ADVANCE CARE PLANNING/END-OF-LIFE CARE

Advance Care Planning
The MMS will work with the Massachusetts Hospital Association and other appropriate entities to develop a means to expedite medical decision-making and health care access for incompetent patients who lack a health care proxy, such as expedited judicial review or changes to probate code. (D)

MMS House of Delegates, 12/1/12

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year-for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change) (Use MANUAL double-underline and strike please)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AMERICAN MEDICAL ASSOCIATION

Partnership for Growth Agreement
The Massachusetts Medical Society (MMS) will continue its participation in the American Medical Association’s (AMA) Partnership for Growth Agreement.

MMS House of Delegates, 5/8/98
Reaffirmed MMS House of Delegates, 5/13/05
Reaffirmed MMS House of Delegates, 5/19/12

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year-for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change) (Use MANUAL double-underline and strike please)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1
**ETHICS**

**Gifts to Physicians from Industry**

In keeping with current ethical standards, the MMS may engage in advocacy to modify the Massachusetts gift ban law if:

1. The advocacy advances patient interest, and
2. The modification sought would conform to the guidelines of the American Medical Association and the Accreditation Council on Continuing Medical Education regarding industry gifts to physician, and
3. The advocacy effort does not adversely affect public trust, or the benefit to the patient from modification of the law outweighs the ethical impact of any potential adverse effect on public trust.

(HP)

*MMS House of Delegates, 5/19/12*

---

**Medical Ethics**

The Code of Medical Ethics of the Council on Ethical and Judicial Affairs of the American Medical Association shall serve as a guide to the MMS in interpreting existing ethical policies and in promulgating new ethical policies for physicians.

The Committee on E&D shall hold an open forum on ethical issues at each regular meeting of the HOD, with an advance notice of the agenda distributed, to encourage attendee input.

*MMS House of Delegates, 5/8/98*  
Reaffirmed MMS House of Delegates, 5/13/05  
Reaffirmed MMS House of Delegates, 5/19/12
Sale of Health-Related Products from Physicians' Offices

The Massachusetts Medical Society (MMS) endorses Section E-8.063 of the American Medical Association Code of Ethics, “Sales of Health-Related Products from Physicians’ Offices,” issued June 1999, which reads as follows:

“Health-related products” are any products that, according to the manufacturer or distributor, benefit health. “Selling” refers to the activity of dispensing items that are provided from the physician’s office in exchange for money and also includes the activity of endorsing a product that the patient may order or purchase elsewhere that results in direct remuneration for the physician. This Opinion does not apply to the sale of prescription items, which is already addressed in Opinion 8.06, “Prescribing and Dispensing Drugs and Devices.” Physicians who engage in in-office sales practices should be aware of the related guidelines presented in Opinion 8.062, “Sale of Non-Health-Related Goods from Physicians’ Offices”; Opinion 8.06, “Prescribing and Dispensing Drugs and Devices”; Opinion 8.032, “Conflicts of Interest: Health Facility Ownership by a Physician”; Opinion 3.01, “Nonscientific Practitioners”; and Opinion 8.20, “Invalid Medical Treatment”; as well as the reports from which these opinions are extracted. In-office sale of health-related products by physicians presents a financial conflict of interest, risks placing undue pressure on the patient, and threatens to erode patient trust and undermine the primary obligation of physicians to serve the interests of their patients before their own.

1. Physicians who choose to sell health-related products from their offices should not sell any health-related products whose claims of benefit lack scientific validity. When judging the efficacy of a product, physicians should rely on peer-reviewed literature and other unbiased scientific sources that review evidence in a sound, systematic, and reliable fashion.

2. Because of the risk of patient exploitation and the potential to demean the profession of medicine, physicians who choose to sell health-related products from their offices must take steps to minimize their financial conflicts of interest. The following guidelines apply:
   a. In general, physicians should limit sales to products that serve the immediate and pressing needs of their patients. For example, if traveling to the closest pharmacy would in some way jeopardize the welfare of the patient (e.g., forcing a patient with a broken leg to travel to a local pharmacy for crutches), then it may be appropriate to provide the product from the physician’s office. These conditions are explained in more detail in the Council’s Opinion 8.06, “Prescribing and Dispensing Drugs and Devices,” and are analogous to situations that constitute exceptions to the permissibility of self-referral.
   b. Physicians may distribute other health-related products to their patients free of charge or at cost, in order to make useful products readily available to their patients. When health-related products are offered free or at cost, it helps to ensure removal of the elements of personal gain and financial conflicts of interest that may interfere, or appear to interfere, with the physician’s independent medical judgment.

3. Physicians must disclose fully the nature of their financial arrangement with a manufacturer or supplier to sell health-related products. Disclosure includes informing patients of financial interests as well as about the availability of the product or other equivalent products elsewhere. Disclosure can be accomplished through face-to-face communication or by posting an easily understandable written notification in a prominent location that is accessible by all patients in the office. In addition, physicians should, upon request, provide patients with understandable literature that relies on scientific standards in addressing the risks, benefits, and limits of knowledge regarding the health-related product.

