

REPORTS OF COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

The following reports, 1-4, were presented by J. David Nagel, MD, Chair:

1. SPECIALTY SOCIETY DELEGATE ALLOCATION

HOUSE ACTION: FILED

BACKGROUND

In 1996, the American Medical Association established policy and bylaws to provide specialty societies with proportional representation in the House of Delegates. At that time, the House decided to use a ballot process to determine how many delegate and alternate delegate positions should be allocated to each specialty society. (From this point forward in this report, when the Council refers to delegates it also is referring to the corresponding alternate delegates.) By submitting a ballot to the AMA, each AMA member can select a specialty society to represent him or her in the AMA House.

Under the current system, all eligible AMA members are asked to fill out a ballot to choose a specialty society to represent them in the House. Once a vote is on file, it is maintained until a member chooses to change it or drops membership in the AMA. Specialty societies are allocated a number of seats based upon the total number of ballots received with members selecting them as their representatives. A specialty society is awarded a delegate position for every 1,000 AMA members, or portion of 1,000 AMA members, who select that society through the ballot process. However, each specialty society that is represented in the House is allocated at least one delegate position regardless of the number of AMA members who select the society on the ballot.

PROBLEMS WITH THE BALLOT MECHANISM

In recent years, concerns have increased about the effectiveness and cost of the ballot mechanism. In Board of Trustees Report 26-A-00, the Board stated:

It is necessary to address the balloting issue for the long term and to look at the issue of specialty society representation in the HOD and determine if there are more efficient and less costly ways to determine specialty society apportionment in the HOD. Ideally an apportionment mechanism should utilize existing data such as AMA membership information already collected through the 5-year review of specialty societies.

In addition, at the 2000 Annual Meeting, the House voted to change the bylaws to state that the ballot will now be conducted biennially. By adopting Recommendation 3 of Board of Trustees Report 26-A-00, the House specifically asked "that the Council on Long Range Planning and Development develop a specialty society delegate apportionment process that utilizes existing resources."

The Council on Long Range Planning and Development has identified three major concerns about the ballot mechanism:

1. The ballot mechanism is expensive to administer;
2. By virtue of the fact that only about half of AMA members have ever submitted a ballot to the AMA, specialty societies have fewer delegates than they potentially could have in the AMA House; and
3. Completely different systems are used to award delegate positions to state associations and specialty societies.

Because of these concerns, at the 2001 Annual Meeting the Council submitted CLRPD Report 2, "Specialty Society Delegate Allocation," which suggested that the system used to allocate delegate positions to specialty societies might be modified. More specifically, the Council suggested that the number of delegate positions that should be awarded to any specialty society should be based on the number of AMA members who belong to that society.

Testimony at the 2001 Annual Meeting of the AMA House strongly favored retaining the ballot mechanism. However, only a few specialty societies testified. Most specialty societies did not express an opinion on whether the ballot mechanism should be retained or should be replaced with a new approach. The House decided that the CLRPD should get more feedback from Federation organizations.

At the 2001 Annual Meeting, the House adopted Recommendation 3 of CLRPD Report 2 that stated:

That the House call on all delegates, alternate delegates, and Federation organizations to provide feedback on the six alternatives outlined in this report or suggest other alternatives to the Council on Long Range Planning and Development.

As a result, the Council conducted a survey asking for feedback from all specialty societies represented in the House as to the system of allocation they would prefer.

RESULTS OF THE CLRPD'S SURVEY

As of mid-October, the CLRPD had received 27 responses to its survey. Based on the results, nineteen specialty societies want a new delegate allocation system, while eight specialty societies want to retain the ballot system. Also, eighteen of the nineteen specialty societies that want a new system state that the ballot should be replaced with a proportional delegate allocation system. As for the alternatives that the specialty societies prefer, alternative 5 received eleven votes, alternative 6 received six votes, alternative 1 received five votes, and alternative 2 received two votes. (Please refer to the Appendix for a description of each of the alternatives the Council suggested in CLRPD Report 2-A-01.)

Although this information is interesting, the CLRPD believes that it is inadequate to base a decision on the responses of only 27 specialty societies. Thus, the Council strongly urges that the remaining specialty societies respond to the survey at clprd@ama-assn.org.

CURRENT EFFORTS TO IMPROVE THE BALLOT MECHANISM

Presently, AMA staff is developing a system that will allow AMA members to cast their ballots electronically through the AMA web site. Previously, the AMA has spent between \$50,000 and \$65,000 to conduct the ballot using a combination of paper, e-mail, phone, and fax. The bulk of this money went to a consultant who coordinated the processing of the ballots.

Members will be able to visit the AMA web site and check to see if they have a valid vote on file. If not, they can cast their vote immediately. All members have the ability to change their vote at any time; only the most recent vote will be counted.

It is expected that the system will be available and ready to take votes by November 1, 2001. The AMA will publicize the new method of voting through *AMNews* and various electronic publications, as well as contacting all of the national medical specialty societies.

Those AMA members without Internet access will be able to call the AMA Unified Service Center to place their vote with one of the service representatives. The 2002 membership kit is being modified so that the traditional method of voting for new members by postcard will be discontinued.

CONCLUSION

The CLRPD continues to have concerns about the efficiency of the ballot mechanism. However, the Council has not yet reached a conclusion about whether or not to recommend replacing the ballot mechanism. The Council will monitor the implementation of the online voting system. Also, the CLRPD will continue to collect input from Federation organizations before recommending to the House a method by which specialty society delegates should be allocated.

APPENDIX - ALTERNATIVE DELEGATE ALLOCATION SYSTEMS

The CLRPD has identified six alternative ways to award delegate and alternate delegate positions to specialty societies based on AMA membership levels. References to delegate positions also refer to the corresponding alternate delegate positions.

Alternative 1

State and specialty societies would receive 1 delegate per 1,000 AMA members and Professional Interest Medical Associations (PIMAs) would continue to be awarded one delegate position. The size of the House would be indeterminate. If the AMA implemented this approach now, there would be approximately 341 state delegates and 310 specialty delegates.

Potential Advantages:

- This alternative treats state associations and specialty societies the same; and
- It does not change the delegate allocation system for state associations.

Potential Disadvantage:

- The size of the House would increase.

Alternative 2

State associations would receive 1 delegate per 1,000 AMA members, specialty societies would be awarded 1 delegate per 2,000 AMA members (as most physicians join two specialty societies), and PIMAs would get one delegate. The size of the House would be indeterminate. If the AMA implemented this process now, there would be approximately 341 state delegates and 189 specialty delegates.

Potential Advantages:

- Currently, the House would stay roughly the same size; and
- Few societies would lose a delegate.

Potential Disadvantages:

- This allocation system treats state associations and specialty societies unequally;
- In the future, the size of the House could increase; and
- A few specialty societies would initially lose delegates.

Alternative 3

Limit growth of the House by restricting the total number of delegate seats to 600 or 700. To achieve balance in the House, the AMA would establish the same number of seats for state associations and for specialty societies (either 300 or 350 for each). Delegates would be awarded to state associations and specialty societies on a proportional basis. PIMAs would continue to be awarded one delegate.

Potential Advantages:

- This approach would restrict future growth in the size of the House; and
- The state associations and specialty societies would have equal representation in the House.

Potential Disadvantages:

- If the AMA chose to have 700 delegates it would increase the size of the House, thus increasing the cost of meetings;
- Some state or specialty societies could lose delegates;
- There might be uncertainty over delegate counting from year to year (a society could have a stable number of AMA members, but could lose delegates based on its proportion to the entire AMA);
- Freezing the balance between state associations and specialty societies would not be reflective of potential shifts in AMA memberships across Federation organizations; and
- The delegate allocation system would continue to make distinctions between state associations and specialty societies.

Alternative 4

Limit growth of the House by restricting the total number of delegate seats to 600 or 700. The state associations would continue to be awarded delegates based on a 1 per 1,000 AMA members ratio. Then, each specialty society would begin with one seat each and the remaining eligible seats would be divided up proportionally based upon a percentage of AMA memberships. Thus, if the state associations were to experience an increase (or decrease) in membership, the number of delegate positions available to specialty societies would decrease (or increase). PIMAs would continue to be awarded one delegate.

Potential Advantages:

- This approach would restrict the future growth of the House; and
- Few societies would lose delegates.

Potential Disadvantages:

- It would cause an immediate increase the size of the House, thus increasing the cost of meetings;
- Some state or specialty societies could lose delegates depending upon the size restriction;
- There might be uncertainty over the delegate count from year to year (a society could have a stable number of AMA members, but could gain or lose delegates because of changes in AMA membership levels in other societies);
- Freezing the balance between state associations and specialty societies would not be reflective of potential shifts in AMA memberships across Federation organizations; and
- The delegate allocation system would continue to make distinctions among state associations and specialty societies.

Alternative 5

The AMA sets the size of the House at its current level of approximately 550 delegates. All medical societies (state associations, specialty societies, and PIMAs) would begin with one delegate and then the AMA would divide up the rest of the seats based on a percentage of membership.

Potential Advantages:

- This alternative freezes the size of the House and thus helps limit cost increases; and
- It treats state associations and specialty societies equally.

Potential Disadvantage:

- This approach could result in some state and specialty societies losing delegate positions.

Alternative 6

The process for awarding delegate positions to state associations would not change. State associations would continue to receive one delegate position for each 1,000 AMA members or fraction thereof. PIMAs would continue to be awarded one delegate.

As for the specialty societies, the AMA would first determine its total number of members. Then, the AMA would divide the total number of AMA members by 1,000. The quotient would be used to determine the total delegate pool for specialty society delegates. Each specialty society would begin with one delegate. The AMA would then divide up the remaining delegate slots for specialty societies based on the relative proportion of AMA members within each society. Unified specialty societies would continue to receive bonus delegates.

For example, the AMA currently has around 293,000 members. Dividing 293,000 by 1,000 results in 293 specialty society delegates. Subtract 102 delegates (1 for each of the 102 specialty societies in the House) and the remaining 191 are divided up based upon percentage of membership.

Potential Advantages

- It does not change the delegate allocation system for state associations; and
- Few societies would lose delegate positions.

Potential Disadvantages

- The House would grow by approximately 97 delegates. Currently, there are 196 specialty society delegates and implementing this option would result in 293 specialty society delegates;
- There might be uncertainty over the delegate count from year to year (a society could have a stable number of AMA members, but could lose delegates based on its proportion to the entire AMA);
- The systems for awarding delegate positions to state associations and specialty societies would continue to be different.

2. POLICY SUNSET REPORT FOR 1991 AMA POLICIES

HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS AND REMAINDER OF REPORT FILED

At the 1984 Interim Meeting, the House of Delegates adopted Policy H-545.987 (AMA Policy Database), which established a sunset mechanism for House policy. Under the sunset mechanism, policies adopted by the House of Delegates are systematically reviewed ten years after adoption to assess their continuing timeliness and relevance. The Council on Long Range Planning and Development is mandated by Policy H-545.981 to work with the other AMA councils in reviewing the policies adopted ten years ago.

The sunset mechanism for AMA policy was established to: (1) promote efficiency in House of Delegates deliberations; (2) identify and rescind outmoded, duplicative, or inconsistent policies; and (3) facilitate development and maintenance of an AMA policy information base and PolicyFinder program.

The purpose of the policy review process is to identify which policies should be retained and which should be rescinded. Where new or modified policy may be desirable, the traditional process for House of Delegates policy development should be followed.

The AMA councils have reviewed the policies adopted by the House of Delegates in 1991. The appendixes of this report contain a listing of policies adopted by the House in 1991, the recommendation that was made by the council that reviewed the policy, and a brief supporting rationale for that recommendation. Of the 291 policies that were reviewed, 144 are being recommended for retention, 112 are being recommended to allow to sunset and 35 are being recommended for retention-in-part. Policies that have ceased to be viable will be retained in the AMA's historical records.

The Council on Long Range Planning and Development expresses its appreciation to the other AMA councils for their continued cooperation in this activity. The contributions and collective expertise of the councils have ensured the continued success of this project.

RECOMMENDATIONS

The Council on Long Range Planning and Development proposes that the following recommendations be adopted and the remainder of this report be filed.

1. The policies specified for retention in Appendix I be retained as official, active policies of the American Medical Association.
2. The policies in Appendix II be allowed to sunset and cease to be viable, except for H-30.959, H-85.975, H-95.65, H-345.996, H-355.992, and H-405.980, which shall be retained.
3. The policies in Appendix III be retained-in-part, except for H-140.963 and H-310.957, which shall be retained in whole.

APPENDIX I - POLICIES RECOMMENDED FOR RETENTION

Policy Number	Title	Rationale for Retention of Policy
H-5.988	Accurate Reporting on AMA Abortion Policy	Still Relevant (CSA)
H-10.983	Swimming Safety	Still Relevant (CSA)
H-10.984	Farm-Related Injuries	Still Relevant (CSA)
H-10.991	Preventing Death and Disability from Fires by the New-Rapid Response Automatic Sprinklers and Smoke Detectors	Still Relevant (CSA)
H-15.967	Injuries Resulting from Pickup Trucks	Still Relevant (CSA)
H-15.969	Side-Impact Standard	Still Relevant (CSA)
H-15.992	Motor Vehicle Accidents	Still Relevant (CSA)
H-20.942	HIV Testing - Prison Entrants	Still Relevant (CSA)
H-20.944	Application of Reliable Public Health Methods to the HIV Epidemic	Still Relevant (CSA)
H-20.947	Expansion of Existing AMA Policy on HIV Testing	Still Relevant (CSA)
H-20.951	HIV Testing of Health Care Workers and Patients	Still Relevant (CSA)
H-20.952	Update on the Testing of Prisoners for HIV Infection and Tuberculosis	Still Relevant (CSA)
H-20.953	Patient Disclosure of HIV Seropositivity	Still Relevant (CSA)
H-30.957	Age Requirement for Purchase of Nonalcoholic Beer	Still Relevant (CSA)
H-30.960	Physician Ingestion of Alcohol and Patient Care	Still Relevant (CSA)
H-30.961	Student Life Styles	Still Relevant (CME)
H-40.979	Reserve Physicians In-Training	Still Relevant (CME)
H-45.986	Protection of Insurance Coverage for Medical Attendants Aboard Non-Scheduled Aircraft	Still Relevant (CMS)
H-55.985	Screening and Education Programs for Breast and Cervical Cancer Risk Reduction	Still Relevant (CSA)
H-60.971	Removal of High Alcohol Content from Medications Targeted for Use by Children and Youth	Still Relevant (CSA)
H-60.972	Banning Food Commercials Aimed at Children	Still Relevant (CSA)
H-60.973	Provision of Health Care and Parenting Classes to Adolescent Parents	Still Relevant (CSA)
H-60.976	Genetic and Medical History of the Adopted	Still Relevant (CSA)
H-60.977	Lead Poisoning Threat to Children	Still Relevant (CSA)
H-65.995	Equal Rights	Still Relevant (CLRPD)
H-65.996	Equal Rights for Men and Women	Still Relevant (CLRPD)
H-70.982	Primary Health Care Reimbursement Coding	Still Relevant (CMS)
H-75.989	Public Aid Coverage for Implantable Progestin	Still Relevant (CSA)
H-75.990	Development and Approval of New Contraceptives	Still Relevant (CSA)
H-75.991	Requirements or Incentives by Government for the Use of Long-Acting Contraceptives	Still Relevant (CEJA)
H-80.995	Evaluation of the Use of DNA Identification Testing in Criminal Proceedings	Still Relevant (CSA)
H-85.973	Financial Incentives for Autopsies	Still Relevant (CSA)
H-85.974	Improving Death Certificate Completion	Still Relevant (CSA)

Policy Number	Title	Rationale for Retention of Policy
H-90.987	Equal Access for Physically Challenged Physicians	Still Relevant (CSA)
H-90.996	Education of Handicapped Children	Still Relevant (CSA)
H-95.963	Standardization of Collection and Custody Procedures of Body Fluid Specimens	Still Relevant (CMS)
H-95.990	Drug Abuse Related to Prescribing Practices	Still Relevant (CSA)
H-115.981	FDA Mandated Patient Information Sheets	Still Relevant (CSA)
H-115.982	Sample Medication Packaging	Still Relevant (CSA)
H-120.978	Principles of Drug Utilization Review	Still Relevant (CSA)
H-130.956	Screening for Alcohol and Other Drug Use in Trauma Patients	Still Relevant (CSA)
H-130.958	International Emergency Network	Still Relevant (CLRPD)
H-135.963	Recyclable and Reusable Utensils	Still Relevant (CLRPD)
H-135.964	Radioactive Waste Storage	Still Relevant (CSA)
H-135.966	Low-Level Radioactive Wastes	Still Relevant (CSA)
H-135.992	Acid Precipitation	Still Relevant (CSA)
H-140.964	Enforcement of Code of Ethics	Still Relevant (CEJA)
H-150.967	Food Safety - Federal Inspection Programs	Still Relevant (CSA)
H-150.969	Commercial Weight-Loss Systems and Programs	Still Relevant (CSA)
H-160.963	Community-Based Treatment Centers	Still Relevant (CSA)
H-160.964	"900" Telephone Number Medical Delivery Systems	Still Relevant (CMS)
H-165.961	Effects of National Health Care Reform on Medical Education	Still Relevant (CME)
H-170.980	Health Education	Still Relevant (CME)
H-175.998	Evaluation of Iridology	Still Relevant (CSA)
H-210.986	Physicians and Family Caregivers - A Model for Partnership	Still Relevant (CSA)
H-215.981	Hospital Employed Physicians	Still Relevant (COL)
H-215.982	Translator Services in Hospitals	Still Relevant (CLRPD)
H-215.994	Subrogation by Hospitals	Still Relevant (CMS)
H-215.995	Hospital Admission Histories and Physicals	Still Relevant (CSA)
H-215.996	Compensation for Service on Government Mandated and Funded Hospital Committees	Still Relevant (CMS)
H-220.950	Medical Staff Involvement in Development of a "Plan of Correction"	Still Relevant (CSA)
H-220.953	A Quality Improvement Program Directed Toward the Administrative and Governing Bodies of Health Care Organizations	Still Relevant (CSA)
H-220.955	Definition of Hospital Leadership - JCAHO	Still Relevant (CSA)
H-220.956	To Preserve the Quality Assurance of Medical Care as the Function of the Hospital Medical Staff	Still Relevant (CSA)
H-220.957	Joint Commission on Accreditation of Healthcare Organizations	Still Relevant (CSA)
H-225.972	AMA Sponsored Leadership Training for Hospital Medical Staff Officers and Committee Chairs	Still Relevant (CME)
H-225.973	Financial Arrangements Between Hospitals and Physicians	Still Relevant (CMS)
H-235.974	Autonomy of the Hospital Medical Staff	Still Relevant (CMS)

Policy Number	Title	Rationale for Retention of Policy
H-240.997	Patient Signatures for Medicare Payment	Still Relevant (CMS)
H-250.996	Enhancing Young Physicians' Effectiveness in International Health	Still Relevant (CME)
H-255.977	International Medical Graduates Participation in Medical Societies	Still Relevant (CLRPD)
H-260.978	Salary Equity for Laboratory Personnel	Still Relevant (CMS)
H-290.993	Coverage of Drugs by Medicaid	Still Relevant (CMS)
H-295.943	Issues Regarding Patient and/or Donor Transports by Resident Physicians and Medical Students	Still Relevant; however, disability insurance must be available according to LCME and ACGME requirements (CME)
H-295.953	Medical Student Legislative Awareness	Still Relevant (CME)
H-300.973	Promoting Quality Assurance, Peer Review, and Continuing Medical Education	Still Relevant (CME)
H-300.974	Unification of Continuing Education Credits	Still Relevant, but should be " <u>Standards</u> for Commercial Support" not "Guidelines." (CME)
H-300.975	Fraudulent/Legitimate Continuing Medical Education Activities	Still Relevant (CME)
H-305.962	Taxation of Federal Student Aid	Still Relevant (CME)
H-310.959	In-Service Training Examinations - Final Report	Still Relevant (CME)
H-310.960	Resident Education in Laboratory Utilization	Still Relevant (CME)
H-315.992	Copying Records for Audits	Still Relevant (COL)
H-330.963	Certificates of Medical Necessity for Medicare Oxygen	Still Relevant (COL)
H-330.964	Federal Budgetary Process Reform as It Affects Medicare	Still Relevant (COL)
H-340.917	Publication in Federal Register of Proposed Changes in PRO Review Process or Procedures	Still Relevant (CMS)
H-340.929	True Peer Review	Still Relevant (CMS)
H-340.930	Peer Review Organization Sanctions	Still Relevant (CMS)
H-340.931	Unannounced PRO Enforcement of Regulation	Still Relevant (CMS)
H-340.932	Time Restrictions Placed on PROs to Implement Changes in Review Procedures	Still Relevant (CMS)
H-345.995	Prevention of Unnecessary Hospitalization and Jail Confinement of the Mentally Ill	Still Relevant (CSA)
H-355.993	National Practitioner Data Bank	Still Relevant (COL)
H-365.986	US Efforts to Address Health Problems Related to Agricultural Activities	Still Relevant (CSA)
H-370.984	Organ Donation Education	Still Relevant (CSA)
H-375.996	Support for Voluntary Medical Peer Review	Still Relevant (CMS)
H-380.995	Insurance Carrier Terminology	Still Relevant (CMS)
H-385.968	Physician Fee Determination by Contractual Arrangements Between Third Party Payors and Hospital	Still Relevant (CMS)
H-385.970	Payment of Physicians' Services for Patients in Observational or Short Stay Units	Still Relevant (CMS)
H-385.995	Manipulative Casting of Congenital Deformities of the Extremities	Still Relevant (CMS)

Policy Number	Title	Rationale for Retention of Policy
H-390.895	Medicare Patient Surveys	Still Relevant (COL)
H-390.896	Payment for Case Management Services	Still Relevant (CMS)
H-390.906	Medicare Notification of Payment	Still Relevant (CMS)
H-405.978	Physicians with Communicable Diseases	Still Relevant (CSA)
H-410.986	Resident Involvement in Practice Parameters	Still Relevant (CMS)
H-420.964	Fetal Alcohol Syndrome Educational Program	Still Relevant (CME)
H-420.966	Parental Leave	Still Relevant (COL)
H-420.992	Genetic Counseling and Prevention of Birth Defects	Still Relevant (CSA)
H-430.992	Reducing Smoking in Prisons	Still Relevant (CSA)
H-435.997	Medical School Malpractice Risk Prevention Curriculum	Still Relevant (CME)
H-440.943	Lead-Based Paints	Still Relevant (CSA)
H-440.944	Relationship with American Public Health Association	Still Relevant (CSA)
H-440.945	Fluoride Content of Municipal Water Supplies	Still Relevant (CSA)
H-440.946	Health Care Workers and HBV - Nonresponders to HBV Vaccine	Still Relevant (CSA)
H-440.947	Sexually Transmissible Diseases	Still Relevant (CSA)
H-440.950	Premarital Testing	Still Relevant (CSA)
H-440.989	Continuation of the Commissioned Corps	Still Relevant (COL)
H-450.975	Definition of Quality	Still Relevant (CMS)
H-450.995	Quality of Care - Essentials and Guidelines for Quality Assessment	Still Relevant (CMS)
H-455.993	Treatment of Radiation Accident Victims	Still Relevant (CSA)
H-455.994	Risks of Nuclear Energy and Low-Level Ionizing Radiation	Still Relevant (CSA)
H-460.954	Researchers Lending Their Names as Co-authors of Laboratory Findings in Which They Did Not Participate	Still Relevant (CSA)
H-465.984	Access to Physician Services in Rural Health Clinics	Still Relevant (COL)
H-470.985	Goalie Face Masks in Hockey	Still Relevant (CSA)
H-470.986	Helmets for Hockey Referees	Still Relevant (CSA)
H-480.981	Cryotherapy, Therapeutic Ultrasound and Diathermy	Still Relevant (CSA)
H-480.982	Precertification Denials	Still Relevant. Change title to "Technological Innovation and Medical Practice." (CMS).
H-480.994	Reimbursement for New Technology	Still Relevant (CMS)
H-485.998	Television Commercials Aimed at Children	Still Relevant (CSA)
H-520.997	Physician and Public Education on the Consequences of Thermonuclear Warfare	Still Relevant (COL)
H-520.998	Medical Neutrality	Still Relevant (CSA)
H-525.985	Safety and Performance Standards for Mammography	Still Relevant (CSA)
H-525.987	Surgical Modification of Female Genitalia	Still Relevant (CSA)
H-525.989	Women's Vietnam Memorial in Washington, DC	Still Relevant (CLRPD)
H-530.979	Promotion of Conservation Practices within the AMA	Still Relevant (CLRPD)
H-530.981	AMA Corporate Visits	Still Relevant (CLRPD)

Policy Number	Title	Rationale for Retention of Policy
H-530.982	AMA Use of Recycled Paper	Still Relevant (CLRPD)
H-540.990	Clarification of House Procedures with Respect to the Opinions and Reports of CEJA	Still Relevant (CC&B)
H-540.991	Nominees for Council Positions	Still Relevant. The Council notes that an editorial correction is necessary in H-540.991, due to renumbering of the Bylaws. The reference to B-8.021 should be corrected to B-7.021. (CC&B)
H-540.995	Council and Committee Costs	Still Relevant (CLRPD)
H-545.969	Report of the Convention Committee on Rules and Order of Business	Still Relevant (CLRPD)
H-545.970	AMA Representation	Still Relevant (CLRPD)
H-545.972	Reconsideration of Referred Reports	Still Relevant (CLRPD)
H-545.995	Listing of Specialty Society Candidates and Office Holders	Still Relevant (CLRPD)
H-555.979	Model Membership Bylaws for Component Medical Societies	Still Relevant (CC&B)
H-555.980	Membership Provisions of Constituent and Component Medical Association Bylaws	Still Relevant (CC&B)

APPENDIX II - POLICIES RECOMMENDED FOR SUNSETTING

(Note: Those policies in *italics* were retained rather than sunset--see Recommendations as adopted.)

