior authorizations which still burdened physicians and delayed important medication.

The MMS has advocated for the end of these additional prior authorizations, primarily through regulations put forward by the Division of Insurance that require insurers to cover a partial agonist (which would include buprenorphine/naloxone) without prior

authorization “up to the FDA-recommended dose limits.” Further details indicate this regulation should mean no prior authorization for medical necessity or for dosages of 16 milligrams per day or under. MMS will continue to look for other avenues to further reduce prior authorizations in this space.

Indicate whether directive(s) is/are completed or ongoing: ongoing

ADOPTED

Item #:	5
Code:	Resolution I-18 B-205
Title:	Elimination of Prior Authorization for Non-opioid Medications and Modalities Prescribed for Pain Management
Sponsor:	Essex South District Medical Society Ronald Newman, MD, President
Referred to:	Reference Committee B Heidi Foley, MD, Chair

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

1. That the Massachusetts Medical Society advocate to expand coverage for evidence-based non-opioid pharmacologic and non-pharmacologic pain management options. *(D)*

2. That the Massachusetts Medical Society advocate for the elimination of prior authorization and other utilization-management obstacles to evidence-based non-opioid pharmacologic and non-pharmacologic pain management options. *(D)*

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

Informational Update

Quality of Medical Practice, Legislation (in consultation with) Task Force on Opioid Therapy and Physician Communication

The MMS advocacy team undertook substantial legislative and regulatory advocacy to achieve the aims of this resolution of expanding coverage and eliminating prior authorizations for non-opioid pain management options. The CARE Act, signed by Governor Baker in 2018, requires insurance coverage of non-opioid pain management alternatives. To further achieve resolves 1,and in working with MMS Practice Solutions and Medical Economics team, the MMS offered testimony to the Division of Insurance to request an expansive interpretation of this law to require insurers to cover a wide variety of non-opioid pain management options. To achieve resolve 2, MMS drafted and filed legislation (Senate bill 604, *An Act relative to removing barriers to non-opioid pain management*) that would require each of the pain management options offered by insurers in order to comply with the CARE Act also to be offered without prior authorization. The MMS offered testimony in support of this bill, and was pleased that the sponsor of the bill, Sen. John Keenan, testified in strong support of the bill at the hearing.

The MMS was notified by the three leading health plans in Massachusetts that they will begin coverage of acupuncture without prior authorization.

Indicate whether directive(s) is/are completed or ongoing: ongoing

ADOPTED

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

HOUSE VOTE:	**Adopted**
Referred to:	**Committee on Legislation**
Informational Report:	**I-19**
Strategic Priority:	**Physician and Patient Advocacy**

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

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

Informational Update

Legislation

Upon passage of this resolution, the MMS advocacy team promptly drafted state legislation to achieve this aim in time for the fast-approaching legislative filing deadline. We identifed and expanded the areas of the Massachusetts General Laws which codify the current requirements that preventitive services not trigger any deductive payments for high-deductible health plans. Upon subesequent conversations with state house counsel and extensive legal research, we determined that this state legislative approach may actually have unintended consequences due to the interplay of complex state-federal legal issues. If we were to pursue this legislation, which would require high-deductible health plans to have a “safe-harbor” for E&M services, we would be unintentionally creating conflict with the federal IRS tax regulations that allow for tax exempt Health Savings Accounts. This tax exempt status is critical to the affordability of health care for many patients. At this time, we do not know of any state legislative approach that would directly address this issue without causing undue harm to patients with high deductible health plans.

At the federal level, the MMS is pursuing this issue through two fronts. 1) The MMS has contacted the IRS to ask them to extend the existing safe habor for preventive care serivces, to all evaluation and management serivces includign office visits. The letter quotes from recent

studies which show that high deductible health plans delay access to care for pateints regardless of incomes. 2) The MMS is working with the American Academy of Family Physicains in support of H.R. 2774 –the Primary Care Patient Protection Act of 2019. This bill modifies the requirements for the high deductible health plans that are required for tax-preferred health savings accounts. The bill requires the plans to offer coverage with no deductible for primary care services provided during the first two visits during a year to an individual's designated primary care provider. The primary care provider must be a general practitioner, family physician, general internist, obstetrician, gynecologist, pediatrician, geriatric physician, or advanced practice registered nurse acting in accordance with state laws. The AAFP has been aggressively pursuing this issue for several years and believe this legislation, which narrower, is achievable.

Indicate whether directive(s) is/are completed or ongoing: ongoing

ADOPTED

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

HOUSE VOTE:	**Adopted**
Referred to:	**Committee on the Quality of Medical Practice and Committee on Legislation (and MMS *Policy Compendium)***
Informational Report:	**I-19**
Strategic Priority:	**Physician and Patient Advocacy**

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

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

Informational Update

Quality of Medical Practice

In conversations with a leading health plan, they acknowledged that in fact, Neonatal Intensive Care Units in Massachusetts were experiencing an uptick in usage, above the national average. The plan was working with their contracted groups to identify the rationale for this higher than average usage. We will continue to monitor this situation.

