



House of Delegates Reference Manual

Procedures, Policies and
Practices

November 2011

ama-assn.org/go/hod

Table of Contents

	Page
Chapter 1: General Information on the AMA House of Delegates	7
Composition of the House of Delegates	7
Meeting Overview	8
A Synopsis of the HOD Policy Development Process	9
Traditions, including Privilege of the Floor	10
Meetings held in conjunction with House of Delegates Meetings	10
Chapter 2: Delegates and Alternates	15
Delegate Responsibilities	15
Role of Alternate Delegates	16
Delegates/Alternate Delegates Certification and Registration	16
Seating of Delegates	17
Code of Conduct for Delegates and Alternate Delegates	17
Chapter 3: Roles and Duties of the Speaker and Vice Speaker	18
Parliamentary Procedure, including the Standing Rules	18
Speakers' Letter and Communications from the Speakers	20
Speaker Appointments	20
Additional Speaker Responsibilities	20
Chapter 4: HOD Committees: Roles and Responsibilities	21
Rules and Credentials Committee	21
Resolution Committee	21
Tellers	22
Reference Committees	22
Selection Committee for the Public Member of the Board	24
Committee on Compensation of the Officers	24
Special Committees	24
Other HOD Committees	25
Chapter 5: Business Items of the House of Delegates	26
Resolutions	26
Reports	29
Other Reports	32
Information Statements	32
CEJA Opinions	33
Chapter 6: The HOD Handbook and Distribution of other HOD Material	35
Resolutions assigned to Reference Committees	35
Late Resolutions	37
Additional Handbook Items and Supplemental Materials	37
Reference Committee Reports, including Versions annotated with HOD Action	38
Not for Official Business Items	38

Chapter 7: Sessions of the AMA House of Delegates	39
New Business	40
Object to Consideration	40
Informational Reports	41
Recommendations for Late Resolutions	41
Memorial Resolutions	42
Recommendations for Reaffirmation	42
Withdrawn Resolutions	42
Items Recommended Against Consideration	42
Resolutions of an Emergency Nature	43
Chapter 8: Reference Committee Hearings	44
Issues assigned to each Reference Committee	44
Reference Committee Schedules	44
Order of Business	44
Rules Governing Reference Committee Hearings	44
Testimony	45
Executive Session	45
Reference Committee Report	46
Consent Calendar	46
Reference Committee Report Availability and Distribution	47
Additional Items considered by Reference Committees	47
Schedule of Reference Committee Report Presentations	47
Caucusing on Reference Committee Report Recommendations	47
Amendments	47
Chapter 9: Parliamentary Procedure and the House of Delegates: An Overview	48
Transacting HOD Business	48
Presentation of the Reference Committee Reports utilizing a Consent Calendar Format	49
Extracted Items	51
Principal Rules Governing Motions	52
Incidental Motions	53
Voting Options	54
Chapter 10: Special Items and their Treatment in the HOD	55
Items of Business which may not be Modified by the House	55
Items of Business from the Board presented on Final Day	55
Reports which may be Modified by the House and Criteria applied.....	55
Information Statements	56
Amendments to the AMA Constitution and Bylaws	56
Principles of Medical Ethics	57
Chapter 11: Nominations and Elections for AMA Board and Council Positions	58
Election Results	58
Election Manual	58

Chapter 12: Awards presented during the HOD Meetings	63
General Awards Criteria.....	64
Chapter 13: Post meeting	65
Annotated Reports	65
Policy Finder	65
Policy Sunset Process	65
Proceedings	65
Board Review of HOD Actions	66
Board Updates on Items Adopted or Referred	66
Board Actions contrary to AMA Policy.....	66
Appendix A. General Practicalities	68
Appendix B. Current and Past HOD Speakers	73
Appendix C. Organizations represented in the AMA House of Delegates	74
Appendix D. Resolution Submission Checklist	79

AMA House of Delegates Reference Manual

Procedures, Policies and Practices

Introduction

This Reference Manual provides comprehensive information about the American Medical Association's House of Delegates policy development process. This publication is designed to be a reference for experienced delegates, new delegates or alternate delegates, AMA Section representatives, Federation staff, Official Observers, and guests.

The [Council on Constitution and Bylaws](#), in concert with the Speakers of the [House of Delegates](#) (HOD), has consolidated into this single document a number of AMA policies and directives, AMA Bylaws, practices announced in the Speakers' Letter, and prior publications that relate to how the House of Delegates operates, including:

- "Procedures of the House of Delegates" (initially adopted by the House of Delegates in 1969);
- "Guide to the AMA House of Delegates Meetings" (prepared originally in 1999 by the Council on Long Range Planning and Development);
- "Developing Resolutions to the House of Delegates: Suggested Guidelines;" and
- "The Election Manual" (based on AMA policy and existing practices)

The early sections provide an overview, whereas later sections provide more specifics. The appendices include additional details regarding procedures and general reference material.

At each HOD meeting, the House of Delegates ratifies the current version of this Manual as the official method of procedure when it adopts the Report of the Committee on Rules and Credentials. We hope you find this a valuable resource, and welcome comments on its content. Suggestions for improvement in future versions also are encouraged. Please note, however, that most existing procedures are based on policies that have been ratified by the AMA House of Delegates or set forth in the [AMA Bylaws](#). Changes may require further action by the House of Delegates.

In the event of apparent conflict between this Reference Manual and an AMA Bylaw or policy, the text of the Bylaw or policy shall prevail. Please report any apparent conflict by email to hod@ama-assn.org.

Chapter 1: General Information on the AMA House of Delegates

The [House of Delegates](#), also known as the “House” or the HOD, is the AMA’s policy-making body, and is the foundation of organized medicine in America. It is a democratic forum that represents the views and interests of a diverse group of member physicians and medical students who come together to establish broad policy on health, medical, professional and governance matters, as well as the broad principles within which AMA’s business activities are conducted.

Composition of the House of Delegates

The House of Delegates has well over 500 voting delegates (and a corresponding number of alternate delegates), each selected by the organization being represented. All delegates are required to be AMA members. Specific roles and responsibilities are covered in Chapter 2.

The House includes delegates from:

- Constituent medical associations, allocated on a proportional basis with one delegate per every 1,000 active AMA members. Only one constituent association from each U.S. state, commonwealth, territory, or possession shall be granted representation in the House of Delegates.
- Each of the national medical specialty organizations represented in the House. Each AMA member has the opportunity to designate a specialty organization seated in the House to represent him or her. A national medical specialty organization is awarded one delegate for every 1,000 AMA members, or fraction thereof, who selected that specialty organization. Members who do not select a specialty society are allocated to specialty delegations based on a formula defined in AMA policy.
- Professional interest medical associations qualifying under the Bylaws (one delegate each).
- The five federal services (each with one delegate).
- The Minority Affairs Consortium (one delegate).
- The six AMA Sections--Medical Student, Resident and Fellow, Young Physicians, Organized Medical Staff Section, Medical Schools, and International Medical Graduates (one delegate each).
- Medical student regional delegates, allocated on a proportional basis, with one delegate for every 2,000 active student members within each of the 7 regions in the country. This is in addition to the delegate from the Medical Student Section.
- Additional resident and fellow delegates from the AMA Resident and Fellow Section, awarded on a basis of one delegate for every 2,000 AMA member resident and fellow physicians. This is in addition to the delegate from the Resident and Fellow Section.

[AMA Bylaws](#) set out the [criteria for HOD membership](#) for each of these entities. Additional Bylaw provisions provide for extra seats to unified societies (societies whose own members are also [required](#) to be [AMA members](#)), provisions to cover societies that have a loss of AMA members and experience a consequential loss in number of delegates, and a phase-in formula for societies that will gain additional delegates. Despite the role of the [Specialty and Service Society](#) in administering admittance to the HOD for national medical specialty societies and professional interest medical associations, the HOD remains the ultimate authority in granting additional seats, expanding delegation size, and terminating the participation of any society.

The HOD also has ex officio members without the right to vote: AMA Officers and other Board of Trustee members (excluding the Speaker and the Vice Speaker who have the right to vote), the former Presidents, former Trustees, and the Chairs of AMA Councils who are not delegates.

In addition, AMA Bylaws provide for [Official Observer Status in the HOD](#). National organizations may apply to the Board of Trustees for such status, and must demonstrate compliance with the guidelines for official observers adopted by the House of Delegates (AMA [Policy G-600.025](#)). Official observers have the right to speak and debate on the floor of the House of Delegates upon invitation from the Speaker. Official observers do not have the right to introduce business, introduce an amendment, make a motion, or vote.

A complete list of represented societies appears in the Appendix.

Meeting Overview

The [AMA Bylaws](#) specify that the House of Delegates shall meet twice annually, at an annual meeting and at an interim meeting. Typically, the AMA convenes its Annual Meeting in June, and the Interim Meeting in November. AMA Bylaws also outline the procedures under which special meetings of the HOD can occur. Information on the dates and location for each Annual and Interim meeting is available on the [HOD website](#).

The schedules differ slightly between the Annual and Interim meetings. The Annual Meeting opens on Saturday afternoon and adjourns on Wednesday. It includes events related to elections and the inauguration of the incoming AMA President. The Interim Meeting is shortened by one day, beginning on Saturday and adjourning on Tuesday.

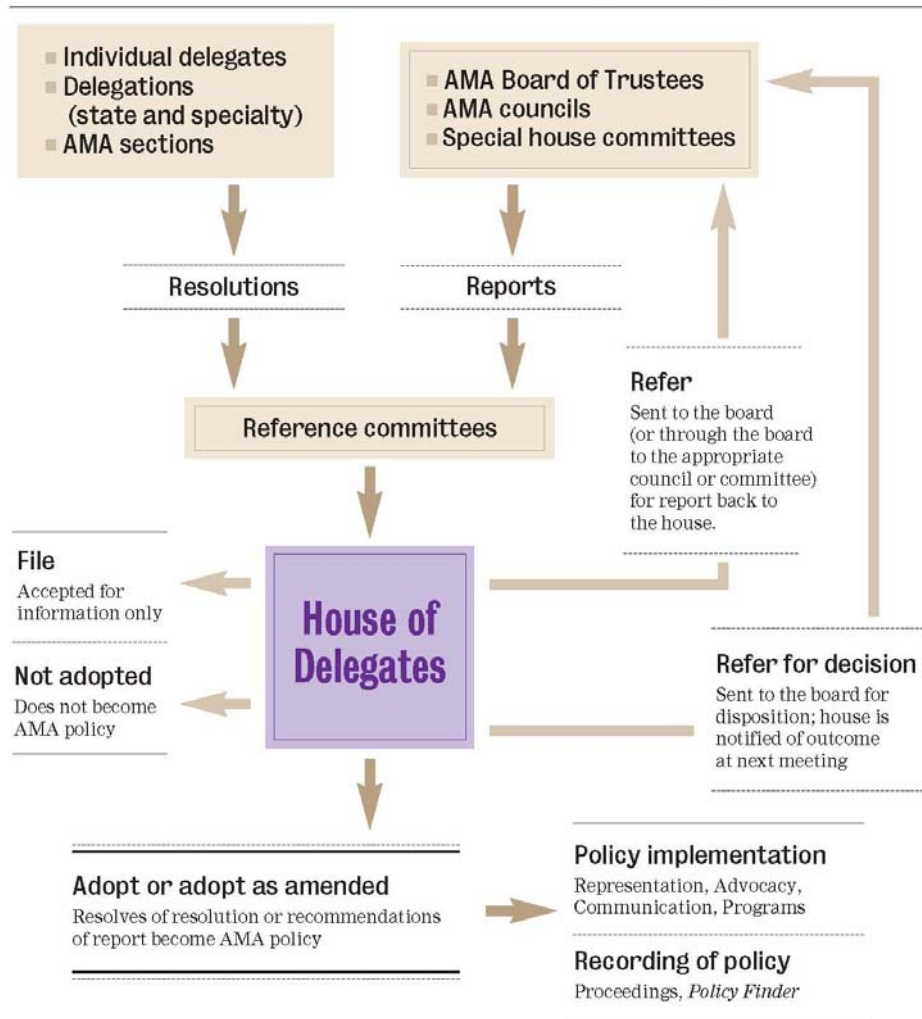
Current AMA Bylaws stipulate that the business of the Interim Meeting be focused on issues related to legislation and advocacy. Advocacy is defined as “active use of communication and influence with public and private sector entities responsible for making decisions that directly affect physician practice, payment for physician services, funding and regulation of education and research, and access to and delivery of medical care.” In addition, resolutions and reports pertaining to ethics or other business specifically requiring action at the Interim Meeting may be considered at that meeting, along with any other business which the majority of delegates vote to consider.

Prior to each meeting, the AMA Office of House of Delegates Affairs confirms with each represented society the official number of voting delegates. This information also is made available on the [HOD website](#). A list of names of all delegates and alternate delegates is published on the HOD website, included in the HOD Handbook, and becomes a part of the meeting Proceedings.

The House of Delegates, by majority vote, may change the order of business at any meeting. The Speaker also has the prerogative to vary the Order if it will expedite the business of the House, subject to any objections sustained by the House.

A Synopsis of the HOD Policy Development Process

How AMA sets policy



SOURCE: AMERICAN MEDICAL ASSOCIATION'S GUIDE TO HOUSE OF DELEGATES MEETINGS; OFFICE OF HOD AFFAIRS. ADAPTED FROM A CHART PUBLISHED IN THE JUNE 11, 2007 ISSUE OF AMERICAN MEDICAL NEWS. WWW.AMEDNEWS.COM

In brief, voting delegates introduce business to the AMA House through presentation of resolutions on behalf of their delegation, or as individuals. Reports from the Board of Trustees and AMA Councils on topics of interest to physicians or in response to previously adopted or referred resolutions also are routinely received as business. Business also includes reports from various convention committees.

Nearly every report and resolution is referred to a reference committee for consideration, although there are exceptions noted. A reference committee is a special committee that serves to expedite the business of the House—see Chapter 4 for additional information. Reference committee hearings are the venue at which delegates, alternate delegates and others can support, oppose, voice concern, or articulate their point of view on items of business under consideration. Most items referred to a reference committee are posted online for advance comments in a virtual reference committee.

Disparate points of view are considered by the reference committee as the committee crafts its report with recommendations. Reference committee recommendations are subsequently considered in a more formal manner by all HOD delegates. It is the HOD that ultimately takes action on all items of business.

Traditions, including Privilege of the Floor

Tradition governs a substantial portion of each formal session of the HOD. The invocation, National anthem, addresses by outgoing and incoming Presidents, remarks by the Speaker, presentation of awards, acceptance of awards and gifts, recognition of distinguished guests, and the like are in this category. The AMA Speaker, a member of the AMA Board of Trustees, is the chief presiding officer over the HOD.

The Speaker has the prerogative to permit as many presentations as may be appropriate without unduly intruding on the time necessary for the HOD to accomplish its regular business. Unscheduled presentations may be arranged either through the Speaker or in response to a House request that receives a two-thirds vote of delegates present and voting.

Meetings held in conjunction with House of Delegates Meetings

The AMA Board, the AMA Councils, the AMA Sections, the Specialty and Service Society, caucuses, and Section Councils are among the groups that meet in conjunction with the AMA-HOD meetings. The purposes and roles of these groups are briefly discussed below.

Board of Trustees

The [Board of Trustees](#) meets several times before and during the Annual and Interim HOD meetings. AMA Bylaws provide additional details about the Board of Trustees in general and its specific responsibilities throughout the year.

The AMA is governed by a [21-member Board](#) consisting of the following officers: President, President-Elect, Immediate Past President, Speaker of the HOD, Vice Speaker of the HOD, and 12 at-large Trustees. There are an additional 3 seats slotted for specific AMA membership groups: medical student trustee, resident and fellow physician trustee, and a young physician trustee. The Board also includes a non-physician public member. The Board annually elects a Chair, Chair-elect and Secretary from among its own members.

The Board is responsible for implementing AMA Policy and acts as AMA's chief fiduciary agent.

AMA Councils

The AMA has 7 Councils, which also typically meet in conjunction with the House of Delegates meetings:

- [Council on Constitution and Bylaws](#);
- [Council on Ethical and Judicial Affairs](#);
- Council on Legislation;
- [Council on Long Range Planning and Development](#);
- [Council on Medical Education](#);

- [Council on Medical Service](#); and
- [Council on Science and Public Health](#).

All Councils, with the exceptions of the Council on Legislation and Council on Ethical and Judicial Affairs, develop policy proposals for consideration by the House of Delegates. The Council on Legislation differs from the others in that it presents its recommendations directly to the Board of Trustees for decision. The Council on Long Range Planning and Development also may present its reports to the Board of Trustees or to the HOD. The specific charges to the AMA Councils, their scope of responsibilities and their selection processes are in the [AMA Bylaws](#).

Specialty and Service Society

The [Specialty and Service Society](#) (SSS), a special unit of the AMA recognized in its Bylaws, meets in conjunction with both Annual and Interim meetings.

Representation in the HOD for national medical specialty organizations requires a series of actions—petitions to participate, documentation of AMA membership, and initial participation in the [Specialty and Service Society](#) (SSS) prior to House admission. The SSS administers the process for granting specialty societies representation in the House, periodically reviews the qualification of these societies, and administers a termination mechanism for those societies who no longer qualify for HOD participation, according to Standing Rules ratified by the SSS and approved by the AMA Board of Trustees. An 8 member [Governing Council](#), elected by the SSS membership, oversees the SSS.

The SSS is made up of the national medical specialty societies, federal services, and professional interest medical associations. There are two categories of groups in the SSS. First are those societies that have seats in the HOD and second are those seeking admission to the House. An association must first be represented in the SSS for three years before it is eligible to seek admission to the HOD. In addition to participation in the SSS, societies must also comply with other criteria for admission to the HOD specified in AMA Policies [G-600.020](#) and [G-600.022](#).

AMA Sections

Meetings of the AMA Sections are usually held on Friday and Saturday immediately preceding the HOD's opening session at both Annual and Interim Meetings. The AMA Sections are:

- [Medical Student Section](#) (MSS);
- [Resident and Fellows Section](#) (RFS);
- [Young Physicians Section](#) (YPS);
- [Organized Medical Staff Section](#) (OMSS);
- [Section on Medical Schools](#) (SMS); and
- [International Medical Graduates](#) (IMG) Section.

The [HOD website](#) includes links to the meetings of the Sections. Registration and credentialing for Section meetings is separate from that of the HOD meeting. Also, Sections do not always meet at the same facility as the HOD.

AMA Sections were created to provide for more active involvement in the AMA by various segments of the physician and medical student population who were not otherwise well represented in the HOD in a focused manner. The specific charges, scope of responsibility, and

membership of each Section are in the AMA Bylaws. A Section can either be a fixed or delineated Section, and is so identified in the Bylaws. Delineated Sections are required to reconfirm at least every five years their qualifications for continued representation in the House of Delegates via the Council on Long Range Planning and Development. CLRPD will apply the [criteria](#) adopted by the House of Delegates.

One purpose of the Sections is to give voice to groups through a Section delegate who participates in the HOD meetings, thus enabling the groups to submit resolutions and articulate concerns on resolutions affecting their particular constituency.