Policy Number	Title	Rationale for Sunset of Policy
H-5.986	Congressional Responsibility for the Defeat of the Gag Rule Veto Override	Obsolete (COL)
H-5.987	Freedom of Communication Between Physician and Patients	Obsolete (COL)
H-20.950	Reaffirmation of House of Delegates Policy Pertaining to HIV-Infected Health Care Workers Contained in Report X of the Board of Trustees	Obsolete (CSA)
H-30.956	Inclusion of Detoxification Coverage in Minimum Benefits Package for the Uninsured	Superseded by H-165.865[2]. (CMS)
<i>H-30.959</i>	<i>Mandatory Loss of Driver's License for Drivers Under Age 21 with Any Blood Alcohol Level</i>	<i>Accomplished. All states now have such legislation. (CSA)</i>
H-35.980	Public Differentiation of Physicians and Limited License Practitioners in the Delivery of Health Care	Superseded by H-450.955 and H-160.949[4]. (CMS)
H-40.978	The Armed Forces Institute of Pathology	Obsolete (COL)
H-40.980	Armed Forces Personnel	Accomplished (CSA)
H-50.983	HCFA Reimbursement for Autologous Blood Transfusions	Superseded by H-50.982[3]. (CMS)
H-60.978	Final Report	Obsolete (CSA)
H-70.979	Office of Inspector General Report on Alleged Physician Coding Manipulations	Accomplished (CMS)
H-70.981	Definition of Ophthalmological Services as Primary Care	Accomplished (CMS)
<i>H-85.975</i>	<i>Adding Tobacco Contribution to Death Certificates</i>	<i>Accomplished (CSA)</i>

Policy Number	Title	Rationale for Sunset of Policy
H-85.976	HCFA Mortality Report	Obsolete (CMS)
H-90.988	Support Program for Disabled Physicians, Including Those Infected with HIV and HBV	Superseded by H-530.990. (CSA)
H-90.989	Provisions for Physicians with Handicaps	Superseded by Americans with Disabilities Act requirements. (CME)
H-90.995	Medical Care for Disabled Persons	Superseded by enactment of American with Disabilities Act. (CMS)
H-95.965	<i>Residential Treatment for Drug-Addicted Women</i>	<i>Obsolete (CSA)</i>
H-115.978	Nonprescription Medication Label Information	Obsolete. A final FDA rule in place that standardized labels for OTC products. (CSA)
H-120.980	The Impact of the Marketing-Distribution System for Clozapine on Patient Access	Obsolete (CSA)
H-135.965	Disposal of Toxic Waste	Accomplished (CSA)
H-140.962	DNR Orders for Terminally and Chronically Ill Home-Bound Patients	Duplicative of E-2.22 and E-2.225. (CEJA)
H-140.968	Physician Participation in State Executions	The Council has established ethical guidelines, which prohibit physician participation in capital punishment. (CEJA)
H-140.998	Hospital Ethics Committee	Duplicative of E-9.11. (CEJA)
H-150.968	Transfer of Function for National Nutrition Education	Obsolete (CSA)
H-150.970	L-Glutamic Acid	Data does not support. (CSA)
H-150.991	Limiting Liability of Donors of Distressed Foods	Obsolete (COL)
H-160.981	"Gatekeeper" Influence on Cost and Quality of Health Care	Superseded by H-35.989[3]. (CMS)
H-160.992	Failure of Socialized Medicine	Superseded by H-165.985[1]. (CMS)
H-165.964	Physician Role in Health Access America	Obsolete (CMS)
H-165.965	Need for Defining National Standards for Health Care Benefits for the Unemployed Uninsured	Obsolete (CMS)
H-170.981	Comprehensive Health Education	Superseded by H-170.980 and H-170.975. (CME)
H-175.990	Lack of Efficacy of Thermography as a Diagnostic Test	Obsolete (CSA)
H-175.991	Health Fraud Advisory Board	Superseded by H-175.983. (CMS)
H-195.998	Cost of Care in Health Maintenance Organizations	Obsolete (CMS)
H-200.979	Primary Care Medicine	Superseded by H-200.973, H-200.974, and H-200.975. (CME)
H-215.980	Maintaining the Decorum of Hospital Medical Records Stations	Obsolete (CSA)
H-230.977	Medical Liability Insurance as a Condition for Hospital Medical Staff Privileges and Participation in Health Insurance Plans	Superseded by H-435.966. (CMS)
H-235.975	AMA Model Hospital Medical Staff Bylaws	Accomplished (CMS)
H-240.968	Medicare Emergency On-Call Reimbursement for Rural Hospitals	Superseded by H-130.948 and H-240.966[4]. (CMS)
H-270.979	Surplus and Overfunded Pension Plans	Obsolete (COL)
H-280.975	Federal Regulation of Antipsychotic Drug Use in Nursing Homes	Obsolete. Regulations have been in place for 10 years. Other methods exist to improve prescribing practices. (CSA)

Policy Number	Title	Rationale for Sunset of Policy
H-290.994	OBRA 90 Medicaid Reimbursement for Prescription Drugs	Accomplished (CMS)
H-295.944	Due Process Policies in American Medical Schools	Obsolete. LCME standards have been revised to require due process. (CME)
H-295.945	Policy on Sexual Harassment Prevention in Medical Education	LCME and ACGME accreditation standards address sexual harassment and federal law has been adopted. (CME)
H-295.946	Health Care in Correctional Facilities and Medical Education: Final Report	Superseded by H-310.942. (CME)
H-295.950	Patient Physician Communication	Covered in LCME and ACGME accreditation standards. (CME)
H-295.951	Inclusion of National Board of Medical Examiners Registration Fees within Tuition Payments	The fee can be included in the student's financial aid budget if the exam is required. (CME)
H-295.952	Directory of Medical Student Electives	The AAMC has a listing of such electives on its web site. (CME)
H-295.954	Liaison with the National Education Goals Panel	Obsolete (CME)
H-300.990	Continuing Medical Education	Obsolete (CME)
H-300.991	Continuing Medical Education for Non-Physicians	Superseded by H-300.991. (CME)
H-310.955	Revisions of the General Requirements of the Essentials of Accredited Residency Programs	This policy deals with a revision that occurred in 1991. The requirements are now called "Institutional Requirements" and these have been revised a number of times. (CME)
H-310.956	Protection of Resident Training	Obsolete. ACGME standards address the issue of program or institution closure. (CME)
H-310.958	Graduate Medical Education Reform Legislation	Obsolete (COL)
H-320.966	AMA Participation in Utilization Review Accreditation Commission	Accomplished (CMS)
H-325.996	Medical Specialty Information Brochures	Obsolete. The AMA has FREIDA Online as an information source for medical students and the AAMC has the "Careers in Medicine Program." (CME)
H-330.961	Toll-Free Telephone Hot-Lines	Superseded by H-330.923 and H-185.984. (CMS)
H-330.962	Number of Medicare Carriers and Their Interpretation of HCFA Rules	Superseded by H-390.921[1]. (CMS)
H-330.965	Preserving Manual Billings	Superseded by H-330.954[1]. (CMS)
H-330.967	Medicare Physician Communications Activities	Obsolete (CMS)
H-335.975	Carrier Screen and Denial of Payment for Hospitalized Patients	Superseded by H-335.966, H-335.996[2], H-70.928[2], and H-320.968. (CMS)
H-335.977	Release of Medicare Carrier Medical Necessity Screens	Superseded by H-320.963[2] and H-335.969. (CMS)
H-340.915	PRO and Quality Points Appeal Mechanism	Obsolete (CMS)
H-340.916	Initiation of Intensified PRO Review	Superseded by H-340.898 and H-340.899 (CMS)
H-340.919	Elimination of Pre-Procedural Review	Superseded by H-320.982 (CMS)
H-340.920	PRO Changes Affecting Residency Training Programs and Post-Admission Certification	Obsolete (CMS)

Policy Number	Title	Rationale for Sunset of Policy
H-340.921	Initial Strategy for the Evaluation and Refinement of the Uniform Clinical Data Set by the Medical Profession	Superseded by H-340.911. (CMS)
H-340.922	Application of Confirmed PRO QIP Citations to Resident and Attending Physicians	Obsolete (CMS)
H-340.923	PRO Required Education of Hospital Medical Staff	Superseded by H-340.925. (CMS)
H-340.924	Quality Intervention Plan (QIP) For Reviewers	Obsolete (CMS)
H-340.925	Development of Corrective Action Plans for Practicing Physicians	Obsolete. Other mechanisms are in place. (CME)
H-340.926	PROs Savings vs. HCFA Expenses	Accomplished (CMS)
H-340.927	Peer Review Organization Program Status	Superseded by H-340.911 and H-340.898. (CMS)
<i>H-345.996</i>	<i>Physicians, Psychotherapy and Mental Health Care</i>	<i>This is not a policy statement. (CSA)</i>
<i>H-355.992</i>	<i>Reporting Impaired Physicians to the National Practitioner Bank</i>	<i>Obsolete (CSA)</i>
H-385.966	The State of Potential Health Care Disaster	Obsolete (COL)
H-390.894	Timely Part B Medicare Payments to Physicians	Accomplished (COL)
H-390.897	Equitable Reimbursement for Young Physicians	Accomplished (COL)
H-390.900	Discontinuation of Payment for Interpretation of EKGs in Physicians' Offices	Accomplished (COL)
H-390.902	Medicare Reimbursement for EKG Interpretation	Accomplished (CMS)
H-390.903	Payment for EKG Interpretation	Accomplished (CMS)
H-390.936	Clear, Concise, and Complete Explanation of Benefits by Third Party Payors	Superseded by H-390.956(3). (CMS)
H-390.995	Medical Economic Index in Medicare Reimbursement	Obsolete (CMS)
H-395.992	Medicare Volume Performance Standards (MVPS) - A Disaster in the Making	Superseded by H-390.861 and H-400.965. (CMS)
H-400.974	Final Rule on the New Medicare Physician Payment System	Superseded by H-390.861 and H-400.972. (CMS)
H-400.975	Revising the Geographic Practice Cost Indices	Accomplished (CMS)
H-400.976	Geographic Adjustment Factors	Superseded by H-400.987[1], H-400.952, and H-400.484. (CMS)
H-400.977	Medicare Implementation of RBRVS	Accomplished (CMS)
H-400.978	Accelerating the Medicare Fee Schedule	Accomplished (CMS)
H-400.979	The New Medicare Physician Payment System	Superseded by H-390.861, H-400.972, and H-400.991[1]. (CMS)
H-405.977	The Aging Physician	AMA now has the Senior Physicians group to address issues of physicians approaching and entering retirement. (CME)
H-405.979	Physicians and Retirement	Obsolete (CME)
<i>H-405.980</i>	<i>Caller Identification</i>	<i>Obsolete (CLRPD)</i>
H-420.963	Parental Leave	ACGME requires that resident contracts address the issue of leave for residents. (CME)
H-440.951	National Childhood Vaccine Injury Act	Accomplished (COL)
H-450.972	Small Area Analysis	Obsolete (CSA)

Policy Number	Title	Rationale for Sunset of Policy
H-450.977	Quality of Care	Superseded by H-225.971. (CMS)
H-455.982	Nuclear Regulatory Commission Medical Quality Management Rule	Superseded by H-455.979[3]. (CMS)
H-455.995	Public Information on Diagnostic X-Rays	Bureau not in existence. (CSA)
H-460.949	Federal Research Grant Indirect Cost Policy	Obsolete (CME)
H-460.950	Misleading References to Animal Research by Encyclopedia Britannica	Obsolete (CSA)
H-460.951	Animal Research	Process Inactive. (CSA)
H-460.952	Public Policy on Animal Research 1991	Obsolete (CSA)
H-465.985	Rural Health Care	Superseded by H-200.970, H-465.981, H-465.988, and H-465.997. (CMS)
H-465.987	Shortage of Primary Care Physicians in Rural Communities	Superseded by H-310.942. (CME)
H-480.980	The Use of Pulse Oximetry During Conscious Sedation	Accomplished (CSA)
H-510.992	Support of VA Research Budget	Accomplished (COL)
H-510.993	Comparison of VA and Allowable Medicare Charges	Accomplished (CMS)
H-510.997	Mainstreaming Medical Services to the Veteran	Superseded by H-510.991. (CMS)
H-520.991	Department of Defense Biological Defense Research Program	Obsolete (CSA)
H-525.996	Prescription of Tranquilizers and Antidepressants for Women	Accomplished (CSA)

APPENDIX III - POLICY RECOMMENDED FOR RETENTION-IN-PART

(Note: Those policies in italics were retained in whole rather than retained in part--see Recommendations as adopted.)

Policy Number	Title	Rationale for Retention-in-Part
H-15.968	School Bus Safety and Braking and Steering Systems	Delete last clause since it refers to dated report--delete after "communities. (CSA)
H-15.993	Child Passenger Safety	Delete mention of AAP program and insert "and other appropriate organizations." (CSA)
H-20.943	Discrimination Based on HIV Seropositivity	Delete second clause of policy because it is a directive to take action and is outdated. (CSA)
H-20.946	Policy of the AMA on AIDS	Delete clause 1 because it is outdated. There are now different ways to handle people infected with other infectious diseases vs. those infected with HIV. (CSA)
H-60.974	Children and Youth With Disabilities	Delete mention of National Center for Youth with Disabilities--no longer exists. (CSA)
H-60.975	Political Influence and the American Teenage Study	Delete third component--outdated. (CSA)
H-115.979	Policy to Reduce Waste from Pharmaceutical Sample Packaging	Modify by deleting the word "initiating" under the 4th point. Correct PMA to Pharmaceutical Research and Manufacturers of America. (CSA)
H-120.979	Involvement of State Medical Societies in Medicaid DUR Activities	Retain first statement and delete second statement. (CSA)

Policy Number	Title	Rationale for Retention-in-Part
H-140.963	<i>Secrecy and Physician Participation in State Executions</i>	<i>The AMA opposes any and all attempts either in state laws or in rules and regulations that seek to enable or require physician participation in legal executions and/or which protect from disclosure the identify of physicians participating or performing direct or ancillary functions in an execution. (CEJA)</i>
H-140.967	Conflicts of Interest	Retain Part 2. (CEJA)
H-145.989	Safety of Nonpowder (Gas-Loaded/Spring-Loaded) Guns	Delete portion of last sentence following "ongoing initiatives." (CSA)
H-185.985	Internal Guidelines Used by Third Party Payors to Determine Coverage	Retain Part 2. Rescind Parts 1 and 3--directive accomplished. (CMS)
H-190.990	New, Revised HCFA-1500 Claim Form	Delete the words--"(12/90) the revised claim form."--no longer relevant. (CMS)
H-190.991	Excessive Requests for Information from Insurance Carriers and Delays in Processing Insurance Claims	Retain Part 1. Rescind Part 2--directive accomplished. (CMS)
H-235.976	Medical Staff Bylaws and Medical Staff Autonomy	Retain Parts 1 and 3. Rescind Part 2--superseded by H-225.961[1h]. (CMS)
H-255.997	Fifth Pathway	Retain Part 3; rescind Parts 1 (now there is a single pathway to licensure) and 2 (the Fifth Pathway statement has been revised by the Council on Medical Education). (CME)
H-255.998	Foreign Medical Graduates	Retain Part 2; rescind Parts 1, 3, and 4--no longer timely. (CME)
H-270.978	Legislation to Establish United States-Mexico Health and Environment Commission	Keep part dealing with adequate funding; rescind remainder--Commission established. It is the policy of the AMA to draft and introduce legislation in 1992 to enact the establishment and adequate funding of a United States-Mexico Health and Environment Commission. (COL)
H-275.951	Mandatory Acceptance of Patients Group	Retain first sentence; delete second sentence, which comes from a time-limited issue. (CME)
H-275.993	Examinations for Medical Licensure	Retain Part 1; rescind Parts 2 (replaced by Policy H-275.934) and 3 (issue no longer Relevant). (CME)
H-295.947	Legislative Threats to the Voluntary Accreditation Process	Retain Parts 1 and 2; rescind Part 3 (there no longer is a high degree of urgency). (CME)
H-295.949	Encouraging Community Based Medical Education	Retain Part 1; rescind Part 2 (Policies H-310.942 and H-310.967 address the need for varied sites for training). (CME)
H-300.992	National Accreditation of AMA as Provider of Continuing Medical Education	The following part of the policy should be retained: "The AMA assigns to the Council on Medical Education the responsibility as the unit of the AMA to become accredited for continuing medical education." (CME)

Policy Number	Title	Rationale for Retention-in-Part
H-310.957	Resident Working Conditions Reform Update	Revise Parts 1 and 2 to read as follows: (1) The AMA supports the following principles pertaining to resident duty hours and environment: Each residency program must establish formal policies governing resident duty hours and working environment that are optimal for both resident education and the care of patients. (a) Program requirements relating to duty hours and on-call schedules shall be based on an educational rationale and patient need, including continuity of care. (b) The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Duty hours, however, must reflect the fact that responsibilities for patient care are not automatically discharged at specific times. Programs must ensure that residents are provided backup support when patient care difficulties are especially difficult or prolonged. (c) Resident duty hours and scheduled must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. (2) The AMA supports the following principle: It is desirable that residents' work schedules be designed so that, on the average and excluding exceptional patient care needs, residents have at least one day out of seven free of routine responsibilities and be on call no more than every third night. The ratio of hours worked and on-call time will vary, particularly at the senior levels, and therefore necessitates flexibility. (CME)
H-310.961	Residency/Fellowship Working Conditions and Supervision	Retain Part 1; rescind Parts 2 and 3--no longer timely or relevant. (CME)
H-340.914	Credentials and Qualifications of PRO Reviewers	Rescind reference to seeking Federal Legislation: "Our AMA will seek federal legislation through the US Congress will to require that the credentials and background of peer review organization (PRO) reviewers be made known to the appropriate state medical association and to the physician being examined before the peer review process is performed. (COL)
H-340.933	PRO Data Dissemination	Retain Part 1. Rescind Parts 2 and 3--no longer relevant. (CMS)
H-380.988	Right of Individuals to Purchase Medical Care	Retain first two sentences. Delete third sentence--directive accomplished. (CMS)

Policy Number	Title	Rationale for Retention-in-Part
H-390.901	Medicare Outpatient Service Charge Limit	Retain first part as policy.
H-420.965	Carrier Screening for Cystic Fibrosis	Delete the first two clauses because they are outdated. ACOG has completed with funding from NIH--document now available. (CSA)
H-440.949	Immunity to Hepatitis B Virus	Delete clause 1 because it is scientifically outdated. An HBV carrier is now either HBsAg positive or HBeAg positive. (CSA)
H-450.971	Quality Improvement of Health Care Services	Retain Part 1; rescind Part 2 (unclear). (CME)
H-450.976	Corrective Action and Exclusive Contracts	Retain Part 1; rescind Part 2--superseded by H-225.985 and H-230.987. (CMS)
H-525.984	Breast Implants	Delete clause (1) - accomplished. Delete initial portion of (5) up to "urge the FDA...." Renummer. (CSA)
H-525.986	Guidelines and Medicare Coverage for Screening Mammography	Delete Part 4--obsolete. (CSA)

3. CONSOLIDATION OF HOUSE POLICIES ON GOVERNANCE

HOUSE ACTION: RECOMMENDATIONS ADOPTED AND REMAINDER OF REPORT FILED

In adopting Recommendation 38 of the report of the Ad Hoc Committee on Structure, Governance, and Operations (I-98), the House of Delegates asked the Board of Trustees to provide a separate section for governance in the American Medical Association policy database and PolicyFinder. In turn, the Board asked the Council on Long Range Planning and Development (CLRPD) to undertake this project.

As stated in AMA Policy H-545.964 (AMA Policy Database), the purpose of policy consolidation is to make information on AMA policy more accessible. Policy consolidation will also help to improve the organization of PolicyFinder. **The purpose of policy consolidation does not include the establishment of new policy positions.** Consequently, Policy H-545.964 states that the recommendations in policy consolidation reports cannot be amended and must be voted upon in their entirety. Changes in AMA policy can be accomplished through other types of reports or by resolutions that are submitted to the AMA House of Delegates.

Because of the magnitude of the project to consolidate all of the House's policies on governance, the Council proposed that an entirely new section on governance be developed (the 600.000 Section of the House's policy database) and that it be adopted in its entirety as a replacement for all of the current House policies on governance. To implement this strategy, the Council employed the following approach:

- Step 1: Identify outmoded and outdated House policies and recommend their rescission. (This was accomplished when the House adopted the recommendations in CLRPD Report 2-I-00, "Policy Consolidation on Governance.")
- Step 2: Develop a taxonomy for the new section on the House's policies on governance. (The proposed taxonomy was described in CLRPD Report 2-I-00, "Policy Consolidation on Governance.")
- Step 3: Allocate current governance policies (or parts of current governance policies) to the appropriate sections of the new taxonomy.
- Step 4: Within each section of the new taxonomy, group similar policies (or parts of policies) together with each grouping serving as a new policy.
- Step 5: Develop an appropriate title and number for each grouping of similar policies.

Step 6: Edit the language of each proposed new policy so that it is coherent and is easily understood. (Note that the CLRPD took great care to ensure that the editing process did not alter the meaning or intent of any of the House's policies on governance.)

Step 7: Recommend that the House adopt the new section on governance in its entirety and that the House rescind all of the current House policies on governance. (If the House adopts the recommendations in this report, this final step will be accomplished.)

Appendix A to this report presents the Council's recommended language for the House's policies on governance. Appendix B contains information about how current policies on governance have been incorporated into the proposed new section on governance.

RECOMMENDATIONS

The Council on Long Range Planning and Development proposes that the AMA House of Delegates adopt the following recommendations and the remainder of this report be filed:

1. All of the proposed policies presented in Appendix A be added to the House's policy database and to the AMA's PolicyFinder program.
2. All of the following policies be rescinded because they are duplicative of the policies presented in Appendix A: (a) Policies H-325.988 through H-325.999; and (b) All of the policies in Sections H-530.000, H-535.000, H-540.000, H-545.000, H-550.000, H-555.000, H-560.000, H-565.000, and H-570.000 of the House's policy database.

APPENDIX A - PROPOSED CONSOLIDATION OF HOUSE POLICY ON AMA GOVERNANCE

The material in this Appendix represents a consolidation of the policies of the AMA House of Delegates on the governance of the AMA. Care has been taken to ensure that the meaning and intent of House policy is maintained. The Council on Long Range Planning and Development proposes that the material presented in this Appendix replace all of current House policies on the governance of the AMA.

The Council has organized and consolidated House policy on governance into the following nine major sections:

- Section 600 - Governance: AMA House of Delegates
- Section 605 - Governance: AMA Board of Trustees and Officers
- Section 610 - Governance: Nominations, Elections, and Appointments
- Section 615 - Governance: AMA Councils, Sections, and Committees
- Section 620 - Governance: Federation of Medicine
- Section 625 - Governance: Strategic Planning
- Section 630 - Governance: AMA Administration and Programs
- Section 635 - Governance: Membership
- Section 640 - Governance: Advocacy and Political Action

SECTION 600--GOVERNANCE: AMA HOUSE OF DELEGATES

The policies in this section relate to the governance of the American Medical Association. They are a supplement to the AMA Constitution and Bylaws, which set the framework for the structure, operations, and governance of the Association.

H-600.010 Role of the AMA House of Delegates

The House reaffirms its position as the primary policymaking body for the American medical profession and urges its members to recognize a responsibility to represent the AMA throughout the year. (Spec. Advis. Comm. Rep., I-82; Reaffirmed: CLRPD Rep. A, I-92)

(Reflects current policy: H-545.994 Annual and Interim Meetings - Modification of Format and Procedure of the House of Delegates)

H-600.015 State Delegations to the AMA

AMA policy on state delegations includes the following:

- (1) State and specialty medical societies are encouraged to adopt election procedures through which only AMA members may cast ballots for the state/specialty society's delegates to the AMA.
- (2) State medical societies are encouraged to collaborate more closely with state chapters of medical specialty societies, and to include representatives of these organizations in their AMA delegations whenever feasible.
- (3) The AMA will permit a retired physician member of the federation of medicine to designate the county and state medical society where the physician last belonged as the tally and credit site for membership regardless of the physician's retirement address. (Res. 615, A-96)

(Reflects current policies H-545.930 AMA Membership Strategy and H-555.968 Designation of State and County Medical Society for Retired Physician Membership)

H-600.020 Admission of Specialty Organizations to the AMA House

The following guidelines shall be utilized in evaluating specialty society applications for representation in the AMA House of Delegates (new specialty organization applications will be considered only at Annual Meetings of the House of Delegates):

- (1) The organization must not be in conflict with the Constitution and Bylaws of the AMA with regard to discrimination in membership;
- (2) The organization must: (a) represent a field of medicine that has recognized scientific validity; (b) not have board certification as its primary focus; and (c) not require membership in the specialty organization as a requisite for board certification;
- (3) The organization must meet one of the following criteria: (a) a specialty organization must demonstrate that it has 1,000 or more AMA members; or (b) a specialty organization must demonstrate that it has a minimum of 250 AMA members and that thirty-five percent (35%) of its physician members who are eligible for AMA membership are members of the AMA; or (c) a specialty organization must demonstrate that it was represented in the House of Delegates at the 1990 Annual Meeting and that thirty-five percent (35%) of its physician members who are eligible for AMA membership are members of the AMA;
- (4) The organization must be established and stable; therefore it must have been in existence for at least five years prior to submitting its application;
- (5) Physicians should comprise the majority of the voting membership of the organization.
- (6) The organization must have a voluntary membership and must report as members only those who are current in payment of dues, have full voting privileges, and are eligible to hold office;
- (7) The organization must be active within its field of medicine and hold at least one meeting of its members per year;
- (8) The organization must be national in scope. It must not restrict its membership geographically and must have members from a majority of the states;
- (9) The organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization;
- (10) If international, the organization must have a US branch or chapter, and this chapter must be reviewed in terms of all of the above guidelines.

Until the year 2003, an organization which is already seated in the House of Delegates as a specialty society shall be considered to re-qualify for representation in the AMA House if the organization can meet the criteria of Policy H-545.984 as they existed at the time of the 1997 Annual Meeting of the AMA House of Delegates. (CLRPD Rep. A, A-87; CLRPD Rep. D, I-90; CLRPD Rep. B, I-91; Modified: CLRPD Rep. 2-I-97; Modified: CLRPD Rep. 3-A-00)

(Reflects current policy: H-545.984 Representation of Specialty Organizations in the House of Delegates)

H-600.021 The Size of Specialty Society Delegations in the AMA House

The number of AMA delegate positions allocated to the specialty societies in the AMA/Federation House will be determined in the following manner:

- (1) The AMA will send a specialty-representation "ballot" to each AMA physician member, plus fourth-year medical student members, asking each member to identify on the ballot one specialty society to represent him or her in the AMA/Federation House of Delegates;
- (2) The ballots cast for specialty society representation by AMA members will be carried over automatically from year to year unless the AMA is otherwise notified;
- (3) Members may change their specialty society designation at any time they wish and should be given the ability to change their specialty society representation votes throughout the year by multiple communication modalities;
- (4) The specialty-representation ballot will indicate that physicians should be members of the specialty society which they select on the ballot to represent them in the AMA/Federation House of Delegates;
- (5) The number of delegates and alternate delegates allocated to a specialty society will be on the basis of one delegate and one alternate delegate for each 1000 AMA members, or portion of 1000 AMA members, who select that a particular specialty society on the annual ballot and return the ballot to the AMA;
- (6) Each specialty society that meets the eligibility criteria and is represented in the AMA/Federation House will be assured of at least one delegate and alternate delegate position regardless of the number of AMA members who select the society on the ballot and return the ballot to the AMA. (BOT Rep. 2-A-96; Modified: Res. 612, I-97)

(Reflects current policy: H-545.959 The Size of Specialty Society Delegations in the AMA/Federation House)

H-600.022 Admission of Professional Interest Medical Associations to the AMA House

- (1) Professional interest medical associations (PIMAs) are organizations that relate to physicians along dimensions that are primarily ethnic, cultural, demographic, minority, etc. and are neither state associations nor specialty societies. The following guidelines will be utilized in evaluating professional interest medical association applications for representation in the AMA House of Delegates (new applications will be considered only at Annual Meetings of the House of Delegates):
 - (a) the organization must not be in conflict with the Constitution and Bylaws of the AMA;
 - (b) the organization must demonstrate that it represents and serves a professional interest of physicians that is relevant to the AMA's purpose and vision and that the organization has a multifaceted agenda (i.e., is not a single-issue association);
 - (c) the organization must meet one of the following criteria: (i) the organization must demonstrate that it has 1,000 or more AMA members; or (ii) the organization must demonstrate that it has a minimum of 250 AMA members and that thirty-five percent (35%) of its physician members who are eligible for AMA membership are members of the AMA; or (iii) that the organization was represented in the House of Delegates at the 1990 Annual Meeting and that thirty-five percent (35%) of its physician members who are eligible for AMA membership are members of the AMA;
 - (d) the organization must be established and stable; therefore it must have been in existence for at least five years prior to submitting its application;
 - (e) physicians should comprise the majority of the voting membership of the organization;
 - (f) the organization must have a voluntary membership and must report as members only those who are current in payment of dues, have full voting privileges, and are eligible to hold office;
 - (g) the organization must be active within the profession, and hold at least one meeting of its members per year;
 - (h) the organization must be national in scope. It must not restrict its membership geographically and must have members from a majority of the states;
 - (i) the organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization; and
 - (j) if international, the organization must have a US branch or chapter, and this chapter must meet the above guidelines.
- (2) The process by which professional interest medical associations seek admission to the House of Delegates includes the following steps:
 - (a) a professional interest medical association will first apply for membership in the Specialty and Service Society (SSS);

- (b) using specific criteria, SSS will evaluate the application of the professional interest medical association and, if the organization meets the criteria, will admit the organization into SSS;
- (c) after three years of participation in SSS, a professional interest medical association may apply for representation in the AMA House of Delegates;
- (d) SSS will evaluate the application of the professional interest medical association, determine if the association meets the criteria for representation in the AMA House of Delegates, and send its recommendation to the AMA Board of Trustees;
- (e) the Board of Trustees will recommend to the House how the application of the professional interest medical association should be handled;
- (f) the House will determine whether or not to seat the professional interest medical association; and
- (g) if the application of a professional interest medical association for a seat in the House is rejected, the association can continue to participate in SSS as long as it continues to meet the criteria for participation in SSS. (CLRPD Rep. 1-A-99; Modified: CLRPD Rep. 3-A-00).