4. Physicians should not participate in exclusive distributorships of health-related products that are available only through physicians’ offices. Physicians should encourage manufacturers to make products of established benefit more fairly and more widely accessible to patients than exclusive
distribution mechanisms allow. (II)

The MMS adopts the clarification of Opinions 8.063, “Sale of Health-Related Goods from Physician Offices,” adopted December 2000, which reads as follows:

The physician who provides or sells products to patients must follow the above guidelines regardless of whether the products are provided in the physician’s office or through a practice website. (HP)

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Use MANUAL double-underline and strike please)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Ethics, Grievances, and Professional Standards |
| The Quality of Medical Practice |

HEALTH CARE DELIVERY

Accountable Care Organizations
The MMS will strongly advocate that all physicians practicing in the same geographic area be allowed to participate in any local accountable care organizations or integrated networks upon demonstration of compliance with non-exclusionary transparent requirements for participation. (D)

The MMS will advocate that a physician’s participation in one ACO should not disqualify the physician from participation in another ACO. (D)

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Use MANUAL double-underline and strike please)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
That the MMS adopts the principles concerning accountable care organizations (ACOs) adopted by the American Medical Association (AMA) at their 2010 Interim Meeting, with MMS amendments as follows:

American Medical Association Accountable Care Organization (ACO) principles as adopted at the AMA’s 2010 Interim Meeting

1. Guiding Principle — The goal of an Accountable Care Organization (ACO) is to increase access to care, improve the quality of care and ensure the efficient delivery of care. Within an ACO, a physician’s primary ethical and professional obligation is the well-being and safety of the patient.

2. ACO Governance — ACOs must be physician-led and encourage an environment of collaboration among physicians. ACOs must be physician-led to ensure that a physician’s medical decisions are not based on commercial interests but rather on professional medical judgment that puts patients’ interests first.

Medical decisions should be made by physicians. ACOs must be operationally structured and governed by an appropriate number of physicians to ensure that medical decisions are made by physicians (rather than lay entities) and place patients’ interests first. Physicians are the medical professionals best qualified by training, education, and experience to provide diagnosis and treatment of patients. Clinical decisions must be made by the physician or physician-controlled entity. The AMA supports true collaborative efforts between physicians, hospitals and other qualified providers to form ACOs as long as the governance of those arrangements ensure that physicians control medical issues.

The ACO should be governed by a board of directors that is elected by the ACO professionals. Any physician-entity [e.g., Independent Physician Association (IPA), Medical Group, etc.] that contracts with, or is otherwise part of, the ACO should be physician-controlled and governed by an elected board of directors.

The ACO’s physician leaders should be licensed in the state in which the ACO operates and in the active practice of medicine in the ACO’s service area.

Where a hospital is part of an ACO, the governing board of the ACO should be separate, and independent from the hospital governing board.

3. Physician and patient participation in an ACO should be voluntary. Patient participation in an ACO should be voluntary rather than a mandatory assignment to an ACO by Medicare. Any physician organization (including an organization that bills on behalf of physicians under a single tax identification number) or any other entity that creates an ACO must obtain the written affirmative consent of each physician to participate in the ACO. Physicians should not be required to join an ACO as a condition of contracting with Medicare, Medicaid or a private payer or being admitted to a hospital medical staff.

4. The savings and revenues of an ACO should be retained for patient care services and distributed to the ACO participants.

5. Flexibility in patient referral and antitrust laws. The federal and state anti-kickback and self-referral laws and the federal Civil Monetary Penalties (CMP) statute (which prohibits payments by hospitals to physicians to reduce or limit care) should be sufficiently flexible to allow physicians to collaborate with hospitals in forming ACOs without being employed by the hospitals or ACOs. This is particularly important for physicians in small- and medium-sized practices who may want to remain independent but otherwise integrate and collaborate with other physicians (i.e., so-called virtual integration) for purposes of participating in the ACO. The ACA explicitly authorizes the Secretary to waive requirements under the Civil Monetary Penalties statute, the Anti-Kickback statute, and the Ethics in Patient Referrals (Stark) law. The Secretary should establish a full range of waivers and safe harbors that will enable independent physicians to use existing or new organizational structures to participate as ACOs. In addition, the Secretary should work with the Federal Trade Commission to
provide explicit exceptions to the antitrust laws for ACO participants. Physicians cannot completely transform
their practices only for their Medicare patients, and antitrust enforcement could prevent them from creating
clinical integration structures involving their privately insured patients. These waivers and safe harbors should
be allowed where appropriate to exist beyond the end of the initial agreement between the ACO and CMS so
that any new organizational structures that are created to participate in the program do not suddenly become
illegal simply because the shared savings program does not continue.

6. Additional resources should be provided up-front in order to encourage ACO development. CMS’s Center for
Medicare and Medicaid Innovation (CMI) should provide grants to physicians in order to finance up-front costs
of creating an ACO. ACO incentives must be aligned with the physician or physician group’s risks (e.g., start-
up costs, systems investments, culture changes, and financial uncertainty). Developing this capacity for
physicians practicing in rural communities and solo-small group practices requires time and resources and the
outcome is unknown. Providing additional resources for the up-front costs will encourage the development of
ACOs since the “shared savings” model only provides for potential savings at the back-end, which may
discourage the creation of ACOs (particularly among independent physicians and in rural communities).

7. The ACO spending benchmark should be adjusted for differences in geographic practice costs and risk adjusted
for individual patient risk factors.

The ACO spending benchmark, which will be based on historical spending patterns in the ACO’s service area
and negotiated between Medicare and the ACO, must be risk-adjusted in order to incentivize physicians with
sicker patients to participate in ACOs and incentivize ACOs to accept and treat sicker patients, such as the
chronically ill.

