

AMA-YPS Handbook Review: HOD Reference Committee on Amendments to Constitution and Bylaws

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomcandb.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
BOT Report 1: Guidelines for Handling Derogatory Conduct in the Patient-Physician Relationship (Resolution 711, A-08)	The Board of Trustees recommends that the following be adopted in lieu of Resolution 711 (A-08) and that the remainder of this report be filed: That our AMA work with appropriate organizations to encourage hospitals, health care systems, and organizations to adopt uniform guidelines for physicians to follow in non-life threatening emergencies when they encounter patients who verbally abuse practitioners because of the physician's [or "the practitioner's"] race, ethnicity, or other personal characteristic. Central issues to be addressed would include the importance of recognizing the patient's right to choose his or her physician, the importance of ensuring that each patient has an identified physician responsible for the patient's care, appropriate institutional mechanisms to address abusive behavior by patients (e.g., through patient services or social services), and an appropriate mechanism to ensure continuity of care for a patient who persistently declines care from the responsible practitioner/attending physician. (Directive to Take Action)	Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-b-annotated.pdf for final language
BOT Report 4: New Specialty Organization Representation in the House of Delegates	The Board of Trustees recommends that the following be adopted and that the remainder of this report be filed ¹⁾ That the American Society of Interventional Pain Physicians be granted representation in the American Medical Association (AMA) House of Delegates. (Directive to Take Action) Fiscal Note: \$0	Support	Adopted
BOT Report 11: End-of-Life Care and Advance Care Planning (Resolution 4, A-08)	The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 4 (A-08) and that the remainder of the report be filed. 1. That our American Medical Association (AMA) identify opportunities to educate physicians and the public about advance care planning, such as through continued participation in National Healthcare Decisions Day or other national forums. (Directive to Take Action) 2. That the Council on Ethical and Judicial Affairs or other body within our AMA develop an educational session on advance care planning for the Annual or Interim Meeting of the House of Delegates. (Directive to Take Action) 3. That the Council on Ethical and Judicial Affairs review and, as appropriate, update its ethical guidance on issues relating to decisions at the end of life. (Modify Current Ethics Policy) 4. That Policy D-140.967 be rescinded. (Rescind HOD Policy) Fiscal Note: Staff cost estimated at \$5,000 to implement.	Support	Adopted
BOT Report 16: Office for Human Research Protections Interpretation of 45 CFR Part 46 (Resolution 203, A-08)	The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 203 (A-08) and that the remainder of the report be filed: 1. That our American Medical Association (AMA) commend the Office of Human Research Protections for responding in a timely fashion to the concerns of the QI community to provide additional guidance that clarifies the conditions under which the human subjects research protections of 45 CFR 46 apply to quality improvement	Support	Adopted

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	<p>activities and the interpretation of key provisions of the regulations with respect to informed consent and IRB review. (Directive to Take Action)</p> <p>2. That our AMA continue to monitor the application of 45 CFR 46 to quality improvement activities and seek further clarification from OHRP as needed. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at \$500 to implement.</p>		
<p>CCB Report 1: Changes to AMA Bylaws: Exemptions to Deadlines for HOD Resolutions</p>	<p>The Council on Constitution and Bylaws recommends that the following amendment to the Bylaws be adopted and the remainder of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.</p> <p>2.4311 Exempted Resolutions. If the policy-making body of any member organization's represented in the House of Delegates <u>house of delegates or primary policy making body, as defined by the organization,</u> adjourns during the 5-week period preceding commencement of an <u>AMA</u> House of Delegates meeting, the organization is allowed 7 days after the close of its meeting to submit resolutions to the AMA. All such resolutions must be received by noon of the day before the commencement of the <u>AMA</u> House of Delegates meeting. The presiding officer of the organization shall certify that the resolution was adopted at its just concluded meeting and that the body directed that the resolution be submitted to the <u>AMA</u> House of Delegates.</p> <p>(Modify Bylaws)</p>	Support	Bylaws amended
<p>CCB Report 2: CCB's Sunset Review of Past House Directives</p>	<p>The Council on Constitution and Bylaws recommends that the following recommendation be adopted, and that the remainder of this report be filed.</p> <p>1. That the House of Delegates rescind the following directives:</p> <ul style="list-style-type: none"> • D-615.997 AMA-MSS Speaker and Vice Speaker Reform; and • D-600.987 Criteria for AMA House of Delegates Retention for Small Specialty Societies. (Rescind AMA Policy) <p>Fiscal Note: Less than \$500.00 to update policy.</p>	Support	Adopted
<p>CCB Report 3: Bylaws Clarification Related to Maximum Tenure on AMA Councils for Those Who Serve on Councils as Students and/or Resident/Fellow Members</p>	<p>The Council on Constitution and Bylaws recommends that the following amendment to the AMA Bylaws be adopted by the House of Delegates and that the remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.</p> <p style="text-align: center;">6.00—Councils</p> <p>*****</p> <p>6.200 Term of Resident/Fellow Physician or Medical Student Member. A resident/fellow physician or medical student member of a Council who completes</p>	Support	Adopted

