

MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES (I-16)

**REFERENCE COMMITTEE A**  
**Public Health**

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2	Epinephrine Auto-Injectors in Schools and Individualized Health Care Plans	Resolution I-16 A-101	Adopt	3
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Item #: 1  
 Code: CEOH/BOT Report I-16 A-1 [I-15 A-106]  
 Title: Climate Change: What Can We Do About It?  
 Sponsors: Committee on Environmental and Occupational Health  
 Heather Alker, MD, Chair  
 Board of Trustees  
 James Gessner, MD, Chair

Report History: Resolution I-15 A-106  
 Original Sponsor: Ihor Bilyk, MD

Recommendation:

Mister speaker, your reference committee recommends that the recommendations contained in CEOH/BOT Report I-16 A-1 [I-15 A-106] **be adopted and the remainder of the report be filed.**

**That the Massachusetts Medical Society adopt in lieu of Resolution I-15, A-106, the following:**

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

- a) **The MMS concurs with the findings of the Intergovernmental Panel on Climate Change's fifth assessment report that "human influence on the climate system is clear, and recent anthropogenic emissions of greenhouse gases are the highest in history"; that "recent climate changes have had widespread impacts on human and natural systems"; that "climate change will amplify existing risks and create new risks for natural and human systems"; and "that risks are unevenly distributed and are generally greater for disadvantaged people and communities in countries at all levels of development." (HP)**
- b) **The MMS recognizes the importance of physician involvement in policymaking at the state, national, and global levels and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect human health. (HP)**
- c) **The MMS encourages physicians to consider and promote environmentally responsible policies and practices in the health care setting. (HP)**

**2. That the MMS will pursue a suitable way to invest a portion of its Portfolio in an appropriate alternative ("clean") energy fund and report back on progress and status to the HOD at I-17. (D)**

**3. That the MMS consider and report back on a shift of non-pension investments into socially-responsible investments. (D)**

Fiscal Note: Items 2 & 3: One-Time Expense of \$25,000  
(Out-of-Pocket Expenses)

FTE: Existing Staff  
(Staff Effort to Complete Project)

*Your reference committee heard extensive online and in-person testimony on this report. The majority of the testimony supported the recommendation to adopt policy on climate change, and to explore possibilities for socially responsible investing of non-pension funds. Limited testimony disputed the premise that climate change is related to human activity. Others responded that the consensus in the scientific community is that there is a relationship between human activity and climate change, and between climate change and human health effects. Testimony further noted the large body of evidence linking air pollution to adverse human health effects, which also supports exploration of clean energy investments. Testimony addressed the disproportionate burden of the health impacts of climate change on vulnerable populations, including children. Several testified to the importance of adding the voice of medicine to this issue, which has health and public health implications.*

*Other limited testimony opposed the recommendations related to MMS's investment practices, citing challenges identifying truly "clean" energy investments and concerns about the effectiveness of this strategy in combatting climate change. However, the majority of the testimony supported the recommendations, which are solely to explore appropriate investment options which are both socially and fiscally responsible.*

House Vote: \_\_\_\_\_

Item #: 2  
 Code: Resolution I-16 A-101  
 Title: Epinephrine Auto-Injectors in Schools and Individualized Health Care Plans  
 Sponsors: B. Dale Magee, MD  
 Lloyd Fisher, MD  
 MA Chapter of the American Academy of Pediatrics  
 DeWayne Pursley, MD, President

Recommendation:

Mister speaker, your reference committee recommends that Resolution I-16 A-101 **be adopted.**