Each Section has at least one delegate and alternate delegate. Two sections have additional seats: the MSS has regional delegates (allocated on a proportional basis of one delegate for every 2,000 active student AMA members), and the RFS has additional delegates allocated on the basis of one delegate for every 2,000 resident and fellow AMA members. HOD members are encouraged to also participate in Section business meetings, educational sessions, and caucuses.

AMA Special Groups

Several Special Groups convene caucuses, educational symposia, or other social events that are open to interested HOD, Board, Council or Section members. The [HOD website](#) includes links to the meetings of the Special Groups.

The AMA Special Groups are similar to the AMA Sections in that they were created to encourage the representation and participation of physicians and medical students also unrepresented in the AMA House of Delegates. The AMA Special Groups tend to involve specific demographic segments of the House, or those interested in the issues being presented. They are:

- [Women Physicians Caucus](#);
- [Minority Affairs Consortium](#);
- [Advisory Committee on Group Practice Physicians](#);
- [Advisory Committee on Gay, Lesbian, Bisexual, and Transgender Issues](#); and the
- [Senior Physicians Group](#).

The Minority Affairs Consortium is the only Special Group to have a delegate seat in the HOD.

The [AMA Bylaws](#) specify a process for Special Groups who wish to become Sections with HOD representation. A member component group seeking Section status may submit an application to the Council on Long Range Planning and Development, which will make its recommendation to the House of Delegates through the Board of Trustees, or a resolution may be submitted for Section status. Groups must meet the [criteria for Section status](#) adopted by the HOD.

Caucuses/Regional meetings

A caucus consists of a group of physicians and medical students who meet to discuss pending resolutions and reports and possible actions of the HOD. Delegates may participate in multiple caucuses, including those from their specialty, state, and region. In caucus meetings, delegates try to reach a consensus on certain HOD items of business and/or reference committee report recommendations. Caucuses and regional meetings are also good venues for networking and leadership development, particularly for those new to the HOD. There also are caucuses

convened during the HOD meetings by the AMA Sections and the Special Groups. Candidates for AMA offices often make appearances at caucuses to solicit support for their candidacy.

Section Councils

Section Councils typically meet in conjunction with HOD meetings, with those meetings being open to all physicians from that specialty, including the participants of the AMA Section meetings.

[Specialty Sections](#) (called Section Councils) were originally conceived as a way to bring together specialist delegates who represented their state medical associations (now called constituent associations) in the HOD at a time when only state medical associations had HOD representation. Also, in the past, when HOD meetings were accompanied by large scientific educational programs, the Section Councils helped organize these programs and scientific exhibits. Today, the Section Councils, due to the growing representation of national medical specialty societies, function more as specialty caucuses or as providers of educational programs on topics of interest to their members.

The AMA Bylaws recognize Section Councils for the following specialties: Allergy; Anesthesiology; Cardiovascular Disease; Clinical Pharmacology and Therapeutics; Dermatology; Digestive Diseases; Disease of the Chest; Emergency Medicine; Endocrinology; Family and General Practice; Federal and Military Medicine; General Surgery; Genetics; Internal Medicine; Neurological Surgery; Neurology; Nuclear Medicine; Obstetrics and Gynecology; Ophthalmology; Orthopedic Surgery; Otolaryngology-Head and Neck Surgery; Pain and Palliative Medicine; Pathology; Pediatrics; Physical Medicine and Rehabilitation; Plastic, Reconstructive and Maxillofacial Surgery; Preventive Medicine; Psychiatry; Radiology; and Urology.

Educational Sessions/Exhibits/CME

A number of ancillary meetings or open forums take place in conjunction with HOD meetings, some mandated by AMA policy and others continued due to practice. Examples include open forums convened by the [AMA Litigation Center](#), [Council on Ethical and Judicial Affairs](#), Council on Legislation, and the [Forum for Medical Affairs](#). All educational sessions held in conjunction with HOD meetings must be approved by the Speakers.

AMA Sections and other groups also offer educational symposia that are open to all, some offering CME credit.

The Speakers' Letter distributed in advance of each HOD meeting includes information about educational sessions convened in conjunction with the HOD meeting.

There are few commercial exhibits, but there are exhibits that focus on AMA products and services or those of its subsidiaries.

Social Functions/Hospitality

A variety of social functions and hospitality events occur in conjunction with HOD meetings and provide networking opportunities. Candidates running for elected AMA office hold receptions in conjunction with the Annual meetings, and several state medical associations and AMA Sections and Special Groups sponsor receptions.

There are also social gatherings convened by state medical associations or specialty societies, some of which may be by invitation-only. At times, the AMA itself or one of its affiliates such as the [AMA Foundation](#) (a philanthropic organization) hosts receptions. Also, at the Annual Meeting, there is the inaugural reception for the incoming President, usually followed by a dinner (tickets required).

A comprehensive Master Schedule of all events is available at the meeting at the Registration Desk. The schedule also is posted on the [HOD website](#).

Other Meetings

[AMA policy](#) states that the Speakers are to be [notified](#) prior to any planning for ancillary meetings and conferences to be scheduled in conjunction with the Annual or Interim HOD meetings in sufficient time to assess the impact of the timing and purpose on the HOD deliberations. Prior approval of the Speakers is required before any meeting other than regular meetings of AMA Councils, Committees, Sections, and other groups that are part of the formal structure of our AMA can be scheduled.

Chapter 2: Delegates and Alternates

Delegates and alternate delegates to the House of Delegates (HOD) play a critical role in the democratic policy-making process that is the foundation of the AMA. Their role is a multi-dimensional one, and includes:

- Advocacy for patients within the HOD to improve the health of the public and the health care system;
- Representation of the perspectives of their sponsoring organization to the HOD;
- Representation of their physician and medical student constituents in the decision-making process of the HOD;
- Representation of the AMA and its House of Delegates to member and non-member physicians, medical associations, and others; and
- Solicitation of input from and provision of feedback to constituents.

Also, HOD delegates and alternate delegates are expected to foster a positive and useful two-way relationship between grassroots physicians and the AMA leadership.

The registration record of the Committee on Rules and Credentials constitutes the official call at each HOD meeting. It includes the physician's name and the name of the organization being represented, and becomes a part of the meeting Proceedings.

Delegate Responsibilities

During the meeting, AMA delegates have a number of responsibilities and roles, including serving on HOD committees, participating in caucuses, and testifying at reference committee hearings on the merits of reports and resolutions. Also, after reference committees present their reports to the HOD, delegates have the opportunity to testify and vote on the recommendations of the reference committee for action.

Delegates also have pre- and post-meeting responsibilities. They work with their colleagues to draft resolutions for consideration at HOD meetings, submit and/or review advance online testimony, and report highlights of HOD meetings verbally or in print to the leadership or membership of the organizations they represent. For example, they may present such information at meetings of their hospital medical staff, county medical society, state medical association, or specialty society meeting; or write articles for their community newspapers, hospital newsletters or medical society newsletters or journals. Delegates also cultivate promising leaders for all levels of organized medicine; informally recruit new AMA members and help retain current members; and participate in a formalized [AMA Membership Outreach Program](#) that recognizes recruiters.

Year-round, the delegates and alternate delegates serve as a key source of information on AMA activities, programs, and policies. As such, they are direct contacts for individual members to communicate with and contribute to the formulation of AMA policy positions, identify situations that might be addressed through other AMA efforts, and aid in implementing AMA policies. AMA delegates make themselves accessible to individual members by providing the AMA with their addresses, telephone numbers, and email addresses so that the information can be provided to individual members through the [AMA website](#) and other communication mechanisms.

Role of Alternate Delegates

Alternate delegates have many of the same overall roles and responsibilities as delegates during the HOD meetings – they testify on resolutions and reports in reference committees, participate in caucuses, and serve on HOD committees.

Because alternate delegates technically are not HOD members, they cannot introduce resolutions; however, they can be temporarily credentialed to substitute for a delegate, and thus speak and debate on the HOD floor, offer amendments to pending matters, and make motions and vote on the outcome of items of business. In order to vote in elections, alternate delegates must be formally recredentialed as a delegate, as described in the following section.

It is also alternate delegates who are invited to serve as Assistant Tellers to assist with vote counting.

Delegates/Alternate Delegates Certification and Registration

At least 30 days prior to the Annual or Interim Meeting of the House of Delegates, an official of each group represented in the HOD certifies to the AMA the delegates and alternate delegates from their respective associations. Prior to each meeting, the AMA sends a confirmation letter containing the names of each group's delegates so they can confirm that the information is correct and make changes.

At each HOD meeting, each delegate receives a delegate badge with an appropriate ribbon, plus an additional badge that can be given to an alternate delegate should the delegate need to be out of the room at the time a vote is taken. Each alternate delegate also receives an alternate delegate badge with a appropriate ribbon. All badges may be picked up at the AMA registration area, the location and hours of which are announced in the Speakers' Letter and in the Handbook. For security purposes, all attendees are required to provide photo identification to receive their credentials and materials.

Temporary re-credentialing

When a delegate or alternate delegate is unable to attend an HOD meeting, the officials of the organization may substitute a delegate, who on presenting proper credentials as outlined above, is eligible to serve as a delegate to the HOD for that meeting only. A delegate whose credentials have been accepted by the HOD Committee on Rules and Credentials and whose name has been placed on the HOD's official call remains a delegate until final adjournment of that meeting.

If a delegate is absent for part of a day, the delegate is able to give the voting badge to an alternate delegate or a substitute alternate delegate. If the delegate must leave the meeting or is absent for more than half a day, the delegate must formally transfer his credentials to either an alternate delegate or a substitute alternate delegate at the Registration area. The person who takes the place of the delegate must comply with the formal recredentialing procedures established by the Committee on Rules and Credentials for such purpose, and shall be known as a temporary substitute delegate.

A temporary substitute delegate has all of the rights and privileges of a delegate, including the right to vote on items of business and vote in any election. The temporary substitute delegate,

however, is ineligible for nomination or election as Speaker or Vice Speaker of the House of Delegates, but may be nominated for other Board or Council positions.

Seating of Delegates

Delegate seating for the HOD Business Meetings rotates from meeting to meeting. The Office of the House of Delegates Affairs makes delegate seating assignments to ensure that no one society sits in front (or in back) too often. Societies can request to be seated near other societies, but must do so well in advance of the meeting. The seating chart for each HOD meeting is included in the HOD Handbook.

Alternate delegates sit apart from the delegates in a reserved seating area during the formal HOD sessions. Reserved seats for alternate delegates are not pre-assigned.

Seating at reference committee hearings and other programming is unassigned for all participants.

Meetings begin promptly. Delegates, alternate delegates, and guests are urged to arrive early and be in their seats 15 minutes before the stated time. Similarly, delegates are urged to schedule their departures after the meeting adjourns on the last day, so that they can give full consideration to that day's business items.

Code of Conduct for Delegates and Alternate Delegates

At the First Session of the HOD on Saturday afternoon of each Annual and Interim HOD meeting, delegates ratify a Code of Conduct, which reaffirms a commitment to be courteous, respectful and collegial in the conduct of HOD business.

Chapter 3: Roles and Duties of the Speaker and Vice Speaker

The Speaker presides over House of Delegates (HOD) meetings, and performs such duties as custom and parliamentary usage require, or as mandated by the AMA Bylaws. The goal is to keep the HOD meeting moving in a fashion that facilitates debate. The Speaker also is responsible for convening and moderating a broad-based virtual forum for HOD members and other members, for the purpose of discussing issues of importance to physicians and the health of the public.

According to the AMA Bylaws, the Vice Speaker officiates for the Speaker in the Speaker's absence or at his or her request. More typically, the Speaker and Vice Speaker work as a team in meeting preparations, communications with HOD members, and conducting the meeting. Because the Speaker and Vice Speaker work together so closely, they are referred to as "the Speakers."

Every June, the Speakers are elected from among the members of the House of Delegates, each to serve for one year in the elected position or until a successor is elected and installed. An individual elected as Speaker or Vice Speaker may serve a maximum tenure of 4 years. A list of past Speakers and Vice Speakers is included as Appendix B.

On election, the Speakers continue to be members of the HOD, with all of the associated rights and privileges.

Parliamentary Procedure, including the Standing Rules

The HOD transacts its business according to a blend of rules imposed by AMA Bylaws, established by tradition, decreed by its presiding officer, presented in a Rules report ratified by the HOD at each meeting, and generally pursuant to the guidance of the current edition of The Standard Code of Parliamentary Procedure. The HOD's standing rules are as follows:

1. House Security

Maximum security shall be maintained at all times to prevent disruptions of the House, and only those individuals who have been properly badged will be permitted to attend.

2. Credentials

The registration record of the Committee on Rules and Credentials shall constitute the official roll call at each meeting of the House.

3. Order of Business

The order of business as published in the Handbook shall be the official order of business for all sessions of the House of Delegates. This may be varied by the Speaker if, in his or her judgment, it will expedite the business of the House, subject to any objection sustained by the House.

4. Privilege of the Floor

The Speaker may grant the privilege of the floor to such persons as may be presented by the President, or Chair of the Board of Trustees, or others who may expedite the business of the House, subject to objections sustained by the House.

5. Procedures of the House of Delegates

The 2011 AMA House of Delegates Reference Manual: Procedures, Policies and Practices shall be the official method of procedure in handling and conducting the business before the AMA House of Delegates

6. Limitation on Debate

There will be a 3-minute limitation on debate per presentation subject to waiver by the Speaker for just cause.

7. Nominations and Elections (included in Rules reports only at the Annual Meeting)

The House will receive nominations for President-Elect, Speaker, Vice Speaker, Trustees and Council Members on Saturday afternoon, (date). Speeches will be limited to candidates for officers, with no seconding speeches permitted. The order will be selected by lottery.

The Association's (year) annual election balloting shall be held (day and date), between the hours of 7:30 a.m. and 8:45 a.m., as specified in the Bylaws, and the following procedures shall be adopted:

Accredited Delegates may vote any time between 7:30 a.m. and 8:45 a.m. by reporting to the polls in (location). The Committee on Rules and Credentials will certify each delegate and give him/her an "authority to vote" slip. The slip will then be handed to an election teller, who will provide the voter with a ballot and provide assistance as necessary.

The announcement and confirmation of the election results will be called for as soon as possible and appropriate.

In instances where there is only one nominee for an office, a majority vote without ballot shall elect on Saturday.

8. Conflict of Interest

Members of the House of Delegates who have a substantial financial interest in a commercial enterprise, which interest will be materially affected by a matter before the House of Delegates, must publicly disclose that interest before testifying at a reference committee on the matter or speaking on the floor of the House of Delegates on the matter.

9. Conduct of Business by the House of Delegates

Each member of the House of Delegates, and the AMA Officers and Board of Trustees resolutely affirm a commitment to be courteous, respectful and collegial in the conduct of House of Delegate actions, characteristics which should exemplify the members of our respected and learned profession.

More extensive discussion of standard parliamentary procedure and the Speakers' interpretations are included in Chapter 9.

Speakers' Letters and other Communications from the Speakers

Throughout the year, the Speakers periodically communicate by mail and electronically with the members of the House of Delegates.

A Speakers' Letter is sent prior to each HOD meeting, and is also available [online](#). It includes important information about the items of business in the Handbook, the meeting schedule, educational programs, and other events.

Speaker Appointments

The Speaker is responsible for appointing the membership of the various committees that are constituted for the HOD meetings:

- [Reference Committees](#);
- [Committee on Rules and Credentials](#);
- [Resolution Committee](#) (Interim Meeting only).

The Speaker also appoints the Chief Teller and Assistant Tellers.

Members of the House who are interested in serving on HOD committees are encouraged to make their wishes known to the Speaker or to the [AMA Office of House of Delegates Affairs](#). More details about the roles and responsibilities of the various HOD committees, and their composition, are provided in Chapter 4.

Additional Speaker Responsibilities

The Speaker responsibilities related to AMA elections are outlined in Chapter 11. The Speaker also has the responsibility for calling any special HOD meetings under conditions set forth in the [AMA Bylaws](#).

The Speakers maintain an on-site Speakers' Office at all HOD meetings.

Chapter 4: HOD Committees: Roles and Responsibilities

A number of committees are constituted to serve in conjunction with the Annual and Interim meetings of the AMA House of Delegates (HOD).

As a means of broadening opportunities for service on HOD committees, [AMA policy](#) encourages the Speaker to avoid, whenever possible, selecting physicians and medical students who are currently AMA Council members. In choosing members for HOD committee service, the Speaker is encouraged to appoint a committee diverse in terms of specialty and geographic representation, gender, age, and ethnicity.

Rules and Credentials Committee

The [AMA Bylaws](#) specifically provide for a Committee on Rules and Credentials, which consists of 7 members, appointed by the Speaker. By tradition, at least 2 are from the AMA Council on Constitution and Bylaws. Membership is restricted to delegates and alternate delegates. A majority of the committee constitutes a quorum.

The Committee on Rules and Credentials is responsible for consideration of all matters relating to the registration and certification of delegates, proposing rules of conduct and procedure for the orderly transaction of business at HOD meetings, and issuing reports that HOD delegates act upon. The committee chair, appointed by the Speaker, has additional responsibilities: verbally stating that a quorum exists by presenting the number of registered delegates at the beginning of each HOD Business session, and overseeing and presenting the committee's reports to the HOD.

At every meeting, the committee presents the Rules (of the House) in a report, which is ratified at the HOD's opening session. The committee presents one or more Supplementary Reports, which make recommendations on acceptance of Late Resolutions, and identifies resolutions that the Committee believes should be considered as "reaffirmation resolutions." On the final day of the HOD meeting, it issues a Closing Report. The committee is not a reference committee and does not normally hold open hearings, but does provide sponsors of "late resolutions" an opportunity to explain the reasons for the lateness of their resolution.

Lastly, the Committee on Rules and Credentials oversees AMA elections, in conjunction with the Chief Teller and the Assistant Tellers.

Resolution Committee

The [AMA Bylaws](#) provide for a Resolution Committee, which has responsibility for reviewing resolutions presented for consideration at the Interim Meeting. The committee determines compliance of all resolutions with the advocacy-related purpose of the meeting. For the most part, items requiring action at the Interim Meeting and resolutions and reports pertaining to ethics and bylaw changes are routinely accepted.

The Resolution Committee consists of up to 31 members (delegates only), appointed by the Speaker. Members typically include AMA Section chairs (if they are delegates), chairs of the Regional HOD Caucuses, AMA Council chairs (except for CEJA), and the Specialty and Service Society (SSS) Governing Council. Unlike the other committees, the work of the Resolution Committee takes place primarily before the meeting by email and fax. The committee reports to the Speaker, but may present a report to the HOD at the Speaker's discretion.

Tellers

Prior to each HOD meeting, the Speaker selects a member of the HOD to serve as the Chief Teller. This physician is responsible for direction of counts by the Assistant Tellers during “divisions” of the HOD, for the supervision of the ballot box, and for the counting of ballots in conjunction with the elections held during the Annual Meeting.

The Chief Teller is assisted by at least 7 Assistant Tellers, also appointed by the Speaker. All Assistant Tellers are alternate delegates who expect to be present during the entire HOD meeting.

At Annual Meetings where there are elections, the Chief Teller and the Assistant Tellers work with the Committee on Rules and Credentials to oversee the election process. Additional Assistant Tellers are appointed to assist with the elections.

