2016 INTERIM MEETING
LATE-FILE RESOLUTION AND REPORT
MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Item #: 4
Code: Late Resolution I-16 A-108
Title: Core Values
Sponsor: Barbara Herbert, MD, FASAM, DABAM
Referred to: Reference Committee A
          Kevin O'Callaghan, MD, Chair

Whereas, An MMS strategic priority is to enhance “patient care advocacy: work to identify and minimize barriers to access the highest quality of cost-effective care, and physician advocacy: ensure the MMS is a productive and credible voice at the state and federal level for physicians in any practice environment or setting” (strategic priorities 2016–2017); and

Whereas, The MMS has multiple policies that impact this topic in specific instances (please see Appendix A); and

Whereas, An unexpected consequence in the aftermath of the recent presidential election has been documented increase in hate speech and bias-related violence¹, and there were 437 reports of hateful intimidation and harassment between Wednesday, November 9, and the morning of Monday, November 14, according to the Southern Poverty Law Center (SPLC reported 150 incidents in the previous 6 months)²; and

Whereas, Early reports suggest increased anxiety, traumatic stress, and fear among targeted individuals that may impact disease, disability, and health-seeking behavior³,⁴; therefore, be it

RESOLVED, That the MMS reaffirms its commitment to working for the best possible health care for every person living in the Commonwealth regardless of racial identification, national or ethnic origin, sexual orientation, gender identity, religious affiliation, disability, or economic status. (HP)

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

FTE: Existing Staff
(Staff Effort to Complete Project)

APPENDIX A

Civil and Human Rights

Discrimination Issues

The Massachusetts Medical Society encourages the U.S. government to offer asylum to individuals that need to leave Uganda their home country for fear of discrimination based on sexual orientation or gender identity, and supports access for these individuals to U.S.-based agencies that can provide assistance with health needs, social adaptation, language training, and enhancing work-related skills. (D)

MMS House of Delegates, 5/2/15

Prompted by recent events in Uganda, the Massachusetts Medical Society strongly condemns all governments that enact laws criminalizing homosexuality or homosexual behavior. (HP)

That the Massachusetts Medical Society strongly supports the rights of individuals to health, happiness, and liberty regardless of sexual orientation, gender identity, or nationality, and urges all governments to recognize these rights. (HP)

MMS House of Delegates, 5/17/14

The MMS will continue to communicate with its members urging them to serve the common interest of physicians and patients alike, regardless of their gender, sexual orientation, race, ethnicity, language, creed, or religious belief(s).

MMS House of Delegates, 11/17/01

Reaffirmed MMS House of Delegates, 5/9/08

Reaffirmed MMS House of Delegates, 5/2/15

Military/Medical Policies Affecting Transgender Individuals

The Massachusetts Medical Society affirms that there is no medically valid reason for the U.S. military to exclude transgender individuals from service or to treat them according to medical standards that differ from those that apply to non-transgender personnel. (HP)

MMS House of Delegates, 11/6/00

Reaffirmed MMS House of Delegates, 5/18/07

Reaffirmed MMS House of Delegates, 5/17/14

The Massachusetts Medical Society requests that its AMA delegation advocate for policy opposing exclusion of transgender individuals from service or that treats them according to medical standards that differ from those that apply to non-transgender personnel. (D)

MMS House of Delegates, 5/2/15
**Torture**

The Massachusetts Medical Society (MMS) asserts that physicians should not be coerced or participate in, or otherwise assist or facilitate, the commission of torture of any person.

Physicians who have firsthand knowledge that torture has occurred, is occurring, or has been planned have a duty to promptly inform person or persons in a position to take corrective action.

Physicians providing medical care to individual detainees owe their primary obligation to the well-being of their patients and should not participate or assist in any way, whether directly or indirectly, overtly or covertly, in the interrogation of their patients on behalf of military or civilian agencies; nor should any part of the medical records of any patient or information derived from the treatment relationship be disclosed to persons conducting interrogation of the detainee.

Physicians should not participate in or assist any coercive interrogation including degradation, threats, isolation, intimidation, humiliation, sensory deprivation or excessive stimulation, sleep deprivation, exploitation of phobias, or intentional infliction of physical pain.

