

FINAL HOUSE VOTES
REFERENCE COMMITTEE A: Public Health

Item #	Title	Code	Action	Page
1	Access to Standard Care for Nonviable Pregnancy	Resolution I-21 A-101	Adopted as Amended	1
2	Advocating for COVID-19 Vaccine Education for Women and Vaccine Research Trials in Pregnant Women	CWH Report I-21 A-1	Adopted as Amended	2
3	Combating Racial Disparities in Maternal and Infant Health Outcomes	CMPW Report I-21 A-2	Adopted as Amended	3
4	Preventing Adverse Childhood Experiences (ACEs)	CPH Report I-21 A-3 [I-20 A-102]	Adopted	4
5	Physician Responsibility to Care for Dying Patients	OFFICER Report I-21 A-4 [A-21 A-102]	Refer to E,G, and PS for Report Back	5
6	Combating Housing Inequity during Public Health Emergencies	COL/CPH/CPrep/CEOH/CQM P Report I-21 A-5 [A-21 A-105]	Adopted as Amended	7
7	Wireless Communications Public Safety Standards	CPH/CEOH Report I-21 A-6 [I-20 A-106]	Adopt	8
8	Preventing Decreased Access to Health Care by Expanding Broadband Internet Access to Underserved Populations	Resolution I-21 A-102	Adopted as Amended	9
9	Resolution to Ensure Equitable Access to HIV and Hepatitis C Testing in the Jail and Prison Systems in Massachusetts	Resolution I-21 A-103	Adopted as Amended	10
10	Informing Physicians, Health Care Providers, and the Public of the Health Dangers of Fossil Fuel-Derived Hydrogen	Resolution I-21 A-104	Refer to the Board of Trustees for Decision	11
11	Development of Heat Standard to Protect Outdoor and Indoor Workers from Prolonged Heat Exposure	Resolution I-21 A-105	Adopted as Amended	12

1 **ADOPTED AS AMENDED**

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Item #: 1
Code: Resolution I-21 A-101
Title: Access to Standard Care for Nonviable Pregnancy
Sponsor: Julia Small
Referred to: Reference Committee A
Maximilian Pany, Chair

1. That the MMS supports patients' timely access to standard of care treatment of nonviable pregnancy in both emergent and non-emergent circumstances. *(HP)*
2. That the MMS opposes any hospital directive or regulations that may hinder patients' timely access to the accepted standard of care in both emergent and non-emergent cases of nonviable pregnancy. *(HP)*

Fiscal Note: No Significant impact
(Estimated Expenses)
Estimated Staff Effort
to Complete Directive(s): No Significant Impact

1 **ADOPTED AS AMENDED**

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3 Item #: 2
4 Code: CWH Report I-21 A-1
5 Title: Advocating for COVID-19 Vaccine Education for Women
6 and Vaccine Research Trials in Pregnant Women
7 Sponsor: Committee on Women's Health
8 Pei-Li Huang, MD, Chair
9

10 Referred to: Reference Committee A
11 Maximilian Pany, Chair
12

- 13 **1. That the MMS promote and distribute educational materials, made available to**
14 **the public through existing online channels, addressing COVID-19 vaccine**
15 **safety with particular attention to use in individuals who are pregnant,**
16 **breastfeeding, or planning to become pregnant. (D)**
17
18 **2. That the MMS advocates for appropriate inclusion of individuals who are**
19 **pregnant, breastfeeding, or planning to become pregnant in premarketing**
20 **vaccine trials in collaboration with state and federal agencies that oversee**
21 **vaccine safety and other state and national medical societies. (HP)**
22

23 Fiscal Note: No Significant Impact in
24 (Estimated Expenses)

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26 Estimated Staff Effort
27 to Complete Directive(s): Item 1: One Time Expense of \$3,000

1 **ADOPTED AS AMENDED**

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3 Item #: 3
4 Code: CMPW Report I-21 A-2
5 Title: Combating Racial Disparities in Maternal and Infant Health
6 Outcomes
7 Sponsor: Committee on Maternal and Perinatal Welfare
8 Sara Shields, MD, MS, FAAFP, Chair
9
10 Referred to: Reference Committee A
11 Maximilian Pany, Chair
12