Tellers sit in specially designated seats in the front of the HOD.

Reference Committees

The [AMA Bylaws](#) provide for reference committees that conduct open hearings on matters of business of the Association and prepare reports with recommendations to the House of Delegates for final action on such matters. More specific information on the open hearing and the reference committee report is included in Chapter 8.

The Speaker appoints the Chair and other members of all reference committees. Membership on reference committees is restricted to AMA delegates and alternate delegates. Each reference committee consists of 7 members, with up to 3 of them being alternate delegates. One or more AMA staff persons are assigned to provide staff support for each reference committee.

The subject matter referred to each reference committee is as follows:

- Reference Committee on Amendments to Constitution and Bylaws (Constitution; Bylaws; Ethics)
- Reference Committee A: Medical Service (Annual Meeting only)
- Reference Committee B: Legislation
- Reference Committee C: Medical Education (Annual Meeting only)
- Reference Committee D: Public Health (Annual Meeting only)
- Reference Committee E: Science and Technology (Annual Meeting only)
- Reference Committee F: AMA Finance; AMA Governance
- Reference Committee G: Medical Practice (Annual Meeting only)
- Reference Committee J: Medical Service and Practice advocacy (Interim Meeting only)
- Reference Committee K: Professional Standards advocacy (Interim Meeting only)

The role of each reference committee is to conduct an open hearing that provides an initial opportunity for discussion and debate on items of business assigned to the committee, and to prepare a report with recommendations to HOD members regarding the final disposition of all items. Committee members’ responsibilities include:

- Pre-meeting review of all resolutions and reports that have been assigned to the reference committee, as well as pertinent background information, previous HOD actions, and AMA policies;
- Monitoring online testimony in the virtual reference committee;
- Participation in pre-meeting virtual reference committee's conference call(s);
- Attendance at the reference committee's open hearing;
- Participation in the reference committee's executive session(s);
- Being available to the Speakers and AMA staff until the final language of the reference committee report has been approved by the reference committee chair; and
- Presentation of the reference committee report to the House of Delegates.

Each reference committee chair has additional responsibilities, such as attending an orientation meeting with the Speakers and the other reference committee chairs and staff, and preparing an order of business that denotes the order in which the items of business will be discussed.

The HOD is piloting the use of virtual reference committees whereby testimony is accepted online in advance of the HOD meeting. The testimony serves as the basis for the reference committee's deliberations and a reference committee report then is distributed in advance of the HOD reference committees.

Reference Committee F

Matters assigned to Reference Committee F traditionally deal with AMA's organizational and fiscal policies, including the AMA's annual plan and budget, business matters and products, long-range planning considerations, governance issues, and membership issues including dues recommendations and member benefits. With respect to the AMA's finances, Reference Committee F is responsible for ensuring that the HOD has adequate information to understand the overall fiscal circumstances of the Association.

Delegates tend to be less familiar with the business and financial aspects of the AMA as a corporate entity than they are with issues related more closely with the practice of medicine. It is the responsibility of Reference Committee F to make informed decisions based on both the testimony heard in open session and on the background information provided by the Board of Trustees Finance Committee.

For this reason, the structure and method of operation of Reference Committee F differs from that of other reference committees in the following ways:

- *Longer Tenure for Committee Members* – To ensure continuity regarding fiscal issues, Reference Committee F members serve for [two years](#) (four consecutive HOD meetings). By contrast, members of other reference committees serve for one HOD meeting. The two year terms for Reference Committee F members are staggered so that at any one point in time members of Reference Committee F may be serving either the first or second year of their term.
- *Longer Tenure for Committee Chair* – The Chair of Reference Committee F is appointed by the Speaker of the House of Delegates who selects from among the members of the committee who have fulfilled two years of service. Upon acceptance of the Speaker's appointment, the Chair serves for one additional year (two consecutive House of Delegates meetings) on the committee beyond the standard two year term.

- *More Extensive Briefings* – Reference Committee F usually meets at least twice with the Board’s Finance Committee preceding each HOD meeting. One meeting is held in conjunction with a Board meeting two to three months in advance of the HOD meeting, and a second meeting is held in conjunction with the HOD meeting just prior to its opening. Occasionally, more frequent meetings and/or conference calls are scheduled to provide committee members with additional background information.

Other Reference Committees

The AMA Bylaws allow the Speaker to appoint a special Reference Committee to consider a specific issue.

Selection Committee for the Public Member of the Board

The [AMA Bylaws](#) provide for a Selection Committee for the Public Member of the Board of Trustees, consisting of 7 members. The Speaker appoints 5 of the members, and the Chair of the Board appoints the other 2 members. The Committee selects its Chair biennially. Committee members are appointed for a term of 5 years, so arranged that at each Annual Meeting the term of one HOD member shall expire. Members are eligible for appointment for two terms.

The Selection Committee solicits nominees from constituent medical associations, national medical specialty societies, AMA Sections, other organizations represented in the HOD, individual HOD members, and members of the Board of Trustees. It investigates the qualifications of persons considered as nominees.

The Selection Committee submits to the HOD a report putting forth its nomination for the public trustee, and stating his or her qualifications. Nominations are submitted for consideration prior to the expiration of the current public trustee’s term.

Committee on Compensation of the Officers.

The [AMA Bylaws](#) provide for a Committee on Compensation of the Officers, which has responsibility for annually recommending the structure, form and level of total compensation of all AMA Officers (defined in the AMA Constitution as all members of the AMA Board of Trustees). The committee does not direct the nature of the work of the Board of Trustees, the mechanisms to accomplish the Board’s work, or the method utilized in designating work assignments.

The Speaker and President jointly appoint the 3 members of the committee, each of whom has a single 3-year term. Membership on this committee is restricted to delegates. The committee selects its chair annually.

If there is a vacancy, the Speaker and President jointly appoint a delegate to fill the position for the remainder of the unexpired term. A member appointed to fill a vacancy of less than 18 months of the 3-year term is eligible for appointment to a subsequent 3-year term on the committee.

Special Committees

The HOD may also create [special committees](#) for specified terms of 1-3 years. The number of members, the manner of their appointment, and the functions of these special committees is in

accordance with the terms of the motions authorizing their appointment. Any active member of the AMA is eligible to serve on a special committee. Members of special committees who are not HOD members may present their reports in person to the HOD and may participate in debate thereon, but cannot vote in the HOD.

Other HOD Committees

The Speaker also may appoint [other committees](#) as may be desirable for the efficient transaction of business of the HOD. The Speaker shall appoint the chair and other members of the committees. Membership on these committees is restricted to delegates and alternate delegates. Each committee shall consist of 7 members, unless otherwise provided. Each committee shall serve only during the meeting at which it is appointed, unless otherwise directed by the HOD. A majority of the members of each committee shall constitute a quorum.

Chapter 5. Business Items of the House of Delegates

The business of the House of Delegates (HOD) consists primarily of resolutions, reports for actions, informational reports, information statements, and Opinions of the Council on Ethical and Judicial Affairs (CEJA). With few exceptions, all resolutions and reports are referred to a reference committee for open discussion and to allow the reference committee to propose its recommendation for HOD action. If adopted by the HOD, the resolution or report may become the foundation of a new AMA program, establish or modify policy on an issue, or become a new directive for action.

Delegates submit resolutions on behalf of their constituent medical association, national medical specialty medical society, professional interest medical association, federal service, AMA Section, or as individuals.

Reports, either for HOD action or informational in nature, come from the AMA Board of Trustees, AMA Councils or Sections, special committees of the House, and certain officials of the Association.

Resolutions

A resolution is fundamentally a way to express an idea or to identify a problem or opportunity. Although resolutions may deal with complex issues, most begin simply when an AMA member recognizes a problem and attempts to suggest a solution. Resolutions are structured to express the background of the problem in “whereas” clauses and to specify a specific position or course of action in one or more “resolved” statement(s).”

In addition to its “whereas” clauses and “resolved” recommendations, each resolution is formatted in a way that includes:

- A title that is appropriate and concisely reflects the action for which the resolution calls.
- Resolution number.
- The name of the individual delegate or delegation that submits the resolution.
- The name of the reference committee to which the resolution has been assigned for its open hearing.
- Citations of previous AMA policy to facilitate independent review by delegates of pending resolutions. To the extent possible, each Resolved statement should make adjustment, addition or elaboration to existing policy rather than creating possibly redundant policy. This does not preclude new policy on new issues.
- Reference citations if possible or applicable.
- A fiscal note indicating the financial implications of the recommendations contained in the resolution. Fiscal notes are generated by AMA staff in consultation with the sponsor. Estimated changes in expenses will include direct outlays by the AMA as well as the value of the time of AMA's elected leaders and staff. A succinct description of the assumptions used to estimate the resource implications is included in each fiscal note. Fiscal notes will appear at the end of resolutions if they are available at the printing deadline. If, however, the fiscal note is not available, the fiscal note will be listed in a document that will provide fiscal notes for all resolutions. In addition, a companion document is distributed that contains detailed explanations and/or assumptions for all fiscal notes estimated to be \$50,000 or more.

- A conflict of interest disclosure, if applicable. A conflict is noted on the resolution itself if one or more delegates has a commercial or financial conflict of interest with respect to the matters addressed in the resolution.

A resolution that is seeking endorsement or HOD adoption of specific screening tests, should also include an evidence-based review that determines the strength or quality of the evidence supporting the request. The degree to which the test satisfies the minimal criteria for validating the appropriateness of the screening test, which are: (a) the test must be able to detect the target condition earlier than without screening and with sufficient accuracy to avoid producing large numbers of false-positive and false-negative results; and (b) screening for and treating persons with early disease should improve the likelihood of favorable health outcomes compared with treating patients when they present with signs or symptoms of disease, must be evaluated.

Each “resolved statement” must also be categorized as follows:

- New House Policy [Should be stated as a broad guiding principle that sets forth the general philosophy of the Association on specific issues of concern to the medical profession. If adoption of the new policy could render obsolete or supersede one or more [existing policies](#), those policies should be identified by number and recommended for rescission or revision.
- Modify Current House Policy [This designation is intended for resolutions that call for specific amendments to [existing policy](#). The policy number and text of the existing policy should be cited, and the proposed modifications should be clearly identified.]
- Modify Bylaws.
- Rescind [House Policy](#).
- Reaffirm [House Policy](#) [Reaffirmation of existing policy should contain a clear restatement of the existing policy, citing the policy number.] or
- Directive to Take Action [This designation is for use if the intent of the resolution is to have the AMA take a specific action, eg., conduct a study, lobby Congress, etc. Directives to take action should include all elements required for establishing a new policy as well as clear statement of existing policy, citing the policy number underlying the directive.

Ideally, policies and directives should not be “mixed” in the same resolution. To enhance the clarity of resolutions, the AMA Office of House of Delegates Affairs has designed a Resolution Submission Checklist for use by the sponsors of resolutions. The checklist is distributed in advance of the resolution deadline, is also available from the [Office of House of Delegates Affairs](#) and is included here as Appendix D.

Sponsors are encouraged to post draft resolutions on the [HOD website](#) prior to official submission in order to allow HOD members, other AMA entities (e.g., Councils, Sections, etc.), AMA members and others to provide input. Based on feedback received, sponsors could choose to consolidate or otherwise revise resolutions.

Complete resolutions are distributed to all delegates and alternate delegates by the AMA Office of House of Delegates Affairs. **However, it is only the resolved statements that are adopted and published in meeting proceedings and become an AMA policy statement or directive.** Materials are also posted to the [HOD website](#) in advance of the meeting, except for reports from the [Council on Ethical and Judicial Affairs](#) and the [Council on Science and Public Health](#), which are intended for publication in peer-reviewed journals.

Resolutions are further classified as follows:

“On-time” Resolutions

Resolutions must be received no later than 30 days prior to commencement of the meeting at which it is to be considered. The deadline for resolutions is announced on the [HOD website](#) and communicated to the delegates and the societies in an informational memo from the Speakers. In order to be considered as regular business, each resolution must be submitted to the AMA Office of House of Delegates Affairs via email. The receipt of all electronically submitted resolutions is confirmed by a return e-mail message from the Office of House of Delegates Affairs.

There are two exceptions to the timeline deadline. If any member organization’s house of delegates or primary policy making body, as defined by the organization, adjourns during the 5-week period preceding commencement of an AMA 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 AMA 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 AMA House of Delegates. In no event, however, may any “on time” resolutions be received later than noon of the day before the opening session of the HOD.

The second exception is for resolutions emanating from AMA Section meetings that convene prior to the HOD meeting and adjourn just prior to the HOD’s First Session. Those Section resolutions may be presented for HOD consideration at any time before the close of business on the day preceding the final day of the HOD meeting.

AMA policy urges restraint by HOD members and AMA Sections in submitting items on the day preceding the opening of the House.

For the Annual Meeting, as resolutions are received they are reviewed by AMA legal counsel and subsequently referred to one of the HOD’s reference committees by the Speakers. For the Interim Meeting, all resolutions are additionally referred to the Resolution Committee to determine if the resolutions meet the criteria for inclusion (focus on advocacy, legislation or ethics) or of an urgent nature. Each committee member proposes one of 3 recommendations to the Speakers: accept for the Interim meeting as an advocacy, legislative or ethics issue; accept for the Interim meeting as urgent; or not accept for consideration.

“Late” Resolutions

“Late” resolutions are those received after the 30-day and 7-day deadlines but before noon of the day before the HOD convenes in its First Session. Late resolutions are not accepted automatically as HOD business, but rather are distributed to the delegates and referred to the Committee on Rules and Credentials for review and its recommendations for acceptance or nonacceptance. The Committee is not a reference committee and does not normally hold open hearings, but does provide sponsors of late resolutions an opportunity to explain the reasons for the lateness of their resolution. HOD delegates accept late resolutions as business of the House by a two-thirds vote of those present and voting. If accepted, the Speaker assigns each resolution to a reference committee. Late resolutions presented orally from the floor are not accepted.

Resolutions “Not for Consideration”

The business items of the Interim Meeting must focus on advocacy and legislation, although resolutions pertaining to ethics, opinions and reports of the Council on Ethical and Judicial Affairs, and reports from the Council on Constitution and Bylaws, may be considered at an Interim Meeting. Other business requiring action prior to the following Annual Meeting may also be considered at an Interim Meeting. In addition, other business items may be considered at an Interim Meeting by majority vote of delegates present and voting.

Resolutions submitted that do not meet the above criteria are considered “resolutions not for consideration,” and are distributed in a separate section of the Handbook, supplemental distribution or on-site. At the meeting, delegates vote to accept or not accept these resolutions. A majority vote by delegates present and voting is required to accept a resolution recommended not for consideration. Any resolution not accepted may be resubmitted for consideration at the Annual Meeting.

Deferred Resolutions

When a resolution presents a legal or ethical problem, the Speaker, legal counsel or other AMA staff will contact the sponsor and discuss the problem with the resolution as prepared. If the sponsor is able to remedy the situation, then the resolution will be distributed in a routine manner. However, if for whatever reason (such as a state association mandate that the resolution not be altered) it is not possible to resolve the legal or ethical problem, the Speaker will designate that resolution as a “deferred” resolution, and it will be referred to the Committee on Rules and Credentials for its recommendation. No “deferred” resolution will be distributed in the advance Handbook.

The Committee on Rules and Credentials will consider deferred resolutions on the day prior to the opening of the House of Delegates. A representative of the Office of General Counsel and the sponsor will be invited to the meeting to discuss the resolution. The committee will recommend that the House either accept or not accept the resolution. A majority vote only is required for acceptance.

Commendation Resolutions

The HOD has a tradition prohibiting the introduction of commendation resolutions. Since there is a potential for these resolutions to be controversial in nature and, because unanimous approval is assumed without debate, commendation resolutions may serve to embarrass the Association. Instead, commendation requests should be sent to the Board of Trustees for consideration for an award or other appropriate recognition.

Memorial Resolutions

Memorial resolutions remember a physician or nonphysician who has made significant contributions to the AMA or Federation societies. Memorial resolutions typically are not submitted in advance of the meeting, and are not included in the Handbook but rather distributed on-site. All memorial resolutions for distribution at an Annual or Interim meeting must be received by the Office of House of Delegates Affairs by noon on Saturday prior to the HOD’s First Session.

Emergency Resolutions

Resolutions submitted on the final day of an HOD meeting are considered emergency resolutions. The Speaker refers such resolutions to an appropriate reference committee, if possible, which then reports to the HOD its recommendation on whether the matter involved is or is not of an emergency nature. If the reference committee reports that the matter is of an emergency nature, the resolution is presented to the HOD without further consideration by a reference committee. Adoption of the recommendation(s) in emergency resolutions require a three-fourths vote of delegates present and voting.

Reports

Reports calling for action or informational in nature come from the Board of Trustees, AMA Councils, AMA Sections, Committees of the House, and certain officials of the Association.

The AMA Board of Trustees reviews all reports prior to transmitting the reports to the HOD, as does AMA legal counsel. The Board may submit written recommendations regarding the reports to the HOD, but cannot change the report of a Council, Committee or Section.

Each report also includes:

- Genesis of the report [Resolution #, title, and author, and adopted amendments, if applicable, if the report is responding to a prior referred resolution];
- Reference citations (if applicable);
- Citations of previous AMA policy;
- A fiscal note (indicating the financial implications of the report's recommendations); and
- Conflict of interest disclosure (if applicable).

Reports exceeding seven pages are accompanied by a one-page executive summary.

All report recommendations must also be categorized as follows:

- New House Policy;
- Modify Current House Policy;
- Modify Bylaws;
- Rescind House Policy;
- Reaffirm House Policy; or
- Directive to Take Action.

Although the full text of all reports is made available to delegates and published in the meeting Proceedings, it is only the recommendations that are subject to amendment, and only the recommendations adopted by the House that subsequently become an AMA policy or directive.

The HOD typically files informational reports, the text of which are subsequently published in their entirety in the meeting Proceedings.

Board Reports

The Board of Trustees is mandated by the [AMA Bylaws](#) and policy to provide a number of reports to the HOD:

- At each Annual Meeting of the House, the Board submits a report that provides highlights on the AMA's performance, activities, membership, and status in the previous calendar year as well as a recommendation for the Association's dues levels for the next year.
- As the principal planning agent for the AMA, the Board provides a report at each Interim Meeting that recommends the Association's strategic directions and plan for the next year and beyond. The report includes a discussion of the AMA's membership strategy.
- At each Interim Meeting, the Board presents the Association's preliminary or final budget for the upcoming year. If only a preliminary budget is provided at the Interim Meeting, the final budget must be distributed to the House as soon as it is available.
- At each Interim Meeting, the Board provides an informational report on the AMA's legislative and regulatory activities, including the Association's accomplishments in the previous 12 months and a forecast of the legislative and regulatory issues that are likely to occupy the Council on Legislation and other components of the AMA's for the next year.
- The Board submits a report to the House when the Board takes actions that differ from current AMA policy; when the Board determines that the expenditures associated with recommendations and resolves that were adopted by the House would be inadvisable; and when important developments occur with regard to Federation organizations, including their relationships with any approved examining board.
- The Board also issues reports when its review of the AMA's Principles on Corporate Relationships results in recommendations for changes to the Principles.
- The Board may also submit written recommendations regarding Council and Section reports to the House of Delegates.