1. **RESOLVED, That the MMS support schools using their own emergency supply of epinephrine auto-injectors instead of requiring parents to purchase individually labeled epinephrine auto-injectors for each child and that each student and employee who has life-threatening allergies be required to provide their designated school with an individualized health care plan; and, be it further (HP)**
2. **RESOLVED, That the MMS encourage school districts to adopt as policy use of their own emergency supply of epinephrine auto-injectors instead of requiring parents to purchase individually labeled epinephrine auto-injectors for each child and that each student and employee who has life-threatening allergies continue to be required to provide their designated school with an individualized health care plan; and, be it further (D)**
3. **RESOLVED, That the MMS communicate its policy regarding support for school-supplied epinephrine auto-injectors and the requirement for individualized health care plans for both students and employees to appropriate Massachusetts organizations, including the Massachusetts Association of School Committees, the Massachusetts Association of School Superintendents, and the Massachusetts School Nurse Association. (D)**

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

FTE: Existing Staff  
 (Staff Effort to Complete Project)

*Your reference committee heard thorough testimony in person and online in support of this resolution. Much of the testimony emphasized the role this policy could play in addressing the burden of the high costs for patients who are required to purchase epinephrine auto-injectors for storage at schools, especially since many expire annually without being used. Concerns were raised that this policy could expose schools to liability, though others pointed out that schools already purchase and store epinephrine for patients who experience first allergic reactions at school. A question was raised as to whether or not additional training for school nurses would be required; this policy would not expand the role of nurses. Another individual suggested that the policy should cover camps and pre-schools as well; however, those entities fall under a different regulatory*

1 *framework which would require additional investigation. Ultimately your reference*  
2 *committee recommends adoption of this resolution.*

3

4 House Vote: \_\_\_\_\_

Item #: 3  
 Code: CLGBT Report I-16 A-2 [I-15 B-2]  
 Title: Appropriate Placement of Transgender Prisoners  
 Sponsor: Committee on LGBT Matters  
 Marian Craighill, MD, Chair

Report History: CLGBT Report I-15 B-2  
 Original Sponsor: Committee on LGBT Matters

Recommendation:

Mister speaker, your reference committee recommends that the recommendations contained in CLGBT Report I-16 A-2 [I-15 B-2] **be adopted and the remainder of the report be filed.**

**That the Massachusetts Medical Society adopt as amended Resolution I-15 B-2, to read as follows:**

- 1. That the Massachusetts Medical Society affirms that transgender prisoners should be allowed to be placed in facilities that are reflective of their affirmed gender identity regardless of surgical status, if they so choose. (HP)**
- 2. That the MMS advocate to the AMA for policy supporting the ability of transgender prisoners to choose to be placed in facilities that are reflective of their affirmed gender status. (D)**

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

FTE: Existing Staff  
 (Staff Effort to Complete Project)

*Your reference committee heard only favorable testimony on this report. Testimony indicated that the recommendations are in line with federal regulations, but that those regulations are not always followed. Testimony discussed the negative physical and emotional health effects on transgender individuals in prison, as compared to the general population, including increased rates of assault and depression. Testimony also noted the importance of the transgender person's choice in placement, as reflected in the recommendations.*

House Vote: \_\_\_\_\_

Item #: 4  
 Code: Resolution I-16 A-102  
 Title: Medical Aid-in-Dying Survey  
 Sponsors: Eric Ruby, MD  
 Carl Brownsberger, MD

Recommendation:

Mister speaker, your reference committee recommends that Resolution I-16 A-102 **be adopted as amended by addition and deletion to read as follows:**

**RESOLVED, That MMS conduct a membership survey to determine physicians' attitudes of physicians and physicians-in-training in Massachusetts toward medical aid-in-dying with a report back to the MMS House of Delegates at A-17. (D)**

Fiscal Note: One-Time Expense of \$10,000 \$25,000  
 (Out-of-Pocket Expenses)

FTE: Existing Staff  
 (Staff Effort to Complete Project)

*Your reference committee heard online and in-person testimony largely in favor of this resolution calling for a survey to understand the will of the membership on this issue which most physicians encounter. Many testified to the importance of an unbiased, representative survey, and that the survey should be expanded to non-member physicians in Massachusetts. Several also testified to including medical students and other physicians in training.*