The ACO benchmark should be risk-adjusted for the socioeconomic and health status of the patients that are
assigned to each ACO, such as income/poverty level, insurance status prior to Medicare enrollment, race, and
ethnicity and health status. Studies show that patients with these factors have experienced barriers to care and
are more costly and difficult to treat once they reach Medicare eligibility.

The ACO benchmark must be adjusted for differences in geographic practice costs, such as physician office
expenses related to rent, wages paid to office staff and nurses, hospital operating cost factors (i.e., hospital wage
index) and physician HIT costs.

The ACO benchmark should include a reasonable spending growth rate based on the growth in physician and
hospital practice expenses as well as the patient socioeconomic and health status factors.

In addition to the shared savings earned by ACOs, ACOs that spend less than the national average per Medicare
beneficiary should be provided an additional bonus payment. Many physicians and physician groups have
worked hard over the years to establish systems and practices to lower their costs below the national per
Medicare beneficiary expenditures. Accordingly, these practices may not be able to achieve significant
additional shared savings to incentivize them to create or join ACOs. A bonus payment for spending below the
national average would encourage these practices to create ACOs and continue to use resources appropriately
and efficiently.

8. The quality performance standards required to be established by the Secretary must be consistent with AMA
policy regarding quality. The ACO quality reporting program must meet the AMA principles for quality
reporting, including the use of nationally-accepted, physician specialty-validated clinical measures developed
by the AMA-specialty society quality consortium; the inclusion of a sufficient number of patients to produce
statistically valid quality information; appropriate attribution methodology; risk adjustment; and the right for
physicians to appeal inaccurate quality reports and have them corrected. There must also be timely notification
and feedback provided to physicians regarding the quality measures and results.

9. An ACO must be afforded procedural due process with respect to the Secretary’s discretion to terminate an
agreement with an ACO for failure to meet the quality performance standards.
10. ACOs should be allowed to use different payment models. While the ACO shared-savings program is limited to the traditional Medicare fee-for-service reimbursement methodology, the Secretary has discretion to establish ACO demonstration projects.

ACOs must be given a variety of payment options and allowed to simultaneously employ different payment methods, including fee-for-service, capitation, partial capitation, medical homes, care management fees, and shared savings. Any capitation payments must be risk-adjusted.

11. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient Satisfaction Survey should be used as a tool to determine patient satisfaction and whether an ACO meets the patient-centeredness criteria required by the ACO law.

12. Interoperable Health Information Technology and Electronic Health Record Systems are key to the success of ACOs. Medicare must ensure systems are interoperable to allow physicians and institutions to effectively communicate and coordinate care and report on quality.

13. If an ACO bears risk like a risk bearing organization, the ACO must abide by the financial solvency standards pertaining to risk-bearing organizations;

   The AMA advises physicians to make informed decisions before starting, joining, or affiliating with an ACO. The AMA will provide information to members regarding AMA vetted legal and financial advisors, and will seek discount fees for such services.

   (HP)

The AMA will develop a toolkit that provides physicians best practices for starting and operating an ACO, such as governance structures, organizational relationships, and quality reporting and payment distribution mechanisms. The toolkit will include legal governance models and financial business models to assist physicians in making decisions about potential physician-hospital alignment strategies. (HP)

That the MMS make available to members by electronic means and in hard copy, upon request, specific MMS principles concerning accountable care organizations and the provision of accountable care. (D)

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year-for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change) (Use MANUAL double-underline and strike please)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Quality of Medical Practice (Items 5, 6): in consultation with Legislation (Item 12): in consultation with Information Technology</td>
</tr>
</tbody>
</table>
Physician-Controlled Offices, Ambulatory Surgery Centers, and Free-Standing Imaging Centers
The MMS will advocate for modification of the DON-related provisions of Massachusetts law and regulation in ways that will remove statutory impediments to the ability of physician-controlled offices, ambulatory surgery centers, and free-standing imaging centers to compete on the basis of cost and quality for the benefit of patients, physicians, and the health system as a whole. (D)

MMS House of Delegates, 12/1/12

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Legislation |

HEALTH INSURANCE/MANAGED CARE PLANS
Coverage Decisions
The Massachusetts Medical Society adopts the following Principles for Health Plan Coverage Decisions:

I. Health plan processes for designing and determining health plan coverage decisions should be:
   - Evidence based
   - Transparent
   - Participatory
   - Equitable and Consistent
   - Sensitive to Value
   - Compassionate

II. Health plan processes for designing and determining health plan coverage decisions should:
   a. Assure that the health plan’s clinical policies and treatment approval decisions are responsive to patient concerns.
      i. Physicians and patients should have access to the clinical guidelines for all health plans in which they participate via websites and/or written materials.
      ii. All clinical policies should be based on the best available evidence.
   b. Establish physician advisory groups through which physicians participating in the plan’s network can provide input into the health plan’s policies affecting coverage decisions.
      i. Health plans should be transparent as to who serves on the advisory group.
      ii. Advisory groups should include practicing physicians with the appropriate expertise.
   c. Include health plan members in decision-making at the appropriate organizational level regarding policies and processes that affect patient care and allocation of clinical resources.
      i. Provide employers, health plan members and participating physicians with the criteria and process used for determining when new technologies and procedures become a covered benefit.
ii. Explicitly describe those services it will not currently cover because they are deemed to be “experimental.”

d. Be based on best available scientific evidence, in the context of treatment expense.

e. Involve physicians and health plan members in appeals regarding treatment authorizations. Ensure physicians have the right to appeal adverse coverage decisions. Health plans should have in place systems to review and process physician appeals when appropriate.

f. Respond to requests for prior authorization of a non-emergency service, upon receipt of complete information, within a reasonably pre-determined time frame.

g. Identify information that health plan members want and need regarding the plan’s process for making coverage decisions.

h. Provide easy access for all stakeholders to information about the health plan’s decision-making processes in language that is easily comprehensible.