*(HP)*

*MMS House of Delegates, 5/12/06*

*Item 4: Amended and Reaffirmed MMS House of Delegates, 5/11/13*

*Items 1-3: Reaffirmed MMS House of Delegates, 5/17/14*

**Interpersonal Violence**

The Massachusetts Medical Society (MMS) condemns the use of all forms of violence, including force, intimidation, and coercion.

The MMS reaffirms its commitment to addressing and preventing interpersonal, and especially familial, violence.

The MMS reaffirms its commitment to improving and expanding opportunities to obtain help before resorting to violence.

The MMS reaffirms its commitment to supporting efforts to decrease the availability of weapons used for interpersonal violence.

*(HP)*

*MMS House of Delegates, 5/7/99*

*Reaffirmed MMS House of Delegates, 5/12/06*

*Amended and Reaffirmed MMS House of Delegates, 5/17/14*
**Hate Crimes**

The Massachusetts Medical Society recognizes the significant negative health outcomes and health care disparities caused by discrimination and hate violence against transgender individuals based on their gender identity and expression. *(HP)*

The Massachusetts Medical Society strongly supports legal protections against discrimination and hate violence against transgender individuals based on their gender identity and expression. *(HP)*

_MMS House of Delegates, 5/21/11_

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_

**Political and Institutional Violence**

In recognition of the increasing frequency of political and institutional violence involving attacks on individuals and assemblages of men, women, and children; mass casualty events; and the intergenerational toll on physical and mental health taken by such devastating acts of violence, the MMS calls for:

- Continued research that critically examines the epidemiology and root causes of political and institutional violence;
- Support for evaluative research to assess the effectiveness of interventions and containment strategies;
- Communication and implementation of effective interventions and containment strategies;
- Responses that promote peaceful dialogue within communities; and
- Clinicians' meaningful engagement with individuals, communities, institutions, and agencies to prevent further violence and reduce suffering by dialogue and other means that help all develop healthy alternative options to expressions of hate, anger, cruelty, deindividuation, and dehumanization.

*(HP)*

_MMS House of Delegates, 5/7/16_

**Sexual Assault**

The Massachusetts Medical Society (MMS) affirms its commitment to addressing and preventing sexual assault.

The MMS supports the development of physician educational programs and resources, as well as patient education materials, pertaining to sexual assault.

MMS House of Delegates, 5/19/00

_Reaffirmed MMS House of Delegates, 5/18/07_

_Items 2 and 3: Reaffirmed MMS House of Delegates, 5/17/14_

_Item 1 of 3: Amended and Reaffirmed MMS House of Delegates, 5/17/14_
**Violence against 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.

MMS House of Delegates, 11/7/98

Reaffirmed MMS House of Delegates, 5/13/05

Reaffirmed MMS House of Delegates, 5/19/12

The Massachusetts Medical Society supports the establishment of child abuse and domestic violence detection educational programs for physicians, physicians in training and medical students. In addition, the Massachusetts Medical Society strongly encourages and facilitates the participation of physicians, physicians in training and medical students in these programs. It is further recommended that physicians be allowed to use their participation in these programs toward the risk management requirement for relicensure.

MMS House of Delegates, 5/20/94

Reaffirmed MMS House of Delegates, 5/21/1

**Bullying**

The MMS will develop and offer cultural competency training for health care providers particularly directed toward those caring for adolescents and young adults in pediatric and family practices and university health care settings. Such training should provide tools to identify and assist at-risk adolescents and young adults with the aim of preventing self harm, suicide, and disability resulting from bullying. (D)

The MMS will work to foster more collaboration between health care providers and their local schools to assist educators in protecting their students from bullying by improving their physical and psychological wellness, self esteem, and respect for others. (D)

The MMS recognizes that bullying is a particular concern for lesbian, gay, bisexual, transgender youth, and those who are questioning their sexual orientation, and develop education and training for physicians and patients that particularly address the special health care needs of these patients. (D)

MMS House of Delegates, 12/4/10
MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Item #: 4
Code: Late CPH Report I-16 A-3
Title: Education and Advocacy after Marijuana Legalization in Massachusetts
Sponsor: Committee on Public Health
Steven Ringer, MD, Chair

Referred to: Reference Committee A
Kevin O’Callaghan, MD, Chair

Background
On November 8, Massachusetts voters approved Ballot Question 4, which will legalize recreational marijuana in the state. Beginning December 15, 2016, persons 21 and older will legally be able to possess, use, and transfer marijuana and products containing marijuana concentrate (including edible products) and cultivate marijuana within the state of Massachusetts. Sales of marijuana products will begin in January 2018.

