

MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES (I-16)

REFERENCE COMMITTEE A
Public Health

Item #	Title	Code	Action	Page
1	Climate Change: What Can We Do About It?	CEOH/BOT Report I-16 A-1 [I-15 A-106]	Adopt	1
2	Epinephrine Auto-Injectors in Schools and Individualized Health Care Plans	Resolution I-16 A-101	Adopt	3
3	Appropriate Placement of Transgender Prisoners	CLGBT Report I-16 A-2 [I-15 B-2]	Adopt	5
4	Medical Aid-in-Dying Survey	Resolution I-16 A-102	Adopt as Amended	6
5	Family Leave for Early Child Care	Resolution I-16 A-103	Adopt as Amended	7
6	Sports-Related Concussions	Resolution I-16 A-104	Adopt as Amended	8
7	Sugar Consumption for Children	Resolution I-16 A-105	Adopt as Amended	10
8	Neurotoxin Exposure in Pregnant Women and Children	Resolution I-16 A-106	Not Adopt	11
9	Family Bill of Rights	Resolution I-16 A-107	Adopt as Amended	12
10	Core Values	Resolution I-16 A-108	Adopt	13
11	Education and Advocacy after Marijuana Legalization in Massachusetts	CPH Report I-16 A-3	Adopt	14

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: _____

1 Item #: 8
 2 Code: Resolution I-16 A-106
 3 Title: Neurotoxin Exposure in Pregnant Women and Children
 4 Sponsor: Ihor Bilyk, MD
 5

6 Recommendation:
 7

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

- 10
 11 **1. RESOLVED, That the MMS supports the prevention of industry from replacing**
 12 **a proven toxic chemical with a similar untested agent that may have similarly**
 13 **bad or worse effects on human health; and, be it further (HP)**
 14
 15 **2. RESOLVED, That the MMS supports having the burden of proof for**
 16 **environmental chemical safety shifted to more closely resemble how drugs are**
 17 **assessed, where safety has to be “proven first.” (HP)**
 18

19 Fiscal Note: No Significant Impact
 20 (Out-of-Pocket Expenses)
 21

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

25 *Your reference committee heard mixed testimony on this resolution, including testimony*
 26 *in opposition, for referral, or for amending the language. Online and in-person testimony*
 27 *noted the complexity of the topic and of the regulatory issues; discussed that the*
 28 *resolution was vague, confusing, or difficult to understand; and recommended referral to*
 29 *the BOT to sort out the issues. Other testimony reflected that the resolution lacked the*
 30 *information necessary to determine whether this was within the purview of the MMS. In*
 31 *order to promote the efficient and effective use of MMS resources, your reference*
 32 *committee recommends this resolution be not adopted, but would encourage the*
 33 *sponsor to work with the relevant committees to identify concerns, references, and*
 34 *background that would support focused recommendations for the HOD to consider in the*
 35 *future.*
 36

37 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

REFERENCE COMMITTEE B
Health Care Delivery

Item #	Title	Code	Action	Page
1	Protection of Provider-Patient Privilege	Resolution I-16 B-201	Adopt	1
2	A Resolution to Have the Retail Price of Drugs Displayed in Direct-to-Consumer Pharmaceutical Advertising	Resolution I-16 B-202	Adopt as Amended	2
3	Expansion of MassPAT to Enhance the Medication Reconciliation Process	Resolution I-16 B-203	Not Adopt	3
4	Proposal to End the Federal Certification of EHRs Program	CIT Report I-16 B-1	Adopt as Amended	4
5	Telemedicine Reimbursement	COL Report I-16 B-2 [A-16 B-202]	Adopt as Amended	6
6	Reimbursement for Physician Oversight in Incident to Billing	CSPP Report I-16 B-3	Refer to the BOT for Report Back at A-17	7
7	Third-Party Payers Contracted Fee Schedule Should Be Based on at Least 100 Percent of the Current and Geographically Appropriate Medicare Fee Schedule at Time of Contracting	Resolution I-16 B-204	Adopt as Amended	8
8	Timely Response by the Third-Party Payer to the Request for Fee Schedule From Participating Practices	Resolution I-16 B-205	Adopt	9
9	Adding Transparency and Responsiveness to Denied Claims Appeals	Resolution I-16 B-206	Adopt as Amended	10
10	Independent Surgi-centers Are Safe and Cost Effective	Resolution I-16 B-207	Refer to the BOT for Report Back at I-17	11

11	Addressing Discriminatory Health Plan Exclusions or Problematic Benefit Substitutions for Essential Health Benefits under the Affordable Care Act	CWM Report I-16 B-4	Adopt as Amended	12
12	Support for Deferred Action for Childhood Arrivals (DACA)-Eligible Health Care Professionals, Current and in Training	Resolution I-16 B-208	Adopt as Amended	13