(HP)

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change) (Use MANUAL double-underline and strike please)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Quality of Medical Practice</td>
</tr>
</tbody>
</table>

**Informing Patients’ Regarding Health Care Costs**

The MMS takes the position that those who set rates of reimbursement are responsible for informing patients of their anticipated health care costs. (HP)

The MMS will actively oppose any requirements that a physician inform patients of their anticipated total healthcare costs. (D)
HEALTH SYSTEM REFORM

Fee-for-Service
The MMS recognizes that fee-for-service and private practice medicine can be efficient, ethical, and high-quality medical care, with a long tradition of patient-centered care and cost-effective care which keeps patients at the center of treatment decisions. (HP)

The MMS, when advocating for system reform, enthusiastically advocates for preserving the viability of a private practice option, for the benefit of patients and our members. (D)

MMS House of Delegates, 12/1/12

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year-for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Item 1): Quality of Medical Practice in consultation with Ethics, Grievances, and Professional Standards</td>
<td>(Item 2): Legislation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HOSPITALS

Credentialing
The Massachusetts Medical Society (MMS) will continue to promote the use of a uniform application form for credentialing and re-credentialing to all Massachusetts hospitals, other health care facilities, managed care organizations, and other health care insurers. (D)

MMS House of Delegates, 5/13/05

Item 1 of Original Reaffirmed MMS House of Delegates, 5/19/12
(Item 2 of Original: Sunset)

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year-for Review and Possible</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
New Policy

(Use MANUAL double-underline and strike please)

Quality of Medical Practice

Hospital/Organized Medical Staff/Employed Physicians

The Massachusetts Medical Society should become the lead association for physicians in Massachusetts who maintain employment or contractual relationships with hospitals, health systems, and other entities. (D)

The MMS will work through the Organized Medical Staff Section, other sections and special groups, or a newly created section (similar to the AMA’s Integrated Physician Practice Section) as appropriate to represent and address the unique needs of employed physicians in hospitals, health systems, and other entities. (D)

That as a benefit of membership, the MMS should provide assistance through existing resources and the Organized Medical Staff Section, such as information and advice (but not legal opinions or representation) as appropriate to residents and fellows, employed physicians, physicians in independent practice, and independent physician contractors. Such information and advice should address matters pertaining to their relationships with hospitals, health systems, and other entities, including, but not limited to, breach of contracts, medical staff bylaws, sham peer review, economic credentialing, and the denial of due process. (D)

MMS House of Delegates, 5/19/12

Reaffirm for 7 years
Reaffirm for 1 year for Review and Possible New Policy
Sunset
Amendment proposed above (minor, non-substantive change)
(Use MANUAL double-underline and strike please)
My Committee will provide new policy to HOD at (please specify) A-19 or I-19
Committee Providing Input
Rationale (Please Provide Rationale for Your Recommendation)

Organized Medical Staff Section

Neonatal Outcomes and Care

The Massachusetts Medical Society (MMS) will continue to oppose defining levels of neonatal care based on the volume of deliveries at a hospital. (D)

The MMS will continue to work with the Massachusetts Department of Public Health and with the Massachusetts Hospital Association to ensure continued quality surveillance of neonatal outcomes. (D)

MMS House of Delegates, 12/3/05
Reaffirmed MMS House of Delegates, 5/19/12
### LEGAL MEDICINE

**Due Process**
The Massachusetts Medical Society calls for due process for physicians, including resident physicians, before any adverse action is taken by entities with whom the physician has a professional, contractual, or employment relationship to provide patient care. *(HP)*

MMS House of Delegates, 11/7/98  
Reaffirmed MMS House of Delegates, 5/13/05  
Item 1 of 2 Reaffirmed, MMS House of Delegates, 5/19/12  
*(Item 2 of Original: Sunset)*

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year-for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Use MANUAL double-underline and strike please)</td>
<td></td>
<td></td>
<td>Organized Medical Staff Section</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Resident/Fellow Section</td>
</tr>
</tbody>
</table>

### MASSACHUSETTS MEDICAL SOCIETY ADMINISTRATION AND ORGANIZATION

**Boston Medical Library**
The MMS will explore providing periodically scheduled educational courses that enable members to learn and practice commonly used medical literature search tools and documentation of source materials, and to enable members to access tools and technology that support timely access to electronic medical literature and patient safety information. *(D)*

The MMS will work with the Boston Medical Library (BML) to explore ensuring availability of full-time, dedicated medical reference librarian staffing through the BML, rotating between the BML-Countway and the BML Branch Library (at the MMS headquarters in Waltham), whose only work will be to assist MMS members, and, in collaboration with the MMS Department of Continuing Education and Certification, to:

- Work in person and remotely to help develop users' search skills
- Consult about and conduct literature searches
- Teach information literacy classes
- Collect, manage, and preserve relevant resources, tools, and technology (e.g., collection of sample search software) and serve as resource “troubleshooters” for members needing guidance and professional medical reference librarian expertise in identifying, extracting, and analyzing professional medical literature and patient safety information. 

