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<tr>
<th>Item #</th>
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<tbody>
<tr>
<td>1</td>
<td>Oversight of Home Health Aides</td>
<td>Resolution I-18 A-101</td>
<td>Referred to the BOT for Report Back at A-19</td>
<td>Legislation (in consultation with) Geriatric Medicine</td>
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<td>2</td>
<td>Alzheimer’s Disease and Dementia Education</td>
<td>CME/CGM Report I-18 A-1</td>
<td>Adopted as Amended</td>
<td>Geriatric Medicine (in consultation with) Medical Education</td>
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<tr>
<td>3a</td>
<td>Evidence-Based Care of Individuals Born with Differences in Sex Development (DSD)/Intersex</td>
<td>LGBTQ Report I-18 A-2(a)</td>
<td>Adopted</td>
<td>LGBTQ Matters</td>
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<tr>
<td>3b</td>
<td>Evidence-Based Care of Individuals Born with Differences in Sex Development (DSD)/Intersex</td>
<td>LGBTQ Report I-18 A-2(b)</td>
<td>Referred to the BOT for Report Back at I-19</td>
<td>Maternal and Perinatal Welfare (in consultation with) LGBTQ Matters</td>
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<td>4</td>
<td>Guidelines for Sexual Education in Schools</td>
<td>Resolution I-18 A-102</td>
<td>Adopted as Amended</td>
<td>MMS Policy Compendium (Item 1) Legislation (and MMS Policy Compendium) (Item 2)</td>
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<td>5</td>
<td>Equitable Health Care Regardless of Immigration Status</td>
<td>CVIP Report I-18 A-3</td>
<td>Adopted as Amended</td>
<td>MMS Policy Compendium (Items 1 and 2) Legislation (Item 1d, 1e - bullets 1 &amp; 4, and Item 2) Public Health (Item 1e - bullets 2, 3, and Item f)</td>
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<td>Title</td>
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<td>6</td>
<td>Support for Evidence-Based Metrics to More Accurately Characterize the Urban Soundscape</td>
<td>Resolution I-18 A-103</td>
<td>Adopted</td>
<td>MMS Policy Compendium (and Legislation, Environmental and Occupational Health)</td>
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<td>7</td>
<td>Social Determinants of Health</td>
<td>CDM Report I-18 A-4</td>
<td>Adopted as Amended</td>
<td>MMS Policy Compendium (Items 1, 3) Public Health (in consultation with) The Quality of Medical Practice, Diversity in Medicine, Medical Education (Items 2, 4) (and MMS Policy Compendium)</td>
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<td>8</td>
<td>Stop the Bleed/Save a Life</td>
<td>CPREP Report I-18 A-5 [A-17 B-211]</td>
<td>Adopted</td>
<td>Preparedness</td>
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<td>10</td>
<td>Streamlining Human Immunodeficiency Virus Testing of Source Patients following an Occupational Exposure</td>
<td>COL Report I-18 A-7 [A-17 A-103 Item 14(b)]</td>
<td>Adopted</td>
<td>Legislation The Quality of Medical Practice</td>
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## House Vote

Referred to the BOT for Report Back at A-19

**Referred to:** Committee on Legislation (in consultation with) Committee on Geriatric Medicine

**Report Back (Directly) to:** A-19

**HOD with Recommendation on Whether to Adopt, Amend, or Not Adopt:**

**Strategic Priority:** Physician and Patient Advocacy

That the Massachusetts Medical Society advocate for better regulation of the home health aide industry to make it safer for the frail and aged clients. *(D)*

**Fiscal Note:** No Significant Impact

(Out-of-Pocket Expenses)

**FTE:** Existing Staff

(Staff Effort to Complete Project)
ADOPTED AS AMENDED

Item #: 2
Code: CME/CGM Report I-18 A-1
Title: Alzheimer’s Disease and Dementia Education
Sponsors: Committee on Medical Education
Michael Rosenblum, MD, Chair
Committee on Geriatric Medicine
Asif Merchant, MD, Chair

Referred to: Reference Committee A
Ms. Marguerite Youngren, Chair

HOUSE VOTE: Adopted as Amended
Referred to: Committee on Geriatric Medicine (in consultation with) Committee on Medical Education
Informational Report: I-19
Strategic Priority: Physician and Patient Advocacy

That the Massachusetts Medical Society develop an online educational activity for physicians and other health care professionals on the diagnosis and management of patients with cognitive impairments including, but not limited to, Alzheimer’s disease and other dementias, and which addresses the role of caregivers including the burden of round-the-clock care, caregiver burnout, and the potential for abuse. (D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)
ADOPTED

Item #: 3a
Code: LGBTQ Report I-18 A-2(a)
Title: Evidence-Based Care of Individuals Born with Differences in Sex Development (DSD)/Intersex
Sponsor: MMS Committee on LGBTQ Matters
Carl Streed Jr., MD, MPH, Chair