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	<p>residency or fellowship or who graduates from an educational program within 90 days prior to an Annual Meeting shall be permitted to serve on the Council until the completion of the Annual Meeting. Service on a Council as a resident/fellow physician <u>and/or</u> medical student member shall not be counted in determining maximum Council tenure. (Modify Bylaws)</p> <p>Fiscal Note: Less than \$500.00 to update Bylaws.</p>		
<p>CCB Report 4: Constituent Association Representation in the AMA House of Delegates</p>	<p>The Council on Constitution and Bylaws recommends that the following amendments to the AMA Bylaws be adopted by the House of Delegates and that the remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.</p> <p>2.00 House of Delegates</p> <p>2.10 Composition and Representation. The House of Delegates is composed of delegates selected by <u>recognized</u> constituent associations and specialty societies, and other delegates as provided in this bylaw. *****</p> <p>2.11 Constituent Associations. Each <u>recognized</u> constituent association granted representation in the House of Delegates is entitled to delegate representation based on the number of seats allocated to it by apportionment, and such additional delegate seats as may be provided under Bylaw 2.112. <u>Only one constituent association from each U.S. state, commonwealth, district, territory, or possession shall be granted representation in the House of Delegates.</u> *****</p> <p><u>2.118 Application by a Constituent Association for Representation in the House of Delegates.</u> A constituent association seeking representation in the House of Delegates shall submit an application to the AMA. The Board of Trustees shall make a recommendation to the House of Delegates as to the proposed constituent association's qualifications for representation, based on all the current guidelines for representation in the House of Delegates. *****</p> <p>6.50 Council on Ethical and Judicial Affairs</p> <p>6.53 Original Jurisdiction. The Council on Ethical and Judicial Affairs shall have original jurisdiction in: *****</p>	Support	Adopted

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	<p>6.533 Controversies between two or more state constituent associations or their members and between a constituent association and a component society or societies of another state constituent association or associations or their members. (Modify Bylaws)</p> <p>Fiscal Note: Less than \$500.00 to update Bylaws.</p>		
<p>CCB Report 5: Editorial Correction to AMA Bylaws</p>	<p>The Council on Constitution and Bylaws recommends that the following amendment to the AMA Bylaws be adopted by the House of Delegates and that the remainder of this report be filed.</p> <p>8.00 Representation of National Medical Specialty Societies and Professional Interest Medical Associations in the House of Delegates</p> <p>****</p> <p>8.30 Specialty and Service Society. There shall be a special unit of the AMA designated as the Specialty and Service Society (SSS).</p> <p>****</p> <p>8.50 Periodic Review Process. Each specialty society and professional interest medical association represented in the House of Delegates must reconfirm its qualifications for representation by demonstrating every 5 years that it continues to meet the current guidelines required for granting representation in the House of Delegates, and that it has complied with the responsibilities imposed under Bylaw 8.20. The SSS may determine and recommend that societies currently classified as specialty societies be reclassified as professional interest medical associations. Each specialty society and professional interest medical association represented in the House of Delegates must submit the information and data required by the SSS to conduct the review process. This information and data shall include a description of how the specialty society or the professional interest medical association has discharged the responsibilities required under Bylaw 8.20.</p> <p>8.51 If a specialty society or a professional interest medical association fails or refuses to provide the information and data requested by the SSS for the review process, so that the SSS is unable to conduct the review process, the SSS shall so report to the House of Delegates through the Board of Trustees. In response to such report, the House of Delegates may terminate the representation of the specialty society or the professional interest medical association in the House of Delegates by majority vote of delegates present and voting, or may take such other action as it deems appropriate.</p>	Support	Adopted