(Reflects current policy: H-545.932 Admission of Professional Interest Medical Associations)

H-600.023 Specialty Organizations Seated in the AMA House

The Specialty Organizations granted or retaining representation in the AMA House since June 2000 include:

- (1) Granted: Society of Radiologists in Ultrasound and The Vitreous Society. (June 2000) (BOT Rep. 11-A-00); American Association of Hip and Knee Surgeons and the American Society of Bariatric Physicians. (BOT Report 2-A-01).
- (2) Five-year Review: American Medical Group Association, American College of Emergency Physicians, American College of Physicians-American Society of Internal Medicine, and American College of Gastroenterology. (June 2000) (BOT Rep. 25-A-00);
- (3) Five-year Review: American Academy of Otolaryngic Allergy, American College of Cardiology, American College of Chest Physicians, American College of Nuclear Medicine, American College of Nuclear Physicians, American College of Obstetricians and Gynecologists, American College of Occupational and Environmental Medicine, American College of Preventive Medicine, American College of Radiology, American College of Surgeons, American Gastroenterological Association, American Geriatrics Society, American Orthopaedic Association, American Psychiatric Association, American Roentgen Ray Society, American Society of Abdominal Surgeons, National Association of Medical Examiners, and Triological Society. (December 2000) (BOT Rep. 34-I-00).
- (4) The American Association of Clinical Endocrinologists is granted one year to correct its membership deficiency, as outlined in Section 8.44 of the AMA Constitution and Bylaws. (June 2001)
- (5) The American Academy of Child and Adolescent Psychiatry, American College of Medical Genetics, American College of Radiation Oncology, American Institute of Ultrasound in Medicine, American Medical Directors Association, American Orthopaedic Foot and Ankle Society, American Pediatric Surgical Association, American Society of Anesthesiologists, American Society of Cataract and Refractive Surgery, American Society of Clinical Pathologists, American Society of Colon and Rectal Surgeons, Renal Physicians Association, American Society of Neuroimaging, American Society of Neuroradiology, Society of Cardiovascular and Interventional Radiology, and Society of Critical Care Medicine retain representation in the AMA House of Delegates. (June 2001) (BOT Rep. 34-I-00; Appended: BOT Rep. 32-A-01)

(Reflects current policies: H-540.986 Specialty Society Representation in the House of Delegates - Five-Year Review, H-545.922 Specialty Organization Representation in the House of Delegates - Five-year Review, and H-545.924 Specialty Organization Representation in the House of Delegates)

H-600.024 Representation of Medical Students in the AMA House

Our AMA supports the full participation of medical student and resident members of the AMA in the activities of the Association and in the policy processes of the AMA House of Delegates; and strongly encourages the delegation of each state association to have one resident delegate for each 1000 resident members of the AMA who are included in the base for determining the size of the state association's delegation. (BOT Rep. 19-I-00)

(Reflects current policy: H-545.921 Medical Student Representation in the AMA House of Delegates)

H-600.025 Official Observers in the AMA House

Organizations granted official observer status since December 1998 include the following:

- (1) The American Nurses Association is invited to send a non-voting Official Observer to all meetings of the House of Delegates. (December 1998) (BOT Rep. 27-I-98);
- (2) Our AMA grants the National Council of State Boards of Nursing Official Observer status in the House of Delegates and invites them to send a non-voting observer to all meetings of the AMA House of Delegates. (December 2000) (BOT Rep. 5-I-00);
- (3) Our AMA grants the National Commission on Correctional Health Care Official Observer Status in the House and invites it to send a non-voting Official Observer to all meetings of the AMA House of Delegates. (December 2000) (BOT Rep. 12-I-00);
- (4) The Alliance for Continuing Medical Education will be invited to send a Non-voting Official Observer to all meetings of the House of Delegates. (December 1999) (BOT Rep. 11-I-99);
- (5) The Association of PeriOperative Nurses be invited to send a non-voting Official Observer to all meetings of the House of Delegates. (June 2000) (BOT Rep. 1-A-00);
- (6) The Federation of State Medical Boards of the United States, Inc, be invited to send a non-voting Official Observer to all meetings of the House of Delegates. (June 2000) (BOT Rep. 5-A-00).

(Reflects current policies: H-545.925 Official Observers, H-545.926 Alliance for Continuing Medical Education and H-545.939 Official Observer)

H-600.030 Characteristics of AMA Delegates and Alternate Delegates

The AMA House:

- (1) Requires that delegates be AMA members and be selected by the principal governing body or the membership of the sponsoring organization. (H-545.928[1ab]);
- (2) Encourages medical societies to develop methods for selecting AMA delegates that provide an exclusive role for AMA members and suggests that each delegation have at least one member involved in the governance of the sponsoring organization (H-545.928[1c]);
- (3) Acknowledges that the representational role of the AMA delegates is multi-dimensional and includes: (a) advocacy for patients to improve the health of the public and the health care system; (b) representation of the perspectives of the delegate's sponsoring organization to the AMA House of Delegates; (c) representation of the delegate's physician constituents in the decision-making processes of the House of Delegates; and (d) representation of the AMA and the House of Delegates to physicians, medical associations, and others;
- (4) Urges delegates to take into consideration a variety of perspectives including those of patients, their sponsoring organizations, and their physician constituents but that, in voting on matters before the AMA House of Delegates, AMA delegates should vote on the basis of what is best for patients and American medicine. (CLRPD Rep. 3-A-98);
- (5) Encourages AMA delegates and alternates who may be entitled to a dues exemption, because of age and retirement status, to demonstrate their full commitment to the AMA through payment of dues. (CLRPD Rep. C, A-87; Reaffirmed: Sunset Report, I-97).

(Reflects current policies: H-545.928 Job Description and Roles and Responsibilities of AMA Delegates/Alternate Delegates, H-545.946 Role of AMA Delegates and H-545.983 Characteristics of AMA Delegates)

H-600.031 Roles and Responsibilities of AMA Delegates and Alternate Delegates

Members of the AMA House of Delegates serve as an important communications, policy, and membership link between the AMA and grassroots physicians. The delegate/alternate delegate is a key source of information on activities, programs, and policies of the AMA. The delegate/alternate delegate is also a direct contact for the individual member to communicate with and contribute to the formulation of AMA policy positions. Delegates and alternate delegates to the AMA are expected to foster a positive and useful two-way relationship between grassroots physicians and the AMA leadership and governance.

The roles and responsibilities of delegates and alternate delegates are as follows:

- (1) regularly communicate AMA policy, information, activities, and programs to constituents so he/she will be recognized as the representative of the AMA;
- (2) relate constituent views to the appropriate AMA leadership, governing body, or executive staff;
- (3) advocate constituent views within the House of Delegates or other governance unit, including the executive staff;
- (4) attend and report highlights of House of Delegates meetings to constituents, for example, at hospital medical staff, county, state, and specialty society meetings;
- (5) serve as an advocate for patients to improve the health of the public and the health care system;
- (6) cultivate promising leaders for all levels of organized medicine and help them gain leadership positions;
- (7) actively recruit new AMA members and help retain current members;
- (8) participate in the AMA Membership Outreach Program (Special Advisory Committee to the Speaker of the House of Delegates, I-99)

(Reflects current policy: H-545.928 Job Description and Roles and Responsibilities of AMA Delegates/Alternate Delegates and H-545.942 (4) House of Delegates Task Force on Membership)

H-600.040 Reference Committees of the AMA House

AMA policy on Reference Committees of the AMA House includes the following:

- (1) The AMA will provide background material gleaned from previous House of Delegates and Board of Trustees reports, medical journals, and analysis, where possible, on each House of Delegates resolution referred to a reference committee and that this information will be presented to each member of the committee prior to the committee's first meeting. (Res. 608, A-96);
- (2) Members of Reference Committee F shall serve for terms of two years, on a staggered basis, to provide for improved continuity regarding fiscal issues. (Res. 602, I-98);
- (3) The Speaker and Vice Speaker of the House of Delegates are encouraged to refer items of business among the Reference Committees as evenly as possible. (Spec. Advis. Comm. Rep., I-82; Reaffirmed: CLRPD Rep. A, I-92);
- (4) As a means of broadening opportunities for service on House of Delegates reference committees and convention committees, the Speakers are encouraged to avoid, whenever possible, the appointment of physicians who are currently serving on one of the AMA Councils.
- (5) Legal counsel opinion should be immediately available to all reference committee deliberations. (Sub. Res. 18, A-83; Reaffirmed CLRPD Rep. 2-I-95).

(Reflects current policies: H-530.974[3] Enhancing Leadership Opportunities in the AMA, H-545.938 Tenure of Reference Committee F Members, H-545.956 Improving the Expertise of Reference Committees, H-545.992 Availability of AMA Counsel Opinion During Sessions of the AMA House of Delegates, and H-545.994 Annual and Interim Meetings - Modification of Format and Procedure of the House of Delegates)

H-600.050 Format and Procedures of the AMA House

AMA policy on format and procedures of House meetings includes the following:

- (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 Convention Committee on 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 objections 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) Limitation on Debate - There shall be a three-minute limitation on debate per presentation subject to the discretion of the Speaker, who may waive the rule for just cause. (Conv. Comm. on Rules and Order of Business, I-91), and
- (6) The House should formally examine its format and procedures every five years.

(Reflects current policies: H-545.969 Report of the Convention Committee on Rules and Order of Business and H-545.994 Annual and Interim Meetings - Modification of Format and Procedure of the House of Delegates)

H-600.060 Introducing Business to the AMA House

AMA policy on introducing business to the AMA House includes the following:

- (1) Delegates introducing an item of business for consideration of the House of Delegates must declare as individuals any commercial or financial conflict of interest at the time the resolution is submitted, and any such conflict of interest must be noted on the printed resolution in the Delegate Handbook and supplement. (Res. 614, I-99)
- (2) State and specialty societies have the responsibility to search for ways to obtain AMA action on established AMA policy, especially by communicating with the Executive Vice President. The EVP will submit a report to the House detailing the items of business received from state and specialty societies which he or she considers significant or when requested by the state or specialty society, and the actions taken in response to such contacts. (Special Advisory Committee to the Speaker of the House of Delegates, I-99);
- (3) The AMA will continue to safeguard the democratic process in our AMA House of Delegates and ensure that individual delegates are not barred from submitting a resolution directly to the House of Delegates, especially during its efforts to streamline the business of our AMA. (Res. 604, I-00);
- (4) A majority vote of the House is required to extract an informational report, with the exception of CEJA Reports and Opinions. (a) Extractions of informational reports can be made for only two reasons: to propose that recommendations be added to the report or for correction of factual or technical error. Corrected or updated material should be provided to the Board of Trustees or Council responsible for the report prior to or during the meeting. These will be reflected in the Proceedings of the meeting. Corrected or updated material received by the House of Delegates office prior to the meeting will be provided to the appropriate body, which may choose to provide a revised report to the House at the meeting. (b) Debate on any informational reports proposed for extraction will be limited to two minutes per discussant, and will only be on the reason for extraction, not debate on the subject matter. (Special Advisory Committee to the Speaker of the House of Delegates, I-99);
- (5) The AMA encourages organizations and Sections of the House of Delegates to exercise restraint in submitting items on the day preceding the opening of the House. (Sub. Res. 120, A-84; CLRPD Rep. 3-I-94);
- (6) Resolutions will be placed on the Reaffirmation Consent Calendar only if they are identical or substantially identical to existing AMA policy. For resolutions placed on the Reaffirmation Consent Calendar, the pertinent existing policy will be clearly identified by reference to the Policy Database identification number. For resolutions on the Reaffirmation Consent Calendar which are not extracted, the existing, pertinent AMA policy will be deemed to be reaffirmed in lieu of the submitted resolution. (CLRPD Rep. C, I-91; CLRPD Rep. 5-I-95);
- (7) The practice of submitting status reports for House action on referred resolutions is discontinued; this information will be included in the chart entitled "Implementation of Resolutions." (BOT Rep. D, I-91)

(Reflects current policies: H-545.920 Streamlining the AMA House of Delegates Business Agenda, H-545.927 Conflict of Interest, H-545.929 Improving the Functioning of the House of Delegates, H-545.972 Reconsideration of Referred Reports, H-545.974 Reaffirmation Consent Calendar, H-545.988 Last Minute Resolutions, H-570.999 Improving the Functioning of the House of Delegates)

H-600.061 Guidelines for Drafting a Resolution

Resolutions to the AMA House of Delegates shall meet the following guidelines:

- (1) When proposing new AMA policy or modification of existing policy, the resolution should meet the following criteria:
 - (a) The proposed 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;
 - (b) The policy should be clearly identified at the end of the resolution;

- (c) Recommendations for new or modified policy should include existing policy related to the subject as an appendix provided by the sponsor and supplemented as necessary by AMA Staff. If a modification of existing policy is being proposed, the resolution should set out the pertinent text of the existing policy, citing the policy number from the AMA Policy Database, and clearly identify the proposed modification. This should be done by underlining proposed new text and lining through any proposed text deletions. If adoption of the new or modified policy would render obsolete or supercede one or more existing policies, those existing policies as set out in the AMA Policy Database should be identified and recommended for rescission. Reminders of this requirement are sent by the Office of the Speakers of the AMA to the state, county, and specialty societies represented in the House prior to the resolution submission deadline;
 - (d) The specific component of the AMA Strategic Plan that the resolution addresses must be identified. If the resolution does not specifically address a component of the AMA's Strategic Plan, the author must state the reason why the resolution is sufficiently compelling to warrant the attention of the House. At the author's request, AMA staff is available to assist in complying with this requirement. (This criterion is suspended: BOT Rep. 15-A-00); and
 - (e) A fiscal note setting forth the estimated cost of the proposed policy, program, or action shall be generated by AMA staff in consultation with the sponsor. Fiscal notes estimated to be more than \$5,000 shall specify whether it is a "loss of revenue," "additional operating expense," or "savings to the AMA." When the resolution is estimated to have a fiscal impact of \$50,000 or more, the AMA shall publish and distribute a document explaining the major financial components or cost centers (such as travel, consulting fees, meeting costs, or mailing). No resolution requiring finances shall be considered without attachment of such fiscal note.
- (2) When proposing to reaffirm existing policy, the resolution should contain a clear restatement of existing policy, citing the policy number from the AMA Policy Database.
 - (3) When proposing to establish a directive, the resolution should include all elements required for establishing new policy as well as a clear statement of existing policy, citing the policy number from the AMA Policy Database, underlying the directive. (CLRPD Rep. 4-A-99; Modified by BOT Rep. 15-A-00).

(Reflects current policy: H-545.933 Guidelines for Drafting a Resolution)

H-600.062 Guidelines for Drafting a Report

Reports to the AMA House of Delegates shall meet the following guidelines:

- (1) When a report to the House is responding to a referred resolution, the resolves of that resolution should be included in the report in the original form or last amended form prior to the referral;
- (2) Policy statements in reports should be written as broad guiding principles that set forth the general philosophy of the Association on specific issues of concern to the medical profession;
- (3) When the report is proposing new or modified policy, it should include existing policy related to the subject as an appendix. Reports should clearly indicate whether the recommendations would result in modification of existing policy or in an addition of new policy to the AMA policy base. If a modification of existing policy is being proposed, the report shall set out the pertinent text of the existing policy, citing the policy number from the AMA Policy Database, and clearly identify the proposed modification. This should be done by underlining proposed new text and lining through any proposed text deletions. If adoption of the new or modified policy would render obsolete or supersede one or more existing policies, those existing policies as set out in the AMA Policy Database should be identified and recommended for rescission;
- (4) When a report contains a recommendation that present AMA policy should be reaffirmed, there should be a clear restatement of existing policy;
- (5) Where the recommendation in a report is in the nature of a directive, there should be a clear statement of existing or proposed policy underlying the directive;
- (6) Proposed statements of AMA policy should be clearly identified as policy recommendations at the end of report. The House's action is limited to recommendations, conclusions, and policy statements at the end of report. While the supporting text of reports is filed and does not become policy, the House may correct factual errors in AMA reports, reword portions of a report that are objectionable, and rewrite 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 supporting texts of reports are filed;
- (7) Each recommendation in a Board or Council report must be followed by a phrase, in parentheses, that indicates the nature and purpose of the recommendation. These phrases include the following: (a) New House Policy;

- (b) Modify Current House Policy; (c) Modify Bylaws; (d) Rescind House Policy; (e) Reaffirm House Policy; or (f) Directive to Take Action. (CLRPD Rep. 6-A-00);
- (8) Reports exceeding six pages shall be preceded by an Executive Summary; and
- (9) All reports to the House for action shall include a fiscal note and a designation whether or not it is within the current budget. (CLRPD Rep. 4-A-99).

(Reflects current policies: H-545.923 Classifying Recommendations in Board and Council Reports and H-545.934 Guidelines for Drafting a Report)

H-600.063 Information about Items Submitted for Consideration by the House

The AMA shall provide information about items submitted for consideration by the House:

- (1) The AMA will make available through the Internet or floppy disk, with appropriate security precautions and disclaimers, all resolutions and reports as soon as they are accepted for distribution to the members of the House of Delegates, in addition to continued distribution of hard copy (Res. 606, A-96); and (2) the AMA supports efforts to ensure that accurate, comprehensive, current information on the contents of legislative proposals is available to the House of Delegates. (Sub. Res. 44, I-83; Reaffirmed CLRPD Rep. 2-I-95)

(Reflects current policies: H-545.955 Dissemination of Resolutions and Reports Prior to House of Delegates Meetings and H-545.991 AMA House of Delegates Procedures)

H-600.070 Support for Decision-making by the AMA House

The following procedure for providing legal advice on issues before the House shall be followed:

- (1) All resolutions received at AMA Headquarters will be reviewed by the Office of the General Counsel and the Office of the Executive Vice President. When a resolution poses serious legal problems, the Office of the Executive Vice President will communicate with the sponsor or medical association;
- (2) If the text of the proposed resolution that poses serious legal problems is not changed or if the resolution is not withdrawn, the Chair or another member of the Board will be available to speak to the legal objections in open or executive sessions of the reference committee or before the House of Delegates;
- (3) In the case of late resolutions that pose serious legal problems, the Chair or another member of the Board will inform the House of Delegates of the legal objections prior to a vote to accept or reject the resolution;
- (4) In accordance with the current procedures, any reference committee may request the Executive Vice President to provide additional legal advice and other information during the committee's executive session; and
- (5) Delegates may also seek legal advice on an individual basis from the Office of the General Counsel. (BOT Rep. Q, A-80; Reaffirmed: Rep. B, I-90; Reaffirmed: Sunset Report, I-00).

(Reflects current policy: H-545.996 Impact of Legal Advice on AMA Policymaking Decisions)

H-600.071 Actions and Decisions by the AMA House

AMA policy on House actions and decisions includes the following:

- (1) Other than CEJA reports, the procedures of the AMA House allow 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. (Res. 609, I-95);
- (2) A negative vote by the House of Delegates on resolutions which restate AMA policy does not change the existing policy. AMA policy can only be changed by means of a positive action of the House specifically intended to change that policy. (Res. 45, I-89; Reaffirmed: Sunset Report, A-00); and
- (3) The AMA will adopt the electronic method of tabulating voting as soon as technically and economically feasible, not only for the election process, but also for contested or close voting of resolutions. (Res. 605, I-98; Modified: BOT Rep. 15-A-00).

(Reflects current policies: H-545.937 Electronic Voting, H-545.962 Mechanism for Limited Revision of the Body of AMA Reports Other Than Reports of CEJA, and H-545.978 Action on AMA Policy)

H-600.080 Recognition of Members Departing the House

Organizations that wish to announce the departure of their delegates or alternates should notify the AMA in sufficient time to have the individuals' names collated alphabetically by state and published for the House of Delegates Meeting, and such recognition should be made during the opening session. (Res. 42, A-84; Reaffirmed by CLRPD Rep. 3-I-94; Reaffirmed CLRPD Rep. 2-I-95)

(Reflects current policy: H-545.989 Recognition of Members Departing the House)

H-600.090 Ancillary Meetings and Conferences of the House

The Speakers of the AMA House must be notified prior to any planning for ancillary meetings and conferences to be scheduled in conjunction with the Annual or Interim Meetings of the House of Delegates in sufficient time to assess the impact of the timing and purpose on the deliberations of the House of Delegates. Prior approval of the Speaker and Vice Speaker 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 the AMA can be scheduled in conjunction with Meetings of the House of Delegates. (Rep. on Rules and Credentials, A-93)

(Reflects current policy H-545.967 Ancillary Meetings and Conference at the Time of Meetings of the House of Delegates)

H-600.100 AMA Programs for Delegates and Alternate Delegates

AMA policy on programs for Delegates and Alternate Delegates includes the following:

(1) the Speaker of the House of Delegates shall ask AMA departments such as Lobbying and Legislation, the Institute for Ethics, the Litigation Center, the Division of Representation in the Private Sector, and the National Patient Safety Foundation to hold programs annually for AMA Delegates; (2) these programs should be held at the AMA Annual Meetings at times that minimize scheduling conflicts with House of Delegates or Reference Committee meetings, and (3) written materials from such programs should be made available to those who are unable to attend. (Res. 609, I-97)

(Reflects current policy: H-545.949 American Medical Association Programs for Delegates/Alternates)

H-600.110 Sunset Mechanism for AMA Policy

The approach on updating the AMA Policy Database includes the following:

- (1) A sunset mechanism with a ten-year time horizon shall exist for all AMA policy positions established by the AMA House of Delegates. Under this sunset mechanism, a policy will cease to be viable after ten years unless action is taken by the House of Delegates to reestablish it. Any action of the AMA House that reaffirms an existing policy position shall reset the sunset "clock," making the reaffirmed policy viable for 10 years from the date of its reaffirmation. Further, any action of the House that modifies existing policies shall reset the sunset "clock," making the consolidated policy viable for 10 years from the date of its adoption. (BOT Rep. PP, I-84; Reaffirmed by CLRPD Rep. 3-I-94; Reaffirmed CLRPD Rep. 2-I-95; CLRPD Rep. 5-I-95.)
- (2) In the implementation and ongoing operation of the AMA policy sunset mechanism, the following procedures shall be followed:
 - (a) initial review of the policies by the CLRPD;
 - (b) subsequent review and input by the other AMA councils, with a particular focus on policies within their specific areas of expertise;
 - (c) development of a report compiling the councils' recommendations, for transmittal to the Board and House;
 - (d) assignment of the report to a reference committee for consideration; and
 - (e) use of a consent calendar format by the House in considering the policies encompassed within the report. (CLRPD Rep. A, A-89; Reaffirmed: Sunset Report, A-00)

(Reflects current policies: H-545.981 Implementing the AMA Policy Sunset Mechanism and H-545.987 Sunset Mechanism for AMA Policy)

H-600.111 Consolidation of AMA Policy

The AMA House of Delegates endorses the concept of consolidating its policies in order to make information on existing AMA policy more accessible and to increase the readability of the AMA Policy Database and the AMA PolicyFinder Program.

- (1) The policy consolidation process shall consist of two steps: (a) rescinding outmoded and duplicative policies, and (b) combining policies that relate to the same topic. These two steps may be completed in a single report or in two separate reports to the House.
- (2) The AMA House requests that each AMA council accept ongoing responsibility for developing recommendations on how to consolidate the policies in specific sections of the AMA Policy Database. In developing policy consolidation recommendations, the AMA councils should seek input from all relevant AMA bodies and units.
- (3) The House encourages each AMA council to develop at least one policy consolidation report each year, recommending changes that will result in significant improvements in the readability of the AMA Policy Database.
- (4) To ensure that the policy consolidation process is limited to achieving the objective of making existing policy more accessible and readable, the recommendations in policy consolidation reports cannot be amended and must be voted upon in their entirety. (CLRPD Rep. 1-A-94; Modified by CLRPD Rep. 4, I-95).

(Reflects current policy: H-545.964 Consolidation of AMA Policy)

H-600.120 Implementation of House Policy

AMA policy on implementation of resolutions includes the following:

- (1) The AMA House of Delegates shall be apprised of the status of resolutions and what actions have been taken on them. The AMA shall make an account of the results of every resolution which is adopted or referred to the House of Delegates not less than two months prior to the next Annual Meeting; When situations preclude successful implementation of specific resolutions, the House and authors should be advised of such situations so that further or alternative actions can be taken if warranted. (Res. 52, I-86; Reaffirmed: Sunset Report, I-96).
- (2) The AMA shall inform and afford an opportunity for each delegation to send a representative for any resolution introduced that is referred to a council or other body to the meeting at which that resolution will be considered. The AMA shall incur no expense as a result of inviting the sponsors of resolutions to discuss their resolutions.
- (3) Any resolution which is adopted by the AMA House remains the standing policy of the Association until modified or rescinded by the House.

(Reflects current policies: H-545.985 Implementation of House Actions and H-545.999 Implementation of Adopted and Referred Resolutions)

H-600.130 Meeting Calendar

AMA policy on the meeting calendar for the House includes the following:

- (1) Our AMA should make reasonable efforts to avoid scheduling future Annual Meetings that conflict with Father's Day weekend. (Res. 609, A-01)
- (2) In the year 2005 and every year thereafter, the Interim Meeting of the House of Delegates will be held in the second or third week in November. (BOT Report 1-I-98; Modified: Speakers Advisory Committee Rep., A-99)
- (3) Our AMA supports scheduling more meetings in Washington, DC, specifically including Interim Meetings of the House on a rotating schedule as frequently as practicable. Our AMA believes, however, that it would not be financially prudent to hold all Interim Meetings in Washington, DC, nor would such a decision be equitable for other regions of the country. (BOT Rep. I, I-90; Reaffirmed: Sunset Report, I-00)
- (4) The National Leadership Conference will remain separate from the Interim Meeting. (BOT Rep. 36-A-94)

(Reflects current policies: H-545.918 AMA Annual Meeting Dates, H-545.940 Interim Meeting, H-545.965 Interim Meeting and National Leadership Conference, and H-545.977 Interim Meeting Location)

SECTION 605--GOVERNANCE: AMA BOARD OF TRUSTEES AND OFFICERS

The policies in this section relate to the governance of the American Medical Association. They are a supplement to the AMA Constitution and Bylaws, which set the framework for the structure, operations, and governance of the Association.