Referred to: Reference Committee A
Ms. Marguerite Youngren, Chair

HOUSE VOTE: Adopted
Referred to: Committee on LGBTQ Matters
Informational Report: I-19
Strategic Priority: Physician and Patient Advocacy

That the MMS promote the education of providers, parents, patients, and multidisciplinary teams based on the most current evidence concerning the care for individuals born with differences in sex development/intersex. (D)

Fiscal Note: No Significant Impact (Out-of-Pocket Expenses)
FTE: Existing Staff (Staff Effort to Complete Project)
Item #: 3b
Code: LGBTQ Report I-18 A-2(b)
Title: Evidence-Based Care of Individuals Born with Differences in Sex Development (DSD)/Intersex
Sponsor: MMS Committee on LGBTQ Matters
Carl Streed Jr., MD, MPH, Chair

Referred to: Reference Committee A
Ms. Marguerite Youngren, Chair

HOUSE VOTE: Referred to the BOT for Report Back at I-19

Referred to: Committee on Maternal and Perinatal Welfare (in consultation with) Committee on LGBTQ Matters

Report Back (Directly) to I-19
HOD with Recommendation
on Whether to Adopt, Amend, or Not Adopt:

Strategic Priority: Physician and Patient Advocacy

That the MMS supports delaying surgical interventions for infants with differences in sex development/intersex characteristics that are of a non-emergent status until the individual has the capacity to participate in the decision. (HP)

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

FTE: Existing Staff
(Staff Effort to Complete Project)
ADOPTED AS AMENDED

Item #: 4
Code: Resolution I-18 A-102
Title: Guidelines for Sexual Education in Schools
Sponsors: Aimie Zale, MD
Carl Streed Jr., MD, MPH
Katherine Atkinson, MD

Referred to: Reference Committee A
Ms. Marguerite Youngren, Chair

HOUSE VOTE: Adopted as Amended

Referred to: (Item 1) MMS Policy Compendium
(Item 2) Committee on Legislation (and MMS Policy Compendium)

Informational Report: I-19

Strategic Priority: Physician and Patient Advocacy

1. That the MMS supports sexual health education that:

   a. Is comprehensive, medically accurate, culturally and religiously aware, and age appropriate; and

   b. Promotes a perception of sexuality that is free from shame, blame, and stigma; and

   c. Prepares individuals to make healthy sexual decisions; and

   d. Includes essential concepts and issues such as:

      i. Sexual orientation and gender identity; and

      ii. Power dynamics inherent in sexual relationships, especially as related to age, gender, and substance use; and

      iii. Sexual health and access to sexual and reproductive health care; and

      iv. Intimate partner violence and sexual exploitation; and

      v. Relationships based on mutual respect, communication, and personal responsibility; and

      vi. Risks for HIV and other sexually transmitted infections and unplanned pregnancy; and

      vii. The benefits and risks of barrier methods (including condoms) and other contraceptive methods

(HP)

2. That the MMS advocate that schools receiving public funding be required to offer age appropriate comprehensive evidence-based sexual health education that:

   a. Is based on rigorous, peer-reviewed science; and

   b. Incorporates sexual violence prevention including comprehensive discussion on consent and the relationship of substance use to sexual violence; and
c. Shows promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted infections and for becoming pregnant; and
d. Includes an integrated strategy for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; and
e. Utilizes classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of sexual and gender minority youth; and
f. Appropriately and comprehensively address the sexual behavior of all people, inclusive of sexual and gender minorities; and
g. Includes ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and
h. Is part of an overall health education program; and
i. Includes culturally competent materials that are language-appropriate for Limited English Proficiency (LEP) pupils without sacrificing comprehensiveness.

(D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)
1. That the Massachusetts Medical Society adopt the following adapted from American Medical Association policies:

   a. That the Massachusetts Medical Society recognizes the negative health consequences of the detention of families seeking safe haven. \( (HP) \)

   b. That the Massachusetts Medical Society opposes family immigration detention, due to the negative health consequences of detention. \( (HP) \)

   c. That the Massachusetts Medical Society opposes the separation of parents from their children who are detained while seeking safe haven. \( (HP) \)

   d. That the Massachusetts Medical Society will advocate for safe access to health care for immigrants and refugees in the Commonwealth regardless of immigration status. \( (D) \)

   e. That the Massachusetts Medical Society:
      - Advocate for and support legislative efforts to designate healthcare facilities as sensitive locations by law \( (D) \)
      - Work with appropriate stakeholders to educate medical providers on the rights of undocumented patients while receiving medical care, and the designation of health care facilities as sensitive locations where US immigration enforcement actions should not occur \( (D) \)
      - Encourage health care facilities to clearly demonstrate and promote their status as sensitive locations \( (D) \)
• Oppose the presence of immigration enforcement agents at health care facilities (HP)

f. That the Massachusetts Medical Society:
• Encourage appropriate stakeholders to study the impact of mandated immigration reporting laws on individuals with undocumented immigrant status and identify potential barriers for survivors seeking care (D)
• Work with community-based organizations and related stakeholders to study and mitigate the implications of mandated immigration reporting laws, so that immigrants can continue to receive necessary protective services without fear of consequences to their immigration status (D)

