

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

<b>Item #</b>	<b>Title</b>	<b>Code</b>	<b>Action</b>	<b>Page</b>
1	Oversight of Home Health Aides	Resolution I-18 A-101	Referred to the BOT for Report Back at A-19	1
2	Alzheimer's Disease and Dementia Education	CME/CGM Report I-18 A-1	Adopted as Amended	2
3a	Evidence-Based Care of Individuals Born with Differences in Sex Development (DSD)/Intersex	LGBTQ Report I-18 A-2(a)	Adopted	3
3b	Evidence-Based Care of Individuals Born with Differences in Sex Development (DSD)/Intersex	LGBTQ Report I-18 A-2(b)	Referred to the BOT for Report Back at I-19	4
4	Guidelines for Sexual Education in Schools	Resolution I-18 A-102	Adopted as Amended	5
5	Equitable Health Care Regardless of Immigration Status	CVIP Report I-18 A-3	Adopted as Amended	7
6	Support for Evidence-Based Metrics to More Accurately Characterize the Urban Soundscape	Resolution I-18 A-103	Adopted	9
7	Social Determinants of Health	CDM Report I-18 A-4	Adopted as Amended	10
8	Stop the Bleed/Save a Life	CPREP Report I-18 A-5 [A-17 B-211]	Adopted	11
9	Urine Drug Screens in Prisoners	CPH Report I-18 A-6 [I-17 A-105]	Adopted (CPH Report recommendation to <i>not adopt</i> Resolution I-17 A-105)	12
10	Streamlining Human Immunodeficiency Virus Testing of Source Patients following an Occupational Exposure	COL Report I-18 A-7 [A-17 A-103 Item 14(b)]	Adopted (Original Resolution A-17 A-103 Item 14(b))	13

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

2  
3  
4  
5  
6  
7  
8  
9  
10

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

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

13  
14 Fiscal Note: No Significant Impact  
15 (Out-of-Pocket Expenses)

16  
17 FTE: Existing Staff  
18 (Staff Effort to Complete Project)

1 **ADOPTED AS AMENDED**

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

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

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

20  
21 Fiscal Note: One-Time Expense of \$10,000  
22 (Out-of-Pocket Expenses)

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

1 **ADOPTED**

2

3 Item #:

3a

4 Code:

LGBTQ Report I-18 A-2(a)

5 Title:

Evidence-Based Care of Individuals Born with Differences  
in Sex Development (DSD)/Intersex

7 Sponsor:

MMS Committee on LGBTQ Matters  
Carl Streed Jr., MD, MPH, Chair

8

9

10 Referred to:

Reference Committee A  
Ms. Marguerite Youngren, Chair

11

12

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

16

17 Fiscal Note:

No Significant Impact

18 (Out-of-Pocket Expenses)

19

20 FTE:

Existing Staff

21 (Staff Effort to Complete Project)

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

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

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

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

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

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

1 **ADOPTED AS AMENDED**

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

- 13 **1. That the MMS supports sexual health education that:**  
14  
15 **a. Is comprehensive, medically accurate, culturally and religiously aware, and**  
16 **age appropriate; and**  
17 **b. Promotes a perception of sexuality that is free from shame, blame, and**  
18 **stigma; and**  
19 **c. Prepares individuals to make healthy sexual decisions; and**  
20 **d. Includes essential concepts and issues such as:**  
21 **i. Sexual orientation and gender identity; and**  
22 **ii. Power dynamics inherent in sexual relationships, especially as related**  
23 **to age, gender, and substance use; and**  
24 **iii. Sexual health and access to sexual and reproductive health care; and**  
25 **iv. Intimate partner violence and sexual exploitation; and**  
26 **v. Relationships based on mutual respect, communication, and personal**  
27 **responsibility; and**  
28 **vi. Risks for HIV and other sexually transmitted infections and unplanned**  
29 **pregnancy; and**  
30 **vii. The benefits and risks of barrier methods (including condoms) and**  
31 **other contraceptive methods**