605.010 Board Planning

The policy on Board planning is as follows:

The Board develops its own annual plan to guide its agenda-setting process to include the following key elements: (a) The agenda should span multiple meetings to ensure that the various phases of planning, implementation, and mid-course correction receive appropriate attention for those initiatives considered vital to the Board's strategic priorities. (b) The Board should actively seek input from AMA internal stakeholders, such as other medical organizations considered part of the federation of medicine, in defining the Board's longer-range agenda. (c) The Board should develop its own annual work plan during its yearly planning retreat and should consider revisions to that plan during each subsequent Board meeting. (d) All Board members should have the opportunity to participate in the agenda-setting process. (e) The material supplied to the Board during meetings must explicitly show how these matters relate to the strategic imperatives of the AMA. (f) Each standing committee of the Board should develop its annual plan with progress presentations as standard items for the Board agenda/meetings. (g) The Board should submit an annual report to the House on its accomplishments.

(Reflects current policy: H-530.947 AMA Structure, Governance, and Operations)

H-605.020 Board Organization

The policy on Board organization is as follows:

The Executive Committee of the Board is an active body, addressing issues that arise between regularly scheduled Board meetings. The Standing Rules of the Board should be amended: (a) to define the Executive Committee as serving on an ad hoc basis at the specific direction of the full Board, and (b) to indicate that Executive Committee meetings should generally be held by conference call.

(Reflects current policy: H-530.947 AMA Structure, Governance, and Operations)

H-605.030 Board Development and Evaluation

The policy on Board development and evaluation is as follows.

The Board should:

- (1) Evaluate the roles of its elected officers and the Executive Vice President with regard to delineation of duties, functions, obligations and responsibilities;
- (2) Commit itself to an ongoing Board Development Program, specifically tailored to the AMA's needs, to provide continuing education in the skills and knowledge essential for successfully meeting its fiduciary responsibilities.
- (3) Obtain external expert advice and input from others within the AMA to assist in the design of a self-evaluation instrument to annually measure the Board's effectiveness and to encourage more accountability. Recognizing that the primary purpose of these evaluations is to help the Board and its members improve their performance, this self-evaluation instrument should include but not be limited to the following elements: (a) Self-evaluations should be for the Board as a whole and then individually for each Trustee. (b) To maintain control and confidentiality, the Audit Committee of the Board should conduct the evaluations. (c) An assessment of how well the Board and its members accomplished the initiatives should be stated in their own annual work plan. (d) An assessment of the extent to which the Board and its members exerted a positive influence on the key measures of success should be defined in the AMA's strategic plan. (e) An assessment should be made of the effectiveness of the Board and its members' approach to governance and decision making. (f) The design of the self-evaluation should be approved by the House. (g) The House should receive regular reports of the nature and frequency of these self-evaluations, but the results should be held confidentially by the Board to encourage more accurate responses by the participants. (h) In conducting these self-evaluations the Board should seek

feedback from the AMA's internal stakeholders and other elements of the organization, including staff. (i) Where the evaluation identifies individual performance deficits, the Board should initiate follow-up training tailored to specific needs.

(Reflects current policy: H-530.947 AMA Structure, Governance, and Operations and H-530.988 Protocol and Delineation of Responsibilities)

H-605.040 Board Roles and General Responsibilities

The roles and responsibilities of the AMA Board of Trustees include the following:

- (1) The House of Delegates is the representative body of the AMA that establishes policy. The Board of Trustees has the fiduciary responsibility for the organization, interprets policy, provides direction to staff through the Executive Vice President, and establishes policy between meetings of the House in urgent, time-limited instances where policy does not already exist; the AMA staff implements the directives of the Board under the supervision of the EVP.
- (2) As indicated in AMA Bylaws, the Board's responsibility is one of oversight, with the Board referring all operational business matters (employee issues, contracting, facility issues, internal communications, etc.) of the AMA to the EVP. The Board, with the concurrence of the House, should clearly define its role using an agreed-upon set of fiduciary priorities in an effective oversight mode. In addition to the financial and legal responsibilities typically assumed by a board, the House prescribes the following additional fiduciary responsibilities to the Board: risk management, policy integration, stakeholder involvement, advocacy, communications, and strategic planning.
- (3) The Standing Rules of the Board, as well as the Chair's leadership, should also reflect the Board's principal role as one of oversight and not day-to-day management of the AMA's affairs. In addition to financial oversight, the Board's oversight role should include: (a) Ensuring that an effective strategic planning process is in place, and that resources are properly prioritized and allocated to accomplish the mission, goals, and objectives of the AMA. (b) Monitoring progress in achieving these objectives through an effective performance measurement and tracking system. (c) Requiring that risks (ethical, financial, legal, image, membership, etc.) to the AMA are systematically assessed for both major ongoing activities as well as new initiatives under consideration. (d) Ensuring that the AMA has the capacity and a strategically aligned agenda to serve as an effective advocate for physicians and patients. (e) Insisting that external and internal stakeholder input is solicited and considered during deliberations over key policy or strategic issues.
- (4) The AMA President should be included in an established process of regular consultation with the Chair of the Board and the EVP regarding ongoing activities of the Association.
- (5) The Presidents (President, Immediate Past President, President-Elect) shall serve as the Association's primary spokespersons.
- (6) The Board should evaluate the EVP's performance against the AMA Strategic Plan and other executive functions.
- (7) The Board shall direct the EVP to conduct periodic, comprehensive communications reviews and develop communications plans to identify strategies and systems to support the AMA vision and strategic plan. The following issues must be addressed: (a) Analyzing internal and external communications processes, horizontal and vertical communication processes, and uni-directional and bi-directional communications processes; (b) Reviewing the operations of the division of communication, its management, and the mechanisms it employs for communication; (c) Evaluating the effectiveness of communication among staff units; (d) Evaluating the effectiveness of current communication vehicles (web site, *AMNews*, internal newsletters, etc.) for conveying the AMA message; (e) Enhancing our current communication vehicles to (i) solicit stakeholder feedback about the AMA and its activities and (ii) obtain constituent feedback on satisfaction with the AMA, its mission and strategy, and performance against that strategy; (f) Defining specific strategies to emphasize the needs, opinions, and interests of the AMA's stakeholders in order to create coalitions for the AMA; and (g) Designating a single individual to communicate with external stakeholders on any given issue. This person should be the AMA President as often as possible, supported by a designated staff member.
- (8) The Board, through revision of its Standing Rules, should clearly define the mission, composition, and responsibilities of its standing committees so that they can execute against the AMA strategic plan and provide appropriate Board oversight of AMA activities. Specifically, the committees should become especially active in areas of substantial risk (i.e., ethical, financial, legal, image, membership, etc.) to the Association.
- (9) The Board should establish and maintain a process, through its Audit Committee, to provide for the ongoing and regular review of Board expenses by the external auditor reporting directly to the Audit Committee.

- (10) The Board has the duty and responsibility to initiate, defend, settle, or in any way terminate litigation in accordance with its best and prudent judgment. (BOT Rep. JJ, I-78; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00), and
- (11) The Board and the persons designated by it are authorized to appear as witnesses before committees of Congress or to appear before other groups where the policy of the AMA is to be stated, and to do so with full authority to speak for and state the policy of the AMA. (1950 Clinical Session; Reaffirmed: CLRPD Rep. B, A-87; Reaffirmed: Sunset Report, I-97)

(Reflects current policies: H-530.947 AMA Structure, Governance, and Operations, H-530.988 Protocol and Delineation of Responsibilities, and H-535.996 Authority to Settle Litigation, H-535.999 Congressional Testimony)

H-605.050 Reporting Responsibilities of the Board

The reporting responsibilities of the Board of Trustees include the following:

- (1) The AMA Board of Trustees annually will provide a report on legislative activities to the AMA House of Delegates. The report shall include the past year's activities as well as the legislative issues that the AMA anticipates will occupy the Council on Legislation and AMA lobbying efforts during the upcoming legislative year. (Res. 609, I-99);
- (2) The Board of Trustees will distribute to each delegate, alternate delegate and constituent state association, as soon as practical after each meeting of the Board, an appropriate summary report of the actions taken at that meeting to include Board members in attendance. (Sub. Res. 52, A-74; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed by Res. 611, I-94)
- (3) The AMA will (a) make available to the House of Delegates on a yearly basis, information about the total compensation of its individual elected officers and the Executive Vice President; (b) provide a report of the activities and travel of the elected AMA Officers and Executive Vice President through the AMNews on a regular basis; and (c) develop an open line of communication as to the chain of command and lines of responsibilities throughout the entire organization which can be published, widely distributed, and understood by all interested parties. (Sub. Res. 83, A-90; Modified by: Res. 609, A-94; Reaffirmed by Res. 610, I-94; Appended by Rep. of the Ad Hoc Cmte. to Study the Sunbeam Matter and Res. 617, A-98)
- (4) The AMA will include in the Board of Trustees' annual financial report to the House of Delegates full disclosure of all direct and indirect costs resulting from the AMA's membership in and support of the World Medical Association (Res. 622, I-97) and provide information on the costs related to each council and committee so as to permit a continuing cost/benefit appraisal of their role in the organization. (Res. 57, A-81; Reaffirmed: CLRPD Rep. F, I-91)
- (5) Whenever the Board of Trustees does not implement policy as instructed by the House, the Board must indicate in the Resolution Status Report the reasons why House policy was not followed. (Res. 125, A-90; Reaffirmed: Sunset Report, I-00)

(Reflects current policies: H-530.988 Protocol and Delineation of Responsibilities, H-535.993 AMA Legislative Activities, H-535.994 House of Delegates' Policy, H-535.997 Rules Governing the Conduct of Meetings of the Board of Trustees, H-540.995 Council and Committee Costs, and H-545.950 AMA Participation in the World Medical Association)

H-605.060 Risk Management

The Board and the EVP shall develop and implement a risk management program that will position the association to prevent crises and to respond effectively when needed. The Board will have responsibility for risk management, with its Audit Committee driving and exercising oversight over the risk management function. The EVP should create a staff risk management unit and hire a risk management manager who reports directly to the EVP. The EVP in turn reports to the Audit Committee on risk management issues. The risk management capability should: (a) involve the continuous assessment of environmental and internal risk factors by the Board and its committees, the Councils and staff; (b) establish a common understanding of what issues should be brought to the Board; and (c) provide for appropriate risk management training of the staff.

(Reflects current policy: H-530.947 AMA Structure, Governance, and Operations)

H-605.070 Board Activities and House Policy

Except as noted herein, the Board of Trustees shall conduct the affairs of the Association in keeping with current policy actions adopted by the House of Delegates. 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 shall determine 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 shall be 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 will take 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 for deliberation. (BOT Rep. FF, A-79; Reaffirmed: CLRPD Rep. B, I-89; Amended: CLRPD Rep. 2-I-93)

(Reflects current policy: H-535.995 AMA Policy Actions)

H-605.080 Board Meetings

The policies on Board meetings are as follows:

- (1) The House holds the Board accountable for the proper oversight of the AMA, but not through (a) the recording and publication of individual votes on matters before the Board, or (b) open meetings, because neither will enhance the Board's deliberations and may hinder the Board's decision-making process.
- (2) Under reasonable circumstances, meetings of the AMA Board of Trustees shall be open to members of the AMA by prior arrangement, and minutes of Board meetings will be available for inspection. (Sub. Res. 35, I-72; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed by Res. 611, I-94; Reaffirmed by Sub. Res. 608, A-97)

(Reflects current policies: H-530.947 AMA Structure, Governance, and Operations and H-535.998 Communication)

H-605.090 Board Committee on Membership

- (1) The House urges the Board to create and maintain an ad hoc Advisory Committee on Membership to the Board of Trustees with the following composition: (a) Five members of the House of Delegates appointed by the Speaker of the House (initial appointment will give special consideration to retention of members of the Task Force on Membership), two for one-year terms, two for two-year terms and one for a three-year term; (b) Three Board members appointed by the Board of Trustees Chair, one for a one-year term, one for a two-year term and one for a three-year term; (c) One member of CLRPD, appointed by the Chair of CLRPD for a two-year term. Subsequent appointments for all positions will be for three years and the Chair of the Board of Trustees shall annually appoint the Chair of this committee from among the Advisory Committee's nine members.
- (2) The ad hoc Advisory Committee will assist the Board of Trustees in coordinating the membership activities of the Association.
- (3) The ad hoc Advisory Committee will provide reports, as necessary, to the Board of Trustees. The Board of Trustees will provide a membership activities report to the House of Delegates at least annually. (Jt. Report of the Task Force on Membership and CLRPD, A-00)

(Reflects current policy: H-535.992 Enduring Entity on Membership)

H-605.100 Board Compensation

The policy on Board compensation is as follows:

The Speaker and the President shall establish a committee of the House to determine the structure of compensation and to establish the amount of compensation for the members of the Board annually. This committee will provide annually an informational report to the House of Delegates.

(Reflects current policy: H-530.947 AMA Structure, Governance, and Operations)

SECTION 610--GOVERNANCE: NOMINATIONS, ELECTIONS, AND APPOINTMENTS

The policies in this section relate to the governance of the American Medical Association. They are a supplement to the AMA Constitution and Bylaws, which set the framework for the structure, operations, and governance of the Association.

H-610.010 Nominations

Guidelines for nominations for AMA elected offices include the following:

- (1) Every effort should be made to nominate two or more eligible members for each Council vacancy as required by Sections B-6.1021, B-6.2021, B-6.3021, and B-6.8021 of the AMA Bylaws. (CCB Rep. B, I-91),
- (2) The announcement of the Council nominations and the official ballot should list candidates in alphabetical order by name only, and
- (3) Nominating speeches for unopposed candidates for office, except for President-elect should be eliminated. (Res. 616, I-95)

(Reflects current policies: H-540.991 Nominees for Council Positions, H-545.961 Eliminating Nominating Speeches for Unopposed Candidates, and H-560.996 AMA Election Process)

H-610.020 Election Campaigns

AMA policy on election campaigns includes the following:

- (1) A campaign manual containing information on all candidates for election shall continue to be developed and distributed.
- (2) Campaign expenditures and activities should be limited to prudent and reasonable levels necessary for adequate candidate exposure to the delegates. The Speaker of the House should meet with all announced candidates and campaign managers at each meeting of the House of Delegates to agree on general campaign procedures.
- (3) At the Interim Meeting, campaign-related expenditures and activities shall be discouraged, and there shall be no large campaign receptions, luncheons, or other formal campaign activities. This rule does not preclude distribution of a declaration of candidacy on the last day of the Annual Meeting or one announcement of candidacy by a mailing prior to the Interim Meeting. This rule prohibits campaign parties at the Interim Meeting and the distribution of campaign literature and gifts at the Interim Meeting.
- (4) The AMA believes that: (a) specialty society candidates for AMA House of Delegates elected offices should be 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; (b) elected specialty society members should be identified in that capacity while serving their term of office; and (c) nothing in the above recommendations should preclude formal co-endorsement by any state delegation of the national specialty society candidate, if that state delegation should so choose. (Res. 22, I-81; A-82; Reaffirmed: CLRPD Rep. F, I-91)
- (5) A coalition or a state or specialty delegation may finance only one big party at the Annual Meeting irrespective of the number of candidates from the society or coalition. This rule limits a candidate to only one big party at the Annual Meeting whether financed by a coalition or a state or specialty delegation. This rule also limits a state or specialty society or coalition to one big party 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.
- (6) Displays of campaign posters, signs, and literature in public areas of the hotel in which Annual Meetings are held are prohibited. 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 campaign parties and campaign literature may be distributed in the non-official business folder for members of the House of Delegates. No campaign literature shall be distributed after the opening session of the House of Delegates.
- (7) A reduction in the volume of telephone calls from candidates, and literature and letters by or on behalf of candidates is encouraged. The Election Manual serves as a mechanism to reduce the number of telephone calls and mailings members of the House of Delegates 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 House of Delegates and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings.

- (8) Campaign gifts can be distributed only at the Annual Meeting in the non-official business folder 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. Campaign memorabilia are limited to either a button, pin, sticker, or other low-cost item, the maximum cost of which shall be determined by the Speaker of the House. No other campaign memorabilia shall be distributed at any time. (CCRC Special Report, I-92).
- (9) The Speaker's office will coordinate the scheduling of candidate interviews for general officer positions (Trustees, President-Elect, Speaker and Vice Speaker). (Special Committee on Campaign and Elections, I-96).
- (10) Publication of candidate interviews in AMNews will be featured prior to AMA elections.
- (11) Candidates for AMA office should not attend meetings of 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. (CCRC Special Report, I-92; CCRC Special Report I-93; Reaffirmed Special Committee Report on Campaigns and Elections, I-96; Special Committee on Campaigns and Elections, A-97).
- (12) Every state and specialty society delegations is encouraged to participate in a regional caucus, for the purposes of candidate review activities. (CLRPD Rep. E, I-80; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmed: Sunset Report, I-00).

(Reflects current policies: H-545.995 Listing of Specialty Society Candidates and Office Holders, H-550.992 Election Campaigns, H-560.992 Revision of Rules Governing Campaigns and Elections, H-560.993 Code of Conduct for Candidates, H-560.996 AMA Election Process, H-560.999 AMA Election Process)

H-610.030 Election Process

AMA guidelines on the election process are as follows:

- (1) AMA elections will be held on Tuesday at each Annual Meeting. (BOT Report 23-A-01)
- (2) 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. (Special Committee Report, A-86; Amended by Sunset Report, I-96; Amended: Rep. of the Special Advisory Committee to the Speaker of the HOD, I-99)
- (3) The final vote count of all secret ballots of the House of Delegates shall be made public and part of the official proceedings of the House. (Sub. Res. 3, I-74; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00)

(Reflects current policies: H-545.919 Shortening AMA House of Delegates Meetings, H-545.995 Listing of Specialty Society Candidates and Office Holders, H-560.996 AMA Election Process, H-560.997 AMA Election Process, H-560.999 AMA Election Process)

H-610.040 Promoting Diversity

- (1) Our AMA encourages state medical associations and national medical specialty societies to review the composition of their AMA delegations with regard to enhancing diversity. As one means of encouraging greater awareness and responsiveness to diversity, the AMA will prepare and distribute annually a state-by-state demographic analysis of the House of Delegates, with comparisons to the physician population and to the AMA physician membership.
- (2) Our AMA encourages the Federation (in nominating or sponsoring candidates for leadership positions), the House of Delegates (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. (CLRPD Rep. A, A-92; See also AMA Constitution and Bylaws; Reaffirmed by CLRPD Rep. 5-I-96; Modified: CLRPD Rep. 2-I-00)

(Reflects current policy: H-530.974[1,2] Enhancing Leadership Opportunities in the AMA)

SECTION 615--GOVERNANCE: AMA COUNCILS, SECTIONS, AND COMMITTEES

The policies in this section relate to the governance of the American Medical Association. They are a supplement to the AMA Constitution and Bylaws, which set the framework for the structure, operations, and governance of the Association.

H-615.005 AMA Organizational Structure: Committees and Councils

Our AMA shall function with as few standing councils as possible and use committees with specific goals and limited time horizons to address specific issues whenever possible. (CLRPD Rep B, Rec. 14, I-75; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00)

(Reflects current policy: H-530.998 AMA Organizational Structure)

H-615.010 Role of Councils in Strategic Planning

The AMA Councils should provide input, in the areas of their specific expertise, into the Board's strategic planning process.

(Reflects current policy: H-530.947 AMA Structure, Governance, and Operations)

H-615.020 Communications among Councils

Communications should be enhanced among AMA Councils so that reports of the Councils are coordinated when dealing with the same or similar issues.

(Reflects current policy: H-530.947 AMA Structure, Governance, and Operations)

H-615.030 Council Activities

AMA policy on the activities of its Councils includes the following:

- (1) The Councils should actively seek stakeholder input into all items of business;
- (2) Individual AMA Councils are allowed to prioritize tasks assigned to their respective work subject areas taking into consideration established AMA strategic priorities and the external regulatory, business, and legislative environment affecting our AMA membership and the health care system in which we provide care to our patients; and
- (3) Each AMA Council, after each meeting of the House, shall prepare a priority ranking of Council tasks, including assigned reports, for presentation at the next meeting of the House and this priority ranking shall be communicated electronically to the House. (BOT Rep. 15-A-00)

(Reflects current policy: H-530.947 AMA Structure, Governance, and Operations and H-540.987 Prioritization of Council Tasks)

H-615.040 Opinions and Reports of CEJA

AMA policy on opinions and reports of CEJA includes the following:

- (1) CEJA will inform the House of Delegates of an ethical Opinion adopted by the Council by presenting the Opinion to the House. The Council: (a) will identify the Opinion as informational; (b) may provide a description or discussion of the underlying facts and circumstances leading to the adoption 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; (c) will identify one or more Principles of Medical Ethics that form the basis for issuing the ethical Opinion; and (d) will provide the text of the ethical Opinion.
- (2) The House's process for considering opinions of CEJA may include the following elements: (a) Opinions of CEJA will be placed on the consent calendar for informational reports, but may be withdrawn from the consent calendar on motion of any member of the House of Delegates and referred to a Reference Committee. (b) The

members of the House may discuss an ethical Opinion fully in Reference Committee and on the floor of the House. (c) After concluding its discussion, the House shall file the Opinion. (d) The House may adopt a resolution requesting CEJA to reconsider or withdraw the Opinion. CEJA shall respond to such a request in due course, after reconsidering the issues presented. The Opinion of CEJA that responds to such a request will be considered as informational, and therefore shall be filed.

- (3) Reports of CEJA which respond to requests from the House or which make recommendations to the House may be adopted, not adopted, or referred, as may be appropriate. A report may not be amended, except for amendments that clarify the meaning of the report and only with the concurrence of the Council.
- (4) At each meeting of the House, CEJA will endeavor to inform the House of the issues that it plans to consider in the subsequent months. Members of the House may submit statements of their perspectives to the Council for its consideration. (CCB/CEJA Joint Rep., I-91)

(Reflects current policy: H-540.990 Clarification of House Procedures with Respect to the Opinions and Reports of CEJA)

H-615.050 Reports of CSA

AMA policy on reports of the Council on Scientific Affairs include the following elements:

- (1) CSA reports that do not have policy implications should be distributed to the membership as soon as is practical after approval by the Council; (2) CSA reports that call for policy decisions should continue to move through the House by the usual process; and (3) CSA should utilize representatives of appropriate specialty societies in developing reports of a scientific nature. (Res. 65, I-84; Reaffirmed: CLRPD Rep. 3-I-94; Reaffirmed: CLRPD Rep. 2-I-95)

(Reflects current policy: H-540.994 Reports of the AMA CSA)

H-615.060 CME Activities

AMA policy on the activities of the Council on Medical Education include the following:

- (1) Our AMA delegates to the CME the authority to approve the accreditation of medical schools, (CME Rep. I, I-77; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00); and (2) the AMA supports intensified efforts of the CME and other bodies within the AMA to initiate meetings and encourage continuing dialogue with medical students, interns, and residents. (Sub. Res. 22, I-69; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00)

(Reflects current policies: H-540.996 Medical School Accreditation, and H-540.998 Improved Communications with Medical Students)

H-615.070 COL Activities

AMA policy on the activities of the Council on Legislation include the following:

- (1) All medical legislative issues should be cleared through the COL before action is taken by any other AMA council or committee, and the Board shall take whatever action is appropriate to achieve this objective;
- (2) The Council shall continue to refer issues to other committees and councils for advice and recommendations, when said issues properly fall within their sphere of knowledge and activities;
- (3) The Board shall be advised of the Council's desire to maintain constant surveillance of legislative matters;
- (4) The Council shall have authority to recommend to the Board the initiation of specific legislation or legislative policy to meet current problems confronting physicians or the AMA; and
- (5) The Board shall be advised of the Council's willingness and ability to testify before congressional committees or to accompany the principal witnesses who may testify on behalf of the Association. (COL/BOT Rec., I-63; Reaffirmed: CLRPD Rep. C, A-88; Reaffirmed: Sunset Report, I-98)

(Reflects current policy: H-540.999 COL Activities)

H-615.080 CLRPD Activities

AMA policy on the activities of the Council on Long Range Planning and Development includes the following:

The CC&B and the CLRPD comprehensively review the Bylaws and other policies and procedures and make recommendations in a joint report, which would provide clearer and more distinct descriptions of various governing bodies, including job descriptions for Officers and Trustees and the roles and relationships of AMA officers.

(Reflects current policy: H-530.947 AMA Structure, Governance, and Operations)

H-615.090 Representatives of the Medical Student Section and Resident and Fellow Section

Our AMA will encourage and facilitate, where appropriate, the appointment of representatives from the Medical Student Section and the Resident and Fellow Section to committees, commissions and task forces assigned by either the House of Delegates or the Board of Trustees. (Sub. Res.1, A-99)

(Reflects current policy: H-550.989 Medical Student Section and Resident and Fellow Section Representatives)

H-615.100 Organized Medical Staff Section (OMSS)

AMA policy on the Organized Medical Staff Section (OMSS) includes the following:

- (1) The AMA encourages all US hospitals to support representation of their medical staffs in the AMA Organized Medical Staff Section meetings. (Res. 831, A-93)
- (2) All past chairs of the OMSS are ex-officio members of the OMSS Assembly for life, with the right to speak and debate on the floor of the OMSS Assembly, but without the right to introduce business, introduce an amendment, make a motion, or vote; such ex-officio members of the OMSS Assembly are not entitled to any financial support from the AMA in connection with their attendance at OMSS Assembly meetings or functions. (Sub. Res. 4, I-93)
- (3) Fifty percent of the credentialed, registered representatives at any business meeting of the Organized Medical Staff Section shall constitute a quorum for the conduct of business at that meeting. (BOT Rep. X, A-85; Reaffirmed CLRPD Rep. 2-I-95)

(Reflects current policies: H-550.990 Past Chair Organized Medical Staff Section Governing Council Ex-Officio Status, H-550.991 Organized Medical Staff Section, and H-550.993 Re-Election of Officers of AMA Organized Medical Staff Section)

H-615.110 Resident and Fellow Section (RFS)

The term "resident" as applied to qualifications for membership in the Resident and Fellow Section, and eligibility for the AMA Resident dues rate, shall include only:

- (1) members serving in residencies approved by the ACGME or AOA;
- (2) members serving in fellowships approved as residencies by the ACGME or AOA;
- (3) members serving fellowships in subspecialty training when such program is affiliated with and under the supervision of an approved residency training program;
- (4) members serving fellowships in structured clinical training programs for periods of at least one year, to broaden competency in a specialized field, whether or not the program is affiliated with an approved residency training program;
- (5) members serving, as their primary occupation, in a structured educational program to broaden competency in a specialized field, provided it is begun upon completion of medical school, residency, or fellowship training; and
- (6) members serving as active duty military and public health service residents who are required to provide service after their internship as general medical officers or flight surgeons before their return to complete a residency program. (CCB Rep. B, A-79; Reaffirmed: CLRPD Rep. B, I-89; Amended by BOT Rep. 11-A-98)

(Reflects current policy: H-550.999 Definition of a Resident)

SECTION 620--GOVERNANCE: FEDERATION OF MEDICINE

The policies in this section relate to the governance of the American Medical Association. They are a supplement to the AMA Constitution and Bylaws, which set the framework for the structure, operations, and governance of the Association.