2. That the Massachusetts Medical Society advocate for legislative/regulatory changes that will protect the civil rights, safety, and well-being of all patients by drawing a clear line between immigration enforcement and health care. (D)

Fiscal Note: No Significant Impact (Out-of-Pocket Expenses)
FTE: Existing Staff (Staff Effort to Complete Project)
ADOPTED

Item #: 6
Code: Resolution I-18 A-103
Title: Support for Evidence-Based Metrics to More Accurately Characterize the Urban Soundscape
Sponsor: Mr. Prithwijit Roychowdhury
Referred to: Reference Committee A
Ms. Marguerite Youngren, Chair

HOUSE VOTE: Adopted
Referred to: MMS Policy Compendium and Committee on Legislation and Committee on Environmental and Occupational Health
Report: NA
Strategic Priority: Physician and Patient Advocacy

That the MMS supports governmental/environmental agencies and/or relevant stakeholders exploring the feasibility of an evidence-based metric beyond purely A-weighted noise to more accurately capture lower-frequencies in the public soundscape. (HP)

Fiscal Note: No Significant Impact (Out-of-Pocket Expenses)
FTE: Existing Staff (Staff Effort to Complete Project)
ADOPTED AS AMENDED

1. Item #: 7
2. Code: CDM Report I-18 A-4
3. Title: Social Determinants of Health
4. Sponsor: Committee on Diversity in Medicine, Simone Wildes, MD, Chair
5. Referred to: Reference Committee A, Ms. Marguerite Youngren, Chair

HOUSE VOTE: Adopted as Amended

Referred to:
(Items 1, 3) MMS Policy Compendium
(Items 2, 4) Committee on Public Health (in consultation with) Committee on the Quality of Medical Practice, Committee on Diversity in Medicine, Committee on Medical Education (and MMS Policy Compendium)

Informational Report: I-19

Strategic Priority: Physician and Patient Advocacy

1. That the Massachusetts Medical Society acknowledges that social determinants of health play a key role in health outcomes and health disparities, and that addressing the social determinants of health for patients and communities is critical to the health of our patients, our communities, and a sustainable, effective health care system. (HP)

2. That the Massachusetts Medical Society will, as appropriate, advocate for policies aimed at improving social determinants of health for all people. (D)

3. That the Massachusetts Medical Society will work with physicians, health systems, and payers to develop sustainable care delivery and payment models that incorporate innovative and creative ways of improving the social determinants of health for all patients. (HP)

4. That the Massachusetts Medical Society will educate its members about social determinants of health and the importance of addressing social determinants of health in order to improve health outcomes and promote health equity. (D)

Fiscal Note: One-Time Expense of $3,000 (Out-of-Pocket Expenses)
FTE: Existing Staff (Staff Effort to Complete Project)
ADOPTED

Item #: 8
Title: Stop the Bleed/Save a Life
Sponsor: Committee on Preparedness
Eric Goralnick, MD, MS, Chair

Report History: BOT Informational Report I-17-02
Resolution A-17 B-211

Referred to: Reference Committee A
Ms. Marguerite Youngren, Chair

HOUSE VOTE: Adopted

Referred to: Committee on Preparedness

Informational Report: I-19

Strategic Priority: Professional Knowledge and Satisfaction

1. That the MMS implement a three-year bleeding control “train the trainer” demonstration project to provide hands-on regional instruction for physicians and allied health professionals in bleeding control, wound packing, and tourniquet application in order to increase the number of individuals trained in bleeding control in the Commonwealth. (D)

2. That the MMS develop a comprehensive bleeding control resource and information page on its website to support the demonstration project and increase bleeding control awareness. (D)

3. That the MMS review and assess the efficacy and impact of the bleeding control “train the trainer” demonstration project. (D)

Fiscal Note: $60,000 (Total Expense)
(Out-of-Pocket Expenses)
$30,000 year one
$15,000 year two
$15,000 year three

FTE: Existing Staff
(Staff Effort to Complete Project)
ADOPTED (CPH Report Recommendation to not adopt Resolution I-17 A-105)

Item #: 9
Code: CPH Report I-18 A-6 [I-17 A-105]
Title: Urine Drug Screens in Prisoners
Sponsor: Committee on Public Health
John Burress, MD, Chair

Report History: Resolution I-17 A-105
Original Sponsors: Mirret El-Hagrassy, MD, Mark Kashtan, MD

Referred to: Reference Committee A
Ms. Marguerite Youngren, Chair

HOUSE VOTE: (Not Adopt Resolution I-17 A-105)