Nothing in AMA policy precludes the Board from issuing reports on additional topics.

The AMA Bylaws also permit the Board to present a report to the HOD at any time during the meeting. Reports, recommendations, resolutions or other new business presented by the Board of Trustees on the final day of an HOD meeting are accepted as business but are not referred to a reference committee.

Board Status Reports

The Board updates the HOD on actions taken in support of items previously adopted or referred by publishing on the [HOD website](#) a chart of actions taken by the Board of Trustees, Councils, Committees, and staff on resolutions and report recommendations from the past two HOD meetings. The chart is entitled "Follow-up Implementation of Resolutions and Reports Recommendations." This information also is distributed electronically to AMA delegates and executive directors of all groups represented in the HOD.

Items referred to the Board for decision are similarly reported on the [HOD website](#) in a chart entitled “Items Referred to the Board for Decision.” AMA delegates and executive directors of all groups represented in the HOD also receive such information electronically.

Reports from AMA Councils

Each AMA Council (with the exception of the Council on Legislation) is able to issue reports of an informational nature, reports in response to a resolution referred to it for further study from a past meeting, or reports that establish new AMA policy or a directive on an issue. If prepared in response to a referred resolution, the resolves of that resolution or its last amended form, are included in the report.

Where time and circumstances permit, draft Council reports are posted online to seek input from the House and other AMA members. This allows HOD members, other AMA parties (e.g., councils, sections, etc.), AMA members and others to provide comments on the activities and work of the AMA councils on a timely basis.

Council reports are submitted to the HOD through the Board of Trustees. The [Board of Trustees](#) may make non-binding recommendations regarding the report(s) to the councils as it deems appropriate, prior to transmitting the report(s).

Each Council also may issue reports with recommendations for rescinding policies and directives.

The AMA Bylaws allow a council report to be presented at any time before the close of business on the day preceding the final day of the HOD meeting.

Reports from AMA Sections

Each AMA Section may submit an [annual informational report](#) detailing its activities and programs during the previous year. The report(s) are submitted to the HOD through the Board of Trustees. The Board of Trustees may make non-binding recommendations regarding the report(s) to the Sections as it deems appropriate, prior to transmitting the report(s).

Reports from the AMA Officials

The Executive Vice President (EVP) submits a report to the House detailing the items of business received from the Federation, which he or she considers significant (or when a constituent medical association or national medical specialty society requests him or her to do so), and the specific actions taken in response to such contacts.

The reports from the EVP are typically of an informational nature. They are not assigned to a reference committee, but are included in the proceedings.

Other Reports

Reports from the Committee on Rules and Credentials

The [Committee on Rules and Credentials](#) presents several reports to the HOD during each Annual or Interim HOD meeting regarding:

- Rules;

- Late Resolutions;
- Reaffirmed Resolutions; and
- Deferred Resolutions.

The committee also routinely issues verbal reports related to the existence of a quorum during the HOD meetings.

Reports from Reference Committee

During a typical meeting, the HOD is presented with requests for action on consent calendars developed by each reference committee. These consent calendars are described in detail in other sections of this publication.

Reports from other Committees

The [Committee on Compensation of the Officers](#) presents an [annual report](#) recommending the structure, form and level of total compensation of the AMA Officers. The report of this committee is assigned to Reference Committee F.

Every four years, the [Selection Committee for the Public Member of the Board](#) presents a report that includes its nomination for the public trustee member. The report, however, is not referred to a reference committee; rather the HOD as a whole votes on the committee's recommendation.

Other [special committees](#) may report as well.

Information Statements

[Information statements](#) were instituted to bring an issue to the awareness of the HOD or the public, draw attention to existing policy for purposes of emphasis, or simply make a statement. By its very nature, information statements are intended to require no action. Such items of business will be included in the section of the HOD Handbook for informational items and include appropriate attribution but will not go through the reference committee process, be voted on in the HOD or be incorporated into the Proceedings.

If an information statement is extracted, however, it will be managed by the Speaker in an appropriate manner, which may include a simple editorial correction up to and including withdrawal of the information statement.

CEJA Opinions

The [Council on Ethical and Judicial Affairs](#) (CEJA) informs the HOD of an Ethical Opinion adopted by the Council by presenting the Opinion to the House. The Council:

- (1) Identifies the Opinion as information;
- (2) May provide a description or discussion of the underlying facts and circumstances leading to the development of the Ethical Opinion, and also an explanation of the Opinion and the reasons for its adoption by the council. This explanatory material is neither the opinion of the Council nor policy of the Association.
- (3) Will identify one or more Principles of Medical Ethics that form the basis for issuing the Ethical Opinion.
- (4) Will provide the text of the Ethical Opinion.

CEJA Opinions are placed on the consent calendar as informational reports, but may be extracted for discussion upon a motion of any HOD member and then referred to a reference committee where they can be debated. CEJA Opinions are discussed in more detail in Chapter 10.

Chapter 6. The HOD Handbook and Distribution of other HOD Materials

The HOD Handbook for each meeting typically contains the following general information:

- Memorandum from the Speaker
- Declaration of Professional Responsibility – Medicine’s Social Contract with Humanity
- Delegate/Alternate Job Description, Roles and Responsibilities
- Seating Allocation and Seating Chart for the HOD
- Hotel Floor Plan
- Reference Committee Room Assignments
- Official Call to the Officers and Members of the AMA (Officials of the Association and AMA Councils, Listing of Delegates and Alternate Delegates, and Committees of the House)
- Order of Business

The Handbook also includes the following materials, some of which may be provided on-site:

- Speeches
- Award Recipients (Interim Meeting only)
- Memorial Resolutions
- Reports of the Board of Trustees
- Opinions of the Council on Ethical and Judicial Affairs
- Reports of AMA Councils
- Resolutions
- Resolutions Recommended Against Consideration (Interim Meeting only)

Resolutions that were received by the AMA Office of House of Delegates Affairs prior to the announced deadline of 30 days prior to the commencement of the HOD meeting are included in the advance Handbook, which is available approximately 3 weeks before the meeting. A separate supplemental distribution includes resolutions considered “on time” but which were not available early enough to be included in the initial material in the Handbook.

Additional reports and resolutions, many of them reflecting actions from just completed Section meetings, and “on time” resolutions from any member organization’s house of delegates or primary policy making body, as defined by the organization, that met after the advance resolution deadline, are available at the HOD meeting on Sunday morning. These items should be added to the Handbook on site. If any member organization’s house of delegates or primary policy making body, as defined by the organization, adjourns during the 5-week period preceding commencement of an AMA 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 AMA House of Delegates meeting.

Resolutions assigned to Reference Committees

All resolutions accepted for consideration at each HOD meeting are assigned to a reference committee for deliberation. Resolutions are organized in the Handbook under the name of the reference committee to which they have been assigned. Reference committees are as follows:

Annual Meeting

<u>Reference Committee</u>	<u>Content Area</u>	<u>Resolution Numbering</u>
Reference Committee on Amendments to Constitution and Bylaws	AMA Constitution; AMA Bylaws; Ethics	All resolutions that have a # under 100 has been assigned to this committee
Reference Committee A	Medical Service	Resolutions assigned to this committee begin with 101
Reference Committee B	Legislation	Resolutions assigned to this committee begin with 201
Reference Committee C	Medical Education	Resolutions assigned to this committee begin with 301
Reference Committee D	Public health	Resolutions assigned to this committee begin with 401
Reference Committee E	Science and Technology	Resolutions assigned to this committee begin with 501
Reference Committee F	AMA Finance; AMA Governance	Resolutions assigned to this committee begin with 601
Reference Committee G	Medical Practice	Resolutions assigned to this committee begin with 701

Interim Meeting

<u>Reference Committee</u>	<u>Content Area</u>	<u>Resolution Numbering</u>
Reference Committee on Amendments to Constitution and Bylaws	AMA Constitution; AMA Bylaws; Ethics	All resolutions that have a # under 100 has been assigned to this committee
Reference Committee B	Legislative advocacy issues	Resolutions assigned to this committee begin with 201
Reference Committee F	AMA Finance; AMA Governance	Resolutions assigned to this committee begin with 601
Reference Committee J	Medical Service and Practice advocacy	Resolutions assigned to this committee begin with 801
Reference Committee K	Professional Standards advocacy	Resolutions assigned to this committee begin with 901

Please note that resolutions pre-assigned to one reference committee may be reassigned prior to the start of the reference committees. Also, a resolutions may also be withdrawn by the sponsor prior to being accepted as business of the HOD.

eHandbook

The AMA is making progress in efforts to “green” House of Delegates meetings by increasing the use of electronic media and lessening reliance on printed documents. An electronic House of Delegates Handbook will be made available in downloadable form on the [HOD website](#), and is the primary distribution mode. The eHandbook:

- contains the same content as a printed Handbook, including all resolutions, reports and schedules;
- includes multiple indexes and bookmarks for easy navigation;
- allows users to record comments, highlight passages and otherwise annotate items of business using readily available, free software (Adobe Acrobat Reader); and
- is updated for the supplemental mailing, meaning the document will reflect referral changes and updated resolutions, and the supplement will be fully integrated with the original material.

Also, Handbook items, including most reports and resolutions, are available on the [HOD website](#), in advance of the meeting. CSAPH and CEJA reports intended for publication are not available on the Web site.

Most items of business distributed at the meeting also can be accessed on the [HOD website](#).

Likewise, the Handbook Addendum will be posted as soon as it is available, at which time a final comprehensive Handbook that interweaves the original document and the Addendum will also be posted.

Note that the downloadable versions of all materials are available well before the Handbook/Handbook Addendum can be produced on any physical medium.

Ability to “opt-in” to receive Printed Handbook or CD

Meeting attendees can opt in to receive a physical copy of the Handbook (and Supplement) either on paper or CD by calling (312) 464 4405 or by sending an email to Handbook.Optin@ama-assn.org, and providing their name, contact information and the name of the society represented. The deadline for choosing to receive these types of Handbooks is published on the [HOD website](#) and communicated in advance of the meeting to all delegates and alternate delegates and other meeting attendees. Only delegates and alternate delegates can choose to receive paper copies of the Handbook.

Late Resolutions

Late resolutions (received after the 30-day and 7-day deadlines, but before noon of the day before the House meetings) are not distributed in advance, but rather are distributed to HOD members at the Second Session of the HOD.

Additional Handbook Items and Supplemental Materials

On Sunday morning, a supplemental packet that includes “on time” resolutions that were not included in the eHandbook or supplemental mailing, including resolutions from the AMA

Sections, is distributed. Also included in the Sunday supplemental distribution packet is a list of those HOD members who will be retiring from the HOD.

Other items made available on site include emergency resolutions, reports from the Board or Councils issued after the opening session, and reference committee reports. These materials are typically duplicated and distributed to HOD members as they become available.

These additional Handbook items and supplemental materials also are made available electronically through the [HOD website](#).

Reference Committee Reports, including Versions annotated with HOD Action

Reports of the reference committees typically are available beginning late Sunday night. Print copies are placed in a lobby area near the HOD meeting. Reference committee reports are also made available online, but because they are not actions of the AMA-HOD, they appear only on the members-only section of the [HOD website](#) in a password protected area. Reports annotated with HOD actions are available ONLY online on the [HOD website](#).

Not for Official Business Items

A “Not for Official Business” bag containing campaign literature, small gifts and other informational material approved by the Speakers, is distributed at the First Session of the HOD, known as the Opening Session, scheduled for Saturday afternoon.

Chapter 7: Sessions of the AMA House of Delegates

The House of Delegates (HOD) meets as a whole daily, if only for a brief period of time. The Order of Business is proposed by the Speaker and approved by the House of Delegates. At any meeting, the House of Delegates, by majority vote, may change the order of business.

The First Session of the HOD, scheduled for Saturday afternoon at both Annual and Interim Meetings, typically includes the following additional elements:

- Call to order by the Speaker
- Invocation
- National Anthem
- Presentation of Awards (Interim Meeting only)
- Address of the President
- Remarks of the Executive Vice President
- Remarks from Invited Presenters such as the President of the American Medical Association Alliance, Inc. and the President of the American Medical Association Foundation
- Remarks from the Speaker and Speaker Announcements
- Reports of committees
- Verbal report from the chair of the Committee on Rules and Credentials citing the number of registered and credentialed delegates (to establish a quorum)
- Presentation, correction, and adoption of the minutes
- Unfinished business
- New business

The Second Session of the HOD, usually convened on Sunday morning, generally includes the following items:

- Call to order by the Speaker
- Remarks from the Speaker
- Announcements of Changes in Reference Committee
- Reports of the Board of Trustees
- Reports of the Councils of the AMA
- Verbal report from the chair of the Committee on Rules and Credentials citing the number of registered and credentialed delegates to establish a quorum
- Rules Report from the Committee on Rules and Credentials
- Presentation of Recommendations for Items to Not be Considered (Interim Meeting only)
- Supplementary Reports of the Committee on Rules and Credentials re: Late Resolutions and Reaffirmation Resolutions
- Acceptance of Handbook as business of the House
- Memorial Resolutions
- Unfinished business
- New business

The Third Session of the HOD, convened on Monday afternoon, typically consists of the following elements:

- Call to order by the Speaker
- Verbal report from the chair of the Committee on Rules and Credentials citing the number of registered and credentialed delegates to establish a quorum
- Reports of Reference Committees of the House of Delegates
- Announcements
- Unfinished business
- New business

The Fourth Session of the HOD, convened on Tuesday, typically includes the following:

- Call to order by the Speaker
- Verbal report from the chair of the Committee on Rules and Credentials citing the number of registered and credentialed delegates to establish a quorum
- Closing Report of the Committee on Rules and Credentials (Interim Meeting only)
- Election Results (Annual Meeting only)
- Resolutions of an Emergency Nature (Interim Meeting only)
- Unfinished business
- New business

The Fifth Session of the HOD, convened on Wednesday only at the Annual Meeting, usually has the following components:

- Call to order by the Speaker
- Verbal report from the chair of the Committee on Rules and Credentials citing the number of registered and credentialed delegates to establish a quorum
- Resolutions of an Emergency Nature
- Unfinished business
- New business
- Closing Report of the Committee on Rules and Credentials

Some explanatory comments are in order for some of the above.

New Business

Resolutions submitted prior to the HOD deadline and included in the Handbook and supplemental packet, are accepted as business of the House of Delegates after presentation by the Speaker of the House at the Second Session of the HOD, scheduled for Sunday morning. Before this is done, however, the Speaker gives resolution sponsors an opportunity to present changes in any resolution, and to withdraw any resolution.

After resolutions are presented and accepted by the House, a motion to postpone temporarily is in order if a delegate wishes to prevent further action on an item. This might occur if an item is considered objectionable by a delegate. The motion must be sustained by a two-thirds vote.

By policy, the Interim Meeting deals only with items that address advocacy and ethical matters or that are urgent. To ensure this focused agenda, resolutions are first reviewed by the Resolution Committee, which recommends that each item be considered or not considered at the meeting. While all items are included in the Handbook or supplemental packet, items recommended for consideration are collated by reference committee and those recommended not to be considered are collated separately. The Speaker presents the report of the Resolution Committee to the

delegates at which time items recommended against consideration can be admitted as business by a simple majority vote of the delegates.

For both the Annual and Interim meetings, the Chair of the Committee on Rules and Credentials presents a report with the committee's recommendations on acceptance of late resolutions. A consent calendar format is used to expedite business, which allows multiple resolutions to be grouped either under a recommendation to accept or a recommendation not to accept. Prior to voting on the consent calendar, the Speaker asks if any HOD members wish to extract an item for further discussion, and HOD members then vote individually only on those items that have been extracted from the consent calendar. Acceptance as business of the House requires a two-thirds vote. If the HOD votes to accept a resolution, the Speaker assigns it to a reference committee for further consideration.

The [AMA Bylaws](#) allow any member organization's house of delegates or primary policy making body, as defined by the organization, which adjourns during the 5-week period preceding commencement of an AMA House of Delegates meeting, 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 AMA House of Delegates meeting. Another Bylaw also allows resolutions from the business meetings of the AMA Sections. Section resolutions may be presented for consideration at any time before the close of business on the day preceding the final day of the HOD meeting. These resolutions are distributed to delegates on Sunday, and the Speaker presents them at the Second Session.

Reports, recommendations, resolutions or other new business presented by the Board of Trustees on the final day of a meeting are accepted as business before the House but are not referred to a reference committee. Adoption of the recommendation(s) require a three-fourths vote of delegates present and voting.

Informational Reports

Most informational reports are handled through a consent calendar process during the Second Session of the House, and are filed for information. A delegate, however, may request (without a second from another delegate) that an informational report be extracted and referred to a reference committee for consideration. If such a request is made, the extractions are accepted by the Speaker without debate.

Recommendations for Late Resolutions

A late resolution may be presented by a delegate any time prior to the final day of a meeting, but will be accepted as business of the House of Delegates only upon a two-thirds vote of delegates present and voting. Late resolutions are referred to the Committee on Rules and Credentials, which meets with the sponsor(s) to determine the urgency of the resolution. It then issues a report with recommendations, presented as a consent calendar, for acceptance or nonacceptance of the late resolutions. If the committee recommends that a resolution is not urgent and should not be accepted for consideration, the sponsor may call for extraction of that item from the committee's consent calendar, and then offer comments to the HOD members.

In the case of late resolutions that pose serious legal problems, the Chair or another member of the Board will inform the House of the legal objections prior to a vote to accept or reject the resolution.

Memorial Resolutions

Memorial resolutions remember a physician or nonphysician who has made significant contributions to the AMA or Federation societies. All memorial resolutions must be submitted to the Office of House of Delegates Affairs by noon on Saturday, and are subsequently distributed. At the HOD session on Sunday, the Speaker calls for a moment of silence. Memorial resolutions are not referred to a reference committee, but rather are adopted unanimously. They become part of the meeting Proceedings, but are not included in PolicyFinder.

Recommendations for Reaffirmation

Reaffirmation resolutions, defined as resolutions that would establish policies comparable to already existing policies, are placed on the Reaffirmation Consent Calendar. Pertinent existing policy by reference to the Policy Database identification number is included to support reaffirmation. When practical, the Reaffirmation Consent Calendar also includes a listing of the actions that have been taken on the current AMA policies that are equivalent to the resolutions listed.

It is the responsibility of the Committee on Rules and Credentials to determine which resolutions are placed on the reaffirmation consent calendar. Extractions can be made from this consent calendar, which places these items back into reference committees for discussion. Resolutions that are not extracted from the consent calendar are handled by reaffirming existing policy in lieu of the resolution--the resolution itself does not become policy. Reaffirmation of existing policy means that the policies reaffirmed remain active policies within the AMA policy database and therefore are part of the body of policy that can be used in setting and pursuing the AMA's agenda. It also resets the "sunset clock," so such policies remain viable for 10 years from the date of reaffirmation.

Withdrawn Resolutions

Events that occur between the submission of resolutions and their acceptance as business at the Second Session of the House may make any given resolution unnecessary or inappropriate. Until a resolution is accepted as business of the House, it can be withdrawn by its sponsor. Its withdrawal is noted in the meeting Proceedings.