H-620.010 Definition of the Federation

The Federation of Medicine includes the AMA, organizations with voting representation in the AMA House of Delegates and their component societies that voluntarily relate to each other in an implied set of working relationships and understandings. (Joint Rep. CCB and CLRPD Rep. 2-A-00)

(Reflects current policy: H-570.997 Definition of the Federation of Medicine)

H-620.020 AMA/Federation Communications and Coordinated Action

The body of AMA policy on communications and coordinated actions with Federation Organizations includes the following:

- (1) The organizations represented in the AMA/Federation House of Delegates, recognizing the special need for coordinated action with regard to public policy activities, agree that they will: (a) work toward what they believe to be in the best interest of all patients and physicians; (b) share information and knowledge on key public policy issues so that everyone can build on it in seeking solutions; (c) take established AMA/Federation House of Delegates policy into consideration as each element of the Federation develops its own policies and positions; and (d) communicate regularly and openly, and share with each other, in advance, positions and public statements which represent major departures from AMA/Federation House of Delegates policy, and actively work to find acceptable common ground before agreeing to disagree. (BOT Rep. 2-A-96);
- (2) The AMA Board of Trustees, councils, committees, and staff should continue to seek the help and advice of appropriate specialty societies as soon as it is recognized that a topic within the probable area of expertise of a specialty society will be the subject of significant deliberation, action or reports by the AMA. (Res. 3, A-84; Reaffirmed: CLRPD Rep. 3-I-94); and
- (3) The AMA will act as a catalyst to encourage and assist specialty societies to meet and discuss differences and to resolve problems, where possible, in a specialty society forum, and specialty societies should contact the AMA as soon as it is recognized that a problem may be resolved through mutual consultation. (Res. 606, A-92; Res. 13, I-84; Reaffirmed: CLRPD Rep. 3-I-94).

(Reflects current policies: H-325.993 Specialty Society/AMA Consultation, H-325.994 AMA Consultation with Specialty Societies, H-530.978 Unified Voice for Physicians, and H-545.957 AMA/Federation Statement of Collaborative Intent)

H-620.030 Statement of Collaborative Intent

The statement of collaborative intent is as follows:

- (1) The AMA House of Delegates endorses the following preamble of a Statement of Collaborative Intent: The Federation of Medicine is a collaborative partnership in medicine. This partnership is comprised of the independent and autonomous medical associations in the AMA House of Delegates and their component and related societies. As the assemblage of the Federation of Medicine, the AMA House of Delegates is the framework for this partnership. The goals of the Federation of Medicine are to: (a) achieve a unified voice for organized medicine; (b) work for the common good of all patients and physicians; (c) promote trust and cooperation among members of the Federation; (d) advance the image of the medical profession; and (e) increase overall efficiency of organized medicine for the benefit of our member physicians.
- (2) The AMA House of Delegates endorses the following principles of a Statement of Collaborative Intent: (a) Organizations in the Federation should collaborate in the development of joint programs and services that benefit patients and member physicians. (b) Organizations in the Federation should be supportive of membership at all levels of the Federation. (c) Organizations in the Federation should seek ways to enhance communications among physicians, between physicians and medical associations, and among organizations in

the Federation. (d) Each organization in the Federation of Medicine should actively participate in the policy development process of the AMA House of Delegates. (e) Organizations in the Federation have a right to express their policy positions. (f) Organizations in the Federation should support, whenever possible, the policies, advocacy positions, and strategies established by the Federation of Medicine. (g) Organizations in the Federation should support an environment of mutual trust and respect. (h) Organizations in the Federation should inform other organizations in the Federation in a timely manner whenever their major policies, positions, strategies, or public statements may be in conflict. (i) Organizations in the Federation should support the development and use of a mechanism to resolve disputes among member organizations. (j) Organizations in the Federation should actively work toward identification of ways in which participation in the Federation could benefit them. (CLRPD/CEJA/CCB Report, A-97)

(Reflects current policy: H-530.958 Statement of Collaborative Intent)

H-620.040 Strengthening the Federation

AMA policy on strengthening the Federation includes the following:

- (1) The AMA House of Delegates recommit itself to achieving a transformation of the current Federation of Medicine into a more effective Federation that can accomplish the goals of the Statement of Collaborative Intent which are to: (a) achieve a unified voice for organized medicine; (b) work for the common good of all patients and physicians; (c) promote trust and cooperation among members of the Federation; (d) advance the image of the medical profession; and (e) increase overall efficiency of organized medicine for the benefit of our member physicians. (Policy H-530.958)
- (2) The AMA House reaffirms its position that the role of the AMA includes serving as the framework for the Federation of Medicine.
- (3) If restructuring of organized medicine is accomplished, the AMA is designated as the Core. (BOT Rep. 30-A-01)
- (4) The Board of Trustees should increase its efforts to work with the medical associations in the House of Delegates to provide the leadership necessary to transform the current Federation of Medicine into a more effective Federation.
- (5) All of the organizations represented in the House of Delegates should increase their efforts to work cooperatively with the Board of Trustees to transform the current Federation of Medicine into a more effective Federation.
- (6) The AMA should work with other Federation elements to identify creative ways (partnering, mergers, joint ventures, etc.) to strengthen Federation organizations.
- (7) Subject to the availability of resources, the AMA should support the development of an information base on strategies to strengthen Federation organizations and the AMA should develop tools and techniques to address the practical aspects of implementing such strategies.
- (8) All Federation organizations should analyze their strategic situations and future prospects and identify how best to serve the interests of their members and the profession. Specific consideration should be given to becoming a working partner, merger candidate, or other creative participant in a transformed Federation.
- (9) Subject to the availability of AMA resources or financial support from requesting Federation organizations, the AMA should provide assistance and expertise to medical societies in analyzing their strategic situations and their potential roles in a more effective Federation of Medicine. (CLRPD Rep. 4-I-98)
- (10) The Commission on Unity's design for strengthening organized medicine shall be a conceptual starting point for transforming the current Federation. (Rep. of the Commission on Unity, I-00)

(Reflects current policies: H-530.948 Strategic Planning for the Federation of Medicine, H-570.994 Unity Project, and H-570.995 Report of the Commission on Unity)

H-620.041 Characteristics of a New Federation of Medicine

The AMA House of Delegates recognizes the need for changes in the structure of the medical association sector and in the relationships among medical associations; commits itself to implementing changes that will strengthen organized medicine, enabling it to meet the challenges of the future and advocate with a single, effective voice for the interests of patients and physicians; and endorses the concept that the AMA should serve as the framework for a new Federation of Medicine. The characteristics of the new Federation of Medicine include the following:

- (1) The Federation of Medicine should be restructured in a way that enables each medical association to retain its individual identity and activities, but which functions more like a total enterprise. The AMA should become the framework within which a new Federation of medicine is established.
- (2) The restructured Federation of organized medicine should be built on the basic components of the existing Federation: local medical societies/counties, state medical societies, specialty societies and the national umbrella organization (the AMA). Additional components may need to be included.
- (3) Individual physician membership should remain the predominant form for membership in all components of the Federation.
- (4) The primary objectives of the new Federation should be: (a) an increase in value of membership; and (b) unity of voice and action of all Federation components.
- (5) Physicians should be encouraged to join organized medicine at all levels of the restructured Federation. There should be initiatives to encourage maximal collaboration in membership development efforts among components of the Federation.
- (6) Federation participants must recognize that achieving real unity of voice and action and achieving true enhancement of the value of membership will require significant streamlining of roles throughout the Federation to reduce duplication (i.e., cost and dues) and create synergy.
- (7) The roles of organizations serving physicians should be clarified and positioned to take full advantage of the strategic advantages enjoyed by each kind of organization. The Federation of organized medicine will be a catalyst and a forum for pursuing collaborative efforts to enhance the value of membership throughout the Federation. This effort will be the highest priority in the implementation process for creating the new Federation.
- (8) The AMA House of Delegates should be composed of individuals representing organizations that reflect the major dimensions of a physician's life.
- (9) The Federation House of Delegates should strive to be as inclusive as possible of physician organizations that have a stake in, and a contribution to make to, the goals of the Federation.
- (10) State societies should be represented by one delegate for every 1000 AMA members or portion thereof.
- (11) State societies should continue to count AMA direct members from that state for purposes of determining delegation size.
- (12) The current criteria for specialty society eligibility will continue to apply.
- (13) State societies should continue to get a "bonus delegate" for being unified. Specialty societies that are unified should also get a "bonus delegate."
- (14) Consistent with the idea that "voting" is not the only way to participate in an organization, mechanisms should be established through which organizations or groups of physicians with particular interests can meaningfully participate in the Federation without having a vote in the House of Delegates.
- (15) To establish a new, effective Federation of Medicine, a mechanism will be needed for the purposes of: (a) Clarifying roles and achieving active coordination of efforts: (i) developing a process for helping to coordinate the responses of medical associations to key issues, and (ii) enhancing communication among medical associations and between medical associations and physicians, and (b) Establishing a process for pursuing collaborative efforts among Federation members: (i) identifying opportunities, including joint ventures, for medical associations to work together, and (ii) promoting information sharing and compatible database development among medical associations. (Items 1-15 of this policy are from BOT Rep. 40-I-95)

(Reflects current policy: H-545.960 Study of the Federation)

H-620.042 Guidelines for Enhancing the Functionality of the Federation

- (1) A pre-determined level of funding should be established (scaled accordingly to the size of the organization) for any AMA/Federation work groups. (a) Funds requested and received from state, county, and specialty organizations should be placed in a separate bank account; and (b) The AMA should contribute a pre-determined amount and increase the amount according to the needs of the projects.
- (2) The governing body of each member of the Federation should endorse the Statement of Collaborative Intent as an important first step toward strengthening the Federation.
- (3) The needs and demands of physicians and their practices must be the prime objective of organized medicine as it seeks to improve the value of membership for its constituents.

- (4) Because the governance and function of medical societies are intertwined, the study of each aspect should not occur separately. Members of the Federation must take the Federation-wide perspective and not focus narrowly on their own individual organizations. Components of the Federation should trust and be more willing to collaborate and coordinate with other organizations for the good of the Federation and all physicians in the country.
- (5) Membership organizations must increasingly work together and share costs for projects and activities that enhance physicians' and patients' needs.
- (6) For the Federation of Medicine to be effective, all elements of the Federation which have an interest in any given issue must be included in organized activities. The form of the entity developed to address an issue must also be flexible to allow participation by all interested parties. Participation may be at the local, state, or national level, depending on the issue.
- (7) A collaborative mechanism must be developed that in times of crisis allows Federation component societies to coordinate and focus all available resources to resolve such issues on behalf of physicians.
- (8) The Federation should encourage interaction between component organizations at the county, state, and national levels, and provide an organizational structure that brings similar types of societies together in working groups to act on issues of importance.
- (9) A rapid-response mechanism should be developed by the Federation Advisory Committee (FAC) to bring items of vital interest to the attention of the designated leaders from each Federation component with expectations of timely response.
- (10) The components of the Federation should indicate which person or persons within each organization qualifies as the key leader who can speak for the organization and develop a response mechanism for providing timely input to facilitate decision-making at the Federation level.
- (11) The Federation must strengthen the effectiveness of each organization's governing body to enhance the inter-workings of the Federation.
- (12) The FCT's Shared Services Organization Model should be viewed as an example of a strategy that would allow Federation organizations to work cooperatively in business-type ventures. The Federation should pursue this type of venture or a similar type, which would meet the needs of the physician members.
- (13) The Federation should acknowledge and encourage mergers of like societies to allow them a stronger voice in the AMA House of Delegates for their members.
- (14) The Federation Advisory Committee will operate as a committee of the AMA Board and work to encourage, facilitate, and document collaborative efforts among all levels of organized medicine. The FAC should:
 - (a) Oversee the development and operation of a Federation conflict resolution mechanism; (Reference: Appendix A, I. "Conflict Resolution/Federation Coordination," BOT Rep. 14-I-99)
 - (b) Oversee a series of Federation-wide roundtable discussions/forums on Federation issues; (Reference: Appendix A, I. "Conflict Resolution/Federation Coordination," BOT Rep. 14-I-99)
 - (c) Oversee a membership committee to focus on all aspects of the membership process; (Reference: Appendix A, III. "Membership," BOT Rep. 14-I-99)
 - (d) Oversee a committee to promote and share outstanding Federation-developed projects for patients and physicians; (Reference: Appendix A, IV. "Patient/Physician Advocacy," BOT Rep. 14-I-99)
 - (e) Publish an annual "State of the Federation" report;
 - (f) Develop a working mechanism to allow ideas for projects such as the Shared Services Organization (SSO) to be identified, tested, and implemented on an ongoing basis; (Reference: Appendix A, V. "Work Process Improvement," BOT Rep. 14-I-99)
 - (g) Review carefully with the AMA Board of Trustees the work that led to the SSO proposal, monitor the development of and impediments in developing cooperative, collaborative projects in the Federation, and issue a report to the House of Delegates and the Federation in one year to summarize its findings and to make recommendations about facilitating such efforts; (Reference: Appendix A, V. "Work Process Improvement," BOT Rep. 14-I-99)
 - (h) Oversee an integrations committee to highlight integration in Federation organizations and serve as a resource to those components considering mergers, develop and maintain surveys of medical societies practices to assist in understanding the medical society industry and its trends; (Reference: Appendix A, VI. "Integrations," BOT Rep. 14-I-99)
 - (i) Oversee the development and operation of a cross-organizational committee on professionalism; (Reference: Appendix A, VII. "Professionalism," BOT Rep. 14-I-99)
 - (j) Play a crucial role in conducting studies and further refining the roles and responsibilities of the component societies of the Federation. (Reference: Appendix A, VIII "Roles & Responsibilities," BOT Rep. 14-I-99)

(Reflects current policy: H-570.998 Transmission of the Final Report of the Federation Coordination Team)

H-620.050 Structure and Governance of Federation Organizations

The AMA:

- (1) Urges constituent and component medical associations to review and update their bylaw provisions relating to peer-review hearings and to consider and utilize the model bylaws in Constitution and Bylaws Report B, A-92 in the review of each association's bylaw provisions for peer-review type hearings. (CCB Rep. B, A-92)
- (2) Encourages every state medical association to establish a statewide Organized Medical Staff Section. (Res. 149, A-83; Reaffirmed: Sunset Report, I-98)
- (3) Strongly encourages and will assist each state society in establishing a state-level Young Physicians Section as a means of strengthening the direct and meaningful participation of young physicians throughout the Federation. The AMA supports taking the lead through its appointment process and, while doing so, strongly encourages state, county and medical specialty societies to actively seek out and appoint qualified young physicians to appropriate council and committee leadership positions. (BOT Rep. FF, A-86; Reaffirmed: Sunset Report, I-96)
- (4) Encourages state medical societies to pursue the possibility of providing delegate status in the state society's House of Delegates to medical school deans who are members of their state societies, either through selection at the local society level or through the provision of slotted delegate status. (Sub. Res. 112, I-87; Reaffirmed: Sunset Report, I-97)
- (5) Encourages medical societies to provide mechanisms for more direct involvement of students at the state and local levels. (CLRPD Rep. C, I-80; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmed: Sunset Report, I-00)

(Reflects current policies: H-325.989 Model Bylaw Provisions for Peer Review Hearings by Constituent and Component Societies, H-325.991 Delegate Status for Medical School Deans in State Societies, H-550.994 Young Physicians in Organized Medicine and Special Section for Young Physicians, H-550.996 Establishment of State-Level Organized Medical Staff Sections, and H-550.998 Student and Resident Representation in the House of Delegates)

H-620.060 Enhancing the Value of Membership in Organized Medicine

The perspective of the AMA House on enhancing the value of membership in organized medicine includes the following:

- (1) The House adopts the goal of improving Federation performance as a whole,
- (2) The House supports efforts to improve the Federation's business processes to include a new member early recognition and retention system and consolidated billing and application process,
- (3) The House supports the redesign of Federation products and pricing to increase overall appeal and thus recruit additional members and improve retention,
- (4) The House believes that the Federation should work together to leverage each organization's core competencies,
- (5) The House encourages the testing of different strategic and operational collaborative arrangements at many sites and the use of these to improve Federation membership, pricing, and member service. (BOT Rep. 23, I-97)
- (6) The House encourages state medical associations and national medical specialty societies to review the composition of their AMA delegations.
- (7) The House believes it is important to promote resident physician membership in national medical specialty societies. (Sub. Res. 174, A-88; Reaffirmed: Sunset Report, I-98)
- (8) The House urges all county and state societies to implement a simple transfer of membership procedure to permit uninterrupted membership in organized medicine for physicians who relocate at any time during their careers, with such procedure containing the flexibility to permit resident AMA members to become regular state and county members through the transfer process. (CLRPD Rep. B, A-83; Reaffirmed: CLRPD Rep. 1-I-93)
- (9) The House encourages medical associations and societies to support the membership efforts of the Alliance, particularly if dual membership billing is utilized, and, with the state and county associations, supports and acknowledges the efforts of the AMA Alliance and state and county medical alliances, whenever it is deemed possible and appropriate. (Res. 608, A-92)

(Reflects current policies: H-325.990 Resident Participation in Specialty Societies, H-325.995 Transfer of Membership, H-530.974[1] Enhancing Leadership Opportunities in the AMA, H-530.975 Support for the AMA Auxiliary), and H-545.952 Transforming the Value of Membership in Organized Medicine)

H-620.070 Medical Society Referral Programs

The following are general rules that are recommended for the operation of a physician referral program:

- (1) If the program is limited to medical society members, this fact should be publicized and inquirers so informed.
- (2) Anyone requesting referral to a specialist should be given the names of three or more physicians, if available, who offer the kind of services sought.
- (3) Where it appears that an inquirer's needs may be met by a primary care practitioner, referrals to generalists, family practitioners or physicians in more than one specialty should be made from primary care physicians on the referral roster.
- (4) Specialists who are not board certified should not be excluded from the referral roster solely for this reason. Inquirers may be provided with such information as the age of the physician, where he or she received medical education and graduate training, hospitals where the physician has hospital privileges, medical society affiliations and whether the physician is certified by a medical specialty board that is a member of the American Board of Medical Specialties.
- (5) Members of the public who seek medical services that are not available in the community should be so informed. Referrals to physicians in the community should not be offered where there is a need for the kind of services available only in tertiary medical centers.
- (6) Appropriate representations should be made with regard to the limitations of the responsibility of the referral service (e.g., that it is merely a list of physicians believed to be adequately qualified and nothing more).
- (7) Factual information may be supplied regarding the professional status of physicians who are listed on the referral roster, but no evaluation of relative competence should be attempted.
- (8) A written record should be kept of all referrals.
- (9) To the extent possible, referrals should be made on a rotation basis.
- (10) Medical society employees who deal with the public in making referrals should be carefully selected on the basis of tact, courtesy and ability to confine themselves to following medical society instructions. (BOT Rep. TT, I-86; Reaffirmed: Sunset Report, I-96)

(Reflects current policy: H-325.992 Medical Society Referrals)

H-620.080 Federation Organizations and Hospital Staff

AMA policy on Federation Organizations and Hospital Staff include the following:

- (1) Support efforts to foster more effective liaison between local medical societies and hospital medical staffs, and better coordination of their activities. (CMS Rep. C, I-67; Reaffirmed: CLRPD Rep. C, A-88; Reaffirmed: Sunset Report, I-98)
- (2) Support working with county medical societies and state medical associations to provide the counsel and services necessary to strengthen local hospital medical staffs. (BOT Rep. E, A-82; Reaffirmed: CLRPD Rep. A, I-92)

(Reflects current policies: H-325.999 Joint Meetings of Medical Staffs and Medical Societies and H-550.997 Hospital Medical Staffs)

H-620.090 Information Brochures on Medical Specialty Societies

The AMA encourages medical specialty societies to prepare informational brochures describing what a career in their specialty entails for medical students who are interested. (Res. 139, A-81; Reaffirmed: CLRPD Rep. F, I-91)

(Reflects current policy: H-325.996 Medical Specialty Information Brochures)

SECTION 625--GOVERNANCE: STRATEGIC PLANNING

The policies in this section relate to the governance of the American Medical Association. They are a supplement to the AMA Constitution and Bylaws, which set the framework for the structure, operations, and governance of the Association.

H-625.010 AMA Vision

The AMA vision statement consists of four elements: (1) a statement of core purpose; (2) a set of core values; (3) a statement of envisioned future; and (4) key objectives.

AMA Core Purpose: To promote the science and art of medicine and the betterment of public health.

AMA Core Values: (1) Leadership and Service: the stewards of medicine, caring advocates for patients and the profession; (2) Excellence in all we do: the highest quality service, products, and information; (3) Integrity and Ethical Behavior: the basis for trust in all our relationships and actions.

AMA Envisioned Future: The AMA will be an essential part of the professional life of every physician and an essential force for progress in improving the nation's health.

AMA Objectives: The AMA will pursue being: (1) The world's leader in obtaining, synthesizing, integrating, and disseminating information on health and medical practice; (2) The acknowledged leader in setting standards for medical ethics, practice, and education; (3) The most authoritative voice and influential advocate for patients and physicians; and (4) A sound organization that provides value to members, federation organizations, and employees.

(Reflects current policy: H-530.941 AMA Strategic Direction for 2002 and Beyond)

H-625.011 AMA Goals, Roles and Obligations

The AMA (1) reaffirms its goal to be the unified voice of the medical profession speaking for all physicians, and (2) above all, affirms its role and obligations as a steward of our professional values, as well as the right and obligation of individual physicians to participate in the process.

(Reflects current policy: H-530.978[1] Unified Voice for Physicians and H-545.942[1] House of Delegates Task Force on Membership)

H-625.020 AMA Strategic Planning

- (1) Our AMA annual strategic planning cycle shall include the following dimensions:
 - (a) Information: The AMA strategic planning process shall be based on information about the environment in which medicine and the AMA must function. Drawing from a variety of sources including public and physician survey data, other types of research findings and data, and the work of the AMA councils, sections, and special groups, the Council on Long Range Planning and Development shall provide strategic support to the AMA Board by identifying, analyzing, and interpreting environmental trends. The Board of Trustees and the CLRPD shall work collaboratively to distribute information on the environment and the AMA's vision, objectives, and strategies to all the participants in the strategic planning process.
 - (b) Participation: The AMA strategic planning process should provide for broad participation by the House of Delegates, Councils, Sections, Special Groups, staff, and other appropriate internal and external sources. The Board of Trustees shall provide opportunities for these entities to provide input into the development of the AMA's strategic plan.
 - (c) Strategic Directions: As the principal planning agent for the AMA, the Board of Trustees shall analyze the input it receives and shall recommend strategic directions for the AMA and forward its recommendations to the House of Delegates for approval at each Annual meeting. The Board's proposal shall include strategic directions for the upcoming year as well as longer-term directions for the AMA.
 - (d) Strategic Plan and Budget: Based on the House of Delegates input and actions, the Board of Trustees shall direct and oversee the development of a strategic plan and associated budget and shall submit them to the House of Delegates for information at each Interim meeting. Issues impacting directly on health care delivery should be given a high priority in the allocation of AMA resources. (Sub. Res. 613, A-97)

- (e) Oversight: The Board of Trustees shall monitor the implementation of the AMA's strategic plan and shall report its findings to the House of Delegates on a regular basis. (CLRPD Rep. 2, A-99)
- (2) The AMA strategic planning process should generate:
 - (a) A multi-year plan that identifies the most critical strategic issues for the organization;
 - (b) The critical success factors for each issue; and
 - (c) Annual work plans with measurable performance objectives, tasks and timelines, assignments for implementation, and expected outcomes.
- (3) The Board must ensure that adequate resources--staff, funding, and material--are available for developing the AMA strategic plan.
- (4) The goals of the AMA strategic plan should become an overarching part of all Board and Council meetings. All ongoing initiatives and new undertakings must be regularly measured against the plan, and emerging issues that impact the plan should be identified.

(Reflects current policies: H-530.947 AMA Structure, Governance, and Operations, H-530.956 Dedicating Resources, H-530.964 Use of Survey Data in Policy and Program Development, and H-545.931 AMA Strategic Planning Process)

SECTION 630--GOVERNANCE: AMA ADMINISTRATION AND PROGRAMS

The policies in this section relate to the governance of the American Medical Association. They are a supplement to the AMA Constitution and Bylaws, which set the framework for the structure, operations, and governance of the Association.

H-630.010 Executive Vice President

The qualifications, roles and responsibilities of the Executive Vice President are as follows:

- (1) The office of the Executive Vice President shall be filled, if possible, by a Doctor of Medicine who is an active member of the AMA at the time of his appointment and who possesses the necessary managerial qualifications. (Res. 40, I-68; Reaffirmed: CLRPD Rep. C, A-88; Reaffirmed: Sunset Report, I-98)
- (2) The EVP shall clearly define and regularly evaluate roles and accountability of the corporate staff in adhering to clear guidelines on the limits of their decision-making authority and where to turn when confronted with issues beyond their scope of action: (a) The EVP should work with staff, the Board and the House to establish guidelines that differentiate between operational and policy issues, and identify to whom the staff should turn when they believe they are confronting an issue with policy implications. (b) These guidelines should be included both in the employee manual and a Board of Trustees Handbook. (c) These guidelines should be annually reviewed and updated, with the EVP leading the revision process. (d) Objectives in the performance appraisals of senior managers should be refocused to align with the AMA vision and bonus criteria should also be linked to the vision and the strategic plan. (e) Managers need to supervise work groups by establishing clear, measurable performance objectives and tasks for all staff and hold staff accountable.
- (3) The EVP shall evaluate staff structure and audit resources to ensure that the AMA is supported efficiently and effectively, consistent with the Strategic Plan approved by the House. As part of the evaluation of staff structure, the EVP should examine the AMA's member services strategy to ensure that the structure facilitates responsive and accurate responses to member queries.

(Reflects current policy: H-530.947 AMA Structure, Governance, and Operations and H-530.999 Office of Executive Vice President)

H-630.020 Role of AMA Staff

The roles and responsibilities of the AMA Staff are as follows:

The AMA will take better advantage of its staff capabilities by including staff in the appearance program, on non-AMA panels, and in activities that foster cooperative working relationships with other organizations that share common objectives.

(Reflects current policy: H-530.947 AMA Structure, Governance, and Operations)

H-630.030 Leadership Opportunities

Our AMA will take the following as well as other appropriate steps to more actively encourage physician leadership development: (a) continue efforts to provide enhanced leadership development programming at AMA National Leadership Conferences; (b) utilize more ad hoc committees and task forces to address specific issues; and (c) continue to encourage the growth of the current Special Sections, as a means of identifying and supporting the development of future leaders. (CLRPD Rep. A, A-92; See also AMA Constitution and Bylaws; Reaffirmed: CLRPD Rep. 5-I-96; Modified: CLRPD Rep. 2-I-00)

(Reflects current policy: H-530.974[4] Enhancing Leadership Opportunities in the AMA)

H-630.040 Principles on Corporate Relationships

The House of Delegates adopts the following revised principles on Corporate Relationships. The Board will review them annually and, if necessary, make recommendations for revisions to be presented to the House of Delegates.

Guidelines For AMA Corporate Relationships

Principles to guide AMA's relationships with corporate America were adopted by the AMA House of Delegates at its December 1997 meeting and slightly modified at the June 1998 meeting. Subsequently, they have been edited to reflect the recommendations from the Task Force on Association/Corporate Relations, including among its members experts external to the AMA. The following principles are based on the premise that in certain circumstances, the AMA should participate in corporate arrangements when guidelines are met, which can further the AMA's core purpose, retain AMA's independence, avoid conflicts of interest, and guard our professional values.

Overview of Principles

The American Medical Association's principles to guide corporate relationships have been organized into the following categories: General Principles that apply to most situations; Special Guidelines that deal with specific issues and concerns; Organizational Review that outlines the roles and responsibilities of the Board of Trustees, Executive Vice President, the Corporate Review Team and other staff units; and Operational Issues that outline the annual reports to the Board of Trustees (Board) and House of Delegates (House). These guidelines should be reviewed over time to assure their continued relevance to the policies and operations of the AMA and to our business environment. The principles should serve as a starting point for anyone reviewing or developing AMA's relationships with outside groups.