Referred to: NA
Report: NA

That the Massachusetts Medical Society not adopt Resolution I-17 A-105 which reads as follows:

1. RESOLVED, That the MMS encourages education and training on the appropriate use of urine drug screening and scientifically validated confirmatory testing interpreted by qualified health care practitioners for all administrators, staff, and health care practitioners who administer urine drug screens or initiate legal or punitive action based on urine drug screen results as part of their professional duties; and, be it further (HP)

2. RESOLVED, That the MMS encourages the mandatory use of appropriate, scientifically validated confirmatory testing interpreted by qualified health care practitioners for all instances in which presumptive positive urine drug screens would lead to legal or punitive action excepting situations in which the individual in question waives their right to a confirmatory test. (HP)

Fiscal Note: No Significant Impact
(Out-of-Pocket Expenses)
FTE: Existing Staff
(Staff Effort to Complete Project)
ADOPTED (Original Resolution A-17 A-103 Item 14b)

Item #: 10
Code: COL Report I-18 A-7 [A-17 A-103 Item 14(b)]
Title: Streamlining Human Immunodeficiency Virus Testing of Source Patients following an Occupational Exposure
Sponsor: Committee on Legislation
Theodore Calianos, II, MD, FACS, Chair


Referred to: Reference Committee A
Ms. Marguerite Youngren, Chair

HOUSE VOTE: Adopted

Referred to: Committee on Legislation and Committee on the Quality of Medical Practice

Informational Report: I-19

Strategic Priority: Physician and Patient Advocacy

That the MMS work with appropriate organizations to advocate removal of mandated informed written consent in the performance of HIV testing, and to utilize HIPAA-appropriate patient notification and counseling in result interpretation. (D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)
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<td>1</td>
<td>Reauthorizing and Expanding the Conrad Waiver Program</td>
<td>Resolution I-18 B-201</td>
<td>Adopted as Amended</td>
<td>Legislation</td>
<td>x</td>
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<tr>
<td>2</td>
<td>Increased Evaluation of Access, Cost, Quality, and Health Outcomes in Direct Primary Care</td>
<td>Resolution I-18 B-202</td>
<td>Adopted</td>
<td>The Quality of Medical Practice</td>
<td>x</td>
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<td>3</td>
<td>Streamlining the Prior Authorization Process</td>
<td>Resolution I-18 B-203</td>
<td>Adopted as Amended</td>
<td>The Quality of Medical Practice</td>
<td>x</td>
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<td>4</td>
<td>Elimination by All Massachusetts Health Insurers of All Prior Authorization Requirements When Patients Are Prescribed Buprenorphine/Naloxone</td>
<td>Resolution I-18 B-204</td>
<td>Adopted</td>
<td>The Quality of Medical Practice and Legislation</td>
<td>x</td>
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<td>5</td>
<td>Elimination of Prior Authorization for Non-opioid Medications and Modalities Prescribed for Pain Management</td>
<td>Resolution I-18 B-205</td>
<td>Adopted</td>
<td>The Quality of Medical Practice, Legislation (in consultation with) Task Force on Opioid Therapy and Physician Communication</td>
<td>x</td>
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<td>6</td>
<td>Mitigating the Negative Effects of High-Deductible Health Plans on Patients and Physicians</td>
<td>CSPP Report I-18 B-1</td>
<td>Adopted</td>
<td>Legislation</td>
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<td>7</td>
<td>Board of Registration Reporting Practices</td>
<td>Resolution I-18 B-206</td>
<td>Referred to BOT for Report Back</td>
<td>Legislation</td>
<td>x</td>
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<td>8</td>
<td>Better Utilization of NICU Services</td>
<td>Resolution I-18 B-207</td>
<td>Adopted</td>
<td>The Quality of Medical Practice and Legislation (and MMS Policy Compendium)</td>
<td>x</td>
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<td>9</td>
<td>Retraining Immigrant Physicians</td>
<td>COL/IMGS Report I-18 B-2 [I-17 B-202]</td>
<td>Adopted as Amended</td>
<td>Medical Education and the MA AMA Delegation</td>
<td>x</td>
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Readopted as Amended

Item #: 1
Code: Resolution I-18 B-201
Title: Reauthorizing and Expanding the Conrad Waiver Program
Sponsors: Mr. Sanjay Raaj Gadi
Ms. Mugdha Mokashi
Ms. Dipal Nagda
Ms. Kavya Pathak
Mr. Nishant Uppal
Mr. Rajet Vatsa
Mr. David Velasquez

Referred to: Reference Committee B
Heidi Foley, MD, Chair

HOUSE VOTE: Adopted as Amended
Referred to: Committee on Legislation
Informational Report: I-19
Strategic Priority: Physician and Patient Advocacy

That the MMS will advocate at the federal and/or state level for a program that waives the two-year residence requirement following completion of a J1 exchange visa for physicians. (D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)
ADOPTED