Items Recommended Against Consideration (Interim Meeting only)

In accordance with the policy of focusing the Interim Meeting on advocacy and legislation, but including resolutions related to ethics, bylaw changes or urgent matters, the Resolution Committee recommends that some resolutions not be considered. Those resolutions are located in a separate section of the Handbook and will not be considered by the House at the Interim Meeting, although the sponsors may resubmit them for consideration at a future meeting.

The sponsor or other delegates may request consideration of any resolution recommended for nonconsideration by asking to extract the item from the consent calendar. The request should identify the resolution number and briefly explain why it should be considered at this meeting, with the explanation limited to how the resolution fits the defined categories of advocacy, legislation, or matters of an urgent nature. The merits of the resolution itself are not discussed at this time. A majority vote of the HOD is required to admit these items of business for consideration.

Resolutions that are not accepted for consideration at the Interim Meeting must be resubmitted if the sponsors wish them to be considered at a future meeting.

Resolutions of an Emergency Nature

Resolutions of an emergency nature presented by delegates on the final day of a meeting are referred by the Speaker to an appropriate reference committee, which then reports to the HOD as to whether the matter involved is or is not of an emergency nature. If the reference committee reports that the matter is of an emergency nature, the resolution shall be presented to the HOD without further consideration by a reference committee. Adoption of the recommendation(s) in the emergency resolution require a three-fourths vote of delegates present and voting.

If the reference committee reports that the matter is not of an emergency nature, the resolution may be submitted for consideration at the next meeting.

Chapter 8: Reference Committee Hearings and Reports

To get through the large number of reports and resolutions at each meeting, the work of the House of Delegates (HOD) is divided among reference committees. Each reference committee conducts open hearings on items of business that have been referred to it. Reference committees provide an opportunity for extensive discussion and airing of views prior to consideration by the full House. The HOD also is experimenting with virtual reference committees whereby HOD members and other AMA members can submit testimony in advance of the meeting for the reference committee's consideration. Details regarding this forum are provided in the Speakers Letter and other communications regarding the meeting. When a virtual reference is used, each committee prepares a draft reference committee report in advance of the meeting based on the online testimony received. The draft reference committee report then becomes the focus of testimony during the reference committees convened as part of the HOD meeting.

Issues assigned to each Reference Committee

The reference committees are organized by topic areas, with each having a common set of topics to handle.

Because the focus of the Annual and Interim Meetings is slightly different, with the Interim Meeting having an advocacy/legislative agenda, the reference committees differ slightly from meeting to meeting. The traditional reference committees and their areas of responsibility are listed in Chapter 6.

Reference Committee Schedules

Following the Second Session of the HOD on Sunday morning, Annual Meeting reference committee hearings begin, with several hearings in the morning and the remainder in the afternoon. At the Interim Meeting, all reference committee hearings begin on Sunday morning.

The times and locations of each reference committee hearing is published in the Handbook and any changes are announced at the end of the Second Session of the House of Delegates on Sunday morning.

Order of Business

Each Reference Committee prepares an Order of Business, which lists the order in which the items of business (reports and resolutions) assigned to the committee will be considered. The sequence of the Order of Business generally consists of items of business having similar topics, and thus is not the same as the numbering of the resolutions themselves. Also, similar items may be combined into a single item of business, at the discretion of the committee chair.

Orders of Business for all reference committee hearings are available at a general distribution area and on the [HOD website](#). The order for each committee is also available in its hearing room, a chart at the front of each room designates the number of the item from the Order of Business, not the resolution or report number, currently being discussed. There also is an electronic reference committee tracking station where the business assigned to each committee is noted and progress monitored.

Rules Governing Reference Committee Hearings

Equitable hearings are the responsibility of the committee chair, and the committee may establish its own rules on the presentation of testimony with respect to limitations of time, repetitive statements, etc. Use of photography (with the exception of flash photography), television filming, and recording devices are acceptable. Reference committee chairs are instructed not to ask for an expression of the sentiments of the overall group attending the hearing by an informal vote on particular items (i.e. “straw vote”). Committee members may ask questions to be sure that they understand the opinions being expressed, or may answer questions if a member seeks clarification; however, the committee members do not argue with those presenting testimony or express opinions during the hearings. Their responsibility is to listen carefully and evaluate all the opinions presented so that the reference committee may provide the voting body with a carefully considered recommendation.

Hearings are open to all AMA members, guests, official observers, interested outsiders and the press. Any member of the Association is privileged to speak on the resolution or report under consideration. Non-member physicians, guests or interested outsiders may, upon recognition by the chair, be permitted to speak. Each reference committee chair has the privilege of calling on anyone attending the hearing if the individual called may have information that would be helpful to the committee.

Testimony

Each individual speaking to an issue must be recognized by the reference committee chair while at a microphone. When called upon, the individual should:

- Identify oneself by name;
- Specify whether testifying as an individual, or offering testimony on behalf of a delegation, caucus or Section (and if so, state the name of the group);
- Disclose any commercial or financial conflicts of interest with respect to the issue at hand. AMA policy defines a conflict of interest as “having a substantial financial interest in commercial enterprise, which interest will be materially affected by a matter.”
- Clearly state his or her intent in offering comments – support, opposition or recommendation of a compromise position or a substitute resolution.
- Offer general background or propose alternative language, if appropriate; and
- Direct testimony to the Reference Committee, not to other hearing participants.

Wording for alternative language or a proposed substitute resolution also should be submitted in writing to reference committee staff, but not in any special format. Handwritten comments are acceptable. Other written material that accompanies the testimony may also be presented to the reference committee staff for discussion at the committee’s executive session.

Executive Session

Following its open hearing, a reference committee goes into executive session to deliberate and to construct its report. It has the prerogative to call into its executive session anyone it may wish to hear or question.

The reference committee reviews the testimony that was submitted, and discusses its options for disposing of each item. During executive session, the reference committee may review existing AMA policy and directives, background material from other sources, or medical journals. The

reference committee may also consider substitute resolutions that were presented during the open hearing. Legal counsel is available to all reference committees during their deliberations.

In constructing its report, a reference committee amends the language of any resolution that reads either "MD" or "DO" to read "MD and DO," unless specifically applicable to one or the other, in accordance with AMA policy.

A reference committee has wide latitude in its efforts to facilitate expression of its recommendations on assigned business and to give credence to the testimony. A reference committee may choose to amend a resolution, consolidate kindred resolutions by constructing a single substitute, or recommend that an item be adopted, not adopted or referred.

Reference Committee Report

Each reference committee prepares a report, which then becomes the basis for upcoming House debate and action. In order that they may be made available to the delegates as far in advance of formal presentation to the House as possible, reports are constructed swiftly and succinctly after completion of the hearings and the executive session.

Each reference committee reports to the House each item referred to it as follows:

- The resolution number and title, or the number and name of the report;
- A concise statement of the reference committee's recommendation;
- A summary of the issue under consideration;
- A summary of the debate, as appropriate; and
- Rationale for the committee's recommendations.

The reference committee as a whole reviews the draft report and works with staff to finalize it. The draft report also is reviewed by AMA legal counsel for clarity and potential legal or restraint of trade concerns, and by the Speaker and/or Vice Speaker for parliamentary correctness.

A minority report from one or more reference committee members is allowed. Any committee member who intends to make a minority report does not sign the majority report and makes his or her intention known to the other members of the reference committee while it is in executive session and prior to the presentation of the majority report to the HOD.

Consent Calendar

Each reference committee report includes a consent calendar that groups all items under one of several recommended actions. The order of categories for the consent calendar is as follows:

- Recommended for Adoption
- Recommended for Adoption with Change in Title
- Recommended for Adoption as Amended or Substituted
- Recommended for Referral
- Recommended for Referral for Decision
- Recommended for Not Adoption
- Recommended for Reaffirmation in Lieu of
- Recommended to File
- Recommended for Leave to Withdraw

Grouping like actions on a consent calendar also facilitates House action on those items. Chapter 9 discusses the meanings of the above recommended actions, as well as how the reports are presented using a consent calendar format.

Reference Committee Report Availability and Distribution

As soon as reference committee reports are finalized and reproduced, print copies are placed in a public area near the room in which the House of Delegates meeting is held. Reports are also made available online as soon as they are finalized and often hours before print copies are ready. Reports typically are available beginning late Sunday night, and all should be completed by Monday afternoon.

Additional Items considered by Reference Committees

A reference committee may need to reconvene if the Speaker assigns to it new items of business presented before the close of business on the day preceding the final day of a meeting, or for Emergency Resolutions on the final day of the meeting.

Schedule of Reference Committee Report Presentations

The Speakers determine the order in which the various reference committee reports will be considered by the House. This schedule specifying the order is distributed along with the Reference Committee Reports.

Caucusing on Reference Committee Report Recommendations

Delegations, caucuses, and individuals typically review the recommendations on the consent calendar of each reference committee report to determine whether any further action on the part of individual delegates or delegations is necessary. Such action may include extracting an item from the consent calendar for further discussion, offering an amendment to the language proposed by the reference committee, or introducing a substitute resolution.

Amendments

The language of any amendments or substitute language should be presented to the AMA Office of House of Delegates Affairs in advance of HOD deliberations. AMA staff will prepare the amendments in their proper format and can help with suggested wording that is correct from a parliamentary perspective. If a delegate plans to amend a recommendation by proposing only a minor editorial change, a written amendment is unnecessary. Each amendment receives an identifier consisting of a letter denoting the reference committee and a number, which is the identifier that the delegate cites when presenting the amendment on the HOD floor. As all amendments are reviewed by AMA legal counsel, AMA staff requests a cell phone number (or location) to facilitate contact should the author need to be contacted.

Amendments are rarely made available for general distribution to HOD members, but rather are projected on a screen when being discussed.

Chapter 9: Parliamentary Procedure and the House of Delegates: An Overview

The House of Delegates (HOD) transacts its business according to a blend of rules imposed by the AMA Bylaws, established by tradition, decreed by its presiding officer, and generally pursuant to the guidance of the current edition of The Standard Code of Parliamentary Procedure (The Standard Code).

Parliamentary procedure serves to aid the HOD in the orderly, expeditious and equitable accomplishment of its desires. No rigid codification of HOD parliamentary procedure exists. Any compulsive adherence to an inflexible set of directives may thwart rather than abet such an objective. In the absence of specific provisions to the contrary in the AMA Constitution and Bylaws, the HOD generally follows the parliamentary rules and usages contained in the current edition of The Standard Code.

Transacting HOD Business

Some of the more common parliamentary procedures used by the HOD are as follows. A few explanatory comments are offered, as the procedures differ slightly from the Principal and Incidental Motions put forth in The Standard Code. The variations are largely attributable to the fact that the consent calendars from the reference committees are not considered “formal motions.”

- Motion to *Vote Immediately* - Applies only to the immediately pending question. This motion requires a two-thirds affirmative vote. The motion to Vote Immediately may not be made by a delegate immediately following his or her own testimony on an issue. The motion also is assumed to apply to the last motion on the House floor unless the maker of the motion specifies otherwise. In a departure from The Standard Code, the Speakers have ruled that this motion applies to motions on which there has been both pro and con debate. Similarly, the Speakers have determined that if a delegate is at a microphone waiting to make a motion or propose an amendment when a motion to vote immediately is made, the Speaker will permit, on a point of personal privilege, the delegate to state, but not discuss, the motion he or she wishes to make prior to the vote on the motion to vote immediately. (This also applies to the Motion to Vote Immediately on All Pending Matters.)
- Motion to *Vote Immediately on All Pending Matters* - If this action prevails, the House must act without further debate on the item of business and all pending matters, so long as both sides have been heard. (As noted above, this is a departure from The Standard Code.)
- Motion to *Limit Debate* - At the outset of the meeting the House, through adoption of Rules proposed by Committee on Rules and Credentials, the HOD establishes a time limit that an individual can debate any particular issue. There are times when a member of the House may move to either further limit the time for debate, or, alternatively, can move to remove restrictions of the time limit for a particular issue or to the remainder of the meeting.
- The motion to *Postpone or Defer Consideration* of a question: Such deferment may take two forms: (1) Postpone To a Certain Time; and (2) Postpone Temporarily.
 - To *Postpone to a Certain Time* is of higher rank than referral, and a lesser rank than limiting debate, and can be amended only as to the definite time for postponement, with debate limited to a brief discussion of the time or reason for postponement.
 - To *Postpone Temporarily* is the same motion as to “Table” and is the highest-ranking subsidiary motion to be applied to a main motion, and requires a majority vote and can have no

other motions applied to it. It can be applied to a motion even after debate on the motion has been terminated. If adopted, this motion would temporarily postpone the vote on the main motion and allow the main motion to be brought from the table for resumption of debate at such time as a motion to resume consideration is adopted. When such debate is resumed, if the vote to terminate debate has been previously decided, it would require that the vote be taken without further debate unless a motion to reconsider voting immediately is adopted. If the intent is to prevent hearing that item as business, then a two-thirds vote is required.

- Motion to *Refer for Decision* - The House can refer an item to the Board for study or review, and can instruct the Board to make a decision for disposition of the item. When the House of Delegates refers an item of business to the Board of Trustees for decision, the House delegates to the Board of Trustees the decision as to what action is appropriate. Once the Board of Trustees determines the appropriate action, the Board subsequently will inform the House of the action via the status chart submitted to the Delegates with the Handbook prior to the next meeting, and may use other appropriate means to communicate the action, such as AMA publications. In a departure from The Standard Code, in instances where the reference committee recommendation is to Refer for Decision, the Speakers allow discussion of the main motion or amendments, even though they have lower orders of precedence, as a matter of fairness since there has not been the opportunity to discuss these prior to the refer for decision recommendation. The Speakers also allow discussion on the main motion or amendment on any item of business extracted from the consent calendar when a motion to Refer for Decision is made prior to debate on both sides of the issue having been heard. (This also applies to the Motion to Refer.)
- Motion to *Refer (which is a Referral for Report)* - The House can refer an item to the Board for further study and review with instructions to report back to the House outlining the results of the study. The House can specify a specific time for the report to be returned (for example, “with a report back at the next Interim Meeting of the House of Delegates”). Without such a directive, the matter of reporting back and its timing is up to the body receiving the referral. If the motion to Refer is adopted, all pending or adopted amendments as well as the subject are referred. All referrals to specific Councils are made through the Board of Trustees.
- Motion to *Amend* - A Motion to Amend is to change a motion being considered by the House, usually by addition, deletion, insertion *and* deletion, or by substitution.
- Motion to *Reconsider* - This motion, if passed, allows the House to debate and vote again on an item previously voted on at the same meeting, if legally and physically possible to do so. If an item is so reconsidered, the original item, as though no action had been taken, is taken up for debate and vote.

Presentation of the Reference Committee Reports utilizing a Consent Calendar Format

Reference committee reports comprise the bulk of the official business of the HOD, and voting on the recommendations summarized on the consent calendar of those reports begins on Monday afternoon at the Annual and Interim Meetings.

When the recommendations of a specific reference committee report are under consideration, the Speaker invites the committee members to sit at a specially designated table in front of the HOD. The Speaker then opens for discussion the matter that is the immediate subject of the reference committee report, presented on a consent calendar with the items of business grouped together according to the committee’s recommended course of action. The effect is to permit full consideration of the business at hand,

unrestricted to any specific motion for its disposal. It should be emphasized that it is only the recommendations of the reference committee that should be discussed on the floor of the House, and the title of the item under discussion. It is out of order to seek to amend language in the report describing the item or the committee's rationale for its recommendation.

Any member of the HOD may extract an item of business from the consent calendar for debate or individual action without the need for a second, a vote, or permission to separate it from the other items. Once extractions are finished, the HOD votes to accept the remainder of the reference committee recommendations as presented on the consent calendar. When there are items on the consent calendar that require a two thirds vote for adoption, adoption of the consent calendar constitutes adoption of those items.

In the interest of clarity, the Speakers offer the following explanatory comments so that the HOD clearly understands the precise effect of the language used in disposing items of business.

1. Recommendation to *File*: The House acknowledges that a report has been received and considered, but that no action upon it is either necessary or desirable. This does not set Association policy or have the effect of placing the Association on record as approving or accepting responsibility for any of the material in the report.
2. Recommended for *Adoption*: The House acknowledges that the recommendations of a report or a resolution have been considered and on adoption will be implemented according to what is stated in the report or resolution: new AMA policy, modify current AMA policy, modify AMA Bylaws, rescind AMA policy, reaffirm AMA policy, or directive to take action.
3. Recommendation for *Adoption with Change in Title*: The House acknowledges that the recommendations of a report or a resolution have been considered and on adoption will be implemented according to what is stated in the report or resolution: new AMA policy, modify current AMA policy, modify AMA Bylaws, rescind AMA policy, reaffirm AMA policy, or directive to take action.
4. Recommended for *Adoption as Amended or Substituted*. The House acknowledges that the recommendations of a report or a resolution as amended by the reference committee, or as substituted, have been considered and on adoption will be implemented according to what is stated in the report or resolution: new AMA policy, modify current AMA policy, modify AMA Bylaws, rescind AMA policy, reaffirm AMA policy, or directive to take action.
5. Recommended for *Referral*: The House acknowledges that it does not wish to assume responsibility for the report or resolution's recommendation(s) in its(their) existing form(s), and it wishes to take action to refer the matter to the Board of Trustees (or to an AMA Council through the Board) for further study and report back to the House at a subsequent meeting. Unless the recommendations specifies a specific time for the report to be returned (for example, "with a report back at the next Interim Meeting of the House of Delegates"), the matter of reporting back and its timing is up to the Board of Trustees.
6. Recommended for *Referral for Decision*: The House acknowledges that it does not wish to assume responsibility for the report or resolution's recommendation(s) in its(their) existing form(s), and it wishes to take action to delegate to the Board the decision as to determine what action is appropriate. Once the Board of Trustees determines the appropriate action, the Board subsequently will inform the House of the action via the status chart submitted to the Delegates

with the Handbook prior to the next meeting, and may use other appropriate means to communicate the action, such as AMA publications.

7. Recommended for *Not Adoption*: The House acknowledges that it does not wish to take the action specified in the original report or resolution. The original resolution will be placed before the House of Delegates and the Speakers will note that the Reference Committee has recommended a “no” vote.
8. Recommended for *Reaffirmation in Lieu of*: The House chooses to reaffirm an existing AMA policy or directive to take action. By doing so, the House extends the duration of the policy or directive for another ten years.
9. Recommended for *Leave to Withdraw*: The House acknowledges that it agrees with the reference committee that a report or resolutions should be withdrawn. As previously noted, a resolution’s sponsor may only request withdrawal of a resolution prior to its formally being presented by the Speaker of the House at the Second Session of the HOD, scheduled for Sunday morning. A request for withdrawal after that time requires HOD approval. If, in the judgment of the sponsor and of the reference committee, it appears that withdrawal of the resolution is preferable to presentation for action, the reference committee may recommend withdrawal to the House of Delegates in its report. If the House of Delegates supports this recommendation by a majority vote of delegates present and voting, the resolution is withdrawn and is recorded in the minutes of the meeting as having been withdrawn without action.