- 13 **1. That the MMS recognizes that racial and ethnic disparities in maternal**
14 **mortality, severe maternal morbidity, and infant mortality are inextricably tied**
15 **to racism. (HP)**
16
17 **2. That the MMS is committed to improving health equity by eliminating racial**
18 **and ethnic disparities in maternal and infant health outcomes. (HP)**
19
20 **3. That the MMS advocate for legislative and regulatory policies that improve**
21 **maternal and infant health outcomes and promote health equity by eliminating**
22 **racial and ethnic disparities in maternal and infant health outcomes for all**
23 **birthing individuals and families of color. (D)**
24

25 Fiscal Note: No Significant Impact
26 (Estimated Expenses)
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28 Estimated Staff Effort
29 to Complete Directive(s): Item 3: Ongoing Expense of \$1,500
30

1 **ADOPTED**

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Item #:

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Code:

CPH Report I-21 A-3 [I-20 A-102]

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Title:

Preventing Adverse Childhood Experiences (ACEs)

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Sponsor:

Committee on Public Health

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James Broadhurst, MD, MHA, Chair

8

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Report History:

Resolution I-20 A-102

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Original Sponsor: Noreen Siddiqi

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Referred to:

Reference Committee A

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Maximilian Pany, Chair

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15

That the Massachusetts Medical Society adopt in lieu of Resolution I-20 A-102 the following:

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That the MMS advocate for policies at the state and federal levels that promote evidence-based strategies to understand, prevent, and mitigate long term harms of adverse childhood experiences (ACEs). (D)

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Fiscal Note:

No Significant Impact

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(Estimated Expenses)

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Estimated Staff Effort

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to Complete Directive(s):

Ongoing Expense of \$1,500 per bill

1 **REFERRED TO COMMITTEE ON ETHICS, GRIEVANCES, AND PROFESSIONAL**
 2 **STANDARDS FOR REPORT BACK**
 3

4 Item #: 5
 5 Code: OFFICER Report I-21 A-4 [A-21 A-102]
 6 Title: Physician Responsibility to Care for Dying Patients
 7 Sponsors: MMS Presidential Officers:
 8 Carole Allen, MD, MBA, FAAP
 9 Theodore Calianos, II, MD, FACS
 10 Barbara Spivak, MD
 11
 12 Report History: Resolution A-21 A-102
 13 Original Sponsors:
 14 Mary Louise Ashur, MD
 15 Barbara Rockett, MD
 16 John Barravecchio, MD
 17 Francis X. Campion, MD
 18 Richard Florentine, MD
 19 Mark Rollo, MD
 20
 21 Referred to: Reference Committee A
 22 Maximilian Pany, Chair
 23

24 **That the Massachusetts Medical Society adopt in lieu of Resolution A-21 A-102**
 25 **reaffirmation of the following policy:**
 26

27 ***End-of-Life Care***

28 ***The MMS defines medical aid in dying as the act of providing care — palliative,***
 29 ***hospice, compassionate — to patients at the end of life. The act of a physician***
 30 ***writing a prescription for a lethal dose of medication to be used by an adult with a***
 31 ***terminal illness at such time as the patient sees fit will, if legalized, be recognized***
 32 ***as an additional option in the care of the terminally ill. (HP)***
 33

34 ***The MMS adopts the position of neutral engagement, serving as a medical and***
 35 ***scientific resource to inform legislative efforts that will support patient and***
 36 ***physician shared decision making regarding medical aid in dying, provided that***
 37 ***physicians shall not be required to provide medical aid in dying that involves***
 38 ***prescribing lethal doses of medication if it violates personally held ethical***
 39 ***principles. (HP)***
 40

41 ***The MMS asserts that medical aid in dying that involves prescribing lethal doses***
 42 ***of medication should be practiced only by a duly licensed physician in***
 43 ***conformance with standards of good medical practice and statutory authority.***
 44 ***(HP)***
 45

46 ***The MMS will support its members regarding clinical, ethical, and legal***
 47 ***considerations of medical aid in dying, through education, advocacy, and/or the***
 48 ***provision of other resources, whether or not members choose to practice it. (HP)***

1 ***The MMS supports effective palliative care, especially at the end of life. (HP)***

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MMS House of Delegates, 12/2/17

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(Item 5 of Original: Auto-Sunset, Time-Limited Directive Completed, MMS House of

5

Delegates, 4/28/18)

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Fiscal Note:
(Estimated Expenses)

No Significant Impact

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Estimated Staff Effort
to Complete Directive(s):

No Significant Impact

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~~Ongoing Expense of \$3,000~~