In the coming weeks and months, state policymakers will examine the new law, and consider modifications through legislative and regulatory processes.

Following policy adopted at the December meeting, the MMS developed educational information about the negative health consequences of marijuana, and promoted this information to physicians and the public.

Leading up to the election, the proponents of the ballot question touted recreational marijuana as a solution to problems in the health care and public health systems, including a “broken” medical marijuana system, the opioid crisis, racial injustice, and funding for drug awareness campaigns, etc.

Medical marijuana has been legal in Massachusetts since 2012. As of January 2016, 19,279 patients in Massachusetts had received registration cards for medical marijuana use.

Following the November elections, 29 states and the District of Columbia now have some form of legal medical marijuana, and seven states and the District of Columbia have passed laws making recreational marijuana legal. One of those states, California, voted in favor of legalization of recreational marijuana via

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California Proposition 64. The California bill contained significant provisions for research and public health, including tens of millions of dollars in annual funding explicitly allocated for research, evaluation, youth programs — including substance use disorder education — treatment, and prevention, and preventing environmental damage resulting from illegal marijuana production.

Current MMS Policy

The Massachusetts Medical Society affirms its opposition to smoking marijuana for recreational purposes. The Massachusetts Medical Society recognizes the importance of clinical trials on the medical use of marijuana and its derivatives. All such trials should be approved by an Institutional Review Board process.

MMS House of Delegates, 11/21/97
Reaffirmed MMS House of Delegates, 5/14/04
Reaffirmed MMS House of Delegates, 5/21/11

1. That the Massachusetts Medical Society continues to oppose the legalization of recreational marijuana, as being detrimental to public health. (HP)

2. The Massachusetts Society will advocate and educate regarding the adverse public health effects of recreational marijuana use. (D)

3. The Massachusetts Medical Society will advocate that proposed legislation supporting the legalization of recreational marijuana specifically prohibits individuals under the age of 21 from possessing or using marijuana or marijuana-infused products. (D)

4. The Massachusetts Medical Society will encourage the legislature, in considering the impact of the legalization of recreational marijuana, to acknowledge the potential negative public health consequences. (D)

5. The Massachusetts Medical Society will advocate that proposed legislation supporting recreational marijuana specifically include dedicated revenues, at adequate funding levels, for public education and for the prevention and treatment of health consequences to the public (for example, substance abuse and addiction), which may be aggravated by the use of recreational marijuana. (D)

MMS House of Delegates, 12/5/15

The Massachusetts Medical Society will advocate that marijuana be reclassified by the U.S. Drug Enforcement Administration so that its potential medicinal use by humans may be further studied and potentially regulated by the U.S. Food and Drug Administration. (D)

The Massachusetts Medical Society supports the development of non-smoked, reliable delivery systems for cannabis derived and cannabinoid medications for research purposes. (HP)

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The MMS will educate the residents of the Commonwealth that there is insufficient scientific information about the safety of marijuana, when used for “medicinal” purposes. (D)

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

The MMS adopts the following adapted from the American College of Obstetrics and Gynecology Committee Opinion No. 637, adopted July 2015:

- Before and during pregnancy, all women should be asked about their use of tobacco, alcohol, other drugs (including marijuana), and medications used for nonmedical reasons.
- Women reporting marijuana use should be counseled about concerns regarding potential adverse health consequences of use during pregnancy.
- Women who are pregnant or contemplating pregnancy should be encouraged to avoid marijuana use.
- Pregnant women or women contemplating pregnancy should be encouraged to avoid use of marijuana for medicinal purposes in favor of an alternative therapy for which there are better pregnancy-specific safety data.
- There are insufficient data to evaluate the effects of marijuana use on infants during lactation and breastfeeding, and in the absence of such data, marijuana use is discouraged. (HP)