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	<p>8.52 If the SSS report of the review process finds the specialty society or the professional interest medical association to be in noncompliance with the current guidelines for representation in the House of Delegates or the responsibilities under Bylaw 8.20, the specialty society or the professional interest medical association will have a grace period of one year to bring itself into compliance.</p> <p>8.53 Another review of the specialty society's or the professional interest medical association's compliance with the current guidelines for representation in the House of Delegates and the responsibilities under Bylaw 8.20 will then be conducted, and the SSS will submit a report to the House of Delegates through the Board of Trustees at the end of the one-year grace period.</p> <p>8.531 If the specialty society or the professional interest medical association is then found to be in compliance with the current guidelines for representation in the House of Delegates and the responsibilities under Bylaw 8.20, the specialty society or the professional interest medical association will continue to be represented in the House of Delegates and the current review process is completed.</p> <p>8.532 If the specialty society or the professional interest medical association is then found to be in noncompliance with the current guidelines for representation in the House of Delegates, or the responsibilities under Bylaw 8.20, the House may take one of the following actions:</p> <p style="padding-left: 40px;">8.5321 The House of Delegates may continue the representation of the specialty society or the professional interest medical association in the House of Delegates, in which case the result will be the same as in Bylaw 8.531.</p> <p style="padding-left: 40px;">8.5322 The House of Delegates may terminate the representation of the specialty society or the professional interest medical association in the House of Delegates. The specialty society or the professional interest medical association shall remain a member of the SSS, pursuant to the provisions of the Standing Rules of the SSS. The specialty society or the professional interest medical association may apply for reinstatement in the House of Delegates, through the SSS, when it believes it can comply with all of the current guidelines for representation in the House of Delegates.</p> <p>8.54 Notwithstanding the foregoing requirements, the representation in the House of Delegates of a specialty society or professional interest medical</p>		

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	<p>association that is not in compliance with the guideline specifying the minimum percentage of membership or minimum number of AMA members shall continue through December 31, 2007, and the provisions for a grace period set forth in Bylaw 8.52 shall become effective on January 1, 2008.</p> <p>Fiscal Note: Less than \$500.00 to update Bylaws.</p>		
<p>CEJA Report 1: Financial Relationships with Industry in Continuing Medical Education</p>	<p>The Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of this report be filed:</p> <p>Medicine's autonomy and authority to self-regulate depend on its ability to ensure that physicians acquire, maintain, and apply the values, knowledge, skills, and judgment essential for quality patient care. To fulfill that obligation, the profession must safeguard the independence and integrity of continuing medical education by ensuring that control of the educational enterprise remains in the hands of the profession.</p> <p>Relationships with industry—i.e., pharmaceutical, biotechnology, and medical device companies—can offer enormous benefit to the profession and the patients it serves. However, commercial funding for professional education can pose significant ethical challenges to medicine's ability to focus primarily on the needs of patients and ensure quality education for physicians.</p> <p>The considerations below define an ethical framework to guide professional practice with respect to financial relationships in the context of continuing medical education. Physician-learners should seek out CME activities that indicate their adherence to the following guidelines:</p> <p>It is ethically preferable that:</p> <ol style="list-style-type: none"> 1. CME providers accept funding only from sources that have no direct financial interest in a physician's clinical recommendations; and that 2. Individuals who program, develop content for, or teach in CME activities: <ol style="list-style-type: none"> a. have no current, recent (within the preceding 12 months), or potential direct financial interest (e.g., royalties or ownership interest) in the educational subject matter; and b. are not currently and have not recently been (within the preceding 12 months) involved in a compensated relationship (e.g., direct employment, service on a speakers bureau, service as a consultant or expert witness) with a commercial entity that has a financial interest in the educational subject matter. <p>It is ethically permissible that:</p>	<p>Oppose – Support referral if extracted</p>	<p>Referred</p>