32 *(HP)*

- 33  
34 **2. That the MMS advocate that schools receiving public funding be required to**  
35 **offer age appropriate comprehensive evidence-based sexual health education**  
36 **that:**  
37  
38 **a. Is based on rigorous, peer-reviewed science; and**  
39 **b. Incorporates sexual violence prevention including comprehensive**  
40 **discussion on consent and the relationship of substance use to sexual**  
41 **violence; and**  
42 **c. Shows promise for delaying the onset of sexual activity and a reduction in**  
43 **sexual behavior that puts adolescents at risk for contracting human**  
44 **immunodeficiency virus (HIV) and other sexually transmitted infections and**  
45 **for becoming pregnant; and**  
46 **d. Includes an integrated strategy for providing both factual information and**  
47 **skill-building related to reproductive biology, sexual abstinence, sexual**  
48 **responsibility, contraceptives including condoms, alternatives in birth**  
49 **control, and other issues aimed at prevention of pregnancy and sexual**  
50 **transmission of diseases; and**

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

14 **(D)**

15		
16	Fiscal Note:	No Significant Impact
17	(Out-of-Pocket Expenses)	
18		
19	FTE:	Existing Staff
20	(Staff Effort to Complete Project)	

1 **ADOPTED AS AMENDED**

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

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

- 14
- 15 **a. That the Massachusetts Medical Society recognizes the negative health**  
 16 **consequences of the detention of families seeking safe haven. (HP)**  
 17
- 18 **b. That the Massachusetts Medical Society opposes ~~the expansion of~~ family**  
 19 **immigration detention, due to the negative health consequences of**  
 20 **detention. (HP)**  
 21
- 22 **c. That the Massachusetts Medical Society opposes the separation of parents**  
 23 **from their children who are detained while seeking safe haven. (HP)**  
 24
- 25 **d. That the Massachusetts Medical Society will advocate for safe access to**  
 26 **health care for immigrants and refugees in the Commonwealth regardless**  
 27 **of immigration status. (D)**  
 28
- 29 **e. That the Massachusetts Medical Society:**
- 30 • **Advocate for and support legislative efforts to designate healthcare**
  - 31 **facilities as sensitive locations by law (D)**
  - 32 • **Work with appropriate stakeholders to educate medical providers on**
  - 33 **the rights of undocumented patients while receiving medical care, and**
  - 34 **the designation of health care facilities as sensitive locations where US**
  - 35 **immigration enforcement actions should not occur (D)**
  - 36 • **Encourage health care facilities to clearly demonstrate and promote**
  - 37 **their status as sensitive locations (D)**
  - 38 • **Oppose the presence of immigration enforcement agents at health care**
  - 39 **facilities (HP)**  
 40
- 41 **f. That the Massachusetts Medical Society:**
- 42 • **Encourage appropriate stakeholders to study the impact of mandated**
  - 43 **immigration reporting laws on individuals with undocumented**
  - 44 **immigrant status and identify potential barriers for survivors seeking**
  - 45 **care (D)**
  - 46 • **Work with community-based organizations and related stakeholders to**
  - 47 **study and mitigate the implications of mandated immigration reporting**
  - 48 **laws, so that immigrants can continue to receive necessary protective**
  - 49 **services without fear of consequences to their immigration status (D)**



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

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

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

1 **ADOPTED**

2

3 Item #: 6  
4 Code: Resolution I-18 A-103  
5 Title: Support for Evidence-Based Metrics to More Accurately  
6 Characterize the Urban Soundscape  
7 Sponsor: Mr. Prithwijit Roychowdhury