The MMS will explore mechanisms to advocate for members to obtain expanded electronic access to more core medical journals. 

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year, Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Committees/Sections
The Massachusetts Medical Society (MMS) supports the following principles and recommendations:

MMS Committee Structure Principles
The CSP shall:

- Review the MMS committee structure as warranted;
- Develop a comprehensive action and communication plan for any committee structure changes; The MMS shall:
- Review committee productivity against committee action plans and current environmental/leadership needs, including the Society’s strategic priorities;
- Review a more comprehensive leadership and coaching process for the MMS leadership (including district, committee, and potential future leaders) regarding their responsibilities and leadership skills;
- Explore, develop, and promote new methods for encouraging committee participation that will attract and retain members;
- Prior to each Presidential Year, develop a comprehensive outreach communication plan to members and specific targeted populations to promote the work of the MMS committees.

(HP)

MMS House of Delegates, 5/19/12
Amended and Reaffirmed MMS House of Delegates, 5/19/12
The Massachusetts Medical Society (MMS) will continue its generous support of medical students by providing travel funding for students serving in official functions to attend the Annual and Interim Meeting of the American Medical Association (AMA) Medical Student Section (MSS). (D)

The MMS-MSS Governing Council officers will choose four medical “student ambassadors” who are first-time attendees to attend the AMA-MSS Annual and Interim Meetings. (D)

All medical students receiving funding to attend the Annual and Interim Meetings of the AMA-MSS from the MMS shall agree to sign and abide by the “Requirements for all AMA-MSS Meeting Attendees Funded by the MMS” developed by the MMS-MSS Governing Council, which outlines responsibilities of funded individuals and usage of funding. (D)

MMS House of Delegates, 5/2/03
Reaffirmed MMS House of Delegates, 5/14/10
(Item 3 of Original: Amended/Sunset MMS House of Delegates, 12/1/12)

Reaffirm for 7 years
Reaffirm for 1 year-for Review and Possible New Policy
Sunset Amendment proposed above (minor, non-substantive change) (Use MANUAL double-underline and strike please)
My Committee will provide new policy to HOD at (please specify) A-19 or I-19 Committee Providing Input Committee Providing Input
Rationale (Please Provide Rationale for Your Recommendation)

Membership/Dues
The MMS shall continue its efforts to further enhance its image with key constituencies, including patients and physicians. (HP)

The MMS shall continue working with the American Medical Association (AMA) to build AMA membership and to enhance the image of organized medicine in Massachusetts. (HP)

MMS House of Delegates, 11/7/98
Reaffirmed MMS House of Delegates, 5/13/05
Reaffirmed MMS House of Delegates, 5/19/12
The MMS will institute the following initiatives to encourage large group practice and other health care organization physicians to become members:

- Identify current MMS members in large group practices and other health care organizations to serve as “in-house” recruiters and establish on-going recruitment programs within each entity.
- Work with the administrations of large group practices and other health care organizations to provide newly-hired physicians with MMS membership information, as well as ensuring that membership recruitment materials are available to all physicians within these entities.
- Implement a group dues billing system that will allow the administrators of large practices and other health care organizations to receive a "super bill," listing all MMS members within the practice and allowing for the payment of their dues with one check.
- Work to ensure that there are regular opportunities for MMS representatives to make membership presentations to the staffs of large group practices and other health care organizations.
- Recruit group practice and other health care organization physician representatives to serve as members of the MMS Organized Medical Staff Section and ensure their active involvement.

MMS House of Delegates, 5/8/98
Reaffirmed MMS House of Delegates, 5/13/05
Reaffirmed MMS House of Delegates, 5/19/12
(Bullet 5 of Original: Sunset)

Sections
The Massachusetts Medical Society (MMS) encourages each hospital medical staff in the Commonwealth to include at their regular meetings a report from a member of the medical staff in a leadership position of the district or state society that would provide timely details of events, activities, and issues pertaining to organized medicine. (HP)

The MMS will provide assistance to such representatives in their preparation of these reports pertaining to organized medicine for hospital medical staff meetings. (HP)
**MEDICAL EDUCATION**

**Accreditation Council for Continuing Medical Education (ACCME)**
The Massachusetts Medical Society adopts the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support, as amended from time to time, as a means to ensure independence of CME activities. (HP)

**MMS House of Delegates, 5/13/05**
Reaffirmed MMS House of Delegates, 5/19/12

---

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year-for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Use MANUAL double-underline and strike please)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Organized Medical Staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Membership</td>
<td></td>
</tr>
</tbody>
</table>

**Graduate Medical Education**
The Massachusetts Medical Society (MMS) establishes as policy its position that all physicians and medical students should be evaluated for the purpose of entry into graduate medical education (GME) programs, licensure, and hospital medical staff privileges solely on the basis of their individual qualifications, skills, and character. (HP)

**MMS House of Delegates, 5/8/98**
Reaffirmed MMS House of Delegates, 5/13/05
Reaffirmed MMS House of Delegates, 5/19/12
**Medical Education**

**LGBTQ Students and Patients**
The Massachusetts Medical Society encourages all medical schools in Massachusetts to consider the recommendations released by the Association of American Medical Colleges (AAMC) Group on Student Affairs (GSA), the AAMC Organization of Student Representatives (OSR), and American Medical Association policy and address areas in their curricula that require updating to meet these recommendations relative to incorporating lesbian, gay, bisexual, and transgender (LGBT) student and patient needs. (HP)  

MMS House of Delegates, 12/1/12

**MEDICAL RECORDS/ELECTRONIC HEALTH RECORDS**

**Electronic Health Records**
The MMS will research and develop clear guidelines, best practices, and ongoing education regarding the effective use of electronic health records (EHR)/health information exchange (HIE) technologies based on appropriate information.