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	<p>3. CME providers accept funding from industry sources if the following conditions are met:</p> <ul style="list-style-type: none"> a. the educational activity is planned by the provider based on needs identified independent of and prior to solicitation or acceptance of the funding; and b. the use of the funding is not restricted in any way; and c. the source of the funding is clearly disclosed; and d. the CME provider is not overly reliant on funding from industry sources. <p>4. CME providers permit individuals who have modest financial interests in the educational subject matter to program, develop content for, or teach in CME activities if the following conditions are met:</p> <ul style="list-style-type: none"> a. the existence and magnitude of any financial interests are clearly disclosed; and b. steps are taken to eliminate or mitigate the potential influence of those interests <p>5. CME providers permit an individual who currently has a direct, substantial, and unavoidable financial interest in the educational subject matter (e.g., as the inventor of a new device) to program, develop content for, or teach in a CME activity only if the following conditions are met:</p> <ul style="list-style-type: none"> a. the individual is demonstrably uniquely qualified as an expert in the relevant body of knowledge or skills; and b. participants are clearly informed about the nature and magnitude of the individual's specific financial interest in the subject matter; and c. there is a demonstrated, compelling need for the specific CME activity in the professional community that cannot otherwise be met; and d. steps are taken to mitigate the potential influence of the unavoidable financial interest to the greatest extent possible; and e. every effort is made to develop a pool of qualified, independent experts as quickly as possible. <p>CME activities that involve financial relationships which cannot be addressed through any of these mechanisms are ethically prohibited. (New HOD/CEJA Policy) Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>		
<p>CEJA Report 2: Financial Barriers to Health Care Access (Resolution 704, I-07)</p>	<p>The Council on Ethical and Judicial Affairs recommends that the following be adopted in lieu of Resolution 704 (I-07), and that the remainder of this report be filed:</p> <p>Health care is a fundamental human good because it affects our opportunity to pursue life goals, reduces our pain and suffering, helps prevent premature loss of life, and provides information needed to plan for our lives. As professionals, physicians individually and collectively have an ethical responsibility to ensure that all persons have access to needed care regardless of their economic means. In view of this obligation:</p>	<p>Oppose – Support referral if extracted</p>	<p>Adopted</p>