General Principles

The AMA's vision and values statement should provide guidance for externally funded relationships. Relations that are not motivated by the association's mission threaten the AMA's ability to provide representation and leadership for the profession.

- (1) The AMA's vision and values must drive the proposed activity.

The AMA's vision and values ultimately must determine whether a proposed relationship is appropriate for the AMA. The AMA should not have relationships with organizations or industries whose principles, policies or actions obviously conflict with the AMA's vision and values. For example, relationships with producers of products that harm the public health (e.g., tobacco) are not appropriate for the AMA. In general, rather than responding to others, the AMA will proactively choose its priorities for external relationships and participate in those that fulfill these priorities.

- (2) The relationship must preserve or promote trust in the AMA and the medical profession.

To be effective, medical professionalism requires the public's trust. Corporate relationships that could undermine the public's trust in the AMA or the profession are not acceptable. For example, no relationship should raise questions about the scientific content of the AMA's health information publications, AMA's advocacy on public health issues, or the truthfulness of its public statements.

- (3) The relationship must maintain the AMA's objectivity with respect to health issues.

The AMA accepts funds or royalties from external organizations only if acceptance does not pose a conflict of interest and in no way impacts the objectivity of the association, its members, activities, programs, or employees. For example, exclusive relationships with manufacturers of health-related products marketed to the public could impair the AMA's objectivity in promoting the health of America. Relationships that might bias, or appear to bias, the AMA's objectivity with respect to health issues are not acceptable.

- (4) The activity must provide benefit to the public's health, patients' care, or physicians' practice.

Public education campaigns and programs for AMA or Federation members are potentially of significant benefit. Corporate-supported programs that provide financial benefits to the AMA but no significant benefit to the public or direct professional benefits to AMA or Federation members are not acceptable. In the case of member benefits, external relations should advance professionalism or be neutral to it.

Special Guidelines

The following guidelines address a number of special situations where the AMA cannot utilize external funding. There are specific guidelines already in place regarding advertising in publications.

- (1) The AMA will provide health and medical information, but should not involve itself in the production, sale, or marketing to consumers of products that claim a health benefit.

Marketing health-related products (e.g., pharmaceuticals, home health care products) undermines the AMA's objectivity and diminishes its role in representing health care values and educating the public about their health and health care.

- (2) Activities should be funded from multiple sources whenever possible.

Activities funded from a single external source are at greater risk for inappropriate influence from the supporter or the perception of it, which may be equally damaging. For example, funding for a patient education brochure should be done with multiple sponsors if possible. For the purposes of this guideline, funding from several companies, but each from a different and non-competing industry category (e.g., one pharmaceutical manufacturer and one health insurance provider), does not constitute multiple-source funding. The AMA recognizes that for some activities the benefits may be so great, the harms so minimal, and the prospects for developing multiple sources of funding so unlikely that single-source funding is a reasonable option. Even so, funding exclusivity must be limited to program only (e.g., asthma conference) and shall not extend to a therapeutic category (e.g., asthma). The Board should review single-sponsored activities prior to implementation to ensure that: (a) reasonable attempts have been made to locate additional sources of funds (for example, issuing an open request for proposals to companies in the category); and (b) the expected benefits of the project merit the additional risk to the AMA of accepting single-source funding. In all cases of single-source funding, the AMA will guard against conflict of interest.

- (3) The relationship must preserve AMA's control over any projects and products bearing the AMA name or logo. The AMA retains editorial control over any information produced as part of a corporate/externally funded arrangement.

When an AMA program receives external financial support, the AMA must remain in control of its entire content, and must approve all marketing materials to ensure that the message is congruent with the AMA's vision and values. A statement regarding AMA editorial control as well as the name(s) of the program's supporter(s) must appear in all public materials describing the program and in all educational materials produced by the program. (This principle is intended to apply only to those situations where an outside entity requests the AMA to put its name on products produced by the outside entity, and not to those situations where the AMA only licenses its own products for use in conjunction with another entity's products.)

- (4) Relationships must not permit or encourage influence by the corporate partner on the AMA.

An AMA corporate relationship should not permit influence by the corporate partner on AMA policies, priorities, and actions. For example, agreements stipulating access by corporate partners to the House of Delegates or access to AMA leadership would be of concern. Additionally, relationships that appear to be acceptable when viewed alone may become unacceptable when viewed in light of other existing or proposed activities.

- (5) Participation in a sponsorship program does not imply AMA's endorsement of an entity or its policies.

Participation in sponsorship of an AMA program does not imply AMA approval of that corporation's general policies, nor does it imply that the AMA will exert any influence to advance the corporation's interests outside the substance of the arrangement itself. The AMA's name and logo should not be used in a manner that would express or imply an AMA endorsement of the corporation or its policies.

- (6) To remove any appearance of undue influence on the affairs of the AMA, the AMA should not depend on funding from corporate relationships for core governance activities.

Funding core governance activities from corporate sponsors, i.e., the financial support for conduct of the House of Delegates, the Board of Trustees and Council meetings could make the AMA become dependent on external funding for its existence or could allow a supporter, or group of supporters, to have undue influence on the affairs of the AMA.

- (7) Funds from corporate relationships must not be used to support political advocacy activities.

A full and effective separation should exist, as it currently does, between political activities and corporate funding. The AMA should not advocate for a particular issue because it has received funding from an interested corporation. Public concern would be heightened if it appeared that the AMA's advocacy agenda was influenced by corporate funding.

Organizational Review

Every proposal for an AMA corporate relationship must be thoroughly screened prior to staff implementation. Currently, all proposed corporate arrangements are reviewed by a cross-disciplinary group of senior managers called the Corporate Review Team (CRT). CRT recommendations that meet certain criteria requiring further review are forwarded to a committee of the Board of Trustees. The full Board reviews any proposals that meet defined criteria for a heightened level of scrutiny.

- (1) All AMA corporate arrangements will be annually reported by the Board of Trustees to the House of Delegates at the Interim Meeting.

It is important for the AMA to have an orderly and predictable reporting process to the Board and the House of Delegates. The Board of Trustees will present a summary report to the House of Delegates at each Interim Meeting.

- (2) The Board of Trustees must approve all proposals for AMA corporate relationships.

Every new relationship must be approved by the Board of Trustees, or through a procedure adopted by the Board. Specific procedures and policies regarding Board review are as follows: (a) The Board routinely should be informed of all AMA corporate relationships; (b) The Board should perform an annual audit of an appropriate sample of AMA corporate relations activities; (c) Any dissenting votes within the CRT, and instances when the CRT and the Board committee differ in the disposition of a proposal, are brought to the attention of the full Board; (d) All externally supported corporate activities directed to the public should receive Board review and approval; (e) All activities that have support from only one corporation within an industry should either be in compliance with ACCME guidelines or receive Board review; and (f) All relationships where the AMA takes on a risk of substantial financial penalties for cancellation should receive Board review prior to enactment.

- (3) The Executive Vice President is responsible for the review and implementation of each specific arrangement according to the previously described principles.

The Executive Vice President is responsible for obtaining the Board of Trustees authorization for externally funded arrangements that have an economic and/or policy impact on the AMA.

- (4) The Corporate Review Team reviews corporate arrangements to ensure consistency with the principles and guidelines. (a) The Corporate Review Team is the internal, cross-organizational staff group that is charged with the review of all activities with external funding to assure adherence to the guidelines. (b) The Corporate Review Team is chaired by the Vice President for Corporate, Foundation and International Relations and composed of senior managers from Ethics Standards; Legal; Finance; Communications; Publishing; Marketing; Membership; and Science. (c) The review process is structured to specifically address issues pertaining to AMA's policy, ethics, business practices, corporate identity, and reputation. Written procedures formalize the committee's process for review of corporate arrangements. (d) All activities placed on the Corporate Review Team agenda have had the senior manager's review and consent, and following CRT approval will continue to require the routine approvals of the Office of Finance and Office of the General Counsel. (e) The Corporate Review Team reports its findings and recommendations directly to a committee of the Board.
- (5) The AMA's Group on Foundation and Corporate Relations in consultation with the Office of the General Counsel will review and approve all marketing materials that are prepared by others for use in the US and that bear the AMA's name and/or corporate identity.

All marketing materials will be reviewed for appropriate use of AMA's logos and trademarks, perception of implied endorsement of the external entity's policies or products, unsubstantiated claims, misleading, exaggerated or false claims, and reference to appropriate documentation when claims are made. In the instance of international publishing of JAMA and the Archives, the AMA will require review and approval of representative marketing materials by the editor of each international edition in compliance with these principles and guidelines.

Organizational Culture and its Influence on Externally Funded Programs

- (1) Organizational culture has a profound impact on whether and how AMA corporate relationships are pursued. AMA activities reflect on all physicians. Moreover, all physicians are represented to some extent by AMA actions. Thus, the AMA must act as the professional representative for all physicians, and not merely as an advocacy group or club for AMA members.
- (2) As a professional organization, the AMA operates with a higher level of purpose representing the ideals of medicine. Nevertheless, non-profit associations today do require the generation of non-dues revenues. The AMA should set goals that do not create an undue expectation to raise increasing amounts of money. Such financial pressures can provide an incentive to evade, minimize, or overlook guidelines for fundraising through external sources.
- (3) Every staff member in the association must be accountable to explicit ethical standards that are derived from the vision and values of the Association. In turn, leaders of the AMA must recognize the critical role the organization plays as the sole nationally representative professional association for medicine in America. AMA leaders must make programmatic choices that reflect a commitment to professional values and the core organizational purpose. (BOT Rep. 20-A-99)

(Reflects current policy: H-530.944 Revised AMA's Principles on Corporate Relationships)

H-630.041 AMA Corporate Visits

It is the policy of the AMA to notify the corporate medical director whenever preparing to visit a corporation. (Res. 27, A-91)

(Reflects current policy: H-530.981 AMA Corporate Visits)

H-630.050 Physician Identification

Our AMA will: (1) encourage pharmacies, insurance companies, pharmaceutical companies and state Medicaid programs to use a number created and supplied by the AMA and linked to the AMA-ME number for physician identification purposes; and (2) expedite assigning an AMA-ME number to every US and international medical graduate in a US graduate medical education program. (Res. 312, A-99)

(Reflects current policy: H-530.945 Implementation of the AMA-ME Number)

H-630.060 Certification Program and Licensing Agreements

The AMA will not develop a certification program directed to the public nor approve any new licensing programs for non-informational products directed to the public other than AMA products licensed to other companies. (Res. 629, A-98)

(Reflects current policy: H-530.949 AMA Certification Program and Licensing Agreements)

H-630.070 International Strategy

Our AMA recognizes the importance of the involvement of the medical profession in this country in influencing the standards utilized by other nations with regard to ethics, medical education and medical practice, and the commitment to the patient-physician relationship. (BOT Rep. 21-A-97) Our AMA encourages the involvement of International Medical Graduates in state medical associations in settings appropriate to each state. (Res. 618, A-97)

(Reflects current policies: H-325.988 Request the AMA to Encourage International Medical Graduate Sections at All State Medical Associations and H-530.959 American Medical Association International Strategy)

H-630.080 Terminology

AMA policy on “terminology” includes the following:

- (1) In all written material and all spoken communication, our AMA leaders and members should use the possessive adjective “our” or “my” to describe AMA actions, policies and positions, whenever possible. (Res. 616, A-93)
- (2) The AMA recognizes and encourages the continuing contributions of women in medicine and is committed to eliminating all gender-related barriers. Therefore: (a) The AMA adopts a policy of gender-neutral language, to be incorporated into its bylaws, policies, procedures, and publications, during the normal process of printing and updating/reprinting documents. (b) The term “chairman” no longer is to be used to designate the head of a committee; the term “chair” or “chairperson” is to be used instead. (c) The AMA encourages state, county, and national medical specialty societies to review their bylaws and policies and eliminate gender-biased language where it exists. (BOT Rep. K, A-92)

(Reflects current policies: H-530.969 AMA is Us and H-530.976 Gender-Neutral Language)

H-630.090 AMA Publications

AMA policy on its publications includes the following:

- (1) *JAMA* and other AMA scientific journals should display a disclaimer in prominent print that the editorial views are not necessarily AMA policy. (BOT Rep. PP, A-93)
- (2) Our AMA House of Delegates directs the Board of Trustees to require that AMA communications and public promotional activities with scientific content be reviewed and approved for scientific accuracy and for consistency with AMA policy by appropriate AMA officers, councils and/or committees, staff, or designees who have appropriate scientific knowledge and experience. (Res. 294, A-90; Reaffirmed: Sunset Report, I-00)
- (3) The AMA will integrate the communication of positive achievements of American medicine into its consumer magazine and newsletter projects. (BOT Rep. VV, I-92)
- (4) *AMNews* will make editorial space available to the Chair of the AMA Board or his/her designee. *AMNews* will publish the following disclaimer in each issue: “*AMNews* is published weekly by the AMA and is intended to serve as an impartial forum for information affecting physicians and their practices. Treatment of articles, views and opinions expressed in *AMNews* are not necessarily endorsed by the AMA.”

- (5) Our AMA continues to support *AMNews* and a disclaimer in prominent print be displayed that it does not reflect official AMA policy. (BOT Rep. G, A-91; Appended: BOT Rep. 22-I-00)
- (6) The AMA, in all of its publications and correspondence, will use the correct title for the medical specialist. (Res. 612, A-97)
- (7) The AMA recommends that medical journal articles using acronyms should have a small glossary of acronyms and phrases displayed prominently in the article. (Res. 622, I-96)

(Reflects current policies: H-530.957 Use of Appropriate Medical Specialty Names, H-530.960 Use of Acronyms in Medical Journals, H-530.971 JAMA Editorial Freedom, H-530.973 AMA Proactive Newsletter for Patients, H-530.983 AMNews Disclaimer and H-530.989 AMA Communications with Scientific Content)

H-630.091 Direct-to-Consumer Ads

The AMA:

- (1) Accepts, on a case-by-case basis, disease-specific health education consumer ads which may include mention of diagnostic equipment, provided that the ads are in the patient's interest, and are consistent with the guidelines for direct-to-consumer ads for prescription drugs previously developed by the AMA with input from the Food and Drug Administration that meet the following criteria:
 - (a) they contain a clear, accurate and responsible health education message and include referring patients to their physicians for more information when appropriate;
 - (b) they comply with applicable FDA rules, regulations, policies and guidelines as provided by the FDA Center for Devices and Radiological Health, Office of Compliance's Promotion and Advertising Policy Staff;
 - (c) their clinical and scientific content is reviewed and approved by the AMA Science, Technology, and Public Health staff;
 - (d) they make no comparative claims;
 - (e) the manufacturer agrees to provide simultaneous physician education materials that have been reviewed and approved by the AMA; and
 - (f) by policy, ads should carry a disclaimer that the equipment is not endorsed by the AMA.
- (2) Supports the efforts of physicians, hospitals, and professional societies to disseminate information on the importance of appropriate diagnostic screening that is based upon professionally recognized guidelines and recommendations. (BOT Rep. 2-A-94)

(Reflects current policies: H-530.966 Direct-to-the-Public Advertising of Diagnostic Equipment)

H-630.100 Conservation and Recycling

AMA policy on conservation and recycling include the following:

- (1) The AMA directs its offices to implement conservation-minded practices whenever feasible. (Res. 16, A-91)
- (2) It is the policy of the AMA to use recycled paper whenever reasonable for its in-house printed matter and publications, including *AMNews*, *JAMA*, and materials used by the House of Delegates, and that AMA printed material using recycled paper should be labeled as such. (Res. 111, A-91)
- (3) During the final day of meetings of the American Medical Association House of Delegates, the AMA Sections, and all other AMA meetings, recycling bins, where and when feasible, for white (and where possible colored) paper will be made prominently available to participants. (Res. 616, I-96)

(Reflects current policies: H-530.961 AMA Recycling, H-530.979 Promotion of Conservation Practices within the AMA, and H-530.982 AMA Use of Recycled Paper)

H-630.110 Conflict of Interest

AMA policy on conflict of interest includes the following: (1) Our AMA encourages physicians who have served as an elected officer of the Association to guard against commercial exploitation of any officer position served in any manner that implies, directly or indirectly, endorsement of a commercial product or service by the AMA. (Sub. Res. 147, A-86; Reaffirmed: Sunset Report, I-96); and (2) The AMA will only use legal, lobbying, public relations, or consulting services of those who have not been employed or retained by a tobacco company in the past year. (Res. 426, I-96)

(Reflects current policies: H-530.963 Conflict of Interest and H-560.995 Commercial Use of Officer Titles)

H-630.120 Grants and Funding

AMA policy on grants and funding includes the following:

- (1) The AMA will establish a program of modest policy program grants to resident physician groups to support regionally diverse projects and activities designed specifically to further AMA policy. This policy promotion grant program will be operated with maximum flexibility to encourage the development, funding and promulgation of state medical society endorsed resident physician projects to promote AMA policy. Individual policy promotion grants will not exceed \$500 per project, with total annual grant amounts not to exceed \$35,000. (Res. 604, A-93)
- (2) The AMA supports continuing to adequately fund and maintain a physicians health program (Physicians' Assistance Program), whose charge will include, but not be limited to, promoting state medical society impaired physician programs and medical student impairment programs, providing technical assistance to these programs, conducting scientific and socioeconomic research and hosting an annual conference to share research and exchange ideas on the field of physician impairment. (Res. 102, I-89; Reaffirmed: Sunset Report, A-00)

(Reflects current policies: H-530.970 Policy Promotion Grants for Resident Physicians and H-530.990 Funding for the AMA Physicians' Assistance Program)

H-630.130 Discrimination

It is the policy of the AMA not to hold meetings or pay member, officer or employee dues in any club, restaurant, or other institution that has exclusionary policies based on gender, race, color, religion, national origin, or sexual orientation. (Res. 101, I-90; Reaffirmed: Sunset Report, I-00)

(Reflects current policy: H-530.985 Exclusion from Exclusionary Institutions)

H-630.140 Lodging and Accommodations

AMA policy on lodging and accommodations includes the following:

- (1) Our AMA supports: (a) choosing hotels for its meetings, conferences, and conventions based on size, service, location, cost, and similar factors; (b) considering a hotel's smoking policy (or lack thereof) as a criterion for selecting hotels for meetings, conferences, and conventions; and (c) encourages national medical specialty societies, state and county medical societies, and other health organizations to adopt a similar policy. (Res. 2, I-87; Reaffirmed: Sunset Report, I-97)
- (2) Our AMA staff will work with facilities where AMA meetings are held to designate an area for breastfeeding and breast pumping. (Res. 512, I-98)

(Reflects current policies: H-530.993 Hotels used by Medical Associations and H-545.936 Private Breastfeeding Facilities in Public Areas)

H-630.150 Masterfile Coding

Our AMA supports: (1) continued inclusion of information on self-designated practice specialties (SDPS), as well as board certification and residency training history, in the AMA Physician Masterfile; (2) continued use of the complete term "self-designated practice specialties" when referring to Masterfile codes; and (3) continuation of an awareness campaign regarding the intended use of Masterfile SDPS codes. (BOT Rep. U, I-86; Reaffirmed: Sunset Report, I-96)

(Reflects current policy: H-530.994 AMA Physician Masterfile Coding)

SECTION 635--GOVERNANCE: MEMBERSHIP

The policies in this section relate to the governance of the American Medical Association. They are a supplement to the AMA Constitution and Bylaws, which set the framework for the structure, operations, and governance of the Association.

H-635.010 AMA Membership Strategy: General Approaches

The AMA's general strategic approach on membership includes the following dimensions:

- (1) Our AMA and its component societies adopt the principle that membership value, as reflected in the physician's perception of quality relative to cost, drives the decision about membership.
- (2) Our AMA and its component societies adopt the principle that membership retention is as important an activity as recruitment, and that an organizational focus for those efforts should be developed.
- (3) The actions and directions of the Board of Trustees and Executive Vice President, with regard to membership recruitment, retention, and satisfaction, should become the top priorities of every AMA staff member, at all levels of the organization, and of all the Association's elected leadership.
- (4) Our AMA seeks innovative means to change its governance and structure to better align membership and representation for the purpose of meeting member needs and unifying the House of Medicine. Our AMA will explore new avenues to increase member participation in the activities and governance of the AMA.
- (5) Our AMA shall continue to utilize pilot programs to measure the success of innovative membership recruitment and retention activities. (Task Force on Membership Rep., I-98)
- (6) Our AMA will increase its staff and administrative efforts to become more of a local presence in the various regions of the United States. (Report of the Task Force Membership Rep. 1, A-98)

(Reflects current policies: H-545.930 (18) AMA Membership Strategy, H-545.942 House of Delegates Task Force on Membership, and H-555.960 Report of the Task Force on Membership at I-98)

H-635.020 Outreach Strategy: Medical Students, Residents, and Young Physicians

Outreach to Medical Students, Residents, and Young Physicians includes the following:

- (1) Our AMA continues to encourage student membership and participation in organized medicine. The early involvement of medical students in organized medicine is not only important to the students but also to the future of organized medicine.
- (2) It is the policy of the AMA to (a) adjust all of its registration fees to encourage and permit participation by resident physician and medical student members; and (b) urge all federation associations to discount their registration fees for seminars to accommodate their resident physician and medical student membership. (Res. 3, A-90; Reaffirmed: Sunset Report, I-00)
- (3) Our AMA: (a) develops and implements leadership development programs to enhance the value of AMA membership, including portions of the National Leadership Conference (NLC) that would specifically apply to medical students, residents, young physicians, and other constituencies; and that funding mechanisms be sought to allow medical students, residents, young physicians, and other constituencies to participate in leadership development programs, including the NLC, at no or low cost; and (b) asks the AMA Foundation, or a similar entity, to allocate funds to support medical student, resident, and young physician participation in leadership development opportunities, including the National Leadership Conference.
- (4) Our AMA encourages all sponsors of resident training programs to seek means to fund membership in the AMA and state and county medical societies for resident physicians and fellows. (Sub. Res. 601, A-92)
- (5) Our AMA affirms its wholehearted support of the Forum for Medical Affairs and urges that the various delegates within the House persuade their parent organizations to participate in the support of the Forum for Medical Affairs. (Res. 25, I-86; Reaffirmed: Sunset Report, I-96)

(Reflects current policies: H-530.986 Discounted Registration Fees for AMA and Federation Seminars, H-545.930 AMA Membership Strategy, H-545.986 Support for the Forum for Medical Affairs, H-555.960 Report of the Task Force on Membership at I-98, H-555.977 Resident Physician Membership in the AMA, and H-555.993 Student Membership to the State Medical Societies)

H-635.021 Outreach Strategy: Minority Physicians

Outreach to Minority Physicians includes the following:

(1) Our AMA encourages the efforts of the Federation to continue to involve minority physicians in both membership and leadership positions at all levels; (Res. 259, A-89; Reaffirmed: Sunset Report, A-00) and (2) Our AMA supports active recruitment of minority physicians into membership through all reasonable means and encourages their participation in leadership positions within the AMA.

(Reflects current policy: H-555.982 Participation of Minorities in Organized Medicine)

H-635.022 Outreach Strategy: Retired Physicians

The Board of Trustees should re-evaluate AMA programs for retired physicians, with the goal of seeking ways in which these physicians can serve both organized medicine and their communities.

(Reflects current policy: H-545.930 (9) AMA Membership Strategy)

H-635.023 Outreach Strategy: Spouses of Physicians

Our AMA House of Delegates encourages members to urge their spouses to become members of the AMA Alliance and their respective Alliances. (Res. 609, I-00)

(Reflects current policy: H-570.996 AMA Alliance)

H-635.024 Outreach Strategy: Physicians on AMA Editorial Boards

Our AMA encourages all physicians serving on the editorial boards of AMA-published journals to become members of the AMA. (Sub. Res. 95, I-86; Reaffirmed: Sunset Report, I-96)

(Reflects current policy: H-555.984 Membership Requirement for Position on the Editorial Boards of AMA Published Journals)

H-635.030 AMA Membership Strategy: Working with the Federation

AMA membership strategy on working with the Federation includes the following:

- (1) Our AMA and state/component medical societies, in a spirit of partnership and cooperation, should work vigorously work to encourage and facilitate membership in each others organization. (Task Force on Membership Rep. 2, A-98)
- (2) Our AMA will cooperate with any interested members of the Federation in developing, in partnership, pilot programs to test innovative mechanisms for membership recruitment and retention, dues collection, membership processing, and any other membership function. These partnership agreements should be targeted to meeting the needs and wants of members and potential members.
- (3) A formal and organized membership promotion program should be implemented that coordinates membership promotion efforts at the county, state, and national levels in terms of both promotional strategy and tactics. Our AMA should work with each state and specialty medical society in order to develop specific membership recruitment and retention targets.
- (4) Membership incentives that make membership attractive at all levels of the Federation and promote cooperation with Federation-wide membership marketing programs should be further developed and improved. The House of Delegates membership outreach program should be expanded to provide incentives to each medical society whose delegation meets or exceeds a previously agreed-upon recruitment target.
- (5) The leadership of the AMA and its constituent organizations should continue to address those circumstances in which they are competing for non-dues revenue, with the goal of allying or merging association efforts whenever feasible and increase total revenue to all organizations.

(Reflects current policies: H-545.930 AMA Membership Strategy, H-545.941 Dues Program for Group Practices, H-545.942 House of Delegates Task Force on Membership, H-555.960 Report of the Task Force on Membership at I-98, H-555.992 Membership and Organizational Structure)

H-635.040 Role of Federation Organizations in Membership Development

- (1) State medical associations and national medical specialty organizations are encouraged to submit to the AMA ideas and concepts that might serve to increase membership growth and communications. (Sub. Res. 613, A-96)
- (2) Every county and state society should have a formal membership recruitment activity.
- (3) All state medical societies, at least once each month, should provide the AMA with an updated membership status report to facilitate the timely delivery of AMA products and services.

(Reflects current policies: H-545.930 AMA Membership Strategy, H-555.967 AMA Membership, and H-555.992 Membership and Organizational Structure)

H-635.041 Membership Provisions in Bylaws of Federation Organizations

Our AMA:

- (1) Urges states medical associations to review and study the membership provisions of their bylaws for the purpose of facilitating the recruitment and retention of members.
- (2) Recommends that state medical associations encourage their component medical societies to review and study the membership provisions of their respective bylaws for the purpose of facilitating the recruitment and retention of members.
- (3) Recommends that studies of state medical association bylaws and component medical society bylaws be coordinated for the purpose of amending and updating the membership provisions of the bylaws, where appropriate, by: (a) removing unnecessary obstructions to membership recruitment and retention; (b) facilitating membership for students, residents, and young physicians; (c) developing efficient mechanisms to evaluate the qualifications of applicants for membership; and (d) providing simplified transfer of membership provisions. (CCB Rep. A, A-91)

(Reflects current policy: H-555.980 Membership Provisions of Constituent and Component Medical Association Bylaws)

H-635.042 Model Bylaws for State and Component Societies

The AMA urges state and component medical associations to review the membership bylaw provisions of component medical societies and recommends that the Model Membership Bylaws for Component Medical Societies set forth below be utilized in the study and review of the component medical society's bylaws.

Section 1. Categories of Membership: (a) Regular Membership. Regular members shall hold the degree of MD or DO or the equivalent and shall be licensed to practice medicine in this state. (b) Young Physician Membership. Regular members who are under 40 years of age or are within the first five years of professional practice after residency and fellowship training programs shall be Young Physician members. (c) Resident Physicians Membership. Physicians licensed in this state who are serving full time in a program of Graduate Medical Education shall be Resident Physician members. (d) Medical Student Membership. Full time students enrolled in a medical or osteopathic school in this state shall be Medical Student members. (e) Other Members.