Item #: 2
Code: Resolution I-18 B-202
Title: Increased Evaluation of Access, Cost, Quality, and Health Outcomes in Direct Primary Care
Sponsors: Mr. Tonatiuh Liévano Beltrán
Mr. Sanjay Gadi
Mr. Nicholos Joseph
Mr. Rajet Vatsa
Referred to: Reference Committee B
Heidi Foley, MD, Chair

HOUSE VOTE: Adopted
Referred to: Committee on the Quality of Medical Practice
Informational Report: I-19
Strategic Priority: Physician and Patient Advocacy

That the MMS work with relevant stakeholders to study (a) the effects of direct primary care (DPC) across diverse patient populations, with regards to health care access, cost, quality, and health outcomes, (b) these effects in comparison to the fee-for-service model, as well as other payment models, and (c) how DPC impacts care utilization in the broader system involving specialty and other non-primary care. (D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)
### ADOPTED AS AMENDED

**Item #:** 3  
**Code:** Resolution I-18 B-203  
**Title:** Streamlining the Prior Authorization Process  
**Sponsor:** Matthew Gold, MD  

**Referred to:** Reference Committee B  
Heidi Foley, MD, Chair  

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<td><strong>Informational Report:</strong></td>
<td>I-19</td>
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<tr>
<td><strong>Strategic Priority:</strong></td>
<td>Physician and Patient Advocacy</td>
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That the Massachusetts Medical Society expand and initiate advocacy efforts in the Commonwealth of Massachusetts to require pharmacies, EHR vendors, pharmacy benefit managers, payers, and other entities responsible for processing and providing patients with prescriptions that require prior authorization to provide accurate, complete, and actionable information to prescribing physicians or their agents. Such information must enable Prior Authorization Request submissions to be more transparent and efficient. (D)

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

**FTE:** Existing Staff (Staff Effort to Complete Project)
ADOPTED

Item #: 4
Code: Resolution I-18 B-204
Title: Elimination by All Massachusetts Health Insurers of All Prior Authorization Requirements When Patients Are Prescribed Buprenorphine/Naloxone
Sponsors: Ronald Newman, MD
Barbara Herbert, MD
Michael Medlock, MD

Referred to: Reference Committee B
Heidi Foley, MD, Chair

HOUSE VOTE: Adopted

Referred to: Committee on the Quality of Medical Practice and Committee on Legislation

Informational Report: I-19

Strategic Priority: Physician and Patient Advocacy

That the Massachusetts Medical Society will advocate for the elimination by all Massachusetts health insurers of all prior authorization requirements or other special billing/administrative maneuvers that inhibit patient access to buprenorphine/naloxone. (D)

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

FTE: Existing Staff (Staff Effort to Complete Project)
ADOPTED

Item #: 5
Code: Resolution I-18 B-205
Title: Elimination of Prior Authorization for Non-opioid Medications and Modalities Prescribed for Pain Management
Sponsor: Essex South District Medical Society
Ronald Newman, MD, President

Referred to: Reference Committee B
Heidi Foley, MD, Chair

HOUSE VOTE: Adopted

Referred to: Committee on the Quality of Medical Practice,
Committee on Legislation (in consultation with) Task Force on Opioid Therapy and Physician Communication

Informational Report: I-19

Strategic Priority: Physician and Patient Advocacy

1. That the Massachusetts Medical Society advocate to expand coverage for evidence-based non-opioid pharmacologic and non-pharmacologic pain management options. (D)

2. That the Massachusetts Medical Society advocate for the elimination of prior authorization and other utilization-management obstacles to evidence-based non-opioid pharmacologic and non-pharmacologic pain management options. (D)

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

FTE: Existing Staff (Staff Effort to Complete Project)
That the Massachusetts Medical Society advocate for legislation or regulation specifying that codes for outpatient evaluation and management services, including initial and established patient office visits, be exempt from deductible payments, so that insurers will pay the entire usual fee for these codes without triggering any deductible payment by the patient. (D)

Fiscal Note: No Significant Impact

Informational Report: I-19

Strategic Priority: Physician and Patient Advocacy

FTE: Existing Staff

(Staff Effort to Complete Project)
1. That the MMS advocate, when allegations against a physician have been proven to be unsubstantiated, that the Board of Registration in Medicine (BORIM) be required to remove in totality all allegations from a physician’s BORIM profile and rescind its reporting of same to the National Practitioner Data Bank at the request of the victimized physician. (D)

2. That the MMS advocate for the Board of Registration in Medicine (BORIM) to remove from the BORIM physician profile and rescind their reporting to the National Practitioner Data Bank all trickle-down events that stemmed from the unsubstantiated allegations, such as loss of hospital privileges, loss of insurance contracts, etc. (D)