Subjects should include but not be limited to:
- Analysis of time management before and after EHR adoption
- Quality of practice after EHR implementation
- Amount of time required to complete a high-quality medical record per patient
- Guidelines for preparing effective and appropriate notes for primary care and specialists using technology tools
- Reimbursement before and after use of an EHR
- The effects of various reimbursement models on electronic workflow
- Quality of practice before and after EHR implementation
- Utility of employing medical scribes
• Confidence in coding using an EHR
• Use of templates and whether information is truly entered because of its importance to patient care versus its importance to complying with billing and coding mandates
• The use of “pertinent negatives” and the amount of data that is carried forward to save time and improve coding, but in fact is not addressed at the time of the visit
• Legal and liability issues surrounding the exchange of protected health information (PHI)
• Guidelines for communicating electronically with patients
• Physician suggestions for EHR technology improvement
• Effects of coding on the usability of both entering and reading and usefulness of EHRs
• Experience with free and low-cost cloud EHRs such as the VA VistA system, and explore the benefits, risks, availability, and usability of open source EHRs.
• Best practices for managing patient privacy, opt-in, and obtaining records.

The results of the research on electronic health records and health information exchange will be distributed widely using low-cost electronic means. (D)

MMS House of Delegates, 12/1/12

The Massachusetts Medical Society will work with appropriate organizations (including the American Medical Association, specialty societies, and patient advocacy groups) to ensure that the clinical data-exchange standards on which a National Health Information Network and Regional Health Information Organizations are based are subject to approval and ratification by these organizations and end-users such as physicians and patients. (D)

MMS House of Delegates, 5/13/05
Reaffirmed MMS House of Delegates, 5/19/12
MINORITIES

Medical Interpreters
The Massachusetts Medical Society (MMS) recognizes the importance of the language barriers and cultural sensitivity and support the use of interpreter services when legally required or otherwise appropriate, whether for reasons of language, culture, or physical disability. (HP)

The MMS will collaborate with health plans to provide coverage for their increased costs of interpreter services necessary for providing high-quality medical care to patients who have significant language and/or cultural barriers or physical disabilities. (D)

MMS House of Delegates, 12/3/05
Items 1 and 3 of 3 Reaffirmed MMS House of Delegates, 5/19/12
(Item 2 of Original: Sunset)

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year-for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Item 1) Public Health to reach out to Diversity in Medicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Item 2) The Quality of Medical Practice</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PHYSICIAN PAYMENT

Creation of Physicians’ Associations (Guilds or [non-striking] Union-like Associations)
The MMS shall increase advocacy on behalf of individual members. (D)

The MMS shall educate members regarding alternative practice arrangements. (D)

The MMS supports changes in federal law to permit independent contractor physicians to engage in collective bargaining. (HP)

MMS House of Delegates, 11/7/98
Reaffirmed MMS House of Delegates, 5/13/05
Reaffirmed MMS House of Delegates, 5/19/12
<table>
<thead>
<tr>
<th>New Policy</th>
<th>(Use MANUAL double-underline and strike please)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Items 1, 3): Legislation</td>
</tr>
<tr>
<td></td>
<td>(Item 2) Quality of Medical Practice</td>
</tr>
<tr>
<td></td>
<td>(PPRC Staff)</td>
</tr>
</tbody>
</table>
**PREAUTHORIZATIONS**

*Preauthorizations/Decision-Making*

The MMS will:

… attempt to identify legislative, regulatory, and third-party requirements and strategies that are most burdensome  

*(D)*

---

**MMS House of Delegates, 12/2/12**  
*(Item 1 of Original, Sunset)*

---

| Reaffirm for 7 years | Reaffirm for 1 year-for Review and Possible New Policy | Sunset | Amendment proposed above (minor, non-substantive change)  

*(Use MANUAL double-underline and strike please)* | My Committee will provide new policy to HOD at (please specify) A-19 or I-19 | Committee Providing Input | Rationale *(Please Provide Rationale for Your Recommendation)* |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Legislation

---

The MMS will foster, via regulatory or legislative avenues, elimination of prior authorization requirements for medication approved by the FDA for the specific indication requested and are comparatively cost-effective to alternatives. *(D)*

The MMS will direct the American Medical Association to collaborate with the Centers for Medicare and Medicaid Services in the creation of a CPT code or an equivalent mechanism for professional preauthorization time and related office expenses. *(D)*