Committee on Legislation

To date, MMS has researched the issue of medical insurance barriers to NICU transfers. Part of that research has included outreach to neonatologists in the state, as well as members of the insurance industry, to better understand how medical insurance requirements can be a barrier to these types of transfers and therefore inhibit the most appropriate use of NICU services. Conversations with a leading health plan indicated there are generally three criteria that need to be met for coverage of a transfer: 1) the services at the transferring facility are medically necessary; 2) such services cannot be provided at the existing facility; and 3) the second facility is the closest one that can provide the necessary services. An MMS neonatologist contributed that in Massachusetts, most insurance carriers will cover the hospital stay for a lower costing location of care, i.e. moving from a Level IV to III/II NICU. Where insurers do balk is on covering the transport costs that they consider that as not “medically necessary”, in which case either the parent pays the cost or in case of Medicaid/MassHealth, the hospital team transferring the infant

bears the cost. We are still researching to understand if or how these criteria contribute to creating a medical insurance barrier to transfers.

Indicate whether directive(s) is/are completed or ongoing: ongoing

ADOPTED

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

HOUSE VOTE:	**Adopted**
Referred to:	**Committee on Membership (in consultation with) Arts, History, Humanism and Culture Member Interest Network Executive Council**
Informational Report:	**I-19**
Strategic Priority:	**Membership Value and Engagement**

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

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

Informational Update

Membership (in consultation with) Arts, History, Humanism and Culture Member Interest Network Executive Council

The MMS has researched and compiled a database of activities members might access to develop plans for events that encourage networking and professional community among medical students, residents/fellows and physicians.

The database includes a list of event concepts across a range of categories, e.g., educational lectures and presentations, family-oriented apple picking outings and simple social receptions, among others. In addition to ideas for activities, the database provides suggested venues and event formats. Details include basic information about event costs, as well as the number of guests particular venues can accommodate and contact information for venues across Massachusetts.

MMS members may readily access the list of event ideas via the Member Interest Network section of the MMS website at massmed.org/min.

Indicate whether directive(s) is/are completed or ongoing: ongoing

(DIVIDED)
ADOPTED (3-5)

Item #:	3
Code:	Resolution A-19 A-101
Title:	Support for Modern Abortion Laws and Access
Sponsors:	Ms. Maheetha Bharadwaj Ms. Mugdha Mokashi Mr. Raj Vatsa Ms. Yuexin Wang Yeri Park, MD Rebekah Rollston, MD, MPH Tuhin Roy, MD, MPH Joshua St. Louis, MD, MPH Honor MacNaughton, MD James Broadhurst, MD
Referred to:	Reference Committee A Ms. Marguerite Youngren, Chair

HOUSE VOTE:	**(DIVIDED)** **ADOPTED (3-5)**
Referred to:	**(Items 3-5) Committee on Legislation**
Informational Report Due:	**I-19**
Goal Beneficiary/Objective #/Priority: Patients/2/Critical	

3. That the MMS advocate for legislation and policies that would provide that the only criteria needed to consent to abortion are pregnancy and medical decision-making capacity. *(D)*

4. That the MMS advocate for legislation and policies that would expand existing safety net health coverage for pregnancy-related care to abortion.

5. That the MMS advocate for legislation and policies that would update pregnancy and abortion-related medical terminology used in legal codes to reflect the most recent scientific evidence and knowledge. *(D)*

Fiscal Note: (Out-of-Pocket Expenses)	No Significant Impact
Staff Effort to Complete Directive(s):	Ongoing Expense of $1,500

Informational Update

Committee on Legislation (3-5)

To date, the MMS submitted written testimony to the legislature's Joint Committee on the Judiciary in June 2019 in support of key provisions of H.3320/S.1209, known as the ROE Act. The provisions of the ROE Act supported by MMS in June were consistent with Items 3-5 of Resolution A-19, A-101 and included: repealing a mandatory parental consent law based on the policy that the only criteria needed to consent to abortion are pregnancy and medical decision-making capacity; amending medical terminology in our legal code to be rooted in medicine and science; and codifying safety net coverage for abortion care. MMS, through Vice President Carole Allen, also provided oral testimony at a public legisaltive hearing on June 17, 2019, consistent with our written testimony. MMS has communciated our support for these provisions in the ROE Act with the bill's lead sponsors, as well as key stakeholders leading the advocacy for this legislation. MMS posted a statement on its website indicating support of the legislation and detailing the thoughtful process that led to the final position.

Indicate whether directive(s) is/are completed or ongoing: ongoing