Section 2. Qualifications for Membership: Members must reside or practice within the jurisdiction of this society. Resident Physician members and Medical Student members must be participating in a Residency program or enrolled in a medical or osteopathic school within the jurisdiction of this society. All members must be of good moral and professional standing and must support the Principles of Medical Ethics of the American Medical Association.

Section 3. Application for Membership: Applicants must request membership in writing on a form prepared by the Membership Committee. (a) The Membership Committee shall review all application forms and verify the information provided. If additional information is needed, the Committee will request that it be provided. (b) The Executive Committee shall grant or deny all applications for membership. In the event of a denial of membership, the applicant shall be advised in writing of the basis for denial and shall be entitled to a prompt hearing before an objective ad hoc committee of Regular Members.

Section 4. Transfer of Membership: (a) A physician transferring from another component society to this society shall be granted membership in this society, without payment of dues for the current year, upon providing evidence of membership in another component society immediately prior to moving into the jurisdiction of this society. (b) A member moving out of the jurisdiction of this society will, upon request, be provided with evidence of membership in this society and such other documents as may be necessary to transfer to another component society. (CCB Rep. C, I-91)

(Reflects current policy: H-555.979 Model Membership Bylaws for Component Medical Societies)

H-635.050 AMA Membership Strategy: Unification

AMA membership strategy on unification includes the following:

- (1) Our AMA supports the development and implementation of additional incentives to encourage unified membership among the members of the Federation. (Res. 42, A-85; Reaffirmed CLRPD Rep. 2-I-95)
- (2) Our AMA will provide all feasible and reasonable services to state associations that seek to maintain or accomplish unified membership. (Sub. Res. 82, A-76; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00)
- (3) No AMA dues increase will apply to any state association for one year following unification. (Sub. Res. 156, A-85; Reaffirmed CLRPD Rep. 2-I-95)

(Reflects current policies: H-555.988 Dues Increase Exemption, H-555.989 AMA Membership, H-555.997 Unified Membership)

H-635.051 AMA Membership Strategy: Direct Membership

Our AMA will maintain direct membership as a viable alternative for the many physicians who may otherwise not join. (BOT Rep. 18-A-97)

(Reflects current policy: H-555.964 Direct Membership in the AMA)

H-635.052 AMA Membership Strategy: Group Practices

The AMA's membership strategy on group practices include the following:

- (1) Our AMA supports activities to increase membership among physicians in large medical group practices, including operation of a liaison program for large medical groups and for national organizations that represent these groups. (CLRPD Rep. A, A-88; Reaffirmed: Sunset Report, I-98)
- (2) Our AMA shall continue to pursue membership development among group practice physicians by working in partnership with state and component medical societies, including specialty societies.
- (3) Our AMA, in partnership with state/component medical societies, has the right to jointly offer group membership to each organization's mutual satisfaction. If, after mutual notification of intentions, our AMA or a state medical society/component medical society is unable to partner, the other may offer its own arrangements to groups.

(Reflects current policies: H-545.941 Dues Program for Group Practices and H-555.983 AMA Membership in Large Group Practices)

H-635.053 AMA Membership Strategy: Osteopathic Medicine

The AMA's membership strategy on osteopathic physicians (DOs) includes the following:

- (1) Our AMA encourages all state societies to accept DOs as members at every level of the Federation;
- (2) Our AMA encourages state societies with schools of osteopathic medicine to support development of Medical Student Sections at those schools. Both the MSS Governing Council and existing MSS chapters in states with osteopathic schools should assist in this effort;
- (3) Our AMA encourages that DO members of the AMA continue to participate in the Member-Get-a-Member program;

- (4) Our AMA will provide recruiters with targeted lists of DO nonmembers upon request;
- (5) Our AMA will include DOs, as appropriate, in direct nonmember mailings; (BOT Rep. 11-I-93); and
- (6) Our AMA will expand its database of information on osteopathic students and doctors.

(Reflects current policy: H-555.970 Osteopathic Physician Membership)

H-635.060 AMA Member Benefits

Our AMA:

- (1) Shall define its products and services, both tangible and intangible, that provide core value to its membership.
- (2) Supports the development of a life-cycle approach to membership recruitment and retention by redesigning the benefits structure to be more responsive to member needs during the various stages of their careers,
- (3) Places special emphasis on the development of life cycle benefits and/or products targeted specifically for AMA members. Ideally, these products - including continuing medical education (CME) activities - should be provided at no cost to dues-paying members and offered to non-members for a fee; if the cost of the product or benefit necessitates charging members for it, it should be available to member physicians at a significantly lower price.
- (4) Supports medical student recruitment efforts by providing a tangible membership benefit linked to the multi-year membership option on a continual annual basis. (Res. 601, I-97)
- (5) Continues its policy of providing specialty journals for those who are in active practice and are otherwise eligible. (Sub. Res. 177, A-90; Reaffirmed: Sunset Report, I-00)
- (6) Shall distribute a copy of the AMA Principles of Medical Ethics to every new AMA member. (Res. 158, A-78; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00)
- (7) Shall investigate the possibility of providing a credit toward the purchase of AMA products or services for those physicians who belong to multiple medical organizations, beyond county, state, and AMA.

(Reflects current policies: H-530.987 Distributing Complimentary Copies of Specialty Journals to Members, H-545.930 AMA Membership Strategy, H-545.942 House of Delegates Task Force on Membership, H-555.960 Report of the Task Force on Membership at I-98, H-555.962 Multi-Year Membership Benefit, H-555.996 Distribution of the Principles of Medical Ethics)

H-635.070 Membership Marketing and Communication

AMA membership marketing and communication activities shall include the following:

- (1) Our AMA shall continue to actively explore and implement, as appropriate, improved communications mechanisms--including expanded use of electronic technology and the feasibility of a one-page written membership alert--to enhance two-way communications between the AMA and its medical student and physician members.
- (2) Our AMA will explore avenues for more active solicitation of general membership opinions on pertinent issues and disseminate summaries of such membership opinions through AMA publications, web-sites and other appropriate communication vehicles.
- (3) The Board of Trustees should investigate and test the "physician ambassador" concept, in which a cadre of physicians would serve on a regional basis to conduct AMA membership recruitment and retention activities among physicians, group practices, medical students and medical organizations.

(Reflects current policies: H-545.930 AMA Membership Strategy, H-545.942 House of Delegates Task Force on Membership, H-555.956 Leadership Communication, and H-555.960 Report of the Task Force on Membership at I-98)

H-635.080 Budgeting for the AMA Membership Life Cycle Strategy

Our AMA annual budget allocation process for membership activities should take into account each step of the physician's life cycle from medical student to retiree and assure that adequate resources are appropriately allocated within the life cycle concept for member recruitment and retention.

(Reflects current policy: H-545.930 AMA Membership Strategy)

H-635.090 Role of AMA Councils and Sections in Membership Promotion

- (1) Our AMA should provide adequate resources to enable the Sections/Special Groups to enhance ongoing communications with their constituencies through a regular print mechanism. Particular emphasis should be placed on the recruitment of medical student members and on ensuring that the transition from medical student member to resident member to young physician member is accomplished as effectively as possible.
- (2) Each AMA Council, Section, Special Group, and organizational unit should define its explicit role in meeting the needs of members, conduct an annual audit of its activities to fulfill this role, and forward the audits to the Board of Trustees for review.
- (3) Our AMA and its component societies will commit to enhancing the functionality of their sections, particularly with regard to the development of active, grassroots membership by our young physicians, residents, medical students, international medical graduates, minorities and women.

(Reflects current policies: H-545.930 AMA Membership Strategy, H-545.942 House of Delegates Task Force on Membership, H-555.960 Report of the Task Force on Membership at I-98)

H-635.100 AMA Membership Categories

- (1) Our AMA, state and county medical societies will evaluate the retired physician membership category and standardize the retired physician membership definition.
- (2) The AMA will work with the Medical Group Management Association and the American Medical Group Association to establish a special category of membership or other mechanisms for medical group administrators which will provide appropriate benefits of AMA membership aimed at facilitating running a medical practice. (Res. 610, A-96)

(Reflects current policies: H-545.930 AMA Membership Strategy and H-555.966 Special Membership Category for Medical Group Administrators)

H-635.110 Membership Application, Billing, and Processing

- (1) Our AMA will create a centralized membership billing and processing unit that will offer services to interested components of the Federation. (Task Force on Membership Rep. 1, A-00)
- (2) Application and billing procedures and the general format and content of application forms should be standardized throughout the Federation and designed to make membership application as easy and convenient as possible. This should include procedures for membership transfers between states, and transition from student member to resident member to regular member.
- (3) A standardized dues billing process throughout the Federation should be adopted. (CLRPD Rep. D, I-80; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmed: Sunset Report, I-00)
- (4) The AMA encourages state and county medical societies to bring any dues billing problems to the immediate attention of AMA staff so the situation can be corrected. (BOT Rep. 47-A-96)
- (5) Wherever possible, our AMA should provide necessary technical assistance to constituent associations seeking to improve their membership recruitment, processing, and billing systems, with particular emphasis on the use of credit cards for dues payment.
- (6) All organizations represented in the House of Delegates should adopt and implement the universal membership application form developed by the Federation Coordination Team and endorsed by the House of Delegates at A-98.
- (7) All state and county medical societies should adopt a dues delinquency date of March 1, effective no later than 2002, in order to be in concert with AMA's dues delinquency date.
- (8) To prevent members from being dropped prior to receiving their first AMA dues bill, the earliest date for the AMA to begin billing of renewals shall be March 1.
- (9) The AMA should offer the direct member option immediately upon a member falling delinquent. (BOT Rep. 5-I-97; Modified: CLRPD Rep. 2-I-00)

(Reflects current policies: H-545.930 AMA Membership Strategy, H-545.942 House of Delegates Task Force on Membership, H-555.957 Membership Processing, H-555.960 Report of the Task Force on Membership at I-98, H-555.961 Membership Delinquency Date, H-555.965 AMA Billing System, and H-555.992 Membership and Organizational Structure)

H-635.120 Dues Strategies

AMA's dues strategies include the following:

- (1) It is the constitutional duty of the AMA House of Delegates to set the membership dues structure: (a) Any reduction of the level of dues within each category of membership can only be done with the approval of the House of Delegates; and (b) The AMA Board of Trustees will actively seek to obtain the cooperation of the state and component medical societies before and during any negotiations on reductions in the level of dues for groups. (Res. 603, A-92; Amended by Task Force on Membership Report 2, A-98)
- (2) Relying upon survey and other relevant data, the AMA Board of Trustees shall determine the dues and benefits of the International membership category. (BOT Rep. 12-I-99)
- (3) For participation in activities related to AMA membership in the year 2002 and beyond, any Federation component choosing to continue to bill and collect AMA dues shall have signed a binding primary partnership agreement with our AMA. A binding primary partnership agreement for AMA membership billing and dues collection shall include the following elements: (i) utilization of our AMA standard membership application; (ii) acceptance of credit card payments for AMA dues; and (iii) agreed-upon performance standards and incentives.
- (4) Our AMA encourages state and local medical societies, and our AMA, to explore new programs, activities and services which can provide meaningful benefits to members, produce additional non-dues income for medical societies, make it possible to hold the line on dues, and provide potentials for increasing physician membership.
- (5) Our AMA commends those medical societies which are endeavoring to hold the line on dues as a responsive action to the needs of their members. (Sub. Res. 91, I-85; Reaffirmed CLRPD Rep. 2-I-95)
- (6) Our AMA and its constituent state and county medical societies should implement a policy whereby, upon written request from a member or appropriate staff member of a medical society, there would be a transfer of prepaid dues to the receiving county or state medical society upon receipt and acceptance of an application for membership transfer, so long as the dues were paid and transfer application received before the calendar/dues year began, or within 31 days thereafter. (Res. 609, A-97)
- (7) Our AMA urges all county and state societies to review their dues structure for medical students so that the total dues for county, state, and AMA membership can be held to a realistic figure;
- (8) Our AMA should develop and implement a dues program specifically designed to bridge the gap caused by the transition from residency into the first years of practice. It should implement multi-year dues options that span the transition periods from student to resident and/or resident to young physician and provide periodic benefits at specific points during the multi-year membership.
- (9) Our AMA membership dues delinquency date is March 1. Direct membership solicitation of dues-delinquent members is appropriate according to the individual Partnership for Growth agreements with state medical societies.
- (10) Our AMA will make a major organizational effort to persuade physicians' employers to allocate funds for professional development and Federation dues. (Res. 620, A-97)

(Reflects current policies: H-530.955 Dues, H-545.930 AMA Membership Strategy, H-555.957 Membership Processing, H-555.959 International Membership Category, H-555.960 Report of the Task Force on Membership at I-98, H-555.963 Policy on Refunds of Prepaid Dues Upon Membership Transfer, H-555.975 Dues Reduction, H-555.987 Enhancing Membership Benefits Through Non-Dues Income, and H-555.993 Student Membership to the State Medical Societies)

H-635.130 Current AMA Dues

- (1) Our Board of Trustees recommends no change to the dues levels for 2001. Our AMA dues levels for 2001 remain as follows:
 - Regular members - \$420
 - Physicians in Their Second Year of Practice - \$315
 - Physicians in Military Service - \$280
 - Physicians in Their First Year of Practice - \$210
 - Physicians in Resident Training - \$45
 - Medical Students - \$20

Members of unified societies in the first four categories above will receive a 10% rebate on their dues for 2001. (June 2000)

- (2) That American Medical Association dues level for 2002 remain as follows:
- Regular members - \$420
 - Physicians in Their Second Year of Practice - \$315
 - Physicians in Military Service - \$280
 - Physicians in Their First Year of Practice - \$210
 - Physicians in Resident Training - \$45
 - Medical Students - \$20

Members of unified societies in the first four categories above will receive a 10% rebate on their dues for 2002. (BOT Rep. 22-A-00; Appended: BOT Rep. 26, A-01)

(Reflects current policy: H-555.958 AMA Dues)

SECTION 640--GOVERNANCE: ADVOCACY AND POLITICAL ACTION

The policies in this section relate to the governance of the American Medical Association. They are a supplement to the AMA Constitution and Bylaws, which set the framework for the structure, operations, and governance of the Association.

H-640.010 Guidelines for Representation of the AMA

Guidelines for the representation of the AMA include: (1) The AMA directs that any individual who is publicly representing the AMA shall not present positions in conflict with established AMA policy. (Res. 605, A-94); and (2) When appropriate, AMA public statements note that AMA policy is formulated by the House of Delegates, whose members represent approximately 90 percent of American physicians, even though a smaller percentage of eligible physicians are currently dues-paying members. (Sub. Res. 605, I-91)

(Reflects current policies: H-530.965 Conduct of Representatives of the American Medical Association and H-545.970 AMA Representation)

H-640.020 Political Action Committees and Contributions

Our AMA:

- (1) Believes that better-informed and more active citizens will result in better legislators, better government, and better health care. (BOT Rep. II, I-83; Reaffirmed: Sunset Report, I-98);
- (2) Encourages AMA members to participate personally in the campaign of their choice and strongly supports physician/family leadership in the campaign process;
- (3) Opposes legislative initiatives that improperly limit individual and collective participation in the democratic process. (Res. 119, A-83; Reaffirmed: Sunset Report, I-98);
- (4) Supports AMPAC's policy to adhere to a No Rigid Litmus Test policy in its assessment and support of political candidates;
- (5) Encourages AMPAC to continue to consider the legislative agenda of the AMA and the recommendations of state medical PACs in its decisions. (Sub. Res. 610, A-99);
- (6) Urges members of the House to reaffirm their commitment to the growth of AMPAC and the state medical PACs;
- (7) Encourages its members who are involved in state PACs to establish a discounted PAC dues membership category for resident physicians and medical students. (Res. 175, A-88; Reaffirmed: Sunset Report, I-98);
- (8) Will continue to work through its constituent societies to achieve a 100 percent rate of contribution to AMPAC by members;
- (9) Calls upon all candidates for public office to refuse contributions from tobacco companies and their subsidiaries. (Res. 610, I-00).

(Reflects current policies: H-565.987 Discouraging Acceptance of Political Contributions from Individuals or Corporations Representing Tobacco Interests, H-565.988 AMPAC Contributions, H-565.994 Candidates for Governmental and Third Party Payor Offices, H-565.995 Reduced Political Action Committee (PAC) Dues for Resident Physicians, H-565.997 Participation in the Political Process through Support of AMPAC, and H-565.999 Limitations on Political Action Committee (PAC) Contributions)

H-640.030 Physicians in Public Office and Third-Party Payors

AMA policy regarding physicians in Congress and public office includes the following:

- (1) Our AMA goes on record as stating that the practice of medicine by a seated member of Congress or other elected official does not by definition constitute a conflict of interest between the physician and his or her patients or any third party payors. (Res. 7, A-98).
- (2) Our AMA shall continue to actively solicit and promote qualified physicians as candidates for public office.
- (3) Our AMA shall encourage qualified physicians to actively seek positions with third-party payors. (Sub. Res. 147, A-90; Reaffirmed: Sunset Report, I-00).

(Reflects current policies: H-565.989 Physicians in Congress and H-565.994 Candidates for Governmental and Third Party Payor Offices)

H-640.040 Lobbying and Grassroots Participation

AMA policy regarding lobbying and grassroots participation includes the following:

- (1) The AMA should (a) develop a plan to expand its grassroots participation of physicians and Alliance members in congressional advocacy both locally and through visitations to Washington, DC; and (b) consider coordinating all Washington, DC, visitation through the AMA Washington Office in the grassroots advocacy plan. (Sub. Res. 86, I-90; Reaffirmed: Sunset Report, I-00).
- (2) Our AMA, in conjunction with state and local medical associations, will assist and encourage physician and spouse voter identification projects as part of efforts to build stronger and more effective key contact programs. (Sub. Res. 216, I-92).
- (3) Rather than developing a program to coordinate on a nationwide level a Doctor's Day in Congress, whereby representatives of each state would send delegations to Washington to meet with their Congressional delegations, the AMA believes that it would be more cost-effective to use appropriate meetings in Washington as the vehicle. Under a new format, the program's content will be dedicated to activities which will enhance communication between the medical profession and members of Congress. In addition, the AMA believes that all AMA-sponsored meetings held in Washington should provide participants with the opportunity for AMA staff briefings and Capitol Hill visits. (BOT Rep. CC, I-90; Reaffirmed: Sunset Report, I-00).
- (4) Our AMA urges state and county medical societies to develop "key physician" contacts to aid the AMA staff in its Washington program. (Res. 72, A-83; Reaffirmed: Sunset Report, I-98).

(Reflects current policies: H-565.991 Physician and Spouse Voter Identification Project, H-565.992 Increase State Participation in Washington Lobbying, H-565.993 Doctor's Day in Congress, H-565.998 "Key Physician")

APPENDIX B - DISPOSITION OF CURRENT GOVERNANCE POLICIES

<i>Current Policy</i>	<i>New Policy(ies) and Disposition</i>
H-325.988	630.070
H-325.989	620.050
H-325.990	620.060
H-325.991	620.050
H-325.992	620.070
H-325.993	620.020
H-325.994	620.020
H-325.995	620.060
H-325.996	620.090
H-325.999	620.080
H-530.941	625.010
H-530.944	630.040
H-530.945	630.050
H-530.946	120.954 (moved and renumbered)
H-530.947	605. 010, 605.020, 605.030, 605.040, 605.060, 605.080, 605.100, 615. 010, 615.020, 615.030, 615.080, 625.020, 630.010, 630.020

<i>Current Policy</i>	<i>New Policy(ies) and Disposition</i>
H-530.948	620.040
H-530.949	630.060
H-530.952	460.915 (moved and renumbered)
H-530.955	635.120
H-530.956	625.020
H-530.957	630.090
H-530.958	620.030
H-530.959	630.070
H-530.960	630.090
H-530.961	630.100
H-530.963	630.110
H-530.964	625.020
H-530.965	640.010
H-530.966	630.091
H-530.969	630.080
H-530.970	630.120
H-530.971	630.090
H-530.973	630.090
H-530.974	600.040, 610.040, 620.060, 630.030
H-530.975	620.060
H-530.976	630.080
H-530.978	620.020, 625.011
H-530.979	630.100
H-530.981	630.041
H-530.982	630.100
H-530.983	630.090
H-530.985	630.130
H-530.986	635.020
H-530.987	635.060
H-530.988	605.030, 605.040, 605.050
H-530.989	630.090
H-530.990	630.120
H-530.993	630.140
H-530.994	630.150
H-530.998	615.005
H-530.999	630.010
H-535.991	Reflected in Bylaws (B-3.508)
H-535.992	605.090
H-535.993	605.050
H-535.994	605.050
H-535.995	605.070
H-535.996	605.040
H-535.997	605.050
H-535.998	605.080
H-535.999	605.040
H-540.986	600.023
H-540.987	615.030
H-540.990	615.040
H-540.991	610.010
H-540.994	615.050
H-540.995	605.050
H-540.996	615.060
H-540.998	615.060
H-540.999	615.070

<i>Current Policy</i>	<i>New Policy(ies) and Disposition</i>
H-545.918	600.130
H-545.919	610.030
H-545.920	600.060
H-545.921	600.024
H-545.922	600.023
H-545.923	600.062
H-545.924	600.023
H-545.925	600.025
H-545.926	600.025
H-545.927	600.060
H-545.928	600.030, 600.031
H-545.929	600.060
H-545.930	600.015, 635.010, 635.020, 635.022, 635.030, 635.040, 635.060, 635.070, 635.080, 635.090, 635.100, 635.110, 635.120
H-545.931	625.020
H-545.932	600.022
H-545.933	600.061
H-545.934	600.062
H-545.936	630.140
H-545.937	600.071
H-545.938	600.040
H-545.939	600.025
H-545.940	600.130
H-545.941	635.030, 635.052
H-545.942	600.031, (1) 625.011, 635.010, 635.030, 635.060, 635.070, 635.090, 635.110
H-545.946	600.030
H-545.949	600.100
H-545.950	605.050
H-545.952	620.060
H-545.955	600.063
H-545.956	600.040
H-545.957	620.020
H-545.959	600.021
H-545.960	620.041
H-545.961	610.010
H-545.962	600.071
H-545.964	600.111
H-545.965	600.130
H-545.967	600.090
H-545.969	600.050
H-545.970	640.010
H-545.972	600.060
H-545.974	600.060
H-545.977	600.130
H-545.978	600.071
H-545.981	600.110
H-545.983	600.030, 635.120
H-545.984	600.020
H-545.985	600.120
H-545.986	635.020
H-545.987	600.110
H-545.988	600.060
H-545.989	600.080
H-545.991	600.063

<i>Current Policy</i>	<i>New Policy(ies) and Disposition</i>
H-545.992	600.040
H-545.994	600.010, 600.040, 600.050
H-545.995	610.020
H-545.996	600.070
H-545.997	610.030
H-545.999	600.120
H-550.989	615.090
H-550.990	615.100
H-550.991	615.100
H-550.992	610.020
H-550.993	Reflected in Bylaws (B-7.423)
H-550.994	620.050
H-550.995	615.100
H-550.996	620.050
H-550.997	620.080
H-550.998	620.050
H-550.999	615.110
H-555.956	635.070
H-555.957	635.110, 635.120
H-555.958	635.130
H-555.959	(3) 635.120, (1)(2) Reflected in Bylaws (B-1.15)
H-555.960	635.010, 635.020, 635.030, 635.060, 635.070, 635.090, 635.110, 635.120
H-555.961	635.110
H-555.962	635.060
H-555.963	635.120
H-555.964	635.051
H-555.965	635.110
H-555.966	635.100
H-555.967	635.040
H-555.968	600.015
H-555.969	Directive that has been accomplished.
H-555.970	635.053
H-555.973	Reflected in Bylaws (B-1.50)
H-555.975	635.120
H-555.977	635.020
H-555.979	635.042
H-555.980	635.041
H-555.982	635.021
H-555.983	635.052
H-555.984	635.024
H-555.987	635.120
H-555.988	635.050
H-555.989	635.050
H-555.992	635.030, 635.110
H-555.993	635.020, 635.120
H-555.996	635.060
H-555.997	610.030 (reflected in this policy)
H-560.992	610.020
H-560.993	610.020
H-560.995	630.110
H-560.996	610.010, 610.020, 610.030
H-560.997	610.030
H-560.999	610.020, 610.030
H-565.987	640.020

<i>Current Policy</i>	<i>New Policy(ies) and Disposition</i>
H-565.988	640.020
H-565.989	640.030
H-565.991	Directive that has been accomplished.
H-565.991	640.040
H-565.992	640.040
H-565.993	640.040
H-565.994	640.020, 640.030
H-565.995	640.020
H-565.997	640.020
H-565.998	640.040
H-565.999	640.020
H-570.994	620.040
H-570.995	620.040
H-570.996	635.023
H-570.997	620.010
H-570.998	620.042
H-570.999	600.060

4. HOUSE ELECTION PROCESS

HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS AND REMAINDER OF REPORT FILED

BACKGROUND

At its 1999 Interim Meeting, the American Medical Association House of Delegates considered Resolution 611, "AMA Election Procedures," and Resolution 613, "AMA Election Process." Resolution 611 focused on the time and costs required to campaign for elected positions in the AMA. Resolution 613 argued that certain practices, such as bloc voting and vote trading, subvert the democratic process.

Ultimately, Reference Committee F recommended and the House adopted the following Substitute Resolution 611:

That the American Medical Association House of Delegates ask the Council on Long Range Planning and Development (CLRPD) and the Speaker to study the election process in the House of Delegates and report back to the House of Delegates by I-2000.

At the 2000 Annual Meeting, the Council presented CLRPD Report 8-A-00, "AMA Election Process." That report focused on the question of whether seated council members with unexpired terms have an unfair advantage in running for other positions. As suggested by Reference Committee F, the House referred CLRPD Report 8 to the Board of Trustees for consideration by the CLRPD.

Since the 2000 Annual Meeting, the Council has continued to analyze the AMA election process and consider how to respond to Substitute Resolution 611 (I-99) and referred CLRPD Report 8-A-00. This report presents the CLRPD's findings and recommendations on the AMA election process.

FOCUS OF THE STUDY

Substitute Resolution 611 (A-99) calls for a study of the "election process in the House of Delegates." After consulting with the Speakers, the CLRPD determined that the scope of its study should include the following:

- Election of AMA Trustees (except for the Medical Student Member of the Board);
- Election of AMA Officers (President-Elect, Vice Speaker, and Speaker); and
- Election of members of the elected AMA Councils.

CONCERNS

To identify the nature of the concerns about the House's elections, the CLRPD:

- Reviewed Resolutions 611 and 613 and considered the testimony that was presented on those two resolutions to Reference Committee F at the 1999 Interim Meeting;
- Reviewed the testimony that was presented on CLRPD Report 8, "AMA Election Process" to Reference Committee F at the 2000 Annual Meeting;
- Analyzed the results of the Speakers' survey (at the 2000 Interim Meeting) of the House on ways to shorten the meetings of the AMA House; and
- Consulted with the Speakers and with numerous delegates and alternate delegates about the House's election processes.

Based on this material and input, the CLRPD identified three pervasive perceptions about the House's elections:

1. Elections are too expensive;
2. Elections take too much of the House's time and attention; and
3. Elections are distorted, on occasion, by certain electioneering tactics.