8

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

11

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

16

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

19

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

1 **ADOPTED AS AMENDED**

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

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

- 11  
12 **1. That the Massachusetts Medical Society acknowledges that social**  
13 **determinants of health play a key role in health outcomes and health**  
14 **disparities, and that addressing the social determinants of health for patients**  
15 **and communities is critical to the health of our patients, our communities, and**  
16 **a sustainable, effective health care system. (HP)**  
17  
18 **2. That the Massachusetts Medical Society will, as appropriate, advocate for**  
19 **policies aimed at improving social determinants of health for all people. (D)**  
20  
21 **3. That the Massachusetts Medical Society will work with physicians, health**  
22 **systems, and payers to develop sustainable care delivery and payment models**  
23 **that incorporate innovative and creative ways of improving the social**  
24 **determinants of health for all patients. (HP)**  
25  
26 **4. That the Massachusetts Medical Society will educate its members about social**  
27 **determinants of health and the importance of addressing social determinants**  
28 **of health in order to improve health outcomes and promote health equity. (D)**  
29

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

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

1 **ADOPTED**

2

3

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, Chair

8

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

10

11

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

13

14

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)**

20

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)**

24

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

27

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

30

*\$30,000 year one*

31

*\$15,000 year two*

32

*\$15,000 year three*

33

FTE: Existing Staff  
 (Staff Effort to Complete Project)

34

35

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

2  
3 Item #: 9  
4 Code: CPH Report I-18 A-6 [I-17 A-105]  
5 Title: Urine Drug Screens in Prisoners  
6 Sponsor: Committee on Public Health  
7 John Burrell, MD, Chair

8  
9 Report History: Resolution I-17 A-105  
10 Original Sponsors: Mirret El-Hagrassy, MD, Mark Kashtan,  
11 MD

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

15  
16 **That the Massachusetts Medical Society not adopt Resolution I-17 A-105 which**  
17 **reads as follows:**

- 18  
19 **1. RESOLVED, That the MMS encourages education and training on the**  
20 **appropriate use of urine drug screening and scientifically validated**  
21 **confirmatory testing interpreted by qualified health care practitioners for all**  
22 **administrators, staff, and health care practitioners who administer urine drug**  
23 **screens or initiate legal or punitive action based on urine drug screen results**  
24 **as part of their professional duties; and, be it further (HP)**  
25  
26 **2. RESOLVED, That the MMS encourages the mandatory use of appropriate,**  
27 **scientifically validated confirmatory testing interpreted by qualified health care**  
28 **practitioners for all instances in which presumptive positive urine drug**  
29 **screens would lead to legal or punitive action excepting situations in which the**  
30 **individual in question waives their right to a confirmatory test. (HP)**

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

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

1 **ADOPTED (Original Resolution A-17 A-103 Item14b)**  
2  
3

---

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

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

13  
14 Referred to: Reference Committee A  
15 Ms. Marguerite Youngren, Chair  
16

17  
18  
19 **That the MMS work with appropriate organizations to advocate removal of**  
20 **mandated informed written consent in the performance of HIV testing, and to**  
21 **utilize HIPAA-appropriate patient notification and counseling in result**  
22 **interpretation. (D)**  
23

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

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

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

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

1 **ADOPTED AS AMENDED**

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

**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: No Significant Impact  
(Out-of-Pocket Expenses)

FTE: Existing Staff  
(Staff Effort to Complete Project)



1 **ADOPTED**

2

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

11

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

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

21

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

24

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

1 **ADOPTED AS AMENDED**

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23

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

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

1 **ADOPTED**

2

3

Item #:

4

4

Code:

Resolution I-18 B-204

5

Title:

Elimination by All Massachusetts Health Insurers of All  
Prior Authorization Requirements When Patients Are  
Prescribed Buprenorphine/Naloxone

6

7

Sponsors:

Ronald Newman, MD  
Barbara Herbert, MD  
Michael Medlock, MD

8

9

10

11

Referred to:

Reference Committee B  
Heidi Foley, MD, Chair

12

13

14

**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)**

15

16

17

18

19

Fiscal Note:

No Significant Impact

20

(Out-of-Pocket Expenses)

21

22

FTE:

Existing Staff

23

(Staff Effort to Complete Project)

24

1 **ADOPTED**

2

3

Item #: 5  
Code: Resolution I-18 B-205  
Title: Elimination of Prior Authorization for Non-opioid  
Medications and Modalities Prescribed for Pain  
Management

7

Sponsor: Essex South District Medical Society  
Ronald Newman, MD, President

8

9

10

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

11

12

13

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

22

23

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

24

25

26

FTE: Existing Staff  
(Staff Effort to Complete Project)

27

1 **ADOPTED**

2

3 Item #:

6

4 Code:

CSPP Report I-18 B-1

5 Title:

Mitigating the Negative Effects of High-Deductible Health  
Plans on Patients and Physicians

7 Sponsor:

Committee on the Sustainability of Private Practice  
Christopher Garofalo, MD, Chair

8

9 Referred to:

Reference Committee B  
Heidi Foley, MD, Chair

10

11

12

13

14

15

16

17

18

19

20

21

22

23

**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:

No Significant Impact

(Out-of-Pocket Expenses)

FTE:

Existing Staff

(Staff Effort to Complete Project)

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

2  
3 Item #: 7  
4 Code: Resolution I-18 B-206  
5 Title: Board of Registration Reporting Practices  
6 Sponsor: Kimberley O'Sullivan, MD

7  
8 Referred to: Reference Committee B  
9 Heidi Foley, MD, Chair

- 10  
11 **1. That the MMS advocate, when allegations against a physician have been**  
12 **proven to be unsubstantiated, that the Board of Registration in Medicine**  
13 **(BORIM) be required to remove in totality all allegations from a physician's**  
14 **BORIM profile and rescind its reporting of same to the National Practitioner**  
15 **Data Bank at the request of the victimized physician. (D)**  
16  
17 **2. That the MMS advocate for the Board of Registration in Medicine (BORIM) to**  
18 **remove from the BORIM physician profile and rescind their reporting to the**  
19 **National Practitioner Data Bank all trickle-down events that stemmed from the**  
20 **unsubstantiated allegations, such as loss of hospital privileges, loss of**  
21 **insurance contracts, etc. (D)**  
22  
23 **3. That the MMS advocate that any Board of Registration in Medicine (BORIM)**  
24 **discipline that results from the BORIM scrutiny initiated from unsubstantiated**  
25 **allegations must be a stand-alone discipline that does not include any**  
26 **reference to the unsubstantiated allegations or subsequent event that**  
27 **stemmed from the unsubstantiated allegations. (D)**  
28  
29 **4. That the MMS advocate for the Board of Registration in Medicine (BORIM) to**  
30 **create a narrative section for physicians to make a statement under any and all**  
31 **allegations that are posted to a physician's BORIM profile in order that both**  
32 **parties have equal presence to the matter on the profile. (D)**

33  
34 Fiscal Note: No Significant Impact  
35 (Out-of-Pocket Expenses)

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

1 **ADOPTED**

2

3 Item #: 8  
4 Code: Resolution I-18 B-207  
5 Title: Better Utilization of NICU Services  
6 Sponsor: Ihor Bilyk, MD

7

8 Referred to: Reference Committee B  
9 Heidi Foley, MD, Chair

10

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

15

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

18

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

1 **ADOPTED AS AMENDED**

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

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

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

16  
17 **That the Massachusetts Medical Society adopt as amended Resolution I-17 B-202,**  
18 **to read as follows:**

19  
20 **That the MMS encourage the ACGME, the AMA, and any appropriate stakeholders**  
21 **to support programs to facilitate and expedite the entry of competent International**  
22 **Medical Graduate physicians into practice in areas where needed without having**  
23 **to repeat training that may be unnecessary and wasteful of limited resources. (D)**