1 Item #: 1
2 Code: Resolution I-16 B-201
3 Title: Protection of Provider-Patient Privilege
4 Sponsor: Marguerite Youngren
5

6 Recommendation:
7

8 Mister speaker, your reference committee recommends that Resolution I-16 B-201 **be**
9 **adopted.**

10
11 **RESOLVED, That the MMS advocate to the relevant state and local bodies, and**
12 **work with the AMA to advocate to the relevant national bodies, for the provider-**
13 **patient privilege to be regulated according to the privacy protections in the Health**
14 **Insurance Portability and Accountability Act of 1996 without regard to where care**
15 **is received. (D)**
16

17 Fiscal Note: No Significant Impact
18 (Out-of-Pocket Expenses)
19

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

23 *Your reference committee considered testimony provided both in person and online.*
24 *Testimony was largely supportive of this resolution however, some testimony suggested*
25 *replacing “provider-patient” with “physician-patient”. The committee discussed this point*
26 *and noted that it heard testimony provided by both the resolution sponsor and others*
27 *that the provisions of HIPAA should apply to all settings of health care delivery, including*
28 *those where care may be provided by non-physicians, such as school-based therapy.*
29 *Therefore, your reference committee, while appreciative of the desire to preserve*
30 *physician-patient privilege, felt that in this particular instance, keeping the term broader*
31 *as “provider-patient” would make sense with the goal of preserving the protected health*
32 *information of patients regardless of the setting or provider of care.*
33

34 House Vote: _____

Item #: 2
 Code: Resolution I-16 B-202
 Title: A Resolution to Have the Retail Price of Drugs Displayed
 in Direct-to-Consumer Pharmaceutical Advertising
 Sponsor: Ronald Abramson, MD

Recommendation:

Mister speaker, your reference committee recommends that Resolution I-16 B-202 **be adopted as amended by addition to read as follows:**

1. **RESOLVED, That the MMS advocate to the applicable Federal agencies (including the Food and Drug Administration, the Federal Trade Commission, and the Federal Communications Commission) which regulate or influence direct-to-consumer advertising of prescription drugs that such advertising should be required to state the manufacturer's suggested retail price of those drugs; and, be it further (D)**
2. **RESOLVED, That the MMS request that the AMA advocate to the applicable Federal agencies (including the Food and Drug Administration, the Federal Trade Commission, and the Federal Communications Commission) which regulate or influence direct-to-consumer advertising of prescription drugs that such advertising should be required to state the manufacturer's suggested retail price of those drugs. (D)**

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

FTE: Existing Staff
 (Staff Effort to Complete Project)

Your reference committee heard testimony overwhelmingly in support of this resolution. Testimony centered around the exorbitant cost of drugs, the exploitation of some pharmaceutical companies with regard to necessary medication, such as EPIPEN, and the misleading nature of direct to consumer advertising which often leads to patients asking physicians for the most recently advertised medication with little knowledge of its efficacy or cost. It was noted that due to value-based purchasing it is imperative that prescription drug prices be made publically available and transparent. The original resolution term "retail" prices lead to a discussion about the prescription drug industry's highly complex pricing schemes, which can vary from one state to another. Based on this discussion, the reference committee replaced "retail" with "manufacturer's suggested retail price," which will not depend on different pharmacy practices, contract negotiations, or state regulations but will remain consistent nationwide. Therefore, your reference committee recommends that this resolution be adopted as amended.

House Vote: _____

Item #: 3
Code: Resolution I-16 B-203
Title: Expansion of MassPAT to Enhance the Medication
Reconciliation Process
Sponsor: Ronald Newman, MD

Recommendation:

Mister speaker, your reference committee recommends that Resolution I-16 B-203 **be not adopted.**

RESOLVED, That the MMS advocate for the expansion of MassPAT so that information about *all* medications prescribed and dispensed in the Commonwealth is available to those who perform medication reconciliation between transitions of care. (D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)

Your reference committee heard testimony, both online and in-person, generally in opposition to this resolution. While it was recognized that medication reconciliation can be difficult and that a tool to make it easier would be useful, many stated that the MassPAT program and its structure as a state-mandated tool has a singular focus and should be reserved for tracking controlled substances. Expansion of the use of the MassPAT program would deviate from the primary purpose and could make tracking opioid prescribing more difficult. Concerns were also raised about having the government collect this information due to the privacy concerns that such a program might raise. For example, concern was raised that licensure issues could result from the Commonwealth being able to access a list of medications a physician is taking. Therefore your reference committee recommends not adopting this resolution.