Extracted Items

Once the House votes on the recommendations presented by the reference committee in the form of a consent calendar, the Speaker brings each individual extracted item before the House for debate and action. Following the debate in a House meeting on extracted items can be one of the most confusing aspects of a new delegate’s experience. Even those who have considerable experience with the rules of parliamentary procedure at times get lost when there are successive motions on an item of business. Although the Speakers will provide guidance to delegates on how to phrase their motion, it is the delegate's responsibility to follow the rules of parliamentary procedure when participating in House debate.

Typically, there is a 3-minute limitation on debate per delegate speaking on each item of business. Delegates agree to this or other specified time limits when they ratify a Rules Report from the Committee on Rules and Credentials at the First Session of the HOD. The Speaker may waive the rule for just cause.

On each extracted item and in the absence of other motions, the Speaker asks the Reference Committee chair to read the recommendation of the reference committee. The reference committee chair does not paraphrase the rationale for the committee’s recommendation, unless requested to do so by the Speaker.

Delegates who wish to speak to a particular extracted item should line up at a microphone and wait to be recognized by the Speaker. The Speaker should be appropriately addressed as “Madame Speaker” or “Mister Speaker.” When so recognized, a delegate should identify oneself by name and indicate whether speaking as an individual or on behalf of a delegation or caucus. The delegate (or the delegation being represented) should also disclose any conflicts of interest he or she (or the delegation being represented) has with respect to the issue at hand. **All comments should be addressed to the Speaker.**

The delegate then should make a specific motion or provide further debate. When making a motion on behalf of a delegation, a second is not needed and the Speaker acknowledges that fact. When making a

motion as an individual, the Speaker calls for a seconding motion. If a second is received or not needed, the delegate continues on to succinctly state his or her opinion on the matter, and provide a specific motion on how to deal with the item at hand. If the delegate proposes an amendment, the amendment identifier should be cited so that it can be projected for all to see. If the amendment consists of a minor editorial change of few words, a written amendment does not need to be submitted, but the wording changes still will be projected. The process for submitting amendments is described in Chapter 8.

The specific motion made determines whether it has a higher order of precedence (or a lower order of precedence) than the recommendation for action proposed by the reference committee. The Speaker rules whether the motion is in order or not in order.

In general, the majority opinion of the House in determining what it wants to do and how it wants to do it should always remain the ultimate determinant. It is the obligation of the Speaker to sense this will of the House, to preside accordingly, and to hold his or her rulings ever subject to challenge from and reversal by the HOD. In consonance with this concept, the following outline of procedures is offered as a guide, subject to future modification, in the hope that adherence to its principles will advance efficiency of operation by reducing confusion and misunderstanding.

The Standard Code defines a motion as “the formal statement of a proposal or question to an assembly for consideration and action.” Each motion is considered a “main motion” (principal motion) or an “incidental motion.” The chart below presents principal motions in order of their precedence. A second chart presents what Sturgis calls incidental motions.

PRINCIPAL RULES GOVERNING MOTIONS

Order of Precedence ¹	Can Interrupt?	Requires Second?	Debatable?	Amendable ?	Vote Required?	Applies to what other motions?	Can have what other motions applied to it? ⁴
<i>Privileged Motions</i>							
1. Adjourn	No	Yes	Yes ³	Yes ³	Majority	None	Amend
2. Recess	No	Yes	Yes ³	Yes ³	Majority	None	Amend ³
3. Question of privilege	Yes	No	No	No	None	None	None
<i>Subsidiary Motions</i>							
4. Postpone temporarily (Table)	No	Yes	No	No	Majority ²	Main motion	None
5. Close debate	No	Yes	No	No	2/3	Debatable motions	None
6. Limit Debate	No	Yes	Yes ³	Yes ³	2/3	Debatable motions	Amend ³
7. Postpone to a certain time	No	Yes	Yes ³	Yes ³	Majority	Main motion	Amend ³ , close debate, limit debate
8. Refer ⁵	No	Yes	Yes ³	Yes ³	Majority	Main motion	Amend ³ , close debate, limit debate
9. Amend	No	Yes	Yes	Yes	Majority	Rewordable motions	Close debate, limit debate, amend
<i>Main Motions</i>							
10a. The Main Motion	No	Yes	Yes	Yes	Majority	None	Restorative, subsidiary
10b. Restorative Main Motions							
Amend a previous action	No	Yes	Yes	Yes		Main motion	Subsidiary, restorative
Ratify	No	Yes	Yes	Yes		Previous action	Subsidiary
Reconsider	Yes	Yes	Yes ³	No	Majority	Main motion	Close debate, limit debate
Rescind	No	Yes	Yes	No	Majority	Main motion	Close debate, limit debate
Resume Consideration	No	Yes	No	No	Majority	Main motion	None

¹ Motions are in order only if no motion higher on the list is pending. Thus, if a motion to close debate is pending, a motion to amend would be out of order; but a motion to recess would be in order, since it outranks the pending motion.

² Requires two-thirds vote when it would suppress a motion without debate.

³ Restricted.

⁴ Withdraw may be applied to all motions.

⁵ Under AMA Policy, when the motion is made to refer, the maker of the motion should specify whether it is to refer (for report back) or to refer to the Board of Trustees for decision.

Adapted from: The Standard Code of Parliamentary Procedure, 4th edition, by Alice Sturgis; revised by the American Institute of Parliamentarians. Copyright 2001, McGraw-Hill. Reproduced with permission of The McGraw-Hill Companies.

INCIDENTAL MOTIONS

No Order of Precedence	Can Interrupt?	Requires Second?	Debatable?	Amendable ?	Vote Required?	Applies to what other motions?	Can have what other motions applied to it?
<i>Motions</i>							
Appeal	Yes	Yes	Yes	No	Majority	Decision of Chair	Close debate, limit debate
Suspend Rules	No	Yes	No	No	2/3	None	None
Consider Informally	No	Yes	No	No	Majority	Main motion	None
<i>Requests</i>							
Point of order	Yes	No	No	No	None	Any error	None
Parliamentary inquiry	Yes	No	No	No	None	All motions	None
Withdraw a motion	Yes	No	No	No	None	All motions	None
Division of question	No	No	No	No	None	Main motion	None
Division of assembly	Yes	No	No	No	None	Indecisive vote	None

Adapted from: The Standard Code of Parliamentary Procedure, 4th edition, by Alice Sturgis; revised by the American Institute of Parliamentarians. Copyright 2001, McGraw-Hill. Reproduced with permission of The McGraw-Hill Companies.

For items that are being recommended for adoption as amended, the Speaker initially places before the House the amended version of the Resolved statement (or report recommendation), together with the committee's recommendation for adoption. It is then in order for the House to apply amendments of the second order in the usual fashion. Amendments of the second order need to be germane or pertinent to the first order amendment and relate only to that amendment. Amendments proposed by a delegate are projected. Subsequent amendments of the second order or of the first order after the Reference Committee amendments have been disposed of can also be made, and their acceptance is voted upon. The matter may be restored to its original unamended form by defeating the amended reference committee version.

When a reference committee recommends a substitute resolution in lieu of a resolution as submitted, the matter before the HOD for consideration is the reference committee's recommendation. Absent any other motion from the HOD, a motion to adopt this substitute is treated as a main motion. It is in order for any delegate to propose consideration and adoption of the original resolution. This would be considered a first order amendment. However, if a motion is not made to consider the original resolution, then the business before the HOD for further action is the substitute resolution.

When a reference committee reports on two or more kindred resolutions or reports, it may recommend consolidation into a single resolution or may recommend adoption of one of these items in its own right and as a substitute for the rest. For orderly handling, the matter before the House for consideration is the recommendation of the reference committee of the substitute (or consolidated) resolution or report recommendation. A motion to adopt this substitute is treated as a main motion. Prior to HOD action on the reference committee's recommendation for adoption, it is in order for any delegate to propose consideration and adoption of any one of the original items. If this occurs, the House takes action on the resolution as submitted prior to considering the "consolidated" substitute resolution. If the reference committee's substitute resolution is not adopted, the entire group of proposals which the substitute embodied is considered to be rejected, or not adopted.

If the recommendation from the reference committee is to refer the item of business, the motion before the HOD becomes referral of the item. If referral is defeated, the motion on the floor is the original resolution or report. Likewise, if a motion to "refer" an item of business is made from the floor and fails to pass, the House then votes on the original recommendation of the reference committee, as proposed in its consent calendar.

For each item of business, amendments to or substitutions to Resolved statements or report recommendations proposed by the reference committee are individually considered, amended, debated and voted upon. When all Resolved clauses relating to the exacted item have been considered and passed

individually, the Speaker will call for a vote on the complete amended Resolution (including any parts of the underlying item which the reference committee did not propose to change or which were not changed on the floor of the House). At that point, a delegate may request substitution of the original resolution in lieu of the entire amended Resolution before the House. The substitute of the original resolution will be treated as a primary amendment.

Voting Options

In general, the House of Delegates may dispose of items before it in one of the following ways. A simple majority vote of the House is required for most items of business. Some actions, including changes involving the Constitution, the Bylaws, or the Principles of Medical Ethics, require a two-thirds majority vote, and these are clarified in a later section of this publication.

The Speakers utilize one of 3 voting options to establish the will of the House on how it wishes to handle a particular item:

- Oral (voice) vote;
- Head Count; or
- Electronic Vote.

Most items of business are disposed of by oral vote or electronic vote.

Any member of the HOD, however, can ask for division of the House, a parliamentary mechanism that entails dividing HOD members into groups indicating a vote in favor of or in opposition to a motion on the floor. The affirmative vote is taken first, followed by the negative vote. A head count is then taken, and the Speakers ask delegates to stand who support the motion on the floor. The Chief Teller, in conjunction with the Assistant Tellers, records the votes of the delegates, and the Speaker then announces the vote counts to the House.

AMA delegates should take into consideration a variety of perspectives, including those of patients, their sponsoring organizations and their physician constituents when considering business before the House. In voting on matters before the House of Delegates, however, delegates should vote on the basis of what is best for patients and quality medical care.

Chapter 10: Special Items and their Treatment in the HOD

Items of Business which may not be Modified by the House

The Bylaws of the Association establish that certain matters of business may be accepted or rejected by the House but not modified by it. The nomination by the President-Elect to fill a vacancy on the Council on Ethical and Judicial Affairs and the nomination by the Selection Committee for the Public Member of the Board of Trustees are such matters. The nominee so presented may be elected or rejected but nominations from the floor are not in order.

Items of Business from the Board presented on Final Day

Reports, recommendations, resolutions or other new business presented by the Board of Trustees on the final day of a meeting are accepted as business before the House but are not referred to a reference committee. Adoption of the recommendation(s) require a three-fourths vote of delegates present and voting.

Reports which may be Modified by the House and Criteria applied

Opinions and Reports of the Council on Ethical and Judicial Affairs (CEJA)

CEJA issues both Opinions and reports. The Council may provide a description or discussion of the underlying facts and circumstances leading to the development of the Ethical Opinion, and also an explanation of the Opinion and the reasons for its adoption by the Council. This explanatory material is neither the opinion of the Council nor policy of the Association. CEJA also will identify one or more Principles of Medical Ethics that form the basis for issuing the Ethical Opinion. CEJA Opinions will be placed on the Consent Calendar for filing, but may be extracted from the Consent Calendar on motion of any member of the House of Delegates and referred to a reference committee. The members of the House may discuss an Ethical Opinion fully in reference committee and on the floor of the House. Motions are in order to request that CEJA reconsider or withdraw the opinion, but may not mandate such action. After the House concludes its discussion of Ethical Opinions, Opinions that are not withdrawn by CEJA are filed.

CEJA reports may be amended for clarification with the concurrence of the Council, and may be adopted, not adopted or referred.

Reports from the Council on Science and Public Health (CSAPH)

CSAPH reports that establish scientific policy also may be treated differently than other council reports. The Speakers shall alert the House of Delegates to those scientific reports of the Council on Science and Public Health which should be adopted, not adopted, filed or referred back but may not be amended without the concurrence of CSAPH's chair. Any ruling of the Speakers on those reports of the Council that fall within the above proscription against amendment is subject to the right of appeal from the decision of the Speaker. Those restricted reports shall be identified directly on the report.

Reports from other AMA Councils

AMA policy allows for: (a) correcting factual errors in AMA reports, (b) rewording portions of a report that are objectionable, and (c) rewriting portions that could be misinterpreted or

misconstrued, so that the "revised" or "corrected" report can be presented for House action at the same meeting whenever possible. The exception are CEJA Reports.

The Speakers have interpreted [AMA policy](#) as meaning that only the recommendations of a report may be modified at the discretion of the House. The body of the report may only be modified (for instance, if there is a factual error in the text) with the concurrence of the Board or Council which submitted the report.

Information Statements

Information statements, by their very nature, are intended to require no action and are simply brought to the HOD for its attention. However, if an information statement is extracted, it is managed by the Speakers in an appropriate manner, which may include a simple editorial correction up to and including withdrawal of the information statement.

Information statements do not become part of the meeting proceedings.

Amendments to the AMA Constitution and Bylaws

Constitution

The [AMA Constitution](#) may not be amended during the course of a single Annual or Interim Meeting. Changes to the AMA Constitution must be introduced at one meeting and receive a simple majority vote of those present and voting. The matter is then automatically referred by the Board of Trustees to the Council on Constitution and Bylaws for presentation at the next meeting of the House.

At the ensuing meeting, the proposal may be adopted and the Constitution accordingly amended by a two-thirds affirmative vote of the voting delegates registered with the Credentials Committee as long as the exact wording of the amendment is the exact language approved by the House of Delegates at the prior meeting. If the exact wording is different, then it must lay over until the subsequent meeting.

Bylaws

The [AMA Bylaws](#) may be amended during the course of an Annual or Interim Meeting if the report proposing the amendment is submitted and accepted as business of the House so that it may lay over at least until the next day before adoption, and if the precise wording of the amendment is included. It is highly desirable that advance arrangements be made to ensure that the Council on Constitution and Bylaws has had an opportunity to review the proposal and to pass an opinion upon the wording, and the possibility of conflicts with the Constitution or other portion of the Bylaws.

If the reference committee has recommended that the Bylaws language proposed by a report of the Council on Constitution and Bylaws be adopted, the sustaining vote must be two-thirds of those present and voting.

Alternatively, if the reference committee recommended referral to the Board of Trustees, referral requires a simple majority. A positive vote on referral means that the Bylaws are not yet amended.

Principles of Medical Ethics

The [Principles of Medical Ethics](#) of the American Medical Association may be amended at any convention on the approval of two-thirds of the members of the House of Delegates present and voting, provided that the proposed amendment was introduced at the preceding meeting, and that the exact wording from the previous meeting is approved. If delegates choose to further amend the language, it must lay over until the subsequent meeting.

Chapter 11: Nominations and Elections for AMA Board and Council Positions

This chapter focuses exclusively on [Board](#) and [Council](#) positions that are elected by the House of Delegates (HOD). There are other appointed AMA leadership positions, and information on those positions and the nomination process can be found [online](#). Each [AMA Section](#) also holds elections for its governing council. That information similarly has not been included here, but also is available [online](#). Candidates for AMA elected office also should be aware that some AMA Sections and Special Groups, as well as the [Specialty and Service Society](#) (SSS) nominate and/or endorse candidates for some AMA elected office. Once the nominees are notified and have agreed to seek office, the campaigns begin.

The format for this chapter differs somewhat from that used elsewhere in the AMA House of Delegates Reference Manual, in that specific policies are cited.

[AMA policy](#) promotes diversity by encouraging the Federation (in nominating or sponsoring candidates for leadership positions), the HOD (in electing Council and Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions), to consider the need to enhance and promote diversity. ([G-610.010](#)[1])

Election Results

The final vote counts of all secret ballots of the House of Delegates is made public and part of the official proceedings of the House. ([G-610.030](#))

Election Manual

An Election Manual that contains information on all candidates for election is developed and distributed in print and online on the [HOD website](#). Specialty society candidates for the HOD elected offices are listed in the pre-election materials sent to the House and on the ballot as the representative of that society and not by the state in which the candidate resides. Also, elected specialty society members are identified in that capacity while serving their term of office. Lastly, nothing in AMA policy precludes formal co-endorsement by any state delegation of the national specialty society candidate, if that state delegation should so choose.

The text that follows has been excerpted from the AMA Election Manual:

Introduction

Officers and four councils are elected by the American Medical Association (AMA) House of Delegates (HOD) at the Annual Meeting. Nominations for these offices are widely solicited throughout the Federation, and campaigns are often spirited and are conducted under rules established by the AMA-HOD, which may be modified from time to time. This democratic process allows delegates ample opportunity to become acquainted with the candidates and their views. The elections are by secret ballot and are under the supervision of the Committee on Rules and Credentials and the chief teller, who are appointed by the speaker and vice speaker.

Nominations

The AMA Board of Trustees (BOT) solicits nominations twice a year for the four elected councils, which are the Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health. The deadline for receipt of nominations is March 15 of each year, and the AMA-BOT announces council nominees after its April meeting.

Officers are nominated by their sponsoring societies; they are not nominated by the AMA-BOT. As a courtesy and to keep the headquarters informed, these candidates are asked to send a letter to the executive vice president announcing their intention to seek elective office.

Officer and council candidates usually announce their intention to seek office well in advance of the Annual Meeting, by distributing an announcement on the last day of the preceding Annual OR Interim Meeting OR by a general mailing to delegates and alternate delegates between meetings of the AMA-HOD. Only one announcement is permitted. An announcement of candidacy includes only the candidate's name, email address and URL, the office sought and a list of endorsing societies. ([G-610.020](#)[4])

Announcements of candidacy are considered separate and distinct from active campaigning. Active campaigns for AMA elective office may not begin until the Board of Trustees has announced the nominees for council seats after its April meeting. Active campaigning includes mass outreach activities directed to all or a significant portion of the members of the House of Delegates and communicated by or on behalf of the candidate (e.g., letters and emails). ([G-610.020](#)[1])

At the Opening Session of the Annual Meeting, officer candidates in a contested election will give their own two-minute nominating speech. The order of the speeches will be determined by lottery. No speeches for unopposed candidates will be given, except for president-elect. When there is no contest for president-elect, the candidate will ask a delegate to place his or her name in nomination and the election will then be by acclamation. When there are two or more candidates for the office of president-elect, a two-minute nomination speech will be given by a delegate. In addition, the speaker will schedule a debate in front of the AMA-HOD to be conducted by rules established by the speaker.

There are no nominating or seconding speeches for council candidates; the chair of the AMA-BOT places their names in nomination at the Opening Session of the AMA-HOD after which the speaker will call for additional nominations from the floor.

Campaign rules

This listing of campaign rules is comprised of several policies adopted by the AMA-HOD and procedures developed by the speakers to comply with AMA-HOD actions. Where AMA-HOD policies are listed, the meeting(s) at which the action was taken and the relevant AMA policy number are listed in parentheses following the policy. The rules are listed in general categories.