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	<p>(1) Individual physicians should take steps to promote access to care for individual patients, for example—and when possible—accepting new patients regardless of insurance coverage and maintaining patient-physician relationships even after a patient loses health coverage.</p> <p>(2) Individual physicians should help patients obtain needed care through public or charitable programs when patients cannot do so themselves.</p> <p>(3) Physicians, individually and collectively through their professional organizations and institutions, should participate in the political process as advocates for patients (or support those who do) so as to diminish financial obstacles to access health care.</p> <p>(4) The medical profession must work to ensure that societal decisions about the distribution of health resources safeguard the interests of all patients and promote access to health services.</p> <p>(5) All stakeholders in health care, including physicians, health facilities, health insurers, professional medical societies, and public policymakers must work together to ensure sufficient access to appropriate health care for all people. (New HOD/CEJA Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>		
<p>CEJA Report 3: A Physician's Role Following a Breach of Electronic Health Information</p>	<p>The Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of the report be filed:</p> <p>When used with appropriate attention to security, electronic medical records (EMRs) promise numerous benefits for quality clinical care and health-related research. However, when a security breach occurs, patients may face physical, emotional, and dignitary harms.</p> <p>Dedication to upholding trust in the patient-physician relationship, to preventing harms to patients, and to respecting patients' privacy and autonomy create responsibilities for individual physicians, medical practices, and health care institutions when patient information is inappropriately disclosed. The degree to which an individual physician has an ethical responsibility to address inappropriate disclosure depends in part on his or her awareness of the breach, relationship to the patient(s) affected, administrative authority with respect to the records, and authority to act on behalf of the practice or institution.</p> <p>When there is reason to believe that patients' confidentiality has been compromised by a breach of the electronic medical record, physicians should:</p> <p>(1) Ensure that patients are promptly informed about the breach and potential for harm, either by disclosing directly (when the physician has administrative responsibility for the EMR), participating in efforts by the practice or health care institution to disclose, or ensuring that the practice or institution takes appropriate action to disclose.</p>	<p>Monitor – Support referral if extracted</p>	<p>Adopted</p>

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	<p>(2) Follow ethically appropriate procedures for disclosure, which should at minimum include:</p> <p>(a) carrying out the disclosure in a private setting and within a time frame that provides patients ample opportunity to take steps to minimize potential adverse consequences; and</p> <p>(b) describing what information was breached; how the breach happened; what the consequences may be; what corrective actions have been taken by the physician, practice, or institution; and what steps patients themselves might take to minimize adverse consequences.</p> <p>(3) Support responses to security breaches that place the interests of patients above those of the physician, medical practice, or institution.</p> <p>(4) To the extent possible, provide information to patients to enable them to mitigate potential adverse consequences of inappropriate disclosure of their personal health information, such as credit monitoring services or identity theft hotline.</p> <p>(New HOD/CEJA Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>		
<p>CEJA Report 4: Physician Employment by a Nonphysician Supervisee</p>	<p>The Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of this report be filed:</p> <p>Physicians' relationships with midlevel practitioners must be based on mutual respect and trust as well as their shared commitment to patient well-being. Health care professionals recognize that clinical tasks should be shared and delegated in keeping with each practitioner's training and scope of practice. Given their comprehensive training and broad scope of practice, physicians have a professional responsibility for the quality of overall care that patients receive, even when aspects of that care are delivered by nonphysician clinicians.</p> <p>When nonphysicians employ physicians to supervise the employer's clinical practice, conditions are created that can lead to ethical dilemmas for the physician. If maintaining an employment relationship with a midlevel practitioner contributes significantly to the physician's livelihood, a physician's personal and financial interests can be put at odds with patient care interests. Similarly, the administrative and financial influence that employer status confers creates an inherent conflict for a physician who is simultaneously an employee and a clinical supervisor of his or her employer.</p> <p>Physicians in such arrangements must give precedence to their ethical obligation to act in the patient's best interest by always exercising independent professional judgment,</p>	<p>Monitor</p>	<p>Adopted</p>