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

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



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

<b>Item #</b>	<b>Title</b>	<b>Code</b>	<b>Action</b>	<b>Page</b>
1	MMS Annual Strategic Plan	CSP Report I-18 C-1	Adopted	1
2	Clarification on Specificity and Flexibility of Investment Policy on Fossil Fuels, Climate Change, and Socially Responsible Investments	Resolution I-18 C-301	Adopted as Amended	2
3	Advancing Gender Equity in Medicine	Resolution I-18 C-302	Adopted	3
4	Facilitating the Community of Medicine	Resolution I-18 C-303	Adopted	5
5	MMS Former Speakers and House of Delegates Membership	OFFICERS Report: I-18 C-2 [I-17 C-301]	Adopted (OFFICER Report Recommendation to not adopt Resolution I-17 C-301)	6
6	Medical Student and Resident/Fellow Committee on Nominations Voting Rights	RFS/MSS Report I-18 C-3	Adopted	7
7	One Minute of Seated Silence during Each Opening Session	Resolution I-18 C-304	Not Adopted	8
8	Bylaws Changes	COB Report I-18 C-4	Adopted	9
9	Special Committee Renewals	BOT Report I-18 C-5	Adopted	11

**ADOPTED**

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

12 **That the Massachusetts Medical Society's strategic priorities for Fiscal Year 2019–**  
 13 **2020 are the following: a focus on physician and patient advocacy, membership**  
 14 **value and engagement, and professional knowledge and satisfaction. To advance**  
 15 **the Society's mission and serve the needs of the physician community and their**  
 16 **patients, the goals of our one-year strategic plan will be the following:**  
 17

- 18 • ***Physician and Patient Advocacy:***
  - 19 ➤ **As a trusted and respected leadership voice in health care, ensure**
  - 20 **that the perspectives of physicians and patients are represented at**
  - 21 **the state and national level on the most important issues impacting**
  - 22 **physicians, the health care environment, and patient care and**
  - 23 **outcomes.**
- 24
- 25 • ***Membership Value and Engagement:***
  - 26 ➤ **Ensure that the Society is positioned to meet the changing needs of**
  - 27 **physicians across all demographic segments and practice settings.**
  - 28 ➤ **Align member benefits, services, and communication channels with**
  - 29 **the needs of the physicians we serve, creating a clear membership**
  - 30 **value proposition.**
  - 31 ➤ **Ensure that the Society's governance structure maximizes**
  - 32 **membership growth, diversity, and engagement and expands**
  - 33 **access to leadership opportunities.**
  - 34 ➤ **Ensure that communication engages physicians and promotes the**
  - 35 **Society's efforts and achievements.**
- 36
- 37 • ***Professional Knowledge and Satisfaction:***
  - 38 ➤ **Advance medical knowledge to develop and maintain the highest**
  - 39 **standards of medical practice and health care.**
  - 40 ➤ **Support members in developing the skills and knowledge they need**
  - 41 **to further learning, transform the practice of health care, and**
  - 42 **achieve lifelong professional growth.**
  - 43 ➤ **Build and promote a sense of community, professional satisfaction,**
  - 44 **and meaning in practice through support, networking, mentoring,**
  - 45 **education, and physician wellness programs.**
  - 46 ➤ **Support physicians in building strong patient-physician**
  - 47 **relationships.**

***(HP)***

48  
 49  
 50 Fiscal Note: No Significant Impact  
 51 (Out-of-Pocket Expenses)  
 52  
 53 FTE: Existing Staff  
 54 (Staff Effort to Complete Project)

**ADOPTED AS AMENDED**

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

**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)**

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

**ADOPTED**

1  
 2  
 3 Item #: 3  
 4 Code: Resolution I-18 C-302  
 5 Title: Advancing Gender Equity in Medicine  
 6 Sponsors: Julie K. Silver, MD  
 7 Michael S. Sinha, MD, JD, MPH  
 8  
 9 Referred to: Reference Committee C  
 10 Mary Lou Ashur, MD, Chair  
 11

12 **That the MMS adopt the following, which is adapted from American Medical**  
 13 **Association policy/directives:**  
 14