House Vote: _____

Item #: 4
 Code: CIT Report I-16 B-1
 Title: Proposal to End the Federal Certification of EHRs Program
 Sponsor: Committee on Information Technology
 Glenn Tucker, MD, Chair

Recommendation:

Mister speaker, your reference committee recommends that the recommendations contained in CIT Report I-16 B-1 **be adopted by addition and deletion to read as follows and the remainder of the report be filed:**

1. ~~That the MMS will advocate to our State and Federal Representatives to end all legal constraints and financial inducements arising from the use or non-use of Office of National Coordinator (ONC) Certified EHR Technology. (D)~~
That the MMS will work with appropriate government entities to foster EHR innovation, affordability, and functionality by modifying the certification process for EHRs to improve patient care. (D)

~~2. That the MMS will encourage our Massachusetts Federal Legislators (currently: Senators Elizabeth Warren and Edward Markey and Representatives Richard Neal, Jim McGovern, Niki Tsongas, Joseph P. Kennedy III, Katherine Clark, Seth Moulton, Mike Capuano, Stephen Lynch, and Bill Keating) to introduce legislation to end the ONC's EHR certification program, and will ask the President of the United States to immediately request that such legislation be introduced. (D)~~

~~3.2.~~ That the MMS will encourage the ONC to define HIT standards that can be freely used by HIT vendors/innovators to exchange medical information between EHRs and other HIT tools. (D)

~~4.3.~~ That the MMS will encourage the ONC to maintain a public website where physicians, innovators, and vendors can assess the ability of their EHR (and other HIT tools) to exchange information with other EHRs (and other HIT tools) in accordance with the ONC's recommended standards. (D)

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

FTE: Existing Staff
 (Staff Effort to Complete Project)

Your reference committee heard significant and mixed testimony on this report both in person and online. One person recommended adoption only of item one, in order to start to eliminate regulation of the medical profession and leave it to the free market. Overall, however, testimony was largely in favor of the intent of the resolution, with differences of opinion regarding which items were most important.

In the case of recommendations one and two, your reference committee heard testimony that expressed an overall sense of concern with the language and wording of

1 recommendation one and the specificity of recommendation two. In the case of
2 recommendation one, most felt that it was not accomplishing exactly what was intended
3 and some raised concerns as to what this would mean in light of Medicare Access CHIP
4 Reauthorization Act. An amendment was submitted seeking to replace
5 recommendations one and two with a consolidated recommendation focusing on
6 reforming EHR certification programs, which was intended to bring the resolution more in
7 line with the actual issues it was reportedly seeking to solve. Your reference committee
8 reviewed the suggested amendment and based on the testimony received in support of
9 this language felt that inclusion, with some additional language modifications would be
10 appropriate in order to preserve the intent and capture the flavor of testimony.

11
12 With regard to recommendations three and four, your reference committee heard overall
13 support for these recommendations, and recommends adopting clauses three and four
14 as they appear in the report.

15
16 Therefore, in total, your reference committee recommends that this report be adopted as
17 amended.

18
19 House Vote: _____

Item #: 5
 Code: COL Report I-16 B-2 [A-16 B-202]
 Title: Telemedicine Reimbursement
 Sponsor: Committee on Legislation
 Hugh Taylor, MD, Chair
 Report History: Resolution A-16 B-202
 Original Sponsor: Michael Goldstein, MD

Recommendation:

Mister speaker, your reference committee recommends that the recommendation contained in COL Report I-16 B-2 [A-16 B-202] **be adopted as amended by addition to read as follows and the remainder of the report be filed:**

That the MMS advocate for adequate reimbursement for services submitted under the existing telemedicine codes such as telephone consultations, chart reviews, and physician-to-patient communication including telephone, videoconferencing, and secure email/patient gateway communication — as long as such actions are documented in appropriate records and the service is provided in the context of an established physician-patient relationship. (D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)

Your reference committee heard unanimous testimony in favor of this report. Testimony indicated that reimbursement codes already exist and are in use by some commercial payers for services delivered via telemedicine. Testimony was largely in support of the idea that the MMS should advocate for adequate reimbursement of the time physicians spend providing patient care, whether that care is provided in person or via telemedicine. An amendment was offered, and received strong favorable testimony, seeking to ensure that the advocacy for reimbursement would apply to existing physician-patient relationships, and not to ad hoc, one-time encounters. Some testimony addressed the question of reimbursement for the time spent in physician-to-physician consultation regarding patients. Your reference committee recognized and discussed the importance of this sentiment but felt that it was beyond the purview of this report and may be best suited as a future resolution of its own. Therefore, your reference committee recommends that this report be adopted as amended.

