



MASSACHUSETTS
MEDICAL SOCIETY

House of Delegates Second Session

Handouts

To quickly access a specific handout, utilize the bookmark menu. For ease of reference, please save this document to your desktop.

1. **HOD Second Session Order of Business**
2. **Motions-at-a Glance Second Session**
How to Present in Zoom Commonly Use Motions at the House of Delegates
3. **Reference Committee Report A- Public Health**
Reference Committee Report B- Health Care Delivery
Reference Committee Report C- MMS Administration
(Not included in this PDF, available at www.massmed.org/interim2020/refcommreports)
Please note: The report order for the Second Session is C, A, B.
4. **Report of the MA AMA Delegation**
AMA Interim House of Delegates – Virtual Meeting - November 13 – 17, 2020

Interim Meeting Zoom Technical Support:
Email- IMSupport@mms.org or Call 857-241-2428

**MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES
VIRTUAL 2020 INTERIM MEETING**

SATURDAY, DECEMBER 5, 9:00 AM

**ORDER OF BUSINESS
SECOND SESSION**

1. Call to Order
Frank MacMillan Jr., MD, FACG, Speaker
2. Quorum Report
3. Order of Business (vote)
4. Fiscal Notes Update
5. Reference Committee Reports (vote)
available at massmed.org/interim2020/refcommreports


**Reference Committee C — MMS Administration
Reference Committee A — Public Health
Reference Committee B — Health Care Delivery**

6. Fiscal Notes Totals
7. Announcements
8. Adjournment



MOTIONS AT-A-GLANCE

HOW TO PRESENT IN ZOOM COMMONLY USED MOTIONS AT THE HOUSE OF DELEGATES

Based on selected motions from the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure* and the *MMS Procedures of the HOD*.
(MMS-Specific Motions*)

Motions	If You Wish to Make Any of the Motions Below, Use the Raise Hand Icon:  When the HOD Speaker Acknowledges You: 1. Accept the request to unmute; 2. State your first and last name, your district, who you are speaking on behalf of {myself, district, caucus, committee, etc.}; and 3. State the applicable motion below
If you wish to:	State:
*Refer item to the Board of Trustees (BOT) for decision.	"I move that this item be referred to the BOT for Decision."
*Refer item to the BOT for a report back/recommendation to the HOD.	"I move that this item be referred to the BOT for report back at: [specify which HOD meeting within the next year]."
*Refer item to MMS Committee on Ethics, Grievances, and Professional Standards.	"I move that this item be referred to the Committee on Ethics, Grievances and Professional Standards."
Close debate and vote immediately. (Also known as "Call the question")	"I move to close debate and vote immediately on..." [Qualify whether it is on all pending motions or just the current motion.]
Propose an amendment to the amendment. (I.e., a delegate has proposed an amendment, and you want to propose an amendment to that. Also known as "secondary amendment.")	During the meeting, secondary amendments over three words: Delegates MUST complete amendment form: www.massmed.org/interim2020/amend and email it to: houseofdelegates@mms.org . State: "I move a secondary amendment by addition/deletion/substitution..."
Propose an amendment to the main motion.	Amendments over three words: Delegates MUST complete an amendment form: www.massmed.org/interim2020/amend . Please email amendment form in advance by Friday 12/2, 5:00 pm, to: houseofdelegates@mms.org . Although amendments may be submitted during the HOD second session using the same form, out of respect for your colleagues and MMS staff, it will take extra time to type amendments live, therefore, your Speakers very much appreciate you submitting your amendments in advance. State: "I move to amend the main motion by addition/deletion/substitution..."
To separate a multi-part item.	"I request to divide the question."
Dispose of a main motion without any (or further) debate and without a direct vote.	"I move that this motion be tabled."
Put off consideration/further consideration of a pending main motion until a specific time (within same meeting).	"I move to postpone discussion of this item until... [after lunch, the last item for this reference committee, etc]."
Limit/extend debate.	"I move to limit/extend debate to..."
Suspend the rules.	"I move to suspend the rules and..."

