

THE AMA POLICY SYSTEM

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The American Medical Association (AMA) has a formalized policy system. The key dimensions of the AMA's policy system are:

- The processes through which AMA policy positions are established;
- The processes used to record and disseminate AMA policy; and
- The activities through which the AMA promotes and advocates its policy positions.

This document provides an overview of the AMA policy system.

WHAT IS THE PURPOSE OR FUNCTION OF AMA POLICY?

Physicians have consistently indicated that advocacy is the AMA's most important "product" and that their principal expectation of the AMA is effective advocacy on behalf of patients, medical education, and the medical profession. The purpose of AMA policy is to serve as the conceptual foundation for AMA advocacy efforts.

WHAT ARE THE TYPES OF AMA POLICY?

In the broadest sense, "policy" is a guide to decision making and action. Most organizations, including the AMA, establish policies on how the organization itself should function. These sorts of policies usually relate to topics such as employee compensation, vacations, hours of work, etc.

Unlike most organizations, the AMA (and other medical associations) has a formalized process to develop normative statements about how the US health care system should be organized and how it should function and how the Association should be governed. The following taxonomy describes these types of AMA policy:

1. Policies of the AMA House of Delegates. The House establishes several types of policies:
 - (a) Statements on the appropriate organization and functioning of the US health care system, including all aspects of the continuum of medical education and positions on specific health care issues;
 - (b) Statements on the organization, governance, and functioning of the AMA; and
 - (c) Directives, which are statements by the House to the AMA Board about actions that the AMA and/or the Board should take; for example, study an issue and report back to the House, write a letter, advocate a specific position, etc.
2. Current Opinions of the Council on Ethical and Judicial Affairs (CEJA). Current Opinions are CEJA's interpretations of the AMA's Principles of Medical Ethics as they apply to issues and situations in the practice of medicine. The Current Opinions of CEJA is one component of the AMA's Code of Ethics. The other components are the Principles of Medical Ethics, Fundamental Elements of the Patient-Physician Relationship, and the Reports of the Council on Ethical and Judicial Affairs.

Current Opinions reflect the application of the Principles of Medical Ethics to specific ethical issues in medicine. Much as courts of law elaborate on constitutional principles in their opinions, the Council develops the meaning of the Principles of Medical Ethics in its opinions. Accordingly, each opinion is followed by one or more Roman numerals that identify the Principle(s) from which the opinion is derived.

3. Constitution. The basic principles of the AMA.
4. AMA Bylaws. The Bylaws are the operational rules of the Association; they are established by the AMA House of Delegates, usually through adoption of recommendations generated by the AMA Council on Constitution and Bylaws.

HOW IS AMA POLICY ESTABLISHED?

The AMA's House of Delegates (HOD) serves as the legislative arm of the Association. Twice each year, the HOD meets to consider and act on a number of issues that affect medicine. Delegates convene at the Annual Meeting in June and the Interim Meeting in November. The reports and resolutions generated from the AMA's delegates, sections, Board of Trustees, councils, and special committees set the agenda for each meeting.

Because of the unique issues addressed by the Council on Ethical and Judicial Affairs (CEJA), reports from that council are treated differently than other council reports. CEJA reports that respond to requests from the House or that make recommendations to the House may be adopted, not adopted, or referred. The House may not amend such reports, except with the concurrence of CEJA.

The AMA Board of Directors also plays a special role in the development of AMA policy. In between House of Delegates meetings, the Board has the ability to create policies on emergent issues.

The House's Policy Development Process

The AMA House uses the following steps to develop its policies:

- Step 1: Recommendations for new House policies or modifications in current House policies are submitted to the House through reports and resolutions. The Board, AMA Councils, and Special Committees of the House can submit reports to the House. AMA Sections can submit informational reports to the House on their activities. Resolutions can be submitted to the House by AMA delegates, Federation delegations, and by the AMA Sections. About 250 reports and resolutions are submitted to each House meeting.
- Step 2: The Speakers of the House allocate the reports and resolutions to appropriate reference committees in accordance with the topic areas addressed by the various reference committees.
- Step 3: The reports and resolutions are compiled into the House of Delegates Handbook and distributed to delegates, alternate delegates, and others. Information on the reports and resolutions is also posted on the AMA Web site.
- Step 4: The Committee on Rules and Credentials develops and submits its report to the House. This report includes recommendations on how the House should handle late resolutions and resolutions that could be considered to be reaffirmations of current House policy.
- Step 5: The Reference Committees hold open hearings and, based on what they hear and on their own judgments, send recommendations to the House on how the House might handle the recommendations for additions or modifications to House policy.