Guiding principles for AMA-HOD Elections

The following principles provide guidance on how the AMA-HOD elections should be conducted and how the selection of AMA leaders should occur:

1. AMA delegates should: (a) avail themselves of all available background information about candidates for elected positions in the AMA; (b) determine which candidates are best qualified to help the AMA achieve its mission; and (c) make independent decisions about which candidates to vote for.
2. Any electioneering practices that distort the democratic processes of the AMA-HOD elections, such as vote trading for the purpose of supporting candidates, are unacceptable.
3. Candidates for elected positions should comply with the requirements and the spirit of the AMA-HOD policy on campaigning and campaign spending.
4. Candidates and their sponsoring organizations should exercise restraint in campaign spending. Federation organizations should establish clear and detailed guidelines on the appropriate level of resources that should be allocated to the political campaigns of their members for AMA leadership positions.
5. Incumbency should not assure the re-election of an individual to an AMA leadership position.
6. Service in any AMA leadership position should not assure ascendancy to another leadership position. (I-01, [G-610.021](#))

Expenses, events, parties and other activities

1. Campaign expenditures and activities should be limited to prudent and reasonable levels necessary for adequate candidate exposure to the delegates. (I-80, [G-610.020](#)[3])
2. There will be only one big party at the Annual Meeting financed by a coalition or a state or specialty delegation irrespective of the number of candidates from that society or coalition. At these events, alcohol may be served only on a cash or no-host bar basis. *This would limit a candidate to only one big party at the Annual Meeting whether financed by a coalition or a state or specialty delegation. This would also limit a state or specialty society or delegation to one big party irrespective of the number of candidates from that society or coalition.* (I 92, Reaffirmed and Revised, A-97, [G 610.020](#)[6])
3. Campaign gifts can be distributed at only the Annual Meeting in the not for official business bag and at one campaign party. Campaign gifts should only be distributed during the Annual Meeting and not mailed to delegates and alternate delegates in advance of the meeting. (I-92, [G-610.020](#)[9])
4. Campaign memorabilia shall be limited to a button, pin, sticker or other low-cost item, the maximum cost of which shall be determined by the speaker of the AMA-HOD. No other campaign memorabilia shall be distributed at any time. (I-96, [G-610.020](#)[9])
5. The speaker has determined the following expense limitations for campaign-related giveaways.
 - The cost of stickers, pins or buttons will not be included in the spending limits. Stickers, pins or buttons should be simple and not be “gifts” in disguise.
 - Each candidate is limited to spending no more than two dollars (\$2) per delegate and alternate delegate for memorabilia and/or giveaways, including drawings or door prizes for items to be delivered either at the meeting or later. For 2011, the states, specialty societies, government services and sections are allocated 521 delegates and 521 alternate delegates for a total spending limit of \$2,084. This limit applies for the entire year and is specifically intended to include the total cost of those items distributed in the bag at the Opening Session as well as any raffle or drawing

conducted on behalf of a candidate. This expense may include quantity discounts available to anyone but must be calculated at full retail price regardless of the actual price spent for the item.

6. Candidates for AMA office should not attend meetings of the state medical societies unless officially invited and could accept reimbursement of travel expenses by the state society in accordance with the policies of the society. (I-93, Reaffirmed I-96, G-[610.020](#)[12])

Announcements, literature and publicity

1. There should be no formal campaign activities during the Interim Meeting. This would not preclude distribution of an announcement of candidacy:
 - *On the last day of the Annual Meeting; OR*
 - *On the last day of the Interim Meeting; OR*
 - *One announcement of candidacy by a mailing prior to the Interim Meeting.*

This rule would prohibit the campaign parties at the Interim Meeting and the distribution of campaign literature and gifts at the Interim Meeting. Individual outreach, such as small group meetings, including informal dinners, meant to familiarize others with a candidate's opinions and positions on issues are allowed at the Interim Meeting. (I-92, Reaffirmed I-96, Modified A-11, [G 610.020](#)[4])
2. Displays of campaign posters, signs and literature are prohibited in public areas of hotels in which Annual Meetings are held.

Displays of campaign posters, signs and literature in public areas of hotels in which Annual Meetings are held detract from the dignity of the position being sought and are unsightly. Campaign posters may be displayed at the campaign parties and campaign literature may be distributed in the non-official business bag for members of the AMA-HOD. (I-92, Reaffirmed I-96, [G-610.020](#)[7])
3. A reduction in the volume of telephone calls from candidates, and literature and letters by or on behalf of candidates should be encouraged. The use of electronic messages to contact electors should also be minimized, and if used must allow recipients to opt out of receiving future messages.

The Election Manual was initiated as a mechanism to reduce the number of telephone calls and mailings members of the AMA-HOD receive from or on behalf of candidates. The Election Manual provides an equal opportunity for each candidate to present the material he or she considers important to bring before the members of the AMA-HOD and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings. (I-92, Modified A-11, [G-610.020](#)[8])
4. Publication of the AMA Election Manual should be continued. (I-96, [G-610.020](#)[2])
5. Publication of candidate interviews in American Medical News should be featured prior to AMA elections. (I-96, [G-610.020](#)[11])
6. No campaign literature shall be distributed, and no mass outreach electronic messages shall be transmitted after the Opening Session of the AMA-HOD. (I 96, Modified A-11, G [610.020](#)[7])

Interviews and presentations

1. Every state and specialty society delegation is encouraged to participate in a regional caucus, for the purposes of candidate review activities. (I-80, [G-610.020](#)[13])
2. The Speakers' Office shall coordinate the scheduling of candidate interviews for general officer positions (trustees, president-elect, speaker and vice speaker). (I-96, [G-610.020](#)[10])
3. The speaker has directed that the Office of House of Delegates Affairs arrange a system for scheduling candidate interviews as follows:
 - Interviews will be scheduled from noon Friday to 6 p.m. Monday, the evening before the election. On these days interview sessions may be scheduled from 7 a.m. until 9 p.m. except for times when the AMA-HOD or reference committees are in session and except for when the usual hospitality suites are open.
 - Interviews for officer candidates will be booked in 10-minute units. Each candidate will be given one open 10-minute period of time between interviews. Each caucus can allocate one or more 10-minute units per session. Caucus staff should notify the Speakers' Office when their interview sessions are scheduled, the room name, and how many 10-minute units (candidates) should be scheduled in those time slots. The Office of House of Delegates Affairs will prepare and distribute the initial schedule according to the AMA-HOD action. *Adjustments or revisions should be arranged with the caucus staff and/or other candidates affected.*

Elections

The AMA elections are held on Tuesday of the Annual Meeting from 7:30 until 8:45 a.m. under the supervision of the Committee on Rules and Credentials and the chief teller. Poll hours will not be extended beyond the times posted. All delegates eligible to vote must be in line to vote at the time appointed for the close of polls. Only credentialed delegates are permitted to cast a ballot. If a delegate cannot participate in the election, he or she may have a designated alternate delegate properly credentialed at the AMA registration desk prior to the election. Candidates are listed on the ballot in alphabetical order by name only. AMA bylaws require simultaneous elections that call for the exact number of votes for each vacancy. Each ballot clearly states the number of votes that should be cast. Ballots containing more or fewer votes will not be counted by the election software. During runoffs, ballots containing more or fewer votes will be declared invalid by the chief teller. Also during runoffs, if a delegate makes a mistake and spoils the ballot, he or she should immediately signal a teller and request another ballot. A majority vote of the ballots cast is required for election.

If all of the vacancies are not filled on the first ballot, a runoff ballot will be distributed and collected by the tellers on the floor of the AMA-HOD. AMA bylaws dictate that if three or more members of the AMA-BOT or any council are still to be elected, the number of nominees in the runoff election shall be no more than twice the number of remaining vacancies less one. If two or fewer members of the AMA-HOD or council are still to be elected, the number of nominees in the runoff shall be no more than twice the number of remaining vacancies. In either case, the nominees in runoff elections are determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest number of votes on the preceding ballot, except where there is a tie. This process will continue until all the vacancies are filled.

Those candidates who are elected officially take office at the conclusion of the Annual Meeting.

Chapter 12: Awards presented during the HOD Meetings

The American Medical Association recognizes excellence through the following [AMA Awards](#) that are presented in conjunction with meetings of the House of Delegates (HOD) to physicians and non-physicians:

- AMA Foundation Award for Health Education -- The Award was established to encourage and to recognize the professional or public health education activities of practicing physicians. Special consideration will be given to those physicians working in the areas of alcohol, tobacco, and other drugs.
- AMA Medal of Valor -- The AMA Medal of Valor is awarded to an AMA member or members who demonstrate courage under extraordinary circumstances in non-wartime situations.
- Benjamin Rush Award for Citizenship and Community Service -- The Award honors a recipient who has made an outstanding contribution to the community for citizenship and public service above and beyond the call of duty as a practicing physician.
- Citation for Distinguished Service -- The Citation shall be made to a person not of the medical profession who has contributed to the achievement of the ideals of American medicine by aid and cooperation in the advancement of medical science, medical education, or medical care.
- Distinguished Service Award -- The Distinguished Service Award may be made to a member of the Association for meritorious service in the science and art of medicine.
- Dr. William Beaumont Award in Medicine – The Award was established as an encouragement to younger physicians. Recipients are physicians younger than 50 who have distinguished themselves in medical science.
- Isaac Hays, MD and John Bell, MD Award for Leadership in Medical Ethics and Professionalism -- This award was established in 1997 to promote and underscore the AMA's continuing dedication to the principles of medical ethics and the highest standards of medical practice.
- Joseph B. Goldberger Award in Clinical Nutrition -- The Award was established in 1949 to serve as a stimulus to medical investigators in advancing the frontiers of public and personal health, and to honor physicians who have made personal contributions to the knowledge of nutrition. It was named in honor of the late Joseph B. Goldberger who was chiefly responsible for the discovery of the cause and treatment of pellagra.
- Medical Executive Lifetime Achievement Award – This Award may be made to a medical executive of a county medical society, state medical association, or national medical specialty society, who has contributed substantially to the goals and ideals of the medical profession. Contributions shall have been sustained over a significant term of service.

- Medical Executive Meritorious Achievement Award -- This Award may be made to a medical executive of a county medical society, state medical association, or national medical specialty society who has provided exemplary and exceptional service that benefits and supports physicians in caring for their patients. This exemplary and exceptional service should be universally recognized by physicians in that geographic area or medical specialty as having benefited physicians and patients, and should represent a contribution by the medical executive that is exemplary beyond the normal scope of their duties or responsibilities.
- President's Citation for Service to the Public -- The Citation may be made to a state medical association, county medical society, or national specialty society for significant contributions to the public good by fostering the involvement of physicians in community activities.
- Scientific Achievement Award -- This Award, presented only on special occasions, recognizes outstanding work by an AMA member or a non-physician scientist.

General Awards Criteria

1. Candidates may be nominated for more than one award.
2. Nominations for awards should be presented on an official Awards Nomination form (available online at the HOD Web site at <http://www.ama-assn.org/go/hod>), and e-mailed to the AMA Office of House of Delegates Affairs at hod@ama-assn.org.
3. All pertinent information must be provided within the space provided on the form. Multiple forms must be completed for multiple nominations.
4. The sponsor's statement and endorsement statements, if any, should be of not less than 50, nor more than 250 words. Statements of endorsement are not required.
5. The candidates' curriculum vitae should be included with the nomination forms in the e-mail submittal.
6. Award recipients must agree to be present to accept the award in person.

More information about the individual awards, the criteria specific to each award, the nomination process, and nomination forms can be found [online](#).

All the above awards are presented at the Interim Meeting during the Opening Session. Award recipients are strongly encouraged to keep their remarks to two minutes, and notified that written comments are welcomed and distributed to the House of Delegates.

There are also other AMA Awards that are not presented at HOD meetings, and those have not been included in this chapter. Complete information about all AMA awards is available on the [AMA website](#).

Chapter 13: Post Meeting

Annotated Reports

Reports of the Reference Committee, annotated with final action of the HOD, are posted online as soon as possible. Each contains the following DISCLAIMER: The following is a preliminary report of actions taken by the House of Delegates at its (year) (Annual or Interim) Meeting and should not be considered final. **Only the [Official Proceedings of the House of Delegates](#) reflect official policy of the Association.**

PolicyFinder©

After each House meeting, the Speakers oversee the process of updating the [AMA policy database](#) to reflect the actions taken by the HOD and any modifications that CEJA has made in its Current Opinions. New policies are categorized and added; rescinded policies are deleted; and policies that have been amended are modified to reflect the action of the House.

The AMA policy database is used to produce [PolicyFinder©](#), a computer program that enables users to conduct key word searches of the policy and directives database. PolicyFinder© is available as a web-based application and as a stand-alone version that can be installed on a PC. The program contains the [AMA Constitution and Bylaws](#), [CEJA Opinions](#), [policies established by the House of Delegates](#), [Board actions on referred resolutions or reports](#), and [directives](#). This program is very helpful in assisting delegates and alternate delegates in researching AMA policy prior to introducing a resolution, in preparing for reference committee and House of Delegates debate, and in communicating AMA policy.

Individuals can download a copy of the most recent PolicyFinder© program through the HOD website at www.ama-assn.org/go/policyfinder, or request a copy on CD-Rom from the HOD office.

Sunset Process

Each AMA policy and/or directive is reviewed for relevancy at least every ten years. A sunset mechanism is in place to review every policy that is 10 years old, and to issue a report to the HOD to rescind or retain the policy. The objective is to ensure that the AMA Policy Database is current, coherent, and relevant by eliminating outmoded, duplicative, and inconsistent policies. Also, when an existing policy is reaffirmed in lieu of a resolution or report recommendation, that resets the “sunset clock” so such policies will remain viable for 10 years from the date of reaffirmation.

Proceedings

Only the [Official Proceedings of the House of Delegates](#) reflect official policy of the Association. The Proceedings include the disposition of all resolutions and reports. Resolutions appear with the ratified “Resolved” recommendations. Reports from the Board, Councils, and special committees, appear in their entirety, including informational reports. Other elements included are:

- Detailed Table of Contents
- Listing of retiring delegates and executives

- Roster of reference committees and their members
- Memorial resolutions
- Election results (if applicable)
- Listing of General Officers, Board of Trustees and Councils
- Listing of HOD delegates and alternate Delegates
- An index to the volume

Meeting Proceedings are available online at the [HOD website](#). A CD-Rom version is also available on request from the [AMA Office of House of Delegates Affairs](#).

The AMA also maintains a [digital AMA Archives](#), which includes AMA historical documents, including meeting proceedings going back to 1883. AMA members can access past proceedings [online](#).

The actual HOD meetings are also professionally recorded and a transcript is prepared following each meeting. This is used by the Speakers, the Board and AMA staff to check details of HOD deliberations leading to HOD actions.

Board Review of HOD Actions

The Board of Trustees reviews all resolutions and recommendations adopted by the House of Delegates to determine how to fulfill the charge from the House. Resolutions and recommendations pertaining to the expenditure of funds also are reviewed. If the Board decides that the expenditure is inadvisable, it shall report, at the earliest convenience, to the House the reasons for its decisions. When situations preclude successful implementation of specific resolutions, the House and authors are advised of such situations so that further or alternative actions can be taken if warranted.

In determining expenditure advisability, the Board will consider the scope of the proposed expenditure and whether it is consistent with the AMA's vision, goals, and priorities. Where the Board recommends that a proposed expenditure is not prudent and is inadvisable, the Board will present alternative actions, if feasible, in its report to the House.

Board Updates on Items Adopted or Referred

The Board of Trustees keeps the HOD apprised of the status of adopted or referred resolutions and recommendations in reports and what actions have been taken on them over a one-year period.

The Board publishes on the [HOD website](#) a chart of actions taken by the Board of Trustees, Councils, Committees, and staff on resolutions and report recommendations from the past two HOD meetings, entitled "Follow-up Implementation of Resolutions and Reports Recommendations." This chart includes those items referred to the Board of Trustees for decision.

The Office of House of Delegates Affairs includes multiple years of the [Board implementation charts](#).

Board Actions contrary to AMA Policy

The Board of Trustees conducts the affairs of the Association in keeping with current policy actions adopted by the HOD. According to [AMA policy](#), the most recent policy actions shall be deemed to supersede contradictory past actions. In the absence of specifically applicable current statements of policy, the Board of Trustees determines what it considers to be the position of the House of Delegates based upon the tenor of past and current actions that may be related in subject matter. Such determinations are considered to be AMA policy until modified or rescinded at the next regular or special meeting of the House of Delegates. Further, the Board of Trustees has the authority in urgent situations to take those policy actions that the Board deems best represent the interests of patients, physicians, and the AMA. In representing AMA policy in critical situations, the Board takes into consideration existing policy. The Board will immediately inform the Speaker of the House of Delegates and direct the Speaker to promptly inform the members of the House of Delegates when the Board has taken actions which differ from existing policy. Any action taken by the Board which is not consistent with existing policy requires a 2/3 vote of the Board. When the Board takes action which differs from existing policy, such action must be placed before the House of Delegates at its next meeting.

Appendix A: General Meeting Information

Meeting location

Annual meetings are held in Chicago, but the Interim meetings are convened in other cities. [AMA policy](#) provides some general guidelines on when and where the House of Delegates meetings may take place:

- The AMA Board selects the cities in which the House shall meet;
- A constituent medical association desiring a meeting within its borders shall submit an invitation in writing, together with significant data, to the Board of Trustees, which will evaluate the feasibility of the request;
- Reasonable efforts are taken to avoid scheduling the Annual Meeting in conflict with Father's Day weekend;
- The Interim Meeting is scheduled for the second or third week in November; and
- The Interim Meeting convenes in Hawaii every fourth or fifth year.

Meeting sites are chosen based on their size, available services, location, cost and similar factors. House of Delegates meetings can only be held in a town, city, or state that has enacted comprehensive legislation requiring smoke-free worksites and public places (including restaurants and bars).

Upcoming dates are posted on the AMA [HOD website](#). Dates and locations are established five years in advance. The Board of Trustees may change the dates and the city at any time, but no later than 60 days prior to the dates selected for that meeting.

Delegate Allocations

Early each year, the Office of House of Delegates Affairs notifies each constituent medical association and national medical specialty society of their delegate allocations for the coming year. The information is also available [online](#).

Air Reservations

HOD delegates are notified of any airline discounts. This information also is made available on the [HOD website](#).

Hotel Reservations

The AMA contracts centrally with one or more hotels for sleeping accommodations and/or meeting space. Information regarding hotel rates and availability are made available to HOD representatives and other meeting attendees, as well as published on the [HOD website](#). Delegates are not required to use these hotels and may make other arrangements if they wish.

Dress Code

The dress code for each AMA Annual and Interim Meeting is set by the Speakers, and announced in various communications in advance of the meeting, including the Speakers' Letter. When the dress is designated as "business casual," that means long- or short-sleeved shirts with collars for men, and dresses or blouses with skirts or slacks for women. Jackets or sweaters are optional, and ties are not required. Those seated at the head tables during general sessions of the House, including reference committees, are requested to wear business attire when in front of the House.

On-site Meeting Registration

All delegates and alternate delegates, Federation and AMA staff, guests and others who will be attending the House of Delegates meetings and/or reference committees must register for the meeting. There is no charge for registration.

The specific registration hours and location for each meeting are announced in the Speakers' Letter and on the [HOD website](#). Generally, however, registration is open 7:00 am – 6:00 pm beginning the Friday before the opening of the House of Delegates, through the close of the meeting.

For security purposes, all attendees are required to provide photo identification at the AMA Registration Desk in order to receive their badge and other materials. Participants also are required to provide emergency contact information.