House Vote: _____

Item #: 6
 Code: CSPP Report I-16 B-3
 Title: Reimbursement for Physician Oversight in Incident to Billing
 Sponsor: Committee on Sustainability of Private Practice
 Hugh Taylor, MD, Chair

Recommendation:

Mister speaker, your reference committee recommends that the recommendations contained in CSPP Report I-16 B-3 **be referred to the Board of Trustees for report back at A-17.**

- 1. That the Massachusetts Medical Society will introduce and support legislation requiring MassHealth to reimburse for services provided by physician-supervised advanced practice nurses at the same level as if those services had been provided by the physician. (D)**
- 2. That the Massachusetts Medical Society encourage all payers to reimburse for services provided by physician-supervised advanced practice nurses at the same level as if those services had been provided by the physician. (HP)**

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

FTE: Existing Staff
 (Staff Effort to Complete Project)

Your reference committee heard testimony both in person and online, which was generally in favor of the concept behind this report, that physician supervision has value which should be acknowledged in the reimbursement a team receives for the care it provides to a patient. However, testimony highlighted three issues which require further exploration and clarification. First, some testimony expressed concern that the report ought to more clearly define what is meant by "physician-supervised" in order for that phrase to have meaning. Second, other testimony worried that the recommendations' explicit mention of "advanced practice nurses," but not of midwives or physician assistants, might inappropriately limit the physician oversight for which a team receives reimbursement. Third and finally, testimony focused on the fact that the language could be misconstrued and unintentionally result in the idea that care provided by non-physician healthcare providers is of equal value to that provided by physicians, which your committee believes is not the intent of this report. To resolve these issues, your reference committee recommends that this report be referred to the Board of Trustees for Report Back at A-17.

House Vote: _____

Item #: 7
 Code: Resolution I-16 B-204
 Title: Third-Party Payers Contracted Fee Schedule Should Be Based on at Least 100 Percent of the Current and Geographically Appropriate Medicare Fee Schedule at Time of Contracting
 Sponsor: David Kieff, MD

Recommendation:

Mister speaker, your reference committee recommends that Resolution I-16 B-204 **be adopted as amended by addition and deletion to read as follows:**

RESOLVED, That the MMS advocate that third-party payer contracted fee schedules be based on no less than at least a 100 percent of the current and geographically appropriate Medicare fee schedule for the year in which the contract was created. (D)

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

FTE: Existing Staff
 (Staff Effort to Complete Project)

Your reference committee heard testimony in person and online in support of the resolution. The author, through online testimony, wanted to be sure that the most current Medicare fee schedule would serve as the basis for health plan payment, as some payers reportedly state that they are using the Medicare fee schedule but the schedule may be several years old. Testimony indicated that there was support for using the current Medicare fee schedule as a standard from which to discuss payment rates.

One person proposed an amendment from “at least” to “no less than” 100 percent of the Medicare fee schedule in order to reinforce the point that physicians should receive from third party payers no less than the Medicare rate. There was concern raised during testimony about anchoring of fees to the Medicare standard, and that the words “at least” could be construed to include “at most.” An amendment was proposed in order to avoid any ambiguities. Your reference committee felt that this was in line with the intent of the sponsor as indicated in his online testimony. Therefore your reference committee recommends adoption of item 7 as amended.

House Vote: _____

1 Item #: 8
 2 Code: Resolution I-16 B-205
 3 Title: Timely Response by the Third-Party Payer to the Request
 4 for Fee Schedule from Participating Practices
 5 Sponsor: David Kieff, MD
 6

7 Recommendation:
 8

9 Mister speaker, your reference committee recommends that Resolution I-16 B-205 **be**
 10 **adopted.**
 11

12 **RESOLVED, That the MMS advocate for and affirm that the third-party payer shall**
 13 **release to the participating physician practice said practice's fee schedule within**
 14 **48 hours of a written or documented phone request. (D)**
 15

16 Fiscal Note: 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 limited testimony unanimously in support of this*
 23 *resolution. It was stated that knowing third-party payer fee schedules is important for*
 24 *business decisions, such as considering whether or not to participate with a particular*
 25 *third-party-payer. Therefore, your reference committee recommends adopting this*
 26 *resolution.*
 27

28 House Vote: _____

Item #: 9
 Code: Resolution I-16 B-206
 Title: Adding Transparency and Responsiveness to Denied Claims Appeals
 Sponsor: David Kieff, MD

Recommendation:

Mister speaker, your reference committee recommends that Resolution I-16 B-206 **be adopted as amended by deletion to read as follows:**

1. RESOLVED, That the MMS advocate for and affirm that within 48 hours of making a formal request to third party payers for review of a rejected claim, a physician's practice shall be entitled to speak with a medical professional to review the claim's rejection and reason therefore and to obtain guidance; and, be it further (D)