- 15 **1. That the MMS draft and disseminate a report detailing its positions and**  
 16 **recommendations for gender equity in medicine, including clarifying principles**  
 17 **for state and specialty societies, academic medical centers, and other entities**  
 18 **that employ physicians, to be submitted to the House for consideration at the**  
 19 **2019 Annual Meeting. (D)**  
 20
- 21 **2. That the MMS:**  
 22 **(a) Promote institutional, departmental, and practice policies, consistent with**  
 23 **federal and Massachusetts law, that offer transparent criteria for initial and**  
 24 **subsequent physician compensation;**  
 25 **(b) Continue to advocate for pay structures based on objective, gender-neutral**  
 26 **criteria;**  
 27 **(c) Promote existing Attorney General guidance related to the Massachusetts**  
 28 **Equal Pay Act, which offers a framework for to identifying gender pay**  
 29 **disparities and guidance regarding appropriate compensation models and**  
 30 **metrics for all Massachusetts employees; and**  
 31 **(d) Advocate for training to identify and mitigate implicit bias in compensation**  
 32 **decision making for those in positions to determine salary and bonuses, with a**  
 33 **focus on how subtle differences in the further evaluation of physicians of**  
 34 **different genders may impede compensation and career advancement. (D)**  
 35
- 36 **3. That the MMS recommend as immediate actions to reduce gender bias to:**  
 37 **(a) Inform physicians about their rights under the: (i) Lilly Ledbetter Fair Pay**  
 38 **Act, which restores protection against pay discrimination; and the (ii) Equal**  
 39 **Pay Act, requiring, among other things, equal pay for comparable work, non-**  
 40 **prohibition of voluntary wage disclosure to others, prohibitions on asking**  
 41 **about salary history, and prohibitions on retaliating against employees who**  
 42 **exercise their rights under the Act; and (iii) disseminate educational materials**  
 43 **informing physicians about their rights under the Massachusetts Equal Pay**  
 44 **Act;**  
 45 **(b) Promote educational programs to help empower physicians of all genders**  
 46 **to negotiate equitable compensation; and**  
 47 **(c) Work with relevant stakeholders to develop and host a workshop on the**  
 48 **role of medical societies in advancing women in medicine, with co-**  
 49 **development and broad dissemination of a report based on workshop findings.**  
 50 **(D)**  
 51
- 52 **4. That the MMS collect and analyze comprehensive demographic data and**  
 53 **produce a study on gender equity, including, but not limited to, membership;**  
 54 **representation in the House of Delegates; reference committee makeup; and**  
 55 **leadership positions within our MMS, including the Board of Trustees,**

1 Councils and Section governance, plenary speaker invitations (including, but  
2 not limited to, the Annual Meeting Education Program, the Annual Oration, and  
3 the Public Health Leadership Forum), recognition awards, and grant funding  
4 (including, but not limited to, grants from the MMS and Alliance Charitable  
5 Foundation); and disseminate such findings in regular reports to the House of  
6 Delegates, beginning at A-19 and continuing yearly thereafter, with  
7 recommendations to support ongoing gender equity efforts. (D)  
8

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

11  
12 Fiscal Note: One-Time Expense of \$3,000  
13 (Out-of-Pocket Expenses)

14  
15 FTE: Existing Staff  
16 (Staff Effort to Complete Project)

1 **ADOPTED**

2

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

7

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

10

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

14

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

17

18 FTE: Existing Staff  
19 (Staff Effort to Complete Project)

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

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

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

20  
21 **RESOLVED, That the MMS request that the Bylaws be amended as appropriate to**  
22 **designate former speakers of the House of Delegates as ex-officio members of the**  
23 **House of Delegates as long as they remain members of the MMS. (D)**  
24