- Step 6: The House acts on the recommendations of the Reference Committees and, thereby, adds to or modifies its policies.
- Step 7: The AMA Board develops and maintains an assignment grid on follow-through measures that should be taken on each action of the House. In a typical year, the House acts on approximately 500 items of business (reports and resolutions).
- Step 8: Information on the actions of the House is posted on the AMA Web site immediately after each meeting of the House.
- Step 9: The AMA's *PolicyFinder* programs (stand-alone and Web-based versions) are updated to reflect the actions of the House and are made available through the AMA Web site.
- Step 10: The Speakers oversee the process of developing the Proceedings for each meeting of the House and posting the Proceedings on the AMA Web site.
- Step 11: At the next meeting of the House, the Board provides a report on the steps that were taken to follow through on the House's actions on resolutions.

CEJA's Policy Development Process

The Council on Ethical and Judicial Affairs interprets the AMA's Principles of Medical Ethics as they apply to aspects of medical practice and health care. CEJA's interpretations are published in the Current Opinions of the Council on Ethical and Judicial Affairs. (go to "www.ama-assn.org/go/policyfinder" to browse or search Current Opinions).

CEJA has the independent authority to determine what should be included in its Current Opinions. However, CEJA routinely gathers input from the AMA House before issuing new Opinions.

WHAT ARE THE REQUIREMENTS TO ADHERE TO AMA POLICY?

Through communications, representation, and advocacy, the AMA works to persuade individuals and organizations of the appropriateness and correctness of its policy positions. When the AMA becomes aware of situations that are inconsistent with its policy positions, the Association can, and often does, bring the inconsistencies to the attention of the organizations, institutions, and individuals involved and encourages them to consider AMA policy. However, the AMA does not have the authority to impose its policies on others.

Some individuals and entities that function within the framework of the AMA are required to adhere to aspects of AMA policy.

- AMA policy is binding on anybody who speaks on behalf of the AMA. (See Bylaw 12.20 and Bylaw 5.4012.) However, in certain situations, the Board is authorized to take actions or espouse positions that differ from established AMA policy. (See House Policy H-605.040 and House Policy H-605.070.)
- AMA policy is binding on the AMA Board in managing and conducting the affairs of the AMA. (See Bylaws 5.401 and 5.4012 and House Policy H-605.040)
- The AMA Constitution, Bylaws, and Principles of Medical Ethics are binding on physician members of the AMA. Bylaw 1.611 states that a member can be censured, suspended, or expelled from the American Medical Association for an infraction of the Constitution or Bylaws, for a violation of the Principles of Medical Ethics, or for unethical or illegal conduct.

- Constituent and component societies should not unfairly deny membership to individuals. Bylaw 6.4024, which relates to the functions of CEJA, indicates that state associations and their component societies should not deny membership on the basis of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, age, or for any other reason unrelated to character or competence. Repeated violations of this provision could result in the society being declared to no longer be a constituent and/or component member of the AMA.

Except for AMA policy on discrimination in membership, the organizations that are represented in the AMA House of Delegates are not required to follow or support the Association's policies. In fact, the AMA Bylaws specifically exempt state associations from having to adhere to AMA policy. Bylaw 2.115 reads as follows:

Autonomy of Constituent Medical Associations. The participation of a constituent medical association in the House of Delegates is voluntary. Policy actions of the AMA do not in themselves bind a constituent medical association or subject it to any obligation that it does not voluntarily assume.

WHAT ARE THE REQUIREMENTS TO IMPLEMENT AMA POLICY?