*Those speaking against the resolution were opposed to physician assisted suicide, or suggested delaying a survey until after the referenced AMA study of the issue. Others argued for the Massachusetts-specific survey as legislation is being voted on at the state level, and the opinions of physicians in Massachusetts do not always coincide with physicians in other parts of the country. Testimony noted the urgency of this issue, as legislation on medical aid-in-dying is expected in the next legislative session, and could go to hearing in late Spring or Fall of 2017.*

*Your reference committee recommends an increased fiscal note to reflect the expanded scope of the survey by including non-members and physicians in training, and to ensure that MMS has the resources to complete a meaningful and timely survey and report back to the HOD.*

House Vote: \_\_\_\_\_

Item #: 5  
 Code: Resolution I-16 A-103  
 Title: Family Leave for Early Child Care  
 Sponsor: Michael Medlock, MD

Recommendation:

Mister speaker, your reference committee recommends that Resolution I-16 A-103 **be adopted as amended by addition and deletion to read as follows:**

**1. RESOLVED, That the MMS support family leave with job protection and pay for parents to care for newborns and infants, and, be it further (HP)**

**2. RESOLVED, That the MMS support family leave policies that do not unduly burden small businesses, and, be it further (HP)**

**2.3. RESOLVED, That the MMS work with other appropriate organizations and advocate for improved social and economic support for family leave to care for newborns and infants; and, be it further (D)**

**3.4. RESOLVED, That the MMS investigate research specific state and federal legislative strategies in support of improved early child care, with a view to developing MMS policy on this topic. such as increasing the job protected leave time to six months, providing paid leave time for three months, and providing tax deductions for unpaid child care by extended family members.**  
**(D)**

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

FTE: Existing Staff  
 (Staff Effort to Complete Project)

*Your reference committee heard strong support for adopting policy to improve family leave for parents of newborns and infants. Testimony emphasized that public health research suggests an association between improving family leave policies and the physical and emotional wellness of babies and parents. Your reference committee recommends amending this policy to address the concern that certain parental leave laws and policies could negatively impact small businesses, including small medical practices. Several testified that listing specific policy examples in the final resolve could inhibit flexibility in policy options to be considered, and instead suggested an open-ended inquiry into different policies from other states and countries that could inform more detailed MMS policy.*

House Vote: \_\_\_\_\_



Item #: 6  
 Code: Resolution I-16 A-104  
 Title: Sports-Related Concussions  
 Sponsor: Michael Medlock, MD

Recommendation:

Mister speaker, your reference committee recommends that Resolution I-16 A-104 **be adopted as amended by addition and deletion to read as follows:**

**RESOLVED, That the Massachusetts Medical Society adopt the following adapted policies/directives from the American Medical Association and the American Association of Neurological Surgeons:**

**1. That the MMS continue to work:**

- a. With other organizations to increase athletic safety by promoting concussion awareness, including the fact that even mild cases of traumatic brain injury may have serious and prolonged consequences
- b. With other organizations to develop a program of public education designed to underscore the importance of prevention, diagnosis, and proper treatment of concussion and other brain-related injuries
- c. With appropriate state and specialty medical societies to enhance opportunities for continuing medical education
- d. With sports-governing bodies, as well as players, coaches and administrators, to ensure that an athlete who exhibits symptoms associated with these types of injuries is properly evaluated, treated, and cleared before they are allowed to return and participate in sports

**(D)**

**2. That the MMS support the adoption of evidence-based, age-specific guidelines on the evaluation and management of concussion in all athletes for use by physicians, other health professionals, and athletic organizations. (HP)**

**3. That the MMS ~~supports~~ encourage research on sports-related concussions, such as to:**

- a. Identify determinants of concussion
- b. Assess the short- and long-term consequences of repetitive head impacts
- c. Develop and evaluate risk-reduction measures
- d. ~~Develop damage-sensitive biomarkers that will~~ **methods to improve diagnostic accuracy, reduce the dependence on self-reporting, and inform better guidelines (HP)**

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

FTE: Existing Staff  
 (Staff Effort to Complete Project)

1 Your reference committee heard testimony largely in favor of this resolution. Testimony  
2 indicated that comprehensive regulations from the Massachusetts Department of Public  
3 Health concerning return to play after concussion are already in place, and that MMS is  
4 already working on many of the directives; this resolution would serve to establish MMS  
5 policy on the issue.