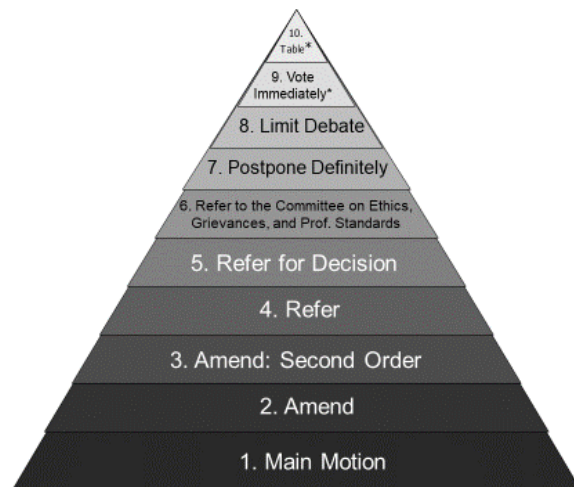
Q&A FUNCTION IS LIMITED FOR THE FOLLOWING "INTERRUPTING MOTIONS" ONLY

Interrupting Motions:	<p>If You Wish to Make an "Interrupting Motion," Use the Q&A Icon:</p>  <ol style="list-style-type: none"> 1. Type the applicable motion below; NEXT... 2. Use raise hand icon;  Raise Hand 3. Wait for HOD Speaker to acknowledge you; 4. Accept the request to unmute; and 5. State the applicable motion following:
If you wish to:	"{First and last name, district...}"
To point out a violation/potential violation by chair of the rules.	"I rise to a point of order."
To request information from chair on meaning of pending motion/procedure.	"I rise to a parliamentary inquiry."
To verify a vote by re-taking the vote.	"I request division of the assembly."
Appeal/vote on a ruling by the chair.	"I appeal the decision of the chair."
To request information relative to the current discussion/pending motion.	"I rise to a factual inquiry." (Or factual "question" or a "point of/ request for information.")
To withdraw a motion made.	"I move to withdraw my motion."
Reconsider a motion or vote on item discussed at meeting.	"I move to reconsider..." <i>(Please Note, "reconsider" can interrupt proceedings, but not another speaker.)</i>

For complete list of motions and additional information, please see *The American Institute of Parliamentarians Standard Code of Parliamentary Procedure* (2012). McGraw Hill.

Below is a diagrammatic representation of the *precedence* of motions. This is the *hierarchy* of the various motions that delegates can make during the meeting. The authority of each motion increases at each step up on the pyramid. For example, if a delegate makes a motion to table an item (highest order), it would not be in order for another delegate to make a motion to amend the item.

THE PRECEDENCE OF MOTIONS



* Not Debatable

Report of the MA AMA Delegation
AMA Interim House of Delegates – Virtual Meeting - November 13 – 17, 2020

The AMA Board of Trustees suspended the Interim Meeting due to the ongoing COVID-19 pandemic, and a virtual Special Meeting of the House of Delegates was convened Nov. 13-17. The MA AMA delegation includes 13 state elected delegates and 11 state alternates at this time.

DELEGATES

Maryanne Bombaugh, MD
Alain Chaoui, MD
Theodore Calianos, MD
Dennis Dimitri, MD
Henry Dorkin, MD
Ronald Dunlap, MD
Melody Eckardt, MD
Lee Perrin, MD
David Rosman, MD
Richard Pieters, MD
Spiro Spanakis, MD
Ellana Stinson, MD
Lynda Young, MD

ALTERNATES

Carole Allen, MD
Nicolas Argy, MD
Emily Cleveland Marchanda, MD
Kathryn Hughes, MD
Christopher Garofalo, MD
Matthew Lecuyer, MD
Michael Medlock, MD
Samia Osman, MD
Maximillian Pany
Kenath Shamir, MD
Carl Streed, MD

MMS – AMA Board & Council Members

Grayson Armstrong, MD	Board of Trustees (RFS)
Mario Motta, MD	Board of Trustees
Maryanne Bombaugh, MD	Council on Legislation
Rebecca Brendel, MD	Council on Ethical & Judicial Affairs
Stephen Epstein, MD	Council on Medical Service
Lynda Young, MD	Council on Medical Service (chair)

Groups within AMA with MA representation

- | | | |
|---|-----------------------------------|----------------------------|
| • Integrated Physician Practice Section | • Organized Medical Staff Section | • Specialty Societies |
| • Medical Student Section | • Resident/Fellow Section | • Women Physicians Section |
| • Minority Affairs Section | • Senior Physicians Section | • Young Physicians Section |

At the meeting, the HOD approved Council on Constitution & Bylaws Report 3 to establish the “Private Practice Physicians Section.” Established in 2008 as a caucus and later renamed a congress, the Independent Private Practice Physicians Congress (PPPC) has provided a dedicated forum to create awareness of private practice physician issues and strengthen the AMA’s ability to represent this physician constituency.