Bylaw 5.403 gives the Board the responsibility to review all resolutions and recommendations adopted by the House of Delegates and to determine how to fulfill the charge from the House. Consequently, the AMA Board serves as the entity that oversees the implementation of AMA policy through communications, representation, and advocacy.

HOW DOES THE AMA IDENTIFY ADVOCACY OPPORTUNITIES AND SET PRIORITIES?

Although advocacy is the AMA's most important product, the Association faces limits on the resources it can expend on advocacy. Consequently, the AMA employs a process to identify advocacy opportunities and prioritize them.

At least once each year, the AMA Board holds a strategic planning session. At this session, the Board identifies and prioritizes issues that the Association might address through advocacy. As input to its decisions on advocacy and issue priorities, the Board reviews material from a wide variety of sources, including the following:

- Review of the Actions of the AMA House. When it establishes advocacy priorities for the AMA, the Board considers the actions of the House and the priorities that the House assigns to its actions. The resolutions that flow into House meetings are a rich source of information about emerging issues, advocacy opportunities, and the concerns of members. In some cases, the actions of the House identify specific advocacy opportunities and suggest to the Board actions that might be taken to implement AMA policy.
- An Environmental Analysis: Trends and Implications. The Board reviews a report on environmental trends and their implications for patients, physicians, and organized medicine. The Council on Long Range Planning and Development (CLRPD) develops this report in cooperation with the other AMA Councils.

- Strategic Suggestions from the AMA's Councils, Sections, and Special Groups. For every Board planning session, the Councils, Sections, and Special Groups develop reports on issues and concerns that they believe the Board should consider in setting the Association's advocacy strategy.
- The Suggestions of the CLRPD. Consistent with its role to serve as a strategic advisor to the Board, the CLRPD develops a presentation for each Board planning session on aspects of AMA's strategy.
- Overview of the Future Legislative Environment. At every planning session, the Board receives a presentation about likely legislative developments at the state and federal levels. These presentations include identification of specific legislative proposals that are expected to arise over the next year or two and evaluations of alternative approaches that the AMA might employ to address the proposals.
- Environmental and Strategic Input from Other Sources. The Board also reviews information on the environment of medicine that has been developed by consulting firms, Federation organizations, academics, and government bodies.
- Suggestions from External Consultants. At most of its planning sessions, the Board hears from one or more external consultants about various aspects of AMA strategy, including advocacy.

The AMA Board is constantly reassessing the Association's advocacy strategy. At every meeting, the Board receives reports from staff on the status of the Association's advocacy efforts and about emerging issues that the AMA might address through its advocacy efforts. In developing this material for the Board, AMA staff scans media reports, journals, newsletters, court filings and decisions, and legislative developments and consults with the staffs of other Federation organizations. Board members also bring in information that they have received from their sources.

In summary, the AMA's process for identifying advocacy opportunities involves continuous scanning of the environment, using a wide variety of sources of information. The Board and other components of the Association assess and reassess the information on the environment, select the issues the AMA should address, and prioritize them.

HOW IS AMA POLICY IMPLEMENTED?

The AMA works to implement its policies in both responsive and proactive ways. Responsive policy implementation involves making the positions of the AMA readily available to interested parties and by responding to inquiries about AMA policies and events in the public and governmental arenas. Proactive implementation involves undertaking campaigns to convince legislators, businesses, the media, the public, and others of the correctness and appropriateness of the AMA's policy positions.

AMA policy is implemented in the following specific ways:

- AMA policy is implemented through communications (letters, telephone calls, and in-person visits by AMA representatives). After every meeting of the House, the AMA sends communications about the House's policy decisions to appropriate individuals and bodies. AMA policy provides the foundation for much of the AMA's correspondence to the media, legislators, and organizations about health care issues. Presentations by AMA spokespersons typically communicate aspects of AMA's policy.

AMA policy is implemented through representation on standard-setting and accreditation bodies. The AMA appoints or nominates individuals to serve on a variety of standard-setting and accreditation bodies, such as the 26 residency review committees, the Accreditation Council for Graduate Medical Education, the Accreditation Council for Continuing Medical Education, the Liaison Committee on Medical Education, the Utilization Review Accreditation Commission; and the Joint Commission on Accreditation of Healthcare Organizations. These individuals help communicate and promote AMA policy on the issues addressed by the bodies on which they serve. New policies and modifications of existing policies are communicated to these individuals after each meeting of the House.