~~**2. RESOLVED, That the MMS advocate for and affirm that third party payers recognize the post mark date on claims appeals submitted by U.S. mail as the submission date; and, be it further (D)**~~

3 2. RESOLVED, That the MMS advocate for and affirm that a physician's practice may submit claim appeals to third party payers by any of the following: U.S. mail, courier service, secure fax, or secure email. (D)

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

FTE: Existing Staff
 (Staff Effort to Complete Project)

Your reference committee heard unanimous testimony, both in person and online, in favor of the first and third resolved clauses of this resolution to increase transparency and responsiveness around appeals of denied claims. Your reference committee further heard testimony unanimously in favor of deleting the second resolved clause which defines a time of filing as the post mark date of the mailing of an appeal. In addition to the testimony, your reference committee independently noted that it could take longer for a payer to receive a mailed appeal than the forty-eight hours proposed for the payer to respond to the appeal. Therefore your reference committee recommends that this resolution be adopted as amended.

House Vote: _____

1 Item #: 10
 2 Code: Resolution I-16 B-207
 3 Title: Independent Surgi-centers Are Safe and Cost Effective
 4 Sponsor: David Kieff, MD
 5

6 Recommendation:
 7

8 Mister speaker, your reference committee recommends that Resolution I-16 B-207 **be**
 9 **referred to the Board of Trustees for report back at I-17.**

10
 11 **RESOLVED, That the MMS advocate for and affirm the importance of allowing**
 12 **independent surgi-centers to operate in Massachusetts and deem current**
 13 **regulatory and legislative impediments to this to be barriers to competition and**
 14 **against the value-driven interest of patients and physicians. (D)**

15
 16 Fiscal Note: No Significant Impact
 17 (Out-of-Pocket Expenses)
 18

19 FTE: None Existing Staff
 20 (Staff Effort to Complete Project)
 21

22 *Your reference committee heard in-person testimony strongly in favor of this resolution,*
 23 *which seeks to protect independent surgery centers by ensuring that the Massachusetts*
 24 *Determination of Need program does not unduly favor hospital-affiliated surgery centers.*
 25 *However, online testimony convincingly argued that the general description of “current*
 26 *regulatory and legislative impediments to” independent surgery centers operating in*
 27 *Massachusetts could be over-broad, as not all impediments are necessarily barriers to*
 28 *competition, or counter to the interests of patients and physicians. Your reference*
 29 *committee therefore recommends that this resolution be referred to the Board of*
 30 *Trustees for report back at I-17.*

31
 32 House Vote: _____

Item # 11
 Code: CWM Report I-16 B-4
 Title: Addressing Discriminatory Health Plan Exclusions or Problematic Benefit Substitutions for Essential Health Benefits under the Affordable Care Act
 Sponsor: Committee on Women in Medicine
 Helen Cajigas, MD, Chair
 Recommendation:
 Mister speaker, your reference committee recommends that the recommendations contained in CWM Report I-16 B-4 **be adopted by substitution to read as follows and the remainder of the report be filed:**

1. That the MMS work to ensure that no health carrier or its designee may adopt or implement a benefit that discriminates on the basis of health status, race, ethnicity, color, national origin, age, sex, gender identity, sexual orientation, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions. *(D)*
2. That the MMS work to see that appropriate action is taken by state regulators when discrimination may exist in benefit designs. *(D)*
3. That the MMS support improvements to the essential health benefits benchmark plan selection process, to ensure limits and exclusions do not impede access to health care and coverage. *(D)*
4. That the MMS encourage regulators to develop policy to prohibit essential health benefits substitutions that do not exist in Massachusetts's benchmark plan and the selective use of exclusions of arbitrary limits that prevent high-cost claims or that encourage high-cost enrollees to drop coverage. *(D)*
5. That the MMS encourage regulators to review current plans for discriminatory exclusions and submit any specific incidents of discrimination through an administrative complaint to the Office for Civil Rights. *(D)*

 Fiscal Note: No Significant Impact
 (Out-of-Pocket Expenses)
 FTE: Existing Staff
 (Staff Effort to Complete Project)
Your reference committee heard limited testimony in support of this report. It was recommended to amend the report to use the same language that the American Medical Association uses for its policy on the same topic and those who testified agreed to that amendment. Therefore, your reference committee recommends adopting as amended.
 House Vote: _____

Item #: 12
 Code: Resolution I-16 B-208
 Title: Support for Deferred Action for Childhood Arrivals (DACA)-
 Eligible Health Care Professionals, Current and in Training
 Sponsors: Steven Young
 Christie Morgan, MD
 Annirudh Balachandran
 Andrew LaFlam
 Vartan Pahalyants
 Maximilian Pany
 Nabil Saleem
 Lauren Schleimer
 Caroline Yang
 Mark Zaki