Reference Committee highlights

Four members of our extended MA AMA Delegation served on AMA reference committees: Henry Dorkin, MD (Ref. Com C – Medical Education), Maximillian Pany (Ref. Com E – Science & Technology), Lynda Kabbash, MD (Ref. Com F – Finance), and Nicolas Argy, MD – (Chair, Ref. Com G – Medical Practice). Thank you to all for their dedicated service. Eight reference committees reviewed over 70 items. Highlights included:

- Per policy adopted at the meeting, the AMA will now advocate for a public option for those who don’t have access to affordable coverage. The new policy states that the AMA will advocate that any public option meet certain standards, which include “the public option shall be made available to uninsured individuals who fall into the ‘coverage gap’ in states that do not expand Medicaid” and “physicians have the freedom to choose

whether to participate in the public option.” The policy also outlines standards to guide states and the federal government as they pursue auto-enrollment initiatives. The MA delegation was instrumental in getting this policy passed, arguing on the importance of adoption and against an amendment that would have removed the term “public option” from the text. As stated by Dr. Susan Bailey, AMA President, “the AMA believes that now is the time to build upon the ACA to cover more of the uninsured. We look forward to being at the table to represent physicians and our patients to ensure that our patients are able to secure affordable and meaningful coverage and access the care that they need.” To learn more: <https://www.ama-assn.org/delivering-care/patient-support-advocacy/ama-backs-new-approaches-cover-more-uninsured>

- Building on its June pledge to confront systemic racism and police brutality, the AMA has taken action to explicitly recognize racism as a public health threat and detailed a plan to mitigate its effects. “The AMA recognizes that racism negatively impacts and exacerbates health inequities among historically marginalized communities. Without systemic and structural-level change, health inequities will continue to exist, and the overall health of the nation will suffer,” said AMA Board Member Willarda V. Edwards, MD, MBA. To learn more: <https://www.ama-assn.org/delivering-care/health-equity/ama-racism-threat-public-health>. The AMA HOD also adopted new policy that recognizes police brutality as a manifestation of structural racism disproportionately impacting Black, Indigenous, and other people of color, and directs the AMA to take steps to tackle policing reform and racial injustices.” To learn more: <https://www.ama-assn.org/press-center/press-releases/ama-policy-recognizes-police-brutality-product-structural-racism>
- Delegates took several important actions to reinforce the AMA’s fervent advocacy for patients and physicians during the pandemic. Among other steps, the HOD moved to support widespread telehealth adoption post-SARS-CoV-2, help for state Medicaid programs, efforts to combat misinformation about COVID-19 vaccines, and a bipartisan congressional investigation into U.S. pandemic response.” To learn more: <https://www.ama-assn.org/house-delegates/special-meeting/top-10-stories-november-2020-ama-special-meeting>
- When there’s a safe, effective vaccine to help prevent spread of a pandemic disease, physicians without a medical contraindication have an ethical duty to become immunized. That is among the recommendations contained in an AMA Council on Ethical and Judicial Affairs report adopted at the November 2020 AMA Special Meeting. The council’s report, especially timely in light of encouraging news from SARS-CoV-2 vaccine trials during the COVID-19 pandemic, updates advice previously published in the AMA Code of Medical Ethics as opinion 8.7, “Routine Universal Immunization of Physicians.” To learn more: <https://www.ama-assn.org/delivering-care/public-health/are-physicians-obliged-get-vaccinated-against-covid-19>
- About 70% of Black physicians have reported hearing offensive comments based on their personal characteristics, according to survey research cited in an AMA Council on Ethical and Judicial Affairs report adopted at the November 2020 AMA Special Meeting. Overall, nearly six in 10 doctors have had such discriminatory patient encounters. In reference-committee testimony, physicians said the unacceptable behavior seems to be on the rise. The council’s report details the problem and offers ethics guidance for physicians. The AMA House of Delegates adopted the report’s recommendations, which update advice previously published in the AMA Code of Medical Ethics as opinion 1.2.2, “Disruptive Behavior and Discrimination by Patients.” <https://www.ama-assn.org/practice-management/physician-health/when-patients-are-prejudiced-here-s-what-physicians-should-do>
- To minimize delays in prior authorization, the House of Delegates directed the AMA to “advocate that all insurance companies and benefit managers that require prior authorization have staff available to process approvals 24 hours a day, every day of the year, including holidays and weekends.”

Retiring Delegates

The Delegation honored Dr. Rick Pieters who participated in his last meeting as a delegate. The delegation thanked Dr. Pieters for his years of service, his dedication to organized medicine and his expertise in medical education, and parliamentary procedures. Rick has been a valued member of the delegation since 2002. Dr. Pieters, we wish you the best in your future endeavors.

The full meeting can be reviewed at: <https://www.ama-assn.org/house-delegates/special-meeting/2020-ama-hod-special-meeting-sections-meetings>