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	<p>even if that puts the physician at odds with the employer/supervisor.</p> <p>(New HOD/CEJA Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>		
CEJA Report 5: Quality	<p>The Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of the report be filed:</p> <p>As professionals dedicated to promoting the well-being of patients, physicians individually and collectively share the obligation to ensure that the care patients receive is safe, effective, patient centered, timely, efficient, and equitable.</p> <p>While responsibility for quality of care does not rest solely with physicians, their role is essential. Individually and collectively, physicians should actively engage in efforts to improve the quality of health care by:</p> <ol style="list-style-type: none"> (1) Keeping current with best care practices and maintaining professional competence. (2) Holding themselves accountable to patients, families, and fellow health care professionals for communicating effectively and coordinating care appropriately. (3) Monitoring the quality of care they deliver as individual practitioners—e.g., through personal case review and critical self-reflection, peer review, and use of other quality improvement tools. (4) Demonstrating a commitment to develop, implement, and disseminate appropriate, well-defined quality and performance improvement measures in their daily practice. (5) Participating in educational, certification, and quality improvement activities that are well designed and consistent with the core values of the medical profession. <p>(New HOD/CEJA Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	Support	Adopted
CEJA Report 6: Human and Nonhuman Hybrids	<p>In light of the foregoing review of existing policy relevant to human-nonhuman hybrids and the anticipated review and updating of AMA ethics policy overall on issues pertaining to genetics, the Council on Ethical and Judicial Affairs recommends that Resolution 3 (A-08) not be adopted and that the remainder of this report be filed.</p>	Support	Adopted
CEJA Report 8: CEJA's Sunset Review of House Policies	<p>The Council on Ethical and Judicial Affairs recommends that the House of Delegates policies that are listed in the Appendix to this report be acted upon in the manner indicated and the remainder of this report be filed. (Directive to Take Action.)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	Support	Adopted

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<p>CCB/CEJA Joint Report 1: Guidelines for Admission of Constituent Associations to our AMA House of Delegates</p>	<p>The following guidelines for admission of a constituent association to our AMA House of Delegates parallel existing policy for the admission of national medical specialty societies and professional interest medical associations. Should these guidelines be approved by the House of Delegates, they will become AMA policy, and subsequently can be modified or updated as needed. "Guidelines for the Admission of Constituent Associations" also would aid the House of Delegates in reviewing applications for representation from new constituent associations, provide guidance to the Board of Trustees should there be concurrent petitions for representation from multiple constituent associations from a single geographic area (U.S. state, commonwealth, district, territory or possession), and give the Council on Ethical and Judicial Affairs some guidelines should there be controversies between two or more existing or proposed constituent associations. While CCB and CEJA hope that any such disputes could be resolved locally by AMA member physicians, in the event they cannot be, AMA Bylaws provide that CEJA has original jurisdiction to resolve such controversies. Nothing in this report should be construed as having an effect on geographic associations currently in the House of Delegates, at least not in the absence of a challenge.</p> <p>The Council on Constitution and Bylaws and the Council on Ethical and Judicial Affairs recommend that the House of Delegates adopt the following guidelines for the admission of constituent associations to our House of Delegates and that the remainder of the report be filed.</p> <p>1. Constituent associations are medical associations of states, commonwealths, districts, territories, or possessions of the United States. The Board of Trustees will review applications from new constituent associations seeking representation, and recommend a course of action to the House of Delegates. The following guidelines shall be utilized in evaluating constituent association applications for representation in our American Medical Association House of Delegates:</p> <p style="padding-left: 40px;">a. The organization must not be in conflict with the Constitution and Bylaws of our AMA with regard to discrimination in membership;</p>	Support	Referred
	<p style="padding-left: 40px;">b. The organization must identify the type of organization that it is (e.g., not-for-profit corporation, LLC, unincorporated association, etc.), and submit evidence that it is in good standing as that type of entity in its geographical area;</p> <p style="padding-left: 40px;">c. The leadership of the organization must have been specifically directed by its members to take action to seek representation in the AMA House of Delegates;</p> <p style="padding-left: 40px;">d. The organization must be the predominant representational organization of physicians in a state, commonwealth, district, territory or possession of the United States;</p>		