3. That the MMS advocate that any Board of Registration in Medicine (BORIM) discipline that results from the BORIM scrutiny initiated from unsubstantiated allegations must be a stand-alone discipline that does not include any reference to the unsubstantiated allegations or subsequent event that stemmed from the unsubstantiated allegations. (D)

4. That the MMS advocate for the Board of Registration in Medicine (BORIM) to create a narrative section for physicians to make a statement under any and all allegations that are posted to a physician’s BORIM profile in order that both parties have equal presence to the matter on the profile. (D)

Fiscal Note: No Significant Impact

(Out-of-Pocket Expenses)
ADOPTED

Item #: 8
Code: Resolution I-18 B-207
Title: Better Utilization of NICU Services
Sponsor: Ihor Bilyk, MD

Referred to: Reference Committee B
Heidi Foley, MD, Chair

HOUSE VOTE: Adopted

Referred to: Committee on the Quality of Medical Practice and
Committee on Legislation (and MMS Policy Compendium)

Informational Report: I-19

Strategic Priority: Physician and Patient Advocacy

That the Massachusetts Medical Society support the wise use of the Neonatal
Intensive Care Unit (NICU) and advocate to legislators and insurers for regulations
that eliminate medical-insurance obstacles that prevent the transport of stabilized
infants to a lower level of neonatal care, when appropriate. (HP/D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)
ADOPTED AS AMENDED

Item #: 9
Code: COL/IMGS Report I-18 B-2 [I-17 B-202]
Title: Retraining Immigrant Physicians
Sponsors: Committee on Legislation
Theodore Calianos II, MD, FACS, Chair
International Graduate Section
Mr. Rajendra Trivedi, Chair

Report History: Resolution I-17 B-202
Original Sponsor: Thomas Murray III, MD

Referred to: Reference Committee B
Heidi Foley, MD, Chair

HOUSE VOTE: Adopted as Amended

Referred to: Committee on Medical Education and the MA AMA Delegation

Informational Report: I-19
Strategic Priority: Physician and Patient Advocacy

That the Massachusetts Medical Society adopt as amended Resolution I-17 B-202, to read as follows:

That the MMS encourage the ACGME, the AMA, and any appropriate stakeholders to support programs to facilitate and expedite the entry of competent International Medical Graduate physicians into practice in areas where needed without having to repeat training that may be unnecessary and wasteful of limited resources. (D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)
## FINAL HOUSE VOTES
### REFERENCE COMMITTEE C: MMS Administration

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<td>Special Committee Renewals</td>
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That the Massachusetts Medical Society’s strategic priorities for Fiscal Year 2019–2020 are the following: a focus on physician and patient advocacy, membership value and engagement, and professional knowledge and satisfaction. To advance the Society’s mission and serve the needs of the physician community and their patients, the goals of our one-year strategic plan will be the following:

- **Physician and Patient Advocacy:**
  - As a trusted and respected leadership voice in health care, ensure that the perspectives of physicians and patients are represented at the state and national level on the most important issues impacting physicians, the health care environment, and patient care and outcomes.

- **Membership Value and Engagement:**
  - Ensure that the Society is positioned to meet the changing needs of physicians across all demographic segments and practice settings.
  - Align member benefits, services, and communication channels with the needs of the physicians we serve, creating a clear membership value proposition.
  - Ensure that the Society’s governance structure maximizes membership growth, diversity, and engagement and expands access to leadership opportunities.
  - Ensure that communication engages physicians and promotes the Society’s efforts and achievements.

- **Professional Knowledge and Satisfaction:**
  - Advance medical knowledge to develop and maintain the highest standards of medical practice and health care.
  - Support members in developing the skills and knowledge they need to further learning, transform the practice of health care, and achieve lifelong professional growth.
  - Build and promote a sense of community, professional satisfaction, and meaning in practice through support, networking, mentoring, education, and physician wellness programs.
Support physicians in building strong patient-physician relationships.

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

FTE: Existing Staff (Staff Effort to Complete Project)
ADOPTED AS AMENDED

Item #: 2
Code: Resolution I-18 C-301
Title: Clarification on Specificity and Flexibility of Investment Policy on Fossil Fuels, Climate Change, and Socially Responsible Investments

Sponsors: Joseph Heyman, MD
Essex North District Medical Society
Joshua St. Louis, MD, President

Referred to: Reference Committee C
Mary Lou Ashur, MD, Chair

HOUSE VOTE: Adopted as Amended

Referred to: (Item 1) Board of Trustees
(Item 2) Committee on Administration and Management
(Item 3) Committee on Communications
(Items 4, 5) Committee on Finance

Informational Report: I-19 (And Items 4, 5: every two years, until I-24)

Strategic Priority: Physician and Patient Advocacy

That the MMS adopt the following, partially adapted from AMA policy:

1. That the MMS, the MMS and Alliance Foundation, and any affiliated corporations or subsidiaries should work in a timely, incremental, and fiscally responsible manner, to the extent allowed by their legal and fiduciary duties, to end all financial investments or relationships (divestment) with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels. (D)