Recommendation:

Mister speaker, your reference committee recommends that the recommendations contained in Resolution I-16 B-208 **be adopted as amended by addition to read as follows:**

1. **RESOLVED, That the Massachusetts Medical Society issue a statement in support of medical students, residents, and fellows training in health care, who are Deferred Action for Childhood Arrivals recipients; and be it further (D)**
2. **RESOLVED, That the Massachusetts Medical Society advocate for the continued training and practice of medical students, residents, and fellows in ~~Massachusetts training in health care~~, who are Deferred Action for Childhood Arrivals recipients. (D)**

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

FTE: Existing Staff
 (Staff Effort to Complete Project)

Your reference committee heard overwhelmingly supportive testimony for this resolution. This was a late file resolution resulting from the recent presidential campaign and subsequent election of Donald Trump who has declared that he will repeal Deferred Action for Childhood Arrivals (DACA) when he becomes President. This repeal would directly impact medical students, residents, and fellows currently training in Massachusetts who are recipients of DACA. Many testified that DACA recipients are from under-served communities, and are in the midst of their training and should be allowed to finish it, perhaps to return to these under-served communities to provide care, thereby increasing access to care. Importantly, testimony emphasized that this resolution does not have to do with immigration status, but rather allows DACA recipients who are currently training in Massachusetts to complete their education and training. Your reference committee received a friendly amendment which the sponsor and other testimony also supported. The reference committee therefore recommends that this resolution be adopted as amended.

House Vote: _____

Mister speaker, this concludes the report of Reference Committee. My thanks to reference committee members Adarsha Bajracharya, MD, Helen Cajigas, MD, Christopher Garofalo, MD, Steve Kasparian, MD, Mr. Maximilian Pany, and Vincent Smith, MHA, MD, MPH; staff coordinators Kerry Ann Hayon, MHA, Yael Miller, MBA, Jillian Pedrotty, MHA, and Lisa Smith; legal counsel Liz Rover Bailey, Esq.; and all those who testified before the committee.

For the reference committee,

Aimie Zale, MD, Chair

MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES (I-16)

REFERENCE COMMITTEE C: MMS Administration

Item #	Title	Code	Action	Page
1	Reducing Barriers to Participation in MMS House of Delegates Meetings for Members with Children/Families	Resolution I-16 C-101	Adopt	1
2	Ensure Representative Diversity in MMS Leadership Pathways	TFDLP Report I-16 C-1 [I-15 C-3]	Adopt	2
3	MMS Committee and Leadership Representation	CWM Report I-16 C-2	Adopt as Amended	3
4	MMS Leadership Promotion and Governance	CWM Report I-16 C-3	Refer to BOT for Report Back A-17	4
5	Proposed Amendment to the Sunset Policy Procedure	CSP/Officers Report I-16 C-4	Adopt as Amended	5
6	Special Committee Renewals	BOT Report I-16 C-5	Adopt as Amended	7

Item #: 1
Code: Resolution I-16 C-101
Title: Reducing Barriers to Participation in MMS House of
Delegates Meetings for Members with Children/Families
Sponsors: McKinley Glover IV, MD
Resident and Fellow Section
Aaron Kithcart, MD, Chair

Recommendation:

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

RESOLVED, That MMS explore mechanisms that would allow MMS members with children/families to participate during HOD meetings, with report back at A-17. (D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)

Your reference committee heard unanimous support for this resolution. Testimony included exploring many different mechanisms to encourage members with children/families to participate during HOD meetings including childcare, eldercare, establishment of a family-friendly overflow room, and field trips. There was mixed opinion on whether a one-time survey is useful to explore the needs of the members as it provides only a narrow snapshot of their concerns, and other methodologies should be explored in the report as well.

House Vote: _____

Item #: 2
 Code: TFDLP Report I-16 C-1 [I-15 C-3]
 Title: Ensure Representative Diversity in MMS
 Leadership Pathways
 Sponsor: Task Force on Ensuring Representative Diversity in
 MMS Leadership Pathways
 Nidhi Lal, MD, Chair

Report History: OMSS Report I-15 C-3

Recommendation:

Mister speaker, your reference committee recommends that the recommendations contained in TFDLP Report I-16 C-1 [I-15 C-3] **be adopted and the remainder of the report be filed.**

1. **That the Massachusetts Medical Society create a Minority Affairs Section in order to represent underrepresented groups and communities across the membership. The section would be entitled to one delegate in the House of Delegates, and the delegate shall be elected by the section. (D)**
2. **That the MMS obtain race and ethnicity data for MMS members by utilizing all available sources, including third-party vendors, in order to understand the current composition of the MMS membership, and assist in the development of future goals. (D)**

Fiscal Note: Annual Expense of \$5,000
 (Out-of-Pocket Expenses) (Beginning FY18)
 One-Time Expense of \$9,000

FTE: Existing Staff
 (Staff Effort to Complete Project)

Your reference committee heard testimony both online and in person strongly in favor of these recommendations. A few testified in opposition to creating a Minority Affairs Section questioning the necessity of a formal section. There was overwhelming support in favor of obtaining race and ethnicity data. However, some members testified on the need for maintaining secure and confidential data given the potentially sensitive nature of the data collected.