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

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

1 **ADOPTED**

2

3 Item #:

6

4 Code:

RFS/MSS Report I-18 C-3

5 Title:

Medical Student and Resident/Fellow Committee on  
Nominations Voting Rights

7 Sponsors:

Resident and Fellow Section

8

Monica Wood, MD, Chair

9

Medical Student Section

10

Mr. Annirudh Balachandran, Chair

11

12 Referred to:

Reference Committee C

13

Mary Lou Ashur, MD, Chair

14

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

18

19 Fiscal Note:

No Significant Impact

20 (Out-of-Pocket Expenses)

21

22 FTE:

Existing Staff

23

(Staff Effort to Complete Project)



1 **NOT ADOPTED**

2

3 Item #:

7

4 Code:

Resolution I-18 C-304

5 Title:

One Minute of Seated Silence during Each Opening  
Session

6

7 Sponsor:

Michael Medlock, MD

8

9 Referred to:

Reference Committee C  
Mary Lou Ashur, MD, Chair

10

11

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

16

17 Fiscal Note:

No Significant Impact

18 (Out-of-Pocket Expenses)

19

20 FTE:

Existing Staff

21 (Staff Effort to Complete Project)

**ADOPTED**

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

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

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

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

**CHAPTER 5 • Sections**

**5.01 Categories of Sections**

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

. . .

**5.08 Women Physicians Section**

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

**5.081 House of Delegates Representation**

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

**~~5.08~~ 5.09 Delegate Vacancies**

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

**~~5.09~~ 5.10 Limitations**

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

. . .

**CHAPTER 6 • The House of Delegates**

. . .

**6.02 Composition**

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

- 1 (1) One delegate from each designated medical specialty society as provided in
- 2 4.03.
- 3 (2) Two delegates duly authorized from the student membership in each medical
- 4 school in the Commonwealth of Massachusetts and the Medical Student Section
- 5 trustee and alternate as provided in 5.021.
- 6 (3) Eight delegates from the Resident and Fellow Section as provided in 5.031.
- 7 (4) One delegate from the Organized Medical Staff Section of the Society as
- 8 provided in 5.041, one delegate from the Academic Physician Section of the
- 9 Society as provided in 5.051, one delegate from the International Medical Graduate
- 10 Section as provided in 5.061, ~~and~~ one delegate from the Minority Affairs Section
- 11 as provided in 5.071, and one delegate from the Women Physicians Section as
- 12 provided in 5.081.
- 13 (5) The President, President-elect, Vice President, Secretary-Treasurer, Assistant
- 14 Secretary-Treasurer, Speaker and Vice Speaker.
- 15 (6) The president and secretary of each district medical society.
- 16 (7) Chairs of all standing committees of the Society.
- 17 (8) Past Presidents of the Society.
- 18 (9) Delegates-at-large, as recommended by the Board of Trustees, may be elected
- 19 by the House of Delegates.
- 20 Delegates-at-large must be members of the Massachusetts Medical Society, must
- 21 be elected individually, and will have the right to vote.
- 22 (10) The President of the Massachusetts Medical Society Alliance.
- 23 (11) Trustees and alternates from each district medical society as provided in 3.17.
- 24 (12) The President of the Boston Medical Library provided that he or she must be
- 25 a member of the Society.
- 26 (D)
- 27
- 28 Fiscal Note: No Significant Impact
- 29 (Out-of-Pocket Expenses)
- 30
- 31 FTE: Existing Staff
- 32 (Staff Effort to Complete Project)

1 **ADOPTED**

2

3 Item #: 9  
4 Code: BOT Report I-18 C-5  
5 Title: Special Committee Renewals  
6 Sponsor: Board of Trustees  
7 Alain Chaoui, MD, FAAFP, Chair  
8

9

9 Referred to: Reference Committee C  
10 Mary Lou Ashur, MD, Chair  
11

12

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

17

17 Fiscal Note: Average Annual Expense per Committee  
18 (Out-of-Pocket Expenses): (for 1 year beginning FY20):  
19 \$3,000 per committee, for a total of \$24,000  
20

21

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