The MMS will encourage and facilitate provider reporting of undue delays in accessing the preauthorization process, obtuse denial explanations and undue delays in ultimately approved requests to the Division of Insurance (DOI); and, that the MMS request the DOI to require the health plans to submit their pre-authorization performance data to the DOI them in a common format for public disclosure and share these results with MMS, payers, and other appropriate entities for a collaborative discussion, when known, the clinical consequences of each delay by way of a simple reporting form by whatever medium stored in a database maintained by the MMS and, in turn, periodically reported to appropriate regulatory authorities and MMS membership. *(D)*

---

**MMS House of Delegates, 5/19/12**
PRESCRIPTION AND NON-PRESCRIPTION DRUGS

Child-Proof/Tamper-Proof Versions
The Massachusetts Medical Society will advocate to health insurers that the presence of a child in the household be cause to cover a child-proof or tamper-proof version of a prescribed drug where available. (D)

MMS House of Delegates, 5/19/12

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Use MANUAL double-underline and strike please)</td>
<td></td>
<td></td>
<td>The Quality of Medical Practice</td>
</tr>
</tbody>
</table>

Drug Formularies
Physicians should be encouraged to use resources appropriately and practice efficiently, including bioequivalent substitution of medications when there is no apparent risk to the patient. (HP)

The Committee on Legislation shall support legislative and regulatory positions which support the rights of patients and physicians to choose the appropriate medication for the patient on a clinical basis. (HP)

The Massachusetts Medical Society urges physicians to learn more about the practices of PBMs and become alert to industry-based initiatives in disease management. (HP)

The MMS shall continue its work to increase the ready availability to practicing physicians of information about the content of specific formularies. (D)

MMS House of Delegates, 11/7/98

Reaffirmed MMS House of Delegates, 5/13/05

Item 1: Amended and Reaffirmed MMS House of Delegates, 5/19/12

(Items 2 and 3 of Original: Sunset)
New Policy | (Use MANUAL double-underline and strike please) |
--- | --- |
Quality of Medical Practice |
(Item 2): Legislation |

**Limits on Medications and Testing or Treatment Supplies**
The MMS supports the protection of the patient-physician relationship from interference by insurers’ various utilization control mechanisms, including medication limits and testing or treatment supply quantity limits. *(HP)*

The MMS will advocate with third-party payers and federal and state entities to ensure that, if a payer uses quantity limits for prescription drugs or testing and treatment supplies, an exceptions process is in place to make certain that patients can access higher or lower quantities of prescription drugs, testing, or treatment supplies based on medical necessity, and that any such process should minimize the burden upon patients, physicians and their staff. *(D)*

MMS House of Delegates, 12/1/12

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year-for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change) (Use MANUAL double-underline and strike please)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Item 1): Quality of Medical Practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Item 2): Quality of Medical Practice and Legislation</td>
<td></td>
</tr>
</tbody>
</table>

**Marijuana: Medical Use of** *(Please See Additional Policy under Reproductive Health)*
The MMS will work with the MA Board of Registration in Medicine (BORIM) to define the nature of the relevant physician-patient relationship required under “An Act for the Humanitarian Medical Use of Marijuana” including an appropriate reassessment interval and required parent or guardian permission for individuals less than 18 years old. *(D)*

The MMS will advocate for the development of appropriate standards for marijuana certifications by physicians, including that physicians must have an active license from the Massachusetts Board of Registration in Medicine, a Massachusetts Department of Public Health Controlled Substances registration, and a federal Drug Enforcement Agency registration. *(D)*

The MMS will advocate that written certifications for marijuana registration cards are based on:

a) The patient’s diagnosis; and
b) The physician’s assessment that the patient’s symptoms of spasticity, neuropathic pain or other symptoms determined by the Department of Public Health are not optimally controlled with conventional medical therapy. (D)

The MMS will advocate that the regulations take into consideration the implications of medical use of marijuana on occupational health and safety. (D)

The MMS will advocate to the BORIM and the Department of Public Health that relevant regulations include the following recommendations of the American Society on Addiction Medicine adopted April 12, 2010, that physicians who choose to provide certifications:

- …Adhere to the established professional tenets of proper patient care, including
  - Development of a treatment plan with objectives;
  - Provision of informed consent, including discussion of side effects;
  - Periodic review of the treatment’s efficacy;
  - Consultation, as necessary; and
  - Proper record keeping that supports the decision to recommend the use of cannabis
- …should have a pre-existing and ongoing relationship with the patient as a treating physician
- Ensure that the issuance of “recommendations” is not a disproportionately large (or even exclusive) aspect of their practice
- Have adequate training in identifying substance abuse and addiction. (D)

The MMS will advocate with the MA Department of Public Health and the MA Legislature that marijuana dispensing be integrated with, and therefore be part of, the existing DPH Prescription Monitoring Program. (D)

The MMS will work with the BORIM to clarify that the mandated peer reporting requirements do not apply to physicians who choose to provide certifications under the Medical Use of Marijuana law. (D)

MMS House of Delegates 12/2/12

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year</th>
<th>Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Until such time that scientific studies demonstrate its safety and efficacy, the Massachusetts Medical Society opposes the legalization of medicinal marijuana. (HP)

MMS House of Delegates, 5/19/12

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year-for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change) (Use MANUAL double-underline and strike please)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legislation

Public Health

Medication Withhold/Delays
The Massachusetts Medical Society (MMS) opposes third-party policies that interrupt patients’ treatment regimens based on cost savings. (HP)

The MMS will work with appropriate regulatory bodies to ensure that neither pharmacies nor other insurer-pharmacy arrangements withhold or delay the filling and mailing of legitimate prescriptions to patients, while they attempt to obtain generic- or alternative-medication prescription changes. (D)