- AMA policy is implemented through the legislative process. The AMA works to counter legislative proposals that are inconsistent with Association policies. The AMA frequently works with state associations, specialty societies, and other types of medical associations in opposing undesirable legislative proposals.

On its own initiative and in response to directives from the AMA House, Board, or the Council on Legislation, AMA's legislative staff also develops model state and federal legislation that, if enacted, would implement key components of the AMA's policy. The Council on Legislation reviews all such model legislation and sends it to the AMA Board for final approval.

Model legislation that is designed for implementation at the state level is distributed to state medical associations. State medical associations typically take the lead in advocating for the implementation of AMA's state-level model legislation. Only when state associations request AMA assistance does the AMA become directly involved in efforts to promote its model legislation to state governments.

Model legislation that is designed for implementation at the national level is promoted primarily by the AMA's Washington Office. In many instances, the AMA works with state associations and specialty societies to have model legislation introduced by members of Congress and enacted at the national level.

- AMA policy is implemented through litigation. Most of the efforts to implement AMA policy through litigation flow through the Litigation Center of the AMA. The Litigation Center is an unincorporated association between the AMA and the state medical associations. Its purpose is to coordinate and integrate the litigation efforts of Federation organizations at the state level. The AMA and the state medical associations that participate in the Center fund the activities of the Center.

A 10-person Executive Committee that consists of representatives of the AMA and state medical associations directs the activities of the Litigation Center. The Executive Committee reviews all requests for litigation support to determine if the case is consistent with the mission and objectives of the Center and with the policies of the AMA. If the Executive Committee approves support by the Litigation Center for a case, the decision to use the AMA's name must also be approved by AMA staff and, in certain types of cases, by the AMA Board of Trustees. The positions espoused by the Litigation Center must be consistent with AMA policy.

From time-to-time, the AMA also works to implement AMA policy through litigation at the national level. Most of these efforts involve filing *amicus curiae* briefs with courts. In many instances, the AMA works with state and specialty societies to implement policy through litigation at the federal level.

- AMA policy is implemented through advocacy campaigns. The AMA works to implement its policies through advocacy campaigns at the national level, by participating in advocacy campaigns at the state level, and through advocacy to private sector organizations.

Advocacy Campaigns at the National Level. Consistent with the directions set through the AMA’s strategic planning processes and through its oversight of AMA activities, the Board oversees the AMA’s efforts to implement policy through advocacy campaigns. Because only a limited number of issues actually see legislative action in any year, the AMA adjusts the timing and focus of its advocacy campaigns to be consistent with the legislative environment. In advocating AMA policy at the federal level, the Association often works with specialty societies and other medical associations that lobby at the national level.

Advocacy Campaigns at the State Level. Through the AMA’s Advocacy Resource Center (ARC), the Association supports and participates in efforts to implement its policies at the state level. However, because a one-to-one agreement does not necessarily exist between the policies of the AMA and those of state associations, only certain AMA policies are advocated through the ARC.

The ARC is a joint program of the AMA and the state medical associations. It strives to enhance and advance the collective state level advocacy efforts of organized medicine. To achieve this objective, the ARC develops support “tools” for advocacy efforts by medical societies and member physicians. These support tools include legislative materials, legal information, communications tools, economic information, etc. Much of this material is available through the ARC pages on the members-only portion of the AMA Web site.

Advocacy in the Private Sector. AMA policy is also implemented through advocacy campaigns directed at private sector organizations, primarily HMOs and insurers. The AMA’s Private Sector Advocacy Group monitors developments in the private sector, identifies abusive practices, and works with state, county, and specialty societies to place public pressure on entities that are engaging in unfair and abusive practices.