2. That the MMS should choose for its commercial relationships, when fiscally responsible, vendors, suppliers, and corporations that have demonstrated environmental sustainability practices that seek to minimize their fossil fuels consumption. (D)

3. That the MMS support efforts of physicians and other health professional associations to proceed with divestment, including to create policy analyses, support continuing medical education, and to inform our patients, the public, legislators, and government policy makers. (D)

4. That the MMS shall report every two years to the BOT and the HOD, for a period of six years, on progress toward divestment of fossil fuel investments. (D)

5. That the MMS shall report every two years to the BOT and the HOD, for a period of six years, on the voting decisions made in proxy voting services of the Institutional Shareholders, Services, Inc. (ISS) using the customized MMS,
US, and International guidelines to vote the shares held in the MMS Portfolio.

(D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)
ADOPTED

Item #: 3
Code: Resolution I-18 C-302
Title: Advancing Gender Equity in Medicine
Sponsors: Julie K. Silver, MD
          Michael S. Sinha, MD, JD, MPH

Referred to: Reference Committee C
Mary Lou Ashur, MD, Chair

<table>
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<th>HOUSE VOTE: Adopted</th>
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<td>(Items 1-3 Committee on Women’s Health (3c in consultation with Committee on Medical Education)</td>
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<td>Strategic Priority: Physician and Patient Advocacy and Membership Value and Engagement</td>
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That the MMS adopt the following, which is adapted from American Medical Association policy/directives:

1. That the MMS draft and disseminate a report detailing its positions and recommendations for gender equity in medicine, including clarifying principles for state and specialty societies, academic medical centers, and other entities that employ physicians, to be submitted to the House for consideration at the 2019 Annual Meeting. (D)

2. That the MMS:
   (a) Promote institutional, departmental, and practice policies, consistent with federal and Massachusetts law, that offer transparent criteria for initial and subsequent physician compensation;
   (b) Continue to advocate for pay structures based on objective, gender-neutral criteria;
   (c) Promote existing Attorney General guidance related to the Massachusetts Equal Pay Act, which offers a framework for identifying gender pay disparities and guidance regarding appropriate compensation models and metrics for all Massachusetts employees; and
   (d) Advocate for training to identify and mitigate implicit bias in compensation decision making for those in positions to determine salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impede compensation and career advancement. (D)

3. That the MMS recommend as immediate actions to reduce gender bias to:
   (a) Inform physicians about their rights under the: (i) Lilly Ledbetter Fair Pay Act, which restores protection against pay discrimination; and the (ii) Equal Pay Act, requiring, among other things, equal pay for comparable work, non-prohibition of voluntary wage disclosure to others, prohibitions on asking about salary history, and prohibitions on retaliating against employees who exercise their rights under the Act; and (iii) disseminate educational materials informing physicians about their rights under the Massachusetts Equal Pay Act; and
Act;
(b) Promote educational programs to help empower physicians of all genders
to negotiate equitable compensation; and
(c) Work with relevant stakeholders to develop and host a workshop on the
role of medical societies in advancing women in medicine, with co-
development and broad dissemination of a report based on workshop findings.
(D)

4. That the MMS collect and analyze comprehensive demographic data and
produce a study on gender equity, including, but not limited to, membership;
representation in the House of Delegates; reference committee makeup; and
leadership positions within our MMS, including the Board of Trustees,
Councils and Section governance, plenary speaker invitations (including, but
not limited to, the Annual Meeting Education Program, the Annual Oration, and
the Public Health Leadership Forum), recognition awards, and grant funding
(including, but not limited to, grants from the MMS and Alliance Charitable
Foundation); and disseminate such findings in regular reports to the House of
Delegates, beginning at A-19 and continuing yearly thereafter, with
recommendations to support ongoing gender equity efforts. (D)

5. That MMS commit to the principles of pay equity across the organization and
take steps aligned with this commitment. (D)

Fiscal Note: One-Time Expense of $3,000
(Out-of-Pocket Expenses)

FTE: Existing Staff
(Staff Effort to Complete Project)
That the Massachusetts Medical Society create, maintain, and grow a repository for MMS members of potential activities for group experiences to facilitate medical community members and families sharing in collegial activities. (D)

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

FTE: Existing Staff (Staff Effort to Complete Project)
ADOPTED (OFFICERS Report recommendation to not adopt Resolution I-17 C-301)

Item #: 5
Code: OFFICERS Report: I-18 C-2 [I-17 C-301]
Title: MMS Former Speakers and House of Delegates Membership
Sponsor: MMS Presidential Officers:
  Alain Chaoui, MD, FAAFP
  Maryanne Bombaugh, MD, MSc, MBA, FACOG
  David Rosman, MD, MBA