6  
7 There was some testimony calling for the deletion of references to the American Medical  
8 Association and the American Association of Neurological Surgeons, however the  
9 resolved clauses are largely based on the policies and directives from these two  
10 organizations and therefore they should be referenced.

11  
12 Testimony also included concern that the term “supporting” in resolved 3 might be  
13 interpreted by some to mean financial support; therefore the word “encourage” was used  
14 to better define the intent of the author. It was also noted that damage-sensitive  
15 biomarkers are only one known method to improve diagnostic accuracy, so that  
16 language was also amended to include other methods.

17  
18 House Vote: \_\_\_\_\_

1 Item #: 7  
 2 Code: Resolution I-16 A-105  
 3 Title: Sugar Consumption for Children  
 4 Sponsor: Ihor Bilyk, MD  
 5

6 Recommendation:  
 7

8 Mister speaker, your reference committee recommends that Resolution I-16 A-105 **be**  
 9 **adopted as amended by substitution to read as follows:**

10  
 11 **RESOLVED, That the MMS support, as part of a holistic approach to childhood**  
 12 **nutrition, limiting children’s intake of sugar-sweetened beverages and overall**  
 13 **added sugar. (HP)**

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

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

20  
 21 *Your reference committee heard in person and online testimony in support of the*  
 22 *concept of this resolution but that it was too narrowly focused. There was strong*  
 23 *testimony in support of removing the language that referenced specific sugar limits for*  
 24 *children since this proposed amount is derived from a single study source. MMS has*  
 25 *existing policy broadly addressing sugar consumption in adults as part of a well-*  
 26 *balanced diet, therefore the resolution should be substituted with a statement that*  
 27 *expands MMS’s stance on sugar consumption limits to include children.*

28  
 29 House Vote: \_\_\_\_\_

Item #: 8  
 Code: Resolution I-16 A-106  
 Title: Neurotoxin Exposure in Pregnant Women and Children  
 Sponsor: Ihor Bilyk, MD

Recommendation:

Mister speaker, your reference committee recommends that Resolution I-16 A-106 **be not adopted.**

1. **RESOLVED, That the MMS supports the prevention of industry from replacing a proven toxic chemical with a similar untested agent that may have similarly bad or worse effects on human health; and, be it further (HP)**
2. **RESOLVED, That the MMS supports having the burden of proof for environmental chemical safety shifted to more closely resemble how drugs are assessed, where safety has to be “proven first.” (HP)**

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

FTE: Existing Staff  
 (Staff Effort to Complete Project)

*Your reference committee heard mixed testimony on this resolution, including testimony in opposition, for referral, or for amending the language. Online and in-person testimony noted the complexity of the topic and of the regulatory issues; discussed that the resolution was vague, confusing, or difficult to understand; and recommended referral to the BOT to sort out the issues. Other testimony reflected that the resolution lacked the information necessary to determine whether this was within the purview of the MMS. In order to promote the efficient and effective use of MMS resources, your reference committee recommends this resolution be not adopted, but would encourage the sponsor to work with the relevant committees to identify concerns, references, and background that would support focused recommendations for the HOD to consider in the future.*

House Vote: \_\_\_\_\_

1 Item #: 9  
 2 Code: Resolution I-16 A-107  
 3 Title: Family Bill of Rights  
 4 Sponsor: Ihor Bilyk, MD  
 5

6 Recommendation:  
 7

8 Mister speaker, your reference committee recommends that Resolution I-16 A-107 **be**  
 9 **adopted as amended by substitution to read as follows:**