Your reference committee notes that recommendation 1 will be referred to the Committee on Bylaws for a report to the House of Delegates on the necessary bylaws changes.

House Vote: _____

1 Item # 3
 2 Code: CWM Report I-16 C-2
 3 Title: MMS Committee and Leadership Representation
 4 Sponsor: Committee on Women in Medicine
 5 Helen Cajigas, MD, Chair
 6

7 Recommendation:
 8

9 Mister speaker, your reference committee recommends that the recommendation
 10 contained in CWM Report I-16 C-2 **be adopted as amended by addition and deletion**
 11 **to read as follows and the remainder of the report be filed:**
 12

13 **That the Massachusetts Medical Society ~~commit to~~ promote representation in its**
 14 **leadership and committees that reflects the Society's membership diversity,**
 15 **demographics, and gender. (D)**
 16

17 Fiscal Note: No Significant Impact
 18 (Out-of-Pocket Expenses)
 19

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

23 *Your reference committee heard testimony unanimously in favor of this*
 24 *recommendation. Most of the testimony favored replacing the words "commit to" with*
 25 *"promote" in part to ensure that quotas would not be required.*
 26

27 House Vote: _____

Item #: 4
 Code: CWM Report I-16 C-3
 Title: MMS Leadership Promotion and Governance
 Sponsor: Committee on Women in Medicine
 Helen Cajigas, MD, Chair

Recommendation:

Mister speaker, your reference committee recommends that the recommendations contained in CWM Report I-16 C-3 **be referred to the Board of Trustees for report back at A-17.**

1. **That the Massachusetts Medical Society facilitate increased leadership opportunities on its committees by limiting a committee member's service as chair to three consecutive years (not sum total). (D)**
2. **That a Massachusetts Medical Society member's leadership service as chair be limited to not more than one committee concurrently. (D)**
3. **That the Massachusetts Medical Society review the present governance structure for leadership appointments to committees (Chair/Vice Chair), Task Forces (Chair), and appointments to special committees to ascertain whether there may be opportunities to consider improvements in regard to process, inclusion, diversity, and representation of best practices. (D)**

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

FTE: Existing Staff
 (Staff Effort to Complete Project)

Your reference committee heard testimony both online and in person unanimously in support of the spirit of this report. However, most of the testimony questioned the possibility of unintended consequences of recommendations 1 and 2. For example, some expressed concern that, given the steep learning curve on chairing some committees, such as the Committee on Finance or the Committee on Legislation, a three-year term limit was too brief and should be extended to five or even six years. Some questioned the unforeseen impact of limiting leadership service to not more than one committee concurrently as it could limit the number of potential candidates for committee chair positions and interfere with leadership pathways for diverse groups of members. Still other testimony noted that only appointed chair positions should be assigned term limits leaving elected positions unchanged. Given that recommendations 1 and 2 do not provide adequate specificity and that testimony outlined many of the ambiguities inherent in these recommendations, your reference committee recommends that the report be referred to the BOT with a report back at A-17.

House Vote: _____

Item #: 5
 Code: CSP/Officers Report I-16 C-4
 Title: Proposed Amendment to the Sunset Policy
 Procedure
 Sponsors: Committee on Strategic Planning
 Henry Dorkin, MD, Chair
 MMS Presidential Officers:
 James Gessner, MD
 Henry Dorkin, MD
 Alain Chaoui, MD

Recommendation:

Mister speaker, your reference committee recommends that the recommendation contained in CSP/Officers Report I-16 C-4 **be adopted as amended by addition to read as follows and the remainder of the report be filed:**

That the Massachusetts Medical Society amend the *Procedures of the House of Delegates* to read as follows:

19. SUNSET POLICY

A sunset mechanism with a seven-year time horizon shall exist for all Massachusetts Medical Society policy positions and statements established by the MMS House of Delegates. Each adopted resolve or recommendation within a policy shall be considered individually with regard to the sunset process. Under the sunset mechanism, a policy will cease to be viable unless action is taken by the House to re-establish said policy. Any action of the House that reaffirms an existing policy shall reset the sunset “clock,” making the reaffirmed policy viable for seven years from the date of its reaffirmation. Any action of the House that modifies an existing policy shall reset the sunset clock, making the consolidated or modified policy viable for seven years from the date of its adoption.