ADOPTED AS AMENDED

Item #: 6
 Code: COL/CPH/CPrep/CEOH/CQMP Report I-21 A-5 [A-21 A-105]
 Title: Combating Housing Inequity during Public Health Emergencies
 Sponsors: Committee on Legislation
 Sarah Taylor, MD, Chair
 Committee on Public Health
 James Broadhurst, MD, MHA, Chair
 Committee on Preparedness
 Kevin Ryan, MD, Chair
 Committee on Environmental and Occupational Health
 Brita Lundberg, MD, Chair
 Committee on Quality Medical Practice
 Judith Melin, MA, MD, FACP, Chair

Report History: Resolution A-21 A-105
 Original Sponsors:
 Mallika Sabharwal, MD
 Jaqueline You, MD

Referred to: Reference Committee A
 Maximilian Pany, Chair

1. That the MMS advocate for streamlined, timely, easily accessible, and equitable rental assistance, especially around emergency rental assistance during public health emergencies. (D)
2. That the MMS advocate for state payment of rents and utilities of those unable to pay during public health emergencies. (D)
3. That the MMS work with community stakeholders and advocate for the development of innovative alternative uses of public and private spaces and facilities during public health emergencies to accommodate those in need of shelter and adequate housing to prevent the spread of disease. (D)
4. That the MMS work with community and industry stakeholders to increase access to temporary affordable or free housing to assist with quarantine and isolation of all frontline workers in accordance with Department of Public Health guidelines (including but not limited to health care and nursing home employees, first responders, and staff in essential industries. (D)

Fiscal Note: No Significant Impact
 (Estimated Expenses)

Estimated Staff Effort to Complete Directive(s):
 Items 1 and 2: Ongoing Expense of \$3,000
 Items 3 and 4: One-Time Expense of \$6,000

ADOPTED

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2 Item #: 7
3 Code: CPH/CEOH Report I-21 A-6 [I-20 A-106]
4 Title: Wireless Communications Public Safety Standards
5 Sponsors: Committee on Public Health
6 James Broadhurst, MD, MHA, Chair
7 Committee on Environmental and Occupational Health
8 Brita Lundberg, MD, Chair
9
10 Report History: Resolution I-20 A-106
11 Original Sponsor: Lisa Nagy, MD
12
13 Referred to: Reference Committee A
14 Maximilian Pany, Chair
15
16 **That the Massachusetts Medical Society adopt in lieu of Resolution I-20 A-106 the**
17 **following:**
18
19 **That the Massachusetts Medical Society supports continuing research, including**
20 **quality epidemiologic studies, by appropriate agencies and entities to produce**
21 **evidence-based data on the effect(s) of radio frequency radiation on human**
22 **health. If indicated, study findings should be used to revise and update public**
23 **health standards for safe limits of human exposure to radio frequency radiation.**
24 **(HP)**
25
26 Fiscal Note: No Significant Impact
27 (Estimated Expenses)
28
29 Estimated Staff Effort
30 to Complete Directive(s): No Significant Impact

1 **ADOPTED AS AMENDED**

2
3 Item #: 8
4 Code Resolution I-21 A-102
5 Title: Preventing Decreased Access to Health Care by Expanding
6 Broadband Internet Access to Underserved Populations
7 Sponsor: Ronald Dunlap, MD, FACC
8
9 Referred to: Reference Committee A
10 Maximilian Pany, Chair
11

- 12 **1. That the MMS encourage health care systems, and potentially other parties,**
13 **to 1) assess their community’s level of access to internet-capable devices and**
14 **internet connectivity as essential components of population health care systems**
15 **planning to mitigate disparities and 2) support the right to maintain that access**
16 **as a municipally-owned public utility. (D)**
17
18 **2. That the MMS advocate for affordable broadband internet access as a public**
19 **utility for lower-income, historically marginalized, senior, and rural citizens and in**
20 **underserved Massachusetts communities. (D)**
21
22 **3. That the MMS advocate for national legislation to remove regulations and barriers**
23 **to municipal broadband services for lower-income, historically marginalized,**
24 **senior, and rural citizens. (D)**
25

26 Fiscal Note: No Significant Impact
27 (Estimated Expenses)

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29 Estimated Staff Effort
30 to Complete Directive(s): Ongoing Expense of \$4,500