The Massachusetts Medical Society encourages that continuing medical education for Massachusetts licensed physicians who certify patients for marijuana for medical use include training about the risks of marijuana on reproduction, pregnancy, and breastfeeding. (D)

The Massachusetts Medical Society encourages physicians certifying patients for marijuana for medical use to counsel women and men of reproductive age regarding the risks of marijuana on reproduction, pregnancy, and breastfeeding. (D)

The Massachusetts Medical Society encourages physicians who certify female patients to receive marijuana for medical use to assess pregnancy status and contraceptive method at each visit. (D)

MMS House of Delegates, 12/5/15

The MMS will provide resources about the reproductive health risks related to the use of marijuana that Massachusetts physicians can use in order to counsel their patients. (D)

MMS House of Delegates, 5/2/15
Relevance to MMS Strategic Priorities
MMS strategic priority is to promote a sound public health system.

Discussion
Legalization of recreational marijuana in Massachusetts is expected to increase access to cannabis for recreational use in the Commonwealth. Based on the experiences in other states where recreational marijuana has been legalized, Massachusetts should be prepared for the numerous public health challenges legalization presents. These include, but are not limited to:

- Preventing access and availability to adolescents
- Preventing accidental use by children
- Ensuring quality control and consumer protection
- Measuring and controlling product quality
- Defining potency
- Measuring and defining impairment
- Ensuring motor vehicle and occupational safety
- Measuring and documenting health and public health effects
- Educating the public about health risks and warnings
- Disparities in the impacts of the health and public health effects, access to abuse treatment, and prevention programs

After passage of an initiative petition, such as ballot question 4, legislators have the right to file legislation to amend the new laws, and several legislators have expressed an interest in doing so for the protection of the public. Additionally, a Cannabis Control Commission will be created which will be responsible for promulgating regulations related to, and implementation of, the law, including product testing, packaging, warning labels, enforcement. Opportunities for advocacy include:

- Creating and enforcing age restrictions
- Supporting appropriate taxation and adequate targeted revenue for research and substance abuse education, prevention, and treatment
- Standardizing testing and monitoring
- Implementing retailer liability similar to that imposed on alcohol retailers
- Promoting advertising restrictions

Unlike medical marijuana, which in Massachusetts is overseen by the Department of Public Health, oversight of recreational marijuana in Massachusetts falls under the office of the state treasurer.

Because of the increased access to legal marijuana, and the ongoing availability of medical marijuana, there is a likelihood that Massachusetts physicians will encounter more patients who are using or inquiring about marijuana. Given the relative newness of legal recreational and medical marijuana in the United States, there is a lack of resources readily available to physicians about how to talk to their patients about legal marijuana use, and about the state of the evidence base for therapeutic cannabis use, best practices related to medical cannabis, information about cannabis types, dosing, testing, and epidemiology of cannabis use in Massachusetts, and programs that treat cannabis abuse or misuse.
Conclusion

Medical and recreational marijuana are now legal in Massachusetts. While MMS policy opposes the use of recreational and medical marijuana, in light of the likely increase in the number of patients who will be using or asking about marijuana, the MMS can help physicians be prepared to advise patients and respond to patients’ questions and concerns about marijuana.

Recommendations:

1. That the MMS will actively engage with state policymakers to advocate for legislative and regulatory policies on legal marijuana that will protect the health of the public, including policies that would:
   - Prevent youth access to marijuana
   - Direct the state to conduct and publish research on the clinical and public health effects of recreational marijuana
   - Promote education about the health effects of recreational marijuana
   - Set safety and quality standards for recreational and medical marijuana
   - Direct adequate funding for health and public health interventions related to marijuana, including research, abuse prevention education and treatment, and keep the HOD apprised through report back to the HOD at A-17 and I-17 (D)

2. That the MMS create a resource tool to help physicians respond to the needs of their patients who may be using, or asking about, recreational or medical marijuana. (D)

Fiscal Note: One-Time Expense of $15,000 (Out-of-Pocket Expenses)

FTE: Existing Staff (Staff Effort to Complete Project)