Report History: Resolution I-17 C-301
Original Sponsors: Lee Perrin, MD, Kenneth Peelle, MD
Referred to: Reference Committee C
  Mary Lou Ashur, MD, Chair

HOUSE VOTE: (Not Adopt Resolution I-17 C-301)
Referred to: NA
Informational Report: NA

That the Massachusetts Medical Society not adopt Resolution I-17 C-301, which reads as follows:

RESOLVED, That the MMS request that the Bylaws be amended as appropriate to designate former speakers of the House of Delegates as ex-officio members of the House of Delegates as long as they remain members of the MMS. (D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)
ADOPTED

Item #: 6
Code: RFS/MSS Report I-18 C-3
Title: Medical Student and Resident/Fellow Committee on Nominations Voting Rights
Sponsors: Resident and Fellow Section
Monica Wood, MD, Chair
Medical Student Section
Mr. Annirudh Balachandran, Chair

Referred to: Reference Committee C
Mary Lou Ashur, MD, Chair

HOUSE VOTE: Adopted
Referred to: Committee on Bylaws
Report for Action: A-19
Strategic Priority: Membership Value and Engagement

That the relevant MMS Bylaw sections be amended such that all members of the Committee on Nominations, including the Medical Student Section member and the Resident and Fellow Section member, have the right to vote. (D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)
Item #: 7
Code: Resolution I-18 C-304
Title: One Minute of Seated Silence during Each Opening Session
Sponsor: Michael Medlock, MD
Referred to: Reference Committee C

RESOLVED, That the MMS create a separate item in the Order of Business at each House of Delegates opening session after the Memorial Resolutions to observe one minute (60 seconds) of seated silence in honor of our deceased colleagues and to promote goodwill going forward with our colleagues and our patients. (D)

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

FTE: Existing Staff
(Staff Effort to Complete Project)
The Committee on Bylaws recommends that the House of Delegates approve the following amendments to the Bylaws (except as otherwise noted, added text is shown as “text” and deleted text is shown as “text”):

CWIM Report: A-18 C-2 (Item 1) Establishing a Women Physicians Section

CHAPTER 5 • Sections

5.01 Categories of Sections
There shall be a Medical Student Section, a Resident and Fellow Section, an Organized Medical Staff Section, an Academic Physician Section, an International Medical Graduate Section, a Minority Affairs Section, and a Women Physicians Section.

5.08 Women Physicians Section
The Women Physicians Section is composed of members of the Massachusetts Medical Society who are women or other members by request.

5.081 House of Delegates Representation
The Women Physicians Section is entitled to one delegate in the House of Delegates. Such delegate shall be elected annually by the Women Physicians Section.

5.08.09 Delegate Vacancies
A vacancy that occurs in the office of delegate shall be filled for the unexpired term by the President of the Massachusetts Medical Society after consultation with the representatives of the sections.

5.09.01 Limitations
Sections of the Massachusetts Medical Society may not speak for or in behalf of the Massachusetts Medical Society.
CHAPTER 6 • The House of Delegates

6.02 Composition
The House of Delegates is composed of delegates elected by the district societies as provided in 3.15 and in addition:

(1) One delegate from each designated medical specialty society as provided in 4.03.
(2) Two delegates duly authorized from the student membership in each medical school in the Commonwealth of Massachusetts and the Medical Student Section trustee and alternate as provided in 5.021.
(3) Eight delegates from the Resident and Fellow Section as provided in 5.031.
(4) One delegate from the Organized Medical Staff Section of the Society as provided in 5.041, one delegate from the Academic Physician Section of the Society as provided in 5.051, one delegate from the International Medical Graduate Section as provided in 5.061, and one delegate from the Minority Affairs Section as provided in 5.071, and one delegate from the Women Physicians Section as provided in 5.081.
(5) The President, President-elect, Vice President, Secretary-Treasurer, Assistant Secretary-Treasurer, Speaker and Vice Speaker.
(6) The president and secretary of each district medical society.
(7) Chairs of all standing committees of the Society.
(8) Past Presidents of the Society.
(9) Delegates-at-large, as recommended by the Board of Trustees, may be elected by the House of Delegates.
Delegates-at-large must be members of the Massachusetts Medical Society, must be elected individually, and will have the right to vote.
(10) The President of the Massachusetts Medical Society Alliance.
(11) Trustees and alternates from each district medical society as provided in 3.17.
(12) The President of the Boston Medical Library provided that he or she must be a member of the Society.

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

FTE: Existing Staff
(Staff Effort to Complete Project)
That the MMS support the renewal of the following special committees for one year: Accreditation Review, Diversity in Medicine, Environmental and Occupational Health, Men’s Health, Nutrition and Physical Activity, Sponsored Programs, Oral Health, and Senior Physicians. (D)

Fiscal Note: Average Annual Expense per Committee (Out-of-Pocket Expenses): $3,000 per committee, for a total of $24,000

FTE: Existing Staff