Message Center

A message center is maintained during all HOD meetings with special attention to emergency calls.

Meeting Security

Maximum security is maintained at all times to prevent disruptions of the House. Only those individuals who have been properly badged are permitted to attend.

Recycling

It is the policy of our AMA to use recycled paper whenever reasonable for its in-house printed matter and publications, including materials used by the House of Delegates. AMA printed material using recycled paper will be labeled as such.

During HOD meetings, recycling bins will be made prominently available to participants. Additionally, staff collects discarded plastic totes for reuse.

Hotels that serve as venues for HOD meetings also are asked to inform AMA about their efforts toward environmental responsibility.

Broadband access in HOD meetings

Depending on its availability and cost, the extent to which wireless Internet access will be provided for each meeting is announced in the Speakers Letter sent in advance of the meeting. Such access is intended to facilitate access to meeting-related materials such as the resolutions and reports that are published on the [HOD website](#).

Meeting participants are urged to use Internet access only for reasons related to AMA-HOD business—downloading materials from the [AMA website](#), checking policy on AMA [PolicyFinder](#), viewing [HOD reference committee reports](#), and the like.

Details on accessing the wireless network also will be available at the delegate and alternate delegate registration desk or in the not-for-official-business bag.

Nursing Mothers

Mothers who are nursing can take advantage of a designated location within the hotel or convention center for this purpose. Interested mothers should contact the [AMA Office of House of Delegates Affairs](#) for details.

Attendees with Special Needs

HOD attendees who have special needs should contact the [AMA Office of House of Delegates Affairs](#).

HOD Pictorial

AMA offers an online [Pictorial of HOD members](#) on a members-only website. One can search the Pictorial using one of several parameters (first name, last name, city/town, state, or specialty, or by the organization represented in the HOD) to find contact information for HOD delegates and alternate delegates. The Pictorial also includes contact information for Board members and Officers, former Presidents, Council members, Section governing council members, and the governing council members for each of the Special Groups. The Pictorial may be printed in whole or in part.

A photographer is available at the Annual Meeting to take photographs for the Pictorial. Photos also may be submitted electronically to the AMA [Office of House of Delegates Affairs](#).

AMA Constitution and Bylaws

The [AMA Constitution and Bylaws](#) is updated following each meeting to reflect HOD actions taken on either the Constitution or individual Bylaw provisions that have been adopted at the HOD meeting. Inquiries regarding the Constitution and Bylaws may be [emailed](#) to the [Council on Constitution and Bylaws](#).

PolicyFinder

PolicyFinder, the computerized database of current AMA policies and directives, may be downloaded from the [AMA website](#). An online version also is available.

Contact Information for Delegates and Alternate Delegates

Those attending the HOD meetings, including delegates, alternate delegates and staff, are expected to provide current contact information, including mailing addresses, telephone numbers, and email addresses.

The HOD office provides mailing addresses in conjunction with campaigns. Under no circumstances, does it provide “bulk” email addresses (although individual email addresses are available in the [HOD Pictorial](#)) to facilitate contact among delegates and alternate delegates between the meetings.

HOD Office Responsibilities and Contact Information

The AMA Office of House of Delegates Affairs is a central point of contact for all questions related to the HOD meetings. General contact information is as follows:

Phone: 312-464-4463

Email: hod@ama-assn.org

The HOD Office works closely with the Speaker and Vice Speaker. General responsibilities include: [HOD website](#); Speakers’ Letter; Election Manual; acceptance of resolutions; fiscal notes for resolutions; questions about formatting; assistance with prior AMA policy; HOD Handbook; credentialing; memorial resolutions; retiring delegates; amendments; annotated reference committee reports; HOD Proceedings; and PolicyFinder.

During the HOD meetings, the AMA Office of House of Delegates Affairs maintains an on-site office at the meeting facility.

Other AMA Departments key to the HOD Meeting

The Department of Federation Relations staffs the [Specialty and Service Society](#) (SSS), and maintains relationships with constituent associations and medical specialty societies on an ongoing basis. An on-site lounge is maintained for staff executives in conjunction with the annual and interim meetings.

Requests for meeting space for all caucuses, ancillary sessions and meeting hospitality, delegation suites, etc. must be requested from the Department of Meeting Management. The Department of Registration Services is responsible for registering and distributing badges for all attendees.

AMA legal counsel is available in advance of the meeting and on-site.

Speaker/Vice Speaker contact information

The HOD Office serves as a point of contact to reach the Speakers with questions relating to resolutions, meeting hospitality opportunities, service on a committee, etc. The Speakers may also be reached directly by email: First.name.last.name@ama-assn.org

Retiring Members

Organizations that wish to announce the departure of their delegates, alternate delegates, or medical society executives should notify our AMA in sufficient time to have the individuals’

names collated alphabetically by state and published for the House of Delegates Meeting. Names should be [emailed](#) or submitted to AMA staff at the on-site office of the Office of House of Delegates Affairs by noon on Saturday. Per the Speakers, the names of those retiring from the House will be announced, and the names are published on a roster in lieu of entertaining points of personal privilege to acknowledge retiring delegates.

Packages sent to HOD Meetings

Materials needed at the meeting may be sent in advance to the hotel clearly marked with the name of the guest and the date of anticipated arrival. Materials will be held in the hotel's package room for guest pick-up. AMA staff only handles distribution of crates, boxes, etc. for AMA staff who work with the HOD meeting and its related components except as follows: Materials for the “not for official business” bags must be clearly marked “Not For Official Business” and addressed to the AMA Production Area at the host hotel. These will be delivered to the production area. The Office of House of Delegates Affairs can advise on the quantity of copies or items needed.

Packages Sent from the HOD Meetings

On the last day of the meeting, the AMA facilitates the shipping of packages by AMA delegates and guests by making available a standard size box that accommodates the Handbook and a shipping label (UPS Ground Service) at a cost determined by the meeting's location. All other shipment of packages from the meeting must be arranged through the hotel's business office.

Computers, other Office Equipment and Copying Facilities

On-site computers, other office equipment and copying facilities are provided primarily for the use of AMA staff, AMA Board members and Officers, and Council members. Other meeting attendees may use the equipment if use does not conflict with AMA staff needs. Alternatively, most hotels offer a business office with computers and copying equipment for guest use.

Cybercafe

The AMA typically offers a Cybercafe for use of AMA HOD members for checking email or accessing the Internet for personal purposes.

Ronald M. Davis Memorial Run

A [directive adopted by the House of Delegates](#) in 2009 notes that our AMA will honor Ronald M. Davis, MD (a deceased AMA Past President) at an annual Ronald M. David 5K Run/Walk at its annual meetings in Chicago. Details regarding the event are announced in the Speakers' Letter and in other communications to delegates and alternate delegates prior to the meeting.

Appendix B: Current and Past HOD Speakers

[Andrew W. Gurman, MD](#)

Speaker 2011 -

Vice Speaker 2007-2011

[Susan R. Bailey, MD](#)

Vice speaker 2011 -

[Jeremy A. Lazarus, MD](#)

Speaker 2007-2011

Vice Speaker 2003-2007

Nancy H. Nielsen, MD, PhD

Speaker 2003-2007

Vice Speaker 2000-2003

John A. Knote, MD

Speaker 2000-2003

Vice Speaker 1995-2000

Richard F. Corlin, MD

Speaker 1995-2000

Vice Speaker 1991-1995

Daniel H. Johnson, Jr., MD

Speaker 1991-1995

Vice Speaker 1987-1991

John Lee Clowe, MD

Speaker 1987-1991

Vice Speaker 1984-1987

James E. Davis, MD

Speaker 1984-1987

Vice Speaker 1981-1984

Harrison L. Rogers, Jr., MD

Speaker 1981-1984

Vice Speaker 1977-1981

William Y. Rial, MD

Speaker 1977-1981

Vice Speaker 1973-1977

Tom E. Nesbitt, MD

Speaker 1973-1977

Vice Speaker 1972-1973

J. Frank Walker, MD

Speaker 1972-1973

Vice Speaker 1969-1972

Russell B. Roth, MD

Speaker 1969-1972

Vice Speaker 1966-1969

Walter C. Bornemeier, MD

Speaker 1966-1969

Vice Speaker 1963-1966

Milford O. Rouse, MD

Speaker 1963-1966

Vice Speaker 1959-1963

Norman A. Welch, MD

Speaker 1959-1963

Vice Speaker 1958-1959

E. Vincent Askey, MD

Speaker 1955-1959

Vice Speaker 1952-1955

Louis M. Orr, MD

Vice Speaker 1955-1958

James R. Reuling

Speaker 1952-1955

Vice Speaker 1948-1952

F. F. Borzell, MD

Speaker 1948-1952

Vice Speaker 1945-1948

Roy W. Fouts, MD

Speaker, 1945-1948

Harrison H. Shoulders, MD

Speaker, 1938-1945

Vice Speaker, 1935-1938

Nathan B. Van Etten, MD

Speaker, 1935-1938

Frederick C. Warnshuis, MD

Speaker, 1922-1935

Dwight H. Murray, MD

Speaker, 1920-1922

Hubert Work, MD

Speaker 1916-1920

Appendix C: Organizations represented in the AMA House of Delegates

Constituent Medical Associations represented in the AMA House of Delegates

[The [AMA website](#) includes a link to quickly locate these medical associations]

Alaska State Medical Association
Arizona Medical Association
Arkansas Medical Society
California Medical Association
Colorado Medical Society
Connecticut State Medical Society
Florida Medical Association
Guam Medical Society
Hawaii Medical Association
Idaho Medical Association
Illinois State Medical Society
Indiana State Medical Association
Iowa Medical Society
Kansas Medical Society
Kentucky Medical Association
Louisiana State Medical Society
Maine Medical Association
Massachusetts Medical Society
MedChi, The Maryland State Medical Society
Medical Association of Georgia
Medical Association of the State of Alabama
Medical Society of Delaware
Medical Society of New Jersey
Medical Society of the District of Columbia
Medical Society of the State of New York
Medical Society of Virginia
Michigan State Medical Society
Minnesota Medical Association
Mississippi State Medical Association
Missouri State Medical Association
Montana Medical Association
Nebraska Medical Association
Nevada State Medical Association
New Hampshire Medical Society
New Mexico Medical Society
North Carolina Medical Society
North Dakota Medical Association
Ohio State Medical Association
Oklahoma State Medical Association
Oregon Medical Association
Pennsylvania Medical Society
Puerto Rico Medical Association
Rhode Island Medical Society
South Carolina Medical Association
South Dakota State Medical Association

Tennessee Medical Association
Texas Medical Association
Utah Medical Association
Vermont Medical Society
Virgin Islands Medical Society
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society
Wyoming Medical Society

National Medical Specialties represented in the AMA House of Delegates

(as of July 2010)

[The [AMA website](#) includes a link to quickly locate these national medical specialty societies]]

Academy of Pharmaceutical Physicians and Investigators
Aerospace Medical Association
American Academy of Allergy, Asthma and Immunology
American Academy of Child and Adolescent Psychiatry
American Academy of Cosmetic Surgery
American Academy of Dermatology
American Academy of Disability Evaluating Physicians
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Insurance Medicine
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngic Allergy Inc.
American Academy of Otolaryngology-Head and Neck Surgery
American Academy of Pain Medicine
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Academy of Psychiatry and the Law
American Academy of Sleep Medicine
American Association for Hand Surgery
American Association for Thoracic Surgery
American Association of Clinical Endocrinologists
American Association of Clinical Urologists, Inc.
American Association of Gynecologic Laparoscopists
American Association of Hip and Knee Surgeons
American Association of Neurological Surgeons
American Association of Neuromuscular & Electrodiagnostic Medicine
American Association of Plastic Surgeons
American Association of Public Health Physicians
American Clinical Neurophysiology Society
American College of Allergy, Asthma and Immunology
American College of Cardiology
American College of Chest Physicians
American College of Emergency Physicians
American College of Gastroenterology

American College of Legal Medicine
American College of Medical Genetics
American College of Medical Quality
American College of Mohs Surgery
American College of Nuclear Medicine
American College of Nuclear Physicians
American College of Occupational and Environmental Medicine
American College of Physician Executives
American College of Physicians
American College of Phlebology
American College of Preventive Medicine
American College of Radiation Oncology
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Congress of Obstetricians and Gynecologists
American Gastroenterological Association
American Geriatrics Society
American Institute of Ultrasound in Medicine
American Medical Directors Association
American Medical Group Association
American Orthopaedic Association
American Orthopaedic Foot and Ankle Society
American Pediatric Surgical Association
American Psychiatric Association
American Roentgen Ray Society
American Society for Aesthetic Plastic Surgery, Inc.
American Society for Clinical Pathology
American Society for Dermatologic Surgery
American Society for Gastrointestinal Endoscopy
American Society for Reproductive Medicine
American Society for Surgery of the Hand
American Society for Therapeutic Radiology and Oncology
American Society of Abdominal Surgeons
American Society of Addiction Medicine
American Society of Anesthesiologists
American Society of Bariatric Physicians
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Society of Colon and Rectal Surgeons
American Society of Cytopathology
American Society of General Surgeons
American Society of Hematology
American Society of Interventional Pain Physicians
American Society of Maxillofacial Surgeons
American Society of Neuroimaging
American Society of Neuroradiology
American Society of Ophthalmic Plastic and Reconstructive Surgery
American Society of Plastic Surgeons
American Society of Retina Specialists
American Thoracic Society

American Urological Association
Association of Military Surgeons of the United States
Association of University Radiologists
College of American Pathologists
Congress of Neurological Surgeons
Contact Lens Association of Ophthalmologists, Inc.
Heart Rhythm Society
Infectious Diseases Society of America
International Society of Hair Restoration Surgery
International College of Surgeons - US Section
International Spine Intervention Society
National Association of Medical Examiners
North American Spine Society
Radiological Society of North America
Renal Physicians Association
Society for Investigative Dermatology, Inc.
Society for Vascular Surgery
Society of American Gastrointestinal Endoscopic Surgeons
Society of Critical Care Medicine
Society of Hospital Medicine
Society of Interventional Radiology
Society of Laproendoscopic Surgeons
Society of Medical Consultants to the Armed Forces
Society of Nuclear Medicine
Society of Thoracic Surgeons
The Endocrine Society
The Triological Society
Undersea and Hyperbaric Medical Society
United States and Canadian Academy of Pathology, Inc.

Federal Services

US Air Force
US Army
US Navy
US Department of Veterans Affairs
US Public Health Service

Professional Interest Medical Associations represented in the AMA House of Delegates (as of July 2010)

[American Association of Physicians of Indian Origin](#)
[American Medical Women's Association](#)
[American Osteopathic Association](#)
[Korean American Medical Association](#)
[National Medical Association](#)

AMA Sections and Special Groups represented in the AMA House of Delegates

(as of July 2010)

[Medical Student Section](#)

[Resident and Fellow Section](#)

[Young Physicians Section](#)

[Section on Medical Schools](#)

[Organized Medical Staff Section](#)

[International Medical Graduates Section](#)

[Minority Affairs Consortium](#)

National Organizations with HOD Official Observer Status

(as of November 2011)

[Accreditation Association for Ambulatory Health Care](#)

[Alliance for Continuing Medical Education](#)

[Ambulatory Surgery Center Association](#)

[American Academy of Physician Assistants](#)

[American Association for Accreditation of Ambulatory Surgery Facilities](#)

[American Association of Physician Assistants](#)

[American Dental Association](#)

[American Health Quality Association](#)

[American Hospital Association](#)

[American Nurses Association](#)

[American Public Health Association](#)

[Association of periOperative Registered Nurses](#)

[Association of State and Territorial Health Officials](#)

[Commission on Graduates of Foreign Nursing Schools](#)

[Council of Medical Specialty Societies](#)

[Educational Commission for Foreign Medical Graduates](#)

[Federation of State Medical Boards](#)

[Federation of State Physician Health Programs](#)

[Medical Group Management Association](#)

[National Association of County and City Health Officials](#)

[National Commission on Correctional Health Care](#)

[National Council of State Boards of Nursing](#)

[Society for Academic Continuing Medical Education](#)

[U.S. Pharmacopeia](#)

RESOLUTION SUBMISSION CHECKLIST

- Resolution[†] submitted by: _____
(name of state, specialty, section or individual delegate)
- Subject: _____
(the title of the resolution should appropriately and concisely reflect the action for which it calls)
- Whereas statement(s) is (are) included - or- Whereas statements not necessary
Whereas statements support / provide background to substantiate the intent of the RESOLVEDS. You may include as many whereas statements as necessary to provide the foundation for the intent(s) of the RESOLVED statements.
- RESOLVED statement(s) is (are) included
RESOLVED statements are requests for the AMA to take a specific position or course of action to address the concern(s) expressed in the whereas statement(s). The House acts only the RESOLVED portions of resolutions. Each RESOLVED statement must be accompanied by one of the following identifiers indicating the nature and purpose of the proposed RESOLVED:
- New HOD Policy¹
 - Rescind HOD Policy
 - Modify Current HOD Policy²
 - Reaffirm HOD Policy³
 - Modify Bylaws
 - Directive to Take Action⁴
- Each RESOLVED statement is focused, stands alone (without reference to whereas statements or other resolves), and provides a specific, clear direction or action required by the AMA should it be adopted.
- Resolution includes a list of existing policy related to the subject. (The latest edition of PolicyFinder is available online or for download at www.ama-assn.org/go/policyfinder.)
- To the extent possible, each RESOLVED makes adjustments, additions or elaborations to existing policy rather than creating new, possibly redundant policy.
- Existing policy statements that would be superseded or deemed contrary to newly proposed policy are proposed for rescission.
- Information contained in the resolution has been checked for accuracy and, if applicable, includes appropriate reference citations to facilitate independent review.
- This item is an “information statement.” An information statement may be submitted to bring an issue to the attention of the HOD. The item will be included as an informational item but will not go to a reference committee nor be acted upon in any way by the House, unless extracted.

Notes:

- † AMA staff will develop fiscal notes for all resolutions. If a fiscal note is estimated to be over \$5000, staff will notify sponsor of estimate. Sponsors of resolutions must declare any commercial or financial conflict of interest at the time the resolution is submitted.
- 1 New policy should be stated as a broad guiding principle that sets forth the general philosophy of the Association on specific issues of concern to the medical profession. If adoption of the new policy could render obsolete or supersede one or more existing policies, those policies should be identified by number and recommended for rescission.
 - 2 This designation is intended for resolutions that call for specific amendments or modifications to existing policy. Please set out the pertinent text of the existing policy, citing the policy number, and clearly identify the proposed modifications. If adoption of modified policy could render obsolete or supersede one or more existing policies, those policies should be identified by number and recommended for rescission.
 - 3 Reaffirmation of existing policy should contain a clear restatement of the existing policy, citing the policy number.
 - 4 This designation is for use if the intent of the resolution is to have the AMA take a specific action (conduct a study, lobby Congress, etc.) Directives to take action should include all elements required for establishing a new policy as well as a clear statement of existing policy, citing the policy number underlying the directive.

Please email items of business to carla.frenzel@ama-assn.org in the Office of House of Delegates Affairs. The receipt of items will be confirmed via return email. This checklist may be, but need not be, returned with your resolution.