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	<p>e. Physicians should comprise the majority of the voting membership of the organization;</p> <p>f. The organization must identify the number of members in each of the following categories: medical students, resident/fellow physicians, practicing physicians, inactive physicians (e.g., retired), non-physician members, and provide a roster of its members who are current in payment of dues and eligible to hold office; and</p> <p>g. The organization must be established and stable.</p> <p>2. Only one constituent association from each state, commonwealth, district, territory or possession of the United States shall be recognized by the House of Delegates for purposes of representation in the House of Delegates; and</p> <p>3. Each constituent association seeking representation in the House of Delegates must agree to abide by Policy G-620.030, "Statement of Collaborative Intent." (New HOD Policy)</p> <p>Fiscal Note: Estimated cost of less than \$500 to implement.</p>		
Resolution 1: Definition of Abortion and Access to Contraception (CA)	<p>RESOLVED, That our American Medical Association oppose any expansion of the definition of abortion that will decrease patient access to medical services, including contraception. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	Support	Reaffirmed in lieu of adoption
Resolution 2: National Model Advance Directive for Health Care (CA)	<p>RESOLVED, That our American Medical Association shall request the United States Health and Human Services Administration, working with appropriate federal agencies, medical organizations, consumer advocates, and other involved agencies and organizations, to develop a national model of an Advance Directive, patterned after the California Durable Power of Attorney for Health Care (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA request that a national model Advance Directive be provided to every Medicare beneficiary using the most efficient mode of delivery available (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA encourage the integration of a patient's Advance Directive into existing electronic medical records whenever feasible (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA work with the federal government to ensure that every health care facility that receives funding from the United States government shall honor the patient's Advance Directive as a condition of receiving such funding. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,780.</p>	Monitor/Support	Referred

AMA-YPS Handbook Review: HOD Reference Committee on Amendments to Constitution and Bylaws

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomcandb.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
Resolution 3: Torture and Physician Licensure (CA)	<p>RESOLVED, That our American Medical Association petition the federal government to adopt a definition of torture and participation in torture and place these standards into law or regulations. The development of these should specifically involve physician input (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA provide the federal government guidance on physician participation in torture and interrogations relative to its current policies (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA adopt as policy that physician participation in torture constitutes unprofessional conduct. (New HOD Policy)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,109.</p>	Support	Reaffirmed in lieu of adoption
Resolution 4: Reduction of Conflict of Interest in Peer Review and Medical Board Action in the Territory of Guam (Guam)	<p>RESOLVED, That our American Medical Association endorse an independent same specialty Peer Review Organization (PRO) within or outside of Guam for any adverse action taken against any licensed physician on Guam by the Guam Board of Medical Examiners or the Guam Memorial Hospital Authority Board of Trustees. No adverse action would be implemented without such approval by the PRO. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	Monitor/Support	Not adopted
Resolution 5: Physician Participation in Lethal Injection (IL)	<p>RESOLVED, That our American Medical Association republish CEJA Report A, I-92, "Physician Participation in Capital Punishment" (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA republish the 1994 collaborative statement to licensure and discipline boards regarding physician involvement in executions as "grounds for active disciplinary proceedings" (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA convene its federation partners to restate their foundation purpose to inform government officials and state licensure and discipline boards of the ethical standards of the medical profession. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,451.</p>	Monitor	Reaffirmed in lieu of adoption
Resolution 6: Professional Promotion Disclosure Registry (MSS)	<p>RESOLVED, That our American Medical Association support initiatives to create an enforced, transparent, and publicly accessible national registry that would document and itemize individual gifts and payments to physicians from the pharmaceutical, device, and biologic industries. (New HOD Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	Monitor/Oppose Consider support for referral if extracted.	Not adopted

AMA-YPS Handbook Review: HOD Reference Committee on Amendments to Constitution and Bylaws

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomcandb.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
<p>Resolution 7: Living Will Upon Receiving Medicare (NV)</p>	<p>RESOLVED, That our American Medical Association ask Congress to mandate all patients sign a living will expressing their wishes regarding health care when they receive the Medicare card. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	Oppose	Referred
<p>Resolution 8: Registry for Advance Directives (TX)</p>	<p>RESOLVED, That our American Medical Association support establishment of an advance directive registry by the Centers for Medicare & Medicaid Services (CMS) for all Medicare patients, to be maintained by CMS in a manner that would make it accessible for verification by health care professionals (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA support a CMS requirement for all Medicare patients to register the advance directive of their choice to facilitate and respect their end-of-life preferences. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	Oppose	Referred