- AMA policy is implemented through advocacy to regulatory bodies. Legislation is often translated into action through regulations. The AMA works in both formal and informal ways to influence regulatory bodies. The approaches that the AMA employs include direct communications; testimony at regulatory hearings; and submission of formal, written comments on proposed regulations. A unit of the AMA’s Washington Office focuses specifically on ensuring that, to the extent possible, federal regulations are consistent with the policies of the AMA.
- House policy is implemented through Board follow-through to each House meeting. By means of an assignment grid, the AMA Board ensures follow-through on each recommendation and resolve that is adopted by the House.
- AMA policy is implemented by making information about AMA policies available to interested parties. Organizations and individuals that want to know the AMA’s positions on topics can access information about AMA policy through the AMA Web site. The *PolicyFinder* program is the principal mechanism used to make AMA policy available through the AMA Web site. In addition, the AMA’s leaders and staff respond to large number of inquiries about AMA policy positions.
- AMA policy is implemented through the judicial activities of CEJA. The Council on Ethical and Judicial Affairs plays a role in helping to implement AMA’s policies through its judicial functions.

Bylaw 6.4024 gives CEJA the responsibility for investigating and making recommendations relative to claims that physicians have been denied membership in constituent or component societies because of discrimination. The Council also helps implement AMA's policies on medical ethics (Current Opinions of CEJA) by evaluating charges of unethical behavior by member physicians.

The AMA also works to implement its policies by fostering advocacy planning and coordinated action within the Federation. Mechanisms that the AMA uses to achieve this goal include:

- AMA Annual and Interim Meetings. In addition to normal House business, there are numerous forums for interchange among Federation representatives. These include the AMA Sections, the Specialty and Service Society, the Women Physicians Congress, the Minority Affairs Consortium, the specialty section councils, numerous state and regional caucuses, and many other *ad hoc* and informal committees and caucuses.
- National Advocacy Conference (NAC). The NAC is open to leaders and staff from the entire Federation. This annual three-day meeting brings leaders from the Federation together to address key advocacy issues and provides hands-on training for effective grassroots advocacy.
- The Presidents' Forum. This annual two-day meeting brings together the elected leaders of the specialty societies seated in the AMA House and the executive committee of the AMA Board. The meeting participants discuss relevant issues and strive to create opportunities to work together on science, public health, medical education, and public and private sector advocacy initiatives.
- Advocacy Resource Center (ARC). The ARC is an AMA/State Medical Association coalition designed to identify and prioritize the Federation's state legislative advocacy agenda and provides tools to pursue that agenda.
- CPT Editorial Panel and Advisory Committee. These entities provide an opportunity for national specialty societies to participate in the development of new CPT codes.
- Relative Values Update Committee (RUC) and Practice Expense Advisory Committee (PEAC). RUC and PEAC enable all major specialty societies to participate in setting the values associated with CPT codes, including the practice expense portion of the Resource Based Relative Value System (RBRVS).
- The Litigation Center. The Litigation Center is an AMA/State Medical Association effort to pool resources and litigate key issues on behalf of the profession.
- AMA Federation Relations Staff. The AMA's Federation Relations staff is a cadre of field representatives who maintain regular interaction with all state, county, and specialty societies in the Federation.
- Special Purpose Meetings. From time to time, the AMA convenes meetings of Federation organizations to address critical issues.

In addition, the AMA Board spends a significant amount of time and resources visiting with Federation organizations and promoting cooperation among Federation organizations.

Additional Sources of Information

Information about AMA's specific policy positions is available through the *PolicyFinder* page on the AMA Web site (www.ama-assn.org/go/policyfinder).

Procedures of the House of Delegates. This pamphlet describes the procedures that the AMA House of Delegates uses to establish AMA policy. New versions are published when there are changes in the Constitution and Bylaws that affect the procedures of the House. Copies of this pamphlet are usually available at the meeting headquarters office during Interim and Annual Meetings of the AMA House. AMA members may contact the Office of House of Delegates Affairs by e-mail (HOD@ama-assn.org) to request a copy.

Guide to AMA House of Delegates Meetings. This Guide provides information about the House's policy development process. It is designed to help new delegates and alternate delegates understand and participate in the policy process. Members may contact the Office of House of Delegates Affairs by e-mail (HOD@ama-assn.org) to request a copy.