MMS House of Delegates, 5/18/07
Reaffirmed MMS House of Delegates, 5/17/14
MMS House of Delegates, 5/19/12

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year-for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change) (Use MANUAL double-underline and strike please)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legislation

The Quality of Medical Practice

Opioids/Nasal Naloxone
That the MMS will educate physicians about current law allowing for the prescription and dispensing of nasal naloxone and encourage appropriate prescription for patients at risk for opioid overdose. (D)
The MMS supports the use of nasal naloxone by medical first responders and trained non-medical personnel for the life-saving reversal of opioid overdose. *(HP)*

The MMS will advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of opioid overdose, and the use of nasal naloxone. *(D)*

**Prescription Marketing**

The Massachusetts Medical Society (MMS) supports the Board of Registration in Pharmacy’s review of the practice of pharmacies sending confidential patient information to a computer data-base marketing specialist as a violation of patient confidentiality. *(HP)*

The MMS strongly supports legislation to curtail pharmacy disclosures of confidential patient information.

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change) (Use MANUAL double underline and strike please)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Public Health to reach out to Opioid Task Force</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MMS House of Delegates, 5/19/12**
PUBLIC HEALTH

Antibiotics/Agricultural Animals

The Massachusetts Medical Society (MMS) is supportive of the reduction of overall antibiotic use in agricultural animals raised in the United States and in animals from which meat or other food products are imported to the United States. (HP)

MMS House of Delegates, 5/13/05
Reaffirmed MMS House of Delegates, 5/19/12

Influenza Vaccination/Other Vaccinations

The MMS supports efforts by the Massachusetts Department of Public Health (DPH) and other health care organizations and institutions to maximize annual seasonal influenza immunization rates for all direct patient contact health care personnel without medical contraindications through all appropriate means. If other means are unsuccessful at maximizing immunization rates, then the MMS supports mandatory immunization programs. (HP)

The MMS recommends that the DPH collect and share data from health care institutions on seasonal flu vaccination rates of health care personnel with direct patient contact, as well as, but disaggregated from, personnel without direct patient contact. (D)

MMS House of Delegates, 12/3/12
(substitute for 5/12/11 policy)
### LGBTQ Patients/Matters

The Massachusetts Medical Society encourages all hospitals to participate in ongoing institutional assessments of their policies and practices related to lesbian, gay, bisexual, and transgender patients and families using appropriate instruments so they can address areas in their current policies and procedures that need to be appropriately updated. 

*(D)*

**MMS House of Delegates, 5/19/12**

### Pre-Hospital Stroke Protocol

The MMS supports efforts to encourage early recognition of signs and symptoms of stroke and activation of the 911 emergency system, in order to promote early diagnosis and treatment of stroke. *(D)*

**MMS House of Delegates, 5/19/12**

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Use MANUAL double-underline and strike please)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Public Safety
The Massachusetts Medical Society is opposed to statutory penalties on health care professionals who are protecting the interests of patients with regard to the allocation or rationing of limited medical resources. (HP)

MMS House of Delegates, 05/13/05
Reaffirmed MMS House of Delegates, 5/19/12

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year-for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change) (Use MANUAL double-underline and strike please)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Legislation</td>
</tr>
</tbody>
</table>

**REPRODUCTIVE HEALTH**

**Contraception**
The MMS supports legislative and regulatory efforts to provide emergency contraception directly to female patients of child bearing age in a medically sound and safe way. (HP)

MMS House of Delegates, 11/7/98
Reaffirmed MMS House of Delegates, 5/19/12

Item 3 of Original: Amended and Reaffirmed MMS House of Delegates, 5/19/12
(Items 1 and 2 of Original: Sunset)

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year-for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change) (Use MANUAL double-underline and strike please)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Legislation</td>
</tr>
</tbody>
</table>

**SURGERY**

**Robotic Surgery/Training**
The MMS opposes efforts of the legislature to develop training protocols, certification and establishing guidelines for surgeon training and experience for the use of robotic surgery. (D)
### VIOLENCE

**Hate Crimes**
The Massachusetts Medical Society (MMS) recognizes that hate crimes pose a significant threat to the public health and social welfare of the citizens of the Commonwealth of Massachusetts and the Nation as a whole.

MMS House of Delegates, 11/7/98
Reaffirmed MMS House of Delegates, 5/13/05
Reaffirmed MMS House of Delegates, 5/19/12
**Violence/against Physicians, Health Care Workers**
The MMS deplores all forms of violence and terrorism against all members of society, and against the physicians and health care workers who provide them with medical services. *(HP)*

MMS House of Delegates, 11/7/98
Reaffirmed MMS House of Delegates, 5/13/05
Reaffirmed MMS House of Delegates, 5/19/12

<table>
<thead>
<tr>
<th>Reaffirm for 7 years</th>
<th>Reaffirm for 1 year for Review and Possible New Policy</th>
<th>Sunset</th>
<th>Amendment proposed above (minor, non-substantive change) (Use MANUAL double-underlining and strike please)</th>
<th>My Committee will provide new policy to HOD at (please specify) A-19 or I-19</th>
<th>Committee Providing Input</th>
<th>Rationale (Please Provide Rationale for Your Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Public Health to reach out to Violence Intervention and Prevention</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>