10  
 11 **1. RESOLVED, That the MMS support the inclusion of feedback from Patient and**  
 12 **Family Advisory Councils in guiding hospitals as they deliver quality health**  
 13 **care. (HP)**  
 14

15 Fiscal Note: ~~One-Time Expense of \$15,000~~  
 16 No Significant Impact

17 (Out-of-Pocket Expenses)

18  
 19 FTE: Existing Staff  
 20 (Staff Effort to Complete Project)  
 21

22 *Your reference committee heard testimony largely in opposition to this resolution.*  
 23 *Testimony reflected serious concerns that the definition of “family” can be problematic,*  
 24 *that some patients may not want family members involved in their care, and/or may not*  
 25 *want to express this at the time, as in domestic violence situations. Testimony also*  
 26 *indicated that while family involvement is an important consideration in all patient care*  
 27 *encounters, advocating for patients is always our primary role. The original second*  
 28 *resolve may have negatively impacted the primacy of patient autonomy, especially with*  
 29 *a nebulous definition of family.*  
 30

31 *Testimony noted that Patient and Family Advisory Councils (PFACs) are already*  
 32 *required by the Massachusetts Department of Public Health, but that at some hospitals,*  
 33 *they may not be sufficiently effective. Your reference committee recommends this*  
 34 *substitute resolve to encourage more meaningful use of PFACs.*  
 35

36 House Vote: \_\_\_\_\_

1 Item #: 10  
 2 Code: Resolution I-16 A-108  
 3 Title: Core Values  
 4 Sponsor: Barbara Herbert, MD, FASAM, DABAM  
 5

6 Recommendation:

7  
 8 Mister speaker, your reference committee recommends that Resolution I-16 A-108 **be**  
 9 **adopted.**

10  
 11 **RESOLVED, That the MMS reaffirms its commitment to working for the best**  
 12 **possible health care for every person living in the Commonwealth regardless of**  
 13 **racial identification, national or ethnic origin, sexual orientation, gender identity,**  
 14 **religious affiliation, disability, or economic status. (HP)**

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

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

21  
 22 *Your reference committee heard overwhelmingly strong testimony in support of this*  
 23 *resolution. Many of those testifying indicated the resolution reflects the mission and*  
 24 *values of MMS and the medical profession. There was strong support for adoption of this*  
 25 *resolution, and for continued work on behalf of MMS to uphold these values.*

26  
 27 House Vote: \_\_\_\_\_

Item #: 11  
 Code: CPH Report I-16 A-3  
 Title: Education and Advocacy after Marijuana Legalization in Massachusetts  
 Sponsor: Committee on Public Health  
 Steven Ringer, MD, Chair

Recommendation:

Mister speaker, your reference committee recommends that the recommendations contained in CPH Report I-16 A-3 **be adopted and the remainder of the report be filed.**

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)

*Your reference committee heard strong, unanimous support for the concept of MMS advocacy for refinement of recreational and medical marijuana laws and regulations in order to best protect the public health. There was also support for creating a resource tool to help physicians respond to questions from patients about marijuana. Limited amendments were offered, but based on the preponderance of the testimony, your reference committee recommends to adopt as written.*

House Vote: \_\_\_\_\_

*Mister speaker, this concludes the report of Reference Committee A. My thanks to reference committee members Heidi Foley, MD, Ronald Newman, MD, Luis Sanchez, MD, Ann Spires, MD, Ludwik Szymanski, MD, and Simone Wildes, MD; staff coordinators Robyn Alie, Candace Savage and Karen Harrison; Brendan Abel, Esq., legal counsel; and all those who testified before the committee.*

*For the reference committee,*

*Kevin O'Callaghan, MD, Chair*