ADOPTED AS AMENDED

Item #: 9
Code: Resolution I-21 A-103
Title: Resolution to Ensure Equitable Access to HIV and Hepatitis C Testing in the Jail and Prison Systems in Massachusetts
Sponsors: Joshua St. Louis, MD, MPH, AAHIVS
Jennifer Brody, MD, MPH, AAHIVS
Joe Wright, MD
Audra Williams, MD, MPH
Lance Braye, MD, MPH
Tuhin Roy, MD, MPH
Chelsea Harris, MD
Nicholas Weida, MD
Christopher Bositis, MD, AAHIVS

Referred to: Reference Committee A
Maximilian Pany, Chair

1. That the MMS advocate at the state level for equitable access to evidence-based screening, specifically routine, universally offered testing for HIV and hepatitis C utilizing verbal consent for people entering the jails and prisons in the Commonwealth. (D)
2. That the MMS advocate at the state level to ensure that the Commonwealth of Massachusetts allocates adequate resources to jails and prisons for testing for HIV and hepatitis C as well as counseling. (D)
3. That the MMS advocate at the state level to ensure that patients at risk of HIV infection in the jails and prisons be offered continuation of pre-exposure prophylaxis and post-exposure prophylaxis, or access to initiation of pre-exposure prophylaxis and post-exposure prophylaxis. (D)
4. That the MMS advocate that the healthcare staff of the jails and prisons receive a basic degree of training around the prevention and testing of HIV and hepatitis C, specifically routine, universally offered testing. (D)
5. That the MMS advocate at the state level to ensure that patients diagnosed with HIV and/or hepatitis C are directly referred to treatment upon release from jails and prisons. (D)

Fiscal Note: No Significant Impact
(Estimated Expenses)

Estimated Staff Effort
to Complete Directive(s): Ongoing Expense of \$6,000

1 **REFERRED TO THE BOT FOR DECISION**

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3 Item #: 10
4 Code: Resolution I-21 A-104
5 Title: Informing Physicians, Health Care Providers, and the
6 Public of the Health Dangers of Fossil-Fuel Derived
7 Hydrogen
8 Sponsors: T. Stephen Jones, MD
9 Janet Limke, MD
10 Roger Luckmann, MD
11 Brita Lundberg, MD
12

13 Referred to: Reference Committee A
14 Maximilian Pany, Chair

15 Recommendation:

- 16
17 **1. That the MMS recognizes the climate risks of fossil fuel-derived hydrogen and**
18 **the health and safety risks of adding hydrogen to natural gas. (HP)**
19
20 **2. That the MMS will educate its members, and, to the extent possible, health care**
21 **professionals and the public about the climate risks of fossil fuel-derived**
22 **hydrogen and the health and safety risks of adding hydrogen to natural gas. (D)**
23
24 **3. That MMS will advocate to appropriate agencies, the Massachusetts state**
25 **legislature, and the AMA regarding the climate and health risks of fossil fuel-**
26 **derived hydrogen and the dangers of adding hydrogen to natural gas and using**
27 **this untested technology in residential buildings. (D)**
28

29 Fiscal Note: Item 2: One-time Expense of \$2,000
30 (Estimated Expenses)

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32 Estimated Staff Effort
33 to Complete Directive(s): Item 2: Onetime Expense of \$5,000
34 Item 3: Ongoing Expense of \$3,000

1 **ADOPTED AS AMENDED**

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3 Item #: 11
4 Code: Resolution I-21 A-105
5 Title: Development of Heat Standard to Protect Outdoor and Indoor
6 Workers from Prolonged Heat Exposure
7 Sponsors: Manijeh Berenji, MD, MPH
8 Brita Lundberg, MD
9 Janet Limke, MD

10
11 Referred to: Reference Committee A
12 Maximilian Pany, Chair
13

- 14 **1. That the MMS advocate for development of a Massachusetts heat standard to**
15 **protect outdoor and indoor workers from excessive heat. (D)**
16
17 **2. That the MMS advocate for legislation and policies that foster development of**
18 **Massachusetts heat injury and heat-related illness prevention programs. (D)**
19
20 **3. That the MMS work with community stakeholders and organizations to promote**
21 **existing educational materials in multiple languages regarding heat injury and**
22 **heat-related illness prevention to protect the Commonwealth's most vulnerable**
23 **workers (including those from communities of color/historically marginalized**
24 **communities). (D)**

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26 Fiscal Note: No Significant Impact
27 (Estimated Expenses)

28
29 Estimated Staff Effort
30 to Complete Directive(s): Items 1–2: Ongoing Expense of \$3,000
31 Item 3: Ongoing Expense of \$1,000