Directives adopted by the House which contain time-limited specifics; establish task forces, committees, or other special or ad hoc entities; and directives to amend the *Procedures of the House of Delegates* or the *Bylaws* shall not be subject to the seven-year sunset mechanism and shall sunset automatically at the completion of the directive or document update.

Review/Report Process

Policies are assigned by officers and staff to the appropriate standing committee/MMS section(s) (in consultation with appropriate special committees) to review and recommend whether to reaffirm, sunset, reaffirm for one year, or amend the policy and provide recommendations to the MMS presidential officers for final review and submission to the House of Delegates.

Minor Amendments that Maintain the Original Intent of the Policy

The reviewing committee may propose amendments to any policy that maintain *the original intent of the policy*. Such policy amendments may only be adopted or not adopted by the House of Delegates. If a proposed policy

amendment is not adopted, the original policy will be reaffirmed for one year and referred to the appropriate committee(s) for further analysis and potential submission of a new policy recommendation. Such items must be reported back to the House of Delegates within one year.

The reviewing committees/MMS sections and presidential officers shall prepare a single report recommending policy reaffirmation, policy sunset, policy amendment, and policy reaffirmation for one year pending submission of an updated policy for transmittal to the House on an annual basis, which shall be assigned to a single reference committee for consideration.

A consent calendar format shall be used by the House in considering the policies contained in the report.

Policies That Require New Policy Recommendations

If it is determined by the reviewing committee/MMS section(s) that a policy requires a completely new policy recommendation, a new policy recommendation should be submitted for the current Annual Meeting of the House of Delegates by the resolution/report deadline. Such resolutions/reports will not be accepted as late-filed items. If the updated policy recommendation is not submitted for the current Annual Meeting, then such policy will be recommended to be reaffirmed for one year. Following House action the Board of Trustees, and/or any committee(s) designated by the Board of Trustees, will be asked to consider submitting the new policy recommendation. Upon submission and adoption of a new policy recommendation, the old policy will automatically be sunset. If the new policy recommendation is not adopted; the old policy will automatically be sunset. *If new policy is referred, the old policy will be maintained until report back within a one year period.* If no new recommendation is adopted within one year, the policy will automatically sunset.

(D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)

Your reference committee heard testimony predominantly in favor of this report noting that it streamlines the existing committee renewal process and provides CSP with additional time to focus on strategic planning. Some argued that the collective wisdom of the CSP would be lost in making this change, however, others testified that sunset policies will continue to go to the HOD for a vote. The question of who assigns the policies to the appropriate committees under the proposed recommendations was a recurring concern of those testifying. The President clarified that the officers and the staff would assign the policies. Hence, your reference committee made the proposed amendment to reflect this clarification.

House Vote: _____

Item #: 6
 Code: BOT Report I-16 C-5
 Title: Special Committee Renewals
 Sponsor: Board of Trustees
 James Gessner, MD, Chair

Recommendation:

Mister speaker, your reference committee recommends that the recommendation contained in BOT Report I-16 C-5 **be adopted as amended by addition to read as follows and the remainder of the report be filed.**

1. That the House of Delegates support the renewal of the following Committees: Geriatric Medicine, History, Information Technology, LGBT Matters, Maternal and Perinatal Welfare, Senior Volunteer Physicians, Student Health and Sports Medicine, Violence Intervention and Prevention, and Young Physicians. (D)

2. That the MMS study committee meeting attendance. (D)

3. That the MMS report back at A-17 with recommendations for addressing committee appointments and other processes to improve committee meeting attendance. (D)

Fiscal Note: Average Annual Expense per Committee
 (Out-of-Pocket Expenses): (for 3 years beginning FY18):
 \$3,000 per committee, for a total of \$27,000

FTE: Existing Staff
 (Staff Effort to Complete Project)

Your reference committee received several proposed recommendations associated with poor attendance at committee meetings. The testimony from the President-elect in response outlined the Officers' commitment to monitoring committee members' attendance. Given these considerations, your reference committee incorporated revised versions of these recommendations in an effort to address the concerns, preserving the original intent of the recommendations.

House Vote: _____

Mister speaker, this concludes the report of Reference Committee C. My thanks to reference committee members Essam Al-Ansari, MD, Nick Argy, MD, JD, Mr. Patrick Lowe, Mawya Shocair, MD, Mr. Steven Young, and Ms. Marguerite Youngren; Staff coordinators Therese Fitzgerald, PhD; and Brett Bauer; and legal counsel, Paul Auffermann, Esq.

For the reference committee,

Kathryn Hughes, MD, Chair