As background for its investigation of the validity of these perceptions, the Council collected AMA policy and guidelines on House elections and organized the material under the following headings:

- *Eligibility Requirements.* These policies establish the characteristics of the individuals who are eligible to be nominated and elected to the positions that are filled through the election processes of the House. Requirements include the following:
 - A general officer must have been an active member of the AMA for two years immediately prior to election; and
 - Council members must be active members of the AMA.
- *Nominations.* These policies and guidelines establish the process through which individuals are nominated to run in House elections. Guidelines on nominations include the following:
 - The AMA Board solicits nominations for positions on the elected AMA Councils and presents those nominations at the opening session of the Annual Meeting of the House;
 - The President-Elect nominates individuals to serve on the Council on Ethical and Judicial Affairs;
 - A selection committee, comprised of members of the House and the Board, submits a nomination to the House for the position of the public member of the AMA Board of Trustees; and
 - Nominations for other general officer positions are made by members of the House at the opening session of the Annual Meeting of the House.

Note that only one individual is nominated for the position of public member of the Board and only one individual is nominated for each opening on the Council on Ethical and Judicial Affairs. Consequently, the House's elections of the individuals to fill these positions typically are not contested elections.

- *Campaigning.* These policies establish the approaches that candidates can employ in campaigning for positions that are filled through House elections. In large part, these policies focus on constraining the time and resources that can be devoted to campaigning. They also contain a number of provisions that help "level the playing field" for candidates who are sponsored by small societies with limited resources.
- *Definition of the Electorate.* These policies establish who is eligible to vote in House elections. Only delegates and temporary substitute delegates are eligible to cast votes in House elections.
- *Election Processes.* These policies establish the processes used to conduct House elections.

- *Guiding Principles for House Elections.* Policies in this section should provide guidance on who should run for positions, what constitutes appropriate campaigning, and the approach delegates should use in deciding how to cast their votes. The CLRPD found very few policies that could be considered to be guiding principles for House elections.

The complete collection of policies and guidelines on House elections is presented in the appendix to this report.

THE FINANCIAL COSTS OF HOUSE ELECTIONS

In their comments to CLRPD members and in their responses to the Speakers' survey on shortening the meetings, a number of delegates and alternate delegates expressed the following concerns about the costs associated with House elections:

- The amount of campaign spending undertaken by some delegations and Federation organizations may represent a diversion of members' dues away from accomplishing the missions of Federation organizations;
- The amount of campaign spending undertaken by some delegations and Federation organizations may distort House elections; candidates sponsored by large, well-funded Federation organizations may have an unfair advantage over candidates sponsored by small, less-well-funded Federation organizations; and
- Some organizations circumvent the spirit of the House's limits on campaign spending by holding "private parties" for candidates.

The Council finds the willingness of Federation organizations to provide substantial financial support to the campaigns of their members for AMA positions to be somewhat surprising. Only limited benefits accrue to a Federation organization as a result of one of its members serving in an AMA leadership position. Nevertheless, experience shows that some Federation organizations are willing to spend significant amounts of money to get their members elected to AMA leadership positions.

The CLRPD urges all Federation organizations to consider the balance that should be achieved between spending members' dues to achieve their organizational missions and supporting the political campaigns of their members. The Council believes all Federation organizations should establish clear guidelines on how much support they should provide to the political campaigns of their members.

As described in Board Report 23-A-01, "Shortening AMA House of Delegates Meetings," the Speakers are aware of the need to constrain the cost of conducting the House elections. For example, the Speakers are committed to using electronic balloting only when it is cost-effective.

As evident from the number of House policies on campaigning (see the appendix to this report), the House has already instituted a number of constraints on campaign spending and has established procedures that ensure that all candidates have opportunities to present their qualifications and positions to AMA delegates and delegations. The CLRPD's assessment is that the House policies on campaigning and the efforts of the Speakers to constrain the costs of conducting House elections are responsive to the concerns about the costs of House elections. The Council does not believe that additional policies on campaign expenditures are needed. What is needed is strict adherence by candidates and their sponsoring organizations to both the requirements and the spirit of House policy on campaigning and campaign spending.

DISTRACTIONS FROM THE HOUSE'S PRIMARY FUNCTIONS

In their comments to CLRPD members and in their responses to the Speakers' survey on shortening meetings, a number of delegates and alternate delegates expressed the view that House elections divert too much of the attention of delegates away from the many important policy issues that are before them at AMA Annual Meetings. Several individuals observed that some delegations seem to spend almost all of their time at Annual Meetings focused on getting their candidates elected. Others commented that the House seems overly concerned with its elections and that this focus on internal politics leads to skepticism, both inside and outside of the AMA, about the purpose and mission of the Association.

The responses to the following two questions in the Speakers' survey of the House indicate that delegates and alternate delegates are about evenly split about whether or not the time devoted to elections and candidate speeches should be reduced.

1. Overall, do you believe the amount of time devoted to elections:
 - Is about right (45.2% of respondents selected this response);
 - Could/should be reduced (54.1% selected this response); or
 - Could/should be increased (0.6% selected this response)

2. Do you believe the time devoted to candidate speeches during the House opening session (Officer and Board positions only):
 - Is about right (50.8% selected this response)
 - Could/should be decreased (48.3% selected this response)
 - Could/should be increased (0.9% selected this response)

Nevertheless, 68.6% of the respondents to the Speakers' survey supported moving the timing of the House elections from Wednesday to earlier in the meetings. Accordingly, the Speakers recommended, through Board Report 23-A-01, that House elections be held on Tuesdays of the AMA Annual Meetings. In response to that recommendation, the House established the following policy:

H-545.919, "Shortening AMA House of Delegates Meetings" - House of Delegates elections shall occur on Tuesday at each Annual Meeting, beginning in 2002. (AMA Policy Database)

The CLRPD's assessment is that concerns about House elections diverting the attention of the House away from policy development are probably justified. However, a critical part of the responsibility of the House is the selection of effective leadership for the Association. To fulfill this responsibility, the House must allocate time to interviewing and listening to candidates and to selecting AMA leaders. Consequently, the Council is opposed to approaches such as conducting the House elections by mail (or e-mail) or holding the House elections during the opening session of the Annual Meetings of the AMA House. These sorts of approaches would disadvantage candidates who are sponsored by small Federation organizations that have limited funds to support campaigning activities.

The Council believes that the Speakers are addressing concerns about the amount of time that House's election processes consume. As mentioned above, the timing of the elections has been shifted from Wednesday to Tuesday of Annual Meetings. The Speakers also are considering other ways to reduce the time allocated to House elections without adversely affecting the quantity and quality of information about the qualifications of candidates.

THE FAIRNESS OF HOUSE ELECTIONS

During discussion of Substitute Resolution 611 (I-99) with delegates and others, the Council heard significant concern that House elections are distorted, on occasion, by certain electioneering tactics. The Council heard numerous anecdotes that suggested that practices such as vote trading and bloc voting have distorted some House elections. Vote trading is a tactic that involves two or more delegations agreeing to vote for each other's candidates in the current elections or in future elections. Bloc voting is an approach in which all of the delegates in a delegation agree to vote for a particular candidate or set of candidates.

The comments that delegates and alternate delegates appended to the Speakers' survey of the House and the comments that they made to members of the CLRPD indicate that there is a pervasive perception that vote trading and bloc voting do occur and that they distort House elections. Some of the comments indicate a substantial amount of cynicism about the outcomes of House elections. The CLRPD's view is that the perception of unfairness is as important as the reality of unfairness because individuals act on the basis of their perceptions. Consequently, steps must be taken to assure members, delegates, alternate delegates, and others that House elections are conducted in a fair and democratic manner.

Delegates, alternate delegates, and others told the CLRPD that incumbency is given too much weight and the tendency of the House to re-elect incumbents leads to skepticism about the outcomes of House elections. The Council acknowledges that incumbents are usually re-elected. However, re-election of incumbents does not necessarily indicate a problem with the House's elections. Relative to their challengers, incumbents usually have more experience and greater visibility with the House.

The CLRPD does agree, however, that incumbency in itself is not a good reason to re-elect an individual. One of the reasons that the Council supported changing the term of service on the Board and the elected councils from 3 to 4 years was to give the House a better opportunity to evaluate the performance of incumbents and decide whether they should be re-elected. Further, consistent with the concept that House elections should be democratic, the CLRPD believes that incumbents should face challengers for re-election to their positions.

Another concern about House elections is the “unwritten rule” that election to a certain AMA leadership position assures election to another AMA leadership position. The Council believes that selection of an individual to serve in a particular AMA leadership position should be for that position alone and not to some subsequent position.

Finally, the Council heard complaints that seated council members with unexpired terms have an unfair advantage over other candidates in running for positions on the Board or for the positions of Speaker/Vice Speaker. The argument is that members of a delegation might vote for a seated council member who is running for another position in order to “open up” a council position for a member of the delegation. In CLRPD Report 8-A-00, the Council addressed this concern. The CLRPD recommended that seated council members be required to resign their council positions in order to run for positions on the AMA Board or for the positions of Vice Speaker or Speaker of the House. Testimony to Reference Committee F on that recommendation was mixed because of questions about the “mechanics” of the proposal and a concern that the approach could lead to the AMA losing the services of talented and experienced leaders. As suggested by Reference Committee F, the House referred the recommendations in the CLRPD Report 8 to the Board of Trustees for consideration by the CLRPD. Comments made to CLRPD members by delegates and alternate delegates at the 2000 Annual Meeting indicated continuing concern about the fairness of House elections, but less concern about the fairness of council members with unexpired terms running for other leadership positions.

STRATEGY TO ENHANCE THE HOUSE’S ELECTION PROCESS

The CLRPD considered a variety of approaches to ensuring the fairness of House elections. After much discussion, the Council decided that the best approach would be to recommend that the House endorse a set of guiding principles for House elections.

The Council recognizes that a formal mechanism to enforce such principles does not exist. However, attempts to employ inappropriate electioneering tactics such as vote trading and bloc voting will be very evident to the members of the House. Delegates (and temporary substitute delegates) can enforce the principles by choosing not to vote for candidates whose sponsoring organizations violate the principles. Consequently, the Council is convinced that the establishment of guiding principles for House election will have the effect of restoring faith in the fairness of House elections.

The Council also sees merit in holding a “candidates forum” at each Annual Meeting of the House. Such forums could provide delegates with an excellent opportunity to find out about the qualifications of candidates for elected positions in the AMA. If the candidates forum can serve as a substitute for candidate interviews by delegations and caucuses, the result could be better access to information about candidates with less total time spent on candidate interviews. Consequently, the CLRPD suggests that the Speakers of the House give consideration to establishing a candidates forum in order to determine if the approach can enhance the House’s election processes.

Holding a candidates forum during AMA Annual Meetings received a substantial amount of support from the delegates and alternate delegates who responded to the Speakers’ survey of the House. About 71% of the respondents expressed support for a candidates forum.

SUMMARY OF CLRPD’S FINDINGS AND SUGGESTIONS

The CLRPD identified three pervasive perceptions about House elections:

1. Elections are too expensive;
2. Elections take too much of the House’s time and attention; and
3. Elections are distorted, on occasion, by certain electioneering tactics.

The AMA has established a substantial amount of policy to limit the costs of House elections and to ensure that candidates sponsored by small, poorly funded are not unduly disadvantaged. In the opinion of the CLRPD, the House has already responded adequately to concerns about the costs of House elections. What is needed at this point is for candidates and their sponsoring organizations to comply with both the spirit and the requirements of House policy on campaign spending.

The Council found merit in the view that House elections take up too much of the House's time and attention. The recent policy that moves House elections from Wednesday to Tuesday of Annual Meetings should ameliorate the problem. Further, the Speakers are continuing to work on ways to reduce the time allocated to elections without adversely affecting the quality and quantity of information available to delegates about the qualifications of candidates. The CLRPD suggests that consideration be given to holding a candidate forum at upcoming Annual Meetings to determine if the approach can improve access to information about the qualifications of candidates while reducing the total amount of time allocated to candidate interviews.

The Council discovered a perception that certain electioneering tactics have had an inappropriate influence in some House elections. This perception has resulted in a certain amount of genuine cynicism about the fairness and outcomes of House elections.

The Council is concerned that this perception engenders skepticism about the leadership of the AMA and leads to apathy with regard to membership and participation in the AMA. Equally important is the possibility this perception could negatively influence the long-run success and viability of the Association. Steps must be taken to restore and ensure faith in the fairness of House elections. Accordingly, the Council believes that the House should establish a set of guiding principles for how House elections should be conducted and delegates should hold candidates and their sponsoring organizations accountable for complying with those guiding principles.

RECOMMENDATIONS

The Council on Long Range Planning and Development proposes that the AMA House of Delegates adopt the following recommendations and that the remainder of this report be filed:

1. That the American Medical Association House of Delegates adopt the following policy position:

Guiding Principles for House Elections

The following principles provide guidance on how House 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 House 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 House of Delegates 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.
2. That the Guiding Principles for House Elections, as described above, be included in the AMA Election Manual that is distributed before each Annual Meeting of the AMA House of Delegates.
 3. That the AMA House of Delegates urge the Speakers of the House to organize and schedule candidates forums at upcoming Annual Meetings in order to determine if candidates forums can enhance the House's election process.

APPENDIX - AMA POLICIES AND GUIDELINES ON HOUSE ELECTIONS

INTRODUCTION

Officers, Trustees, and four Councils are elected by the House of Delegates at the Annual Meeting. This democratic process allows the delegates ample opportunity to become acquainted with the candidates and their views. Nominations for these offices are widely solicited throughout the Federation. The campaigns are often spirited and are conducted under rules established by the House, which are modified from time to time. The elections are by secret ballot and are under the supervision of the Convention Committee on Rules and Credentials and the Chief Teller, who are appointed by the Speaker and Vice Speaker. (15th Edition of the AMA Election Manual)

ELIGIBILITY REQUIREMENTS (from the AMA Bylaws)

3.00 General Officers

3.20 Qualifications. A general officer, except the public member, must have been an active member of the AMA for at least two years immediately prior to election. The public member shall be an individual who does not possess the degree of Doctor of Medicine or its equivalent, and who is not a medical student. The Chair of the Board of Trustees is not eligible for election as President-Elect until the Annual Meeting following completion of the term as Chair of the Board of Trustees. The Speaker and Vice Speaker of the House shall be elected from among the members of the House.

2.431 Temporary Substitute Delegate....The temporary substitute delegate shall not be eligible for nomination or election as Speaker or Vice Speaker of the House of Delegates.

6.10 Council on Constitution and Bylaws.

6.102 Membership. The Council on Constitution and Bylaws shall consist of the following:

6.1021 Seven active members of the AMA, one of whom shall be a resident/fellow physician. These members of the Council shall be elected by the House of Delegates. The Board of Trustees shall nominate two or more eligible members for each vacancy on the Council, and further nominations may be made from the floor of the House.

6.20 Council on Medical Education.

6.202 Membership. The Council on Medical Education shall consist of the following:

6.2021 Eleven active members of the AMA, at least one of whom shall be a private practitioner of medicine who is not a salaried faculty member of a medical school, and one of whom shall be a resident/fellow physician. These members of the Council shall be elected by the House of Delegates. The Board of Trustees shall nominate two or more eligible members for each vacancy on the Council, and further nominations may be made from the floor of the House.

6.30 Council on Medical Service.

6.302 Membership. The Council on Medical Service shall consist of the following:

6.3021 Eleven active members of the AMA, one of whom shall be a resident/fellow physician. These members of the Council shall be elected by the House of Delegates. The Board of Trustees shall nominate two or more eligible members for each vacancy on the Council, and further nominations may be made from the floor of the House.

6.40 Council on Ethical and Judicial Affairs.

6.405 Membership. The Council on Ethical and Judicial Affairs shall consist of nine active members of the American Medical Association, including one resident/fellow physician member and one medical student member. Members elected to the Council on Ethical and Judicial Affairs shall resign all other positions held by them in the AMA upon their election to the Council. No member, while serving on the Council on Ethical and Judicial Affairs, shall be a delegate or an alternate delegate to the House of Delegates, or a General Officer of the AMA, or serve on any other council, committee or as representative to or Governing Council member of a Section of the AMA.

6.70 Council on Scientific Affairs.

6.702 Membership. The Council on Scientific Affairs shall consist of the following:

6.7021 Eleven active members of the AMA, one of whom shall be a resident/fellow physician. These members of the Council shall be elected by the House of Delegates. The Board of Trustees shall nominate two or more eligible members for each vacancy on the Council, and further nominations may be made from the floor of the House.

NOMINATIONS

The Speakers' General Guidelines

The Board of Trustees solicits nominations for the four elected Councils twice a year. They are the Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Scientific Affairs. The deadline for receipt of nominations is usually mid-January of each year, so that the Board can consider the nominations at its February meeting. Once the nominees are notified and have agreed to seek office, the campaigns begin. (15th Edition of the AMA Election Manual)

Officers and Trustees are nominated by their sponsoring societies during the Opening Session of the Annual Meeting; they are not nominated by the Nominating Committee of the Board of Trustees. Officer and Trustee candidates, however, usually announce their intention to seek office well in advance of the Annual Meeting either by distributing an announcement to the delegates on the last day of the Annual or Interim Meeting or by a general mailing to the delegates and alternate delegates between meetings of the House. 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. (15th Edition of the AMA Election Manual)

Officers and Trustees are nominated by their sponsoring societies during the Opening Session of the Annual Meeting; they are not nominated by the Nominating Committee of the Board of Trustees. Officer and Trustee candidates, however, usually announce their intention to seek office well in advance of the Annual Meeting either by distributing an announcement to the delegates on the last day of the Annual or Interim Meeting or by a general mailing to the delegates and alternate delegates between meetings of the House. 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. (15th Edition of the AMA Election Manual)

*Bylaws Requirements***3.00 General Officers**

3.30 Nominations. Nominations for officers, except for Secretary-Treasurer and the public member of the Board of Trustees, shall be made from the floor by a member of the House of Delegates. Where candidates for office are unopposed, except for the office of President-Elect, there will be no nominating speeches. A nominating speech shall not exceed two minutes.

6.40 Council on Ethical and Judicial Affairs.

6.406 Nomination and Election. The full-term members of the Council shall be elected by the House of Delegates on nomination by the President-Elect who assumes the office of President at the conclusion of the meeting. State medical associations, national medical specialty societies, Sections of the AMA, and other organizations represented in the AMA House of Delegates, and members of the Board of Trustees may submit the names and qualifications of candidates for consideration by the President-Elect.

2.75 Selection Committee for the Public Member of the Board of Trustees.

2.756 Nomination. The Selection Committee shall submit to the House of Delegates a nomination for the public member position on the Board of Trustees. The initial nomination shall be submitted for consideration at the 2002 Annual Meeting. Subsequent nominations shall be submitted for consideration prior to the expiration of the public member's term. The nomination shall include the qualifications of the nominee. State medical associations, national medical specialty societies, Sections of the AMA, other organizations represented in the AMA House of Delegates, individual members of the House of Delegates and members of the Board of Trustees may submit the names and qualifications of nominees for consideration by the Selection Committee. The Selection Committee shall solicit nominees and investigate the qualifications of persons considered as nominees.

House of Delegates Policy

H-545.961 Eliminating Nominating Speeches for Unopposed Candidates. Nominating speeches for unopposed candidates for office in the American Medical Association be eliminated, except for President-elect. (Res. 616, I-95)

CAMPAIGNING

The Speakers' Guidelines on Campaigning

The Speaker has determined the following expense limitations for campaign related giveaways. (1) 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. (2) Each candidate is limited to spending no more than one dollar (\$1.00) 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 2001, the states, specialty societies, government services and sections are allocated 547 delegates and 547 alternate delegates for a total spending limit of \$1094. 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.

The Speaker has directed that the Office of the Speaker arrange a system for scheduling candidate interview as follows: (1) Interviews will be scheduled from 6:00 p.m. Friday up to 6:00 p.m. Tuesday, the night before the election. On these days interview sessions may be scheduled from 7:00 a.m. up until 9:00 p.m. except for times when the House of Delegates or Reference Committees are in session and except for when the usual hospitality suites are open. (2) Interviews for Officer and Trustee 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 Speaker's Office will prepare and distribute the initial schedule according to the House action. Adjustments or revisions should be arranged with the caucus staff and/or other candidates affected. (*Comment: At its 2001 Annual Meeting, the AMA House changed the day of HOD elections to Tuesday of the Annual Meeting. Consequently, the schedule for candidate interviews will have to be adjusted accordingly.*) (15th Edition of the AMA Election Manual)

House of Delegates Policy

H-560.992 Revision of Rules Governing Campaigns and Elections. Our AMA has adopted the following campaign and election guidelines: (1) Publication of the AMA Election Manual should be continued. (2) Publication of candidate interviews in *AMNews* will be featured prior to AMA elections. (3) No campaign literature shall be distributed after the opening session of the House of Delegates. (4) Campaign memorabilia shall be limited to either a button, pin, sticker or other low cost item, the cost of which shall be determined by the Speaker of the House. No other campaign memorabilia shall be distributed at any time. (5) The Speaker's office will coordinate the scheduling of candidate interviews for general officer positions (Trustees, President-Elect, Speaker and Vice Speaker). (Special Committee on Campaign and Elections, I-96)

H-560.993 Code of Conduct for Candidates. The following election guidelines will be followed: (1) There should be no formal campaign activities during the Interim Meeting. This would not preclude distribution of a declaration of candidacy on the last day of the Annual 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. (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. 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 coalition to one big party 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. (3) Displays of campaign posters, signs, and literature in public areas of the hotel in which Annual Meetings are held are prohibited. 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 folder for members of the House of Delegates. (4) A reduction in the volume of telephone calls from candidates, literature, and letters by or on behalf of candidates should be encouraged. The Election Manual was initiated as a mechanism to reduce the number of telephone calls and mailings members of the House of Delegates 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 House of Delegates and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings. (5) Campaign gifts can be distributed at only the Annual Meeting in the non-official business folder 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. (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. (CCRC Special Report, I-92; CCRC Special Report I-93; Reaffirmed Special Committee Report on Campaigns and Elections, I-96; Special Committee on Campaigns and Elections, A-97)

H-560.996 AMA Election Process. Our AMA recommends that: (1) a prototype campaign manual containing information on all candidates for election be developed; (2) the announcement of the Council nominations and the official ballot list candidates in alphabetical order by name only; and... (Special Committee Report, A-86; Amended by Sunset Report, I-96; Amended: Rep. of the Special Advisory Committee to the Speaker of the HOD, I-99)

H-560.999 AMA Election Process. (1) Campaign expenditures and activities should be limited to prudent and reasonable levels necessary for adequate candidate exposure to the delegates. (2) Campaign related expenditures and activities at the Interim Meeting should be discouraged and there should be no large campaign receptions or campaign luncheons at the Interim Meeting. (3) The Speaker of the House should meet with all announced candidates and campaign managers at each meeting of the House of Delegates to agree on general campaign procedures.... (CLRPD Rep. E, I-80; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmed: Sunset Report, I-00)

H-550.992 Election Campaigns. It is the policy of the AMA that: (1) There should be no formal campaign activities during the Interim Meeting. This would not preclude distribution of a declaration of candidacy on the last day of the Annual 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. (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 the society or coalition. 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 coalition to one big party irrespective of the number

of candidates from that society or coalition. (3) Displays of campaign posters, signs, and literature in public areas of the hotel in which Annual Meetings are held are prohibited. 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 folder for members of the House of Delegates. (4) A reduction in the volume of telephone calls from candidates, literature and letters by or on behalf of candidates should be encouraged. The Election Manual was initiated as a mechanism to reduce the number of telephone calls and mailings members of the House of Delegates 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 House of Delegates and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings. (5) Campaign gifts can be distributed only at the Annual Meeting in the non-official business folder 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. (CCRC Special Report, I-92)

DEFINITION OF THE ELECTORATE

Speakers' Guidelines on the Electorate

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. (15th Edition of the AMA Election Manual)

Bylaws Requirements

2.146 Other. The alternate delegate is not a “member of the House of Delegates” as that term is used in these Bylaws. Accordingly, an alternate delegate may not introduce resolutions into the House of Delegates, may not vote in any election conducted by the House of Delegates, nor vote when any matter is to be decided by written ballot. An alternate delegate is not eligible for nomination or election as Speaker or Vice Speaker of the House of Delegates. The alternate delegate must immediately relinquish his or her position on the floor of the House of Delegates upon the request of the delegate for whom the alternate delegate is substituting.

2.431 Temporary Substitute Delegate....Such temporary substitute delegate shall have all of the rights and privileges of a delegate while serving as a temporary substitute delegate, including the right to vote by ballot and to vote in any election conducted by the House of Delegates....

ELECTION PROCESSES

Speakers' Guidelines on the Processes Used for House Elections

The AMA elections are held on Wednesday of the Annual Meeting from 7:30 a.m. to 8:45 a.m. under the supervision of the Convention Committee on Rules and Credentials and the Chief Teller. (*Comment: At its 2001 Annual Meeting, the AMA House changed the day of House elections to Tuesday of the Annual Meeting. Consequently, this guideline will have to be adjusted accordingly.*) 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 House. AMA Bylaws dictate that if three or more members of the Board of Trustees 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 Board 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. (15th Edition of the AMA Election Manual)

Bylaws Requirements

3.40 Elections.

3.41 Time of Election. Officers of the AMA, except the Secretary-Treasurer and the medical student member of the Board of Trustees shall be elected by the House of Delegates at the Annual Meeting, except as provided in 3.60 and 3.70. On recommendation of the Committee on Rules and Credentials, the House shall set the day and hour of such election by adopting an appropriate motion.

3.42 Method of Election. Where there is no contest, a majority vote without ballot shall elect. All other elections shall be by ballot.

3.421 Trustees, Other Than the Young Physician Member and the Resident/Fellow Physician Member, and the Public Member, to be Elected for Full Four Year Term.

3.4211 First Ballot. All nominees for the office of Trustee for a full term of four years shall be listed alphabetically on a single ballot. Each elector shall have as many votes as the number of Trustees to be elected, and each vote must be cast for a different nominee. No ballot shall be counted if it contains fewer or more votes than the number of Trustees to be elected, or if the ballot contains more than one vote for any nominee. A nominee shall be elected if he or she has received a vote on a majority of the legal ballots cast and is one of the nominees receiving the largest number of votes within the number of Trustees to be elected.

3.4212 Run-Off Ballot. A run-off election shall be held to fill any vacancy not filled because of a tie vote.

3.4213 Subsequent Ballots. If all vacancies for Trustees are not filled on the first ballot and three or more Trustees are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. When two or fewer Trustees are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are Trustees yet to be elected, and must cast each vote for different nominees. This procedure shall be repeated until all vacancies have been filled.

3.422 Trustees, Other Than the Young Physician Member, the Resident/Fellow Physician Member, and the Public Member, to be Elected to Fill Vacancies after a Prior Ballot. The nomination and election of Trustees to fill a vacancy that did not exist at the time of the prior ballot shall be held after election of other Trustees and shall follow the same procedure. Individuals so elected shall be elected to a complete four-year term of office. Unsuccessful candidates in any election for Trustee, other than the young physician member and the resident/fellow physician member, shall automatically be nominated for subsequent elections until all Trustees have been elected. In addition, nominations from the floor shall be accepted.

- 3.423 Young Physician Member and Resident/Fellow Physician Member of the Board of Trustees and all Other Officers, except the Public Member.** The young physician member and the resident/fellow physician member of the Board of Trustees and all other officers shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominee receiving the lowest number of votes shall be eliminated from consideration, except where there is a tie for the lowest number of votes, and a new ballot is taken. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.
- 3.424 Public Member.** The public member shall be elected separately. The nomination for the public member shall be submitted to the House of Delegates by the Selection Committee for the Public Member of the Board of Trustees. Nominations from the floor shall not be accepted. A majority vote shall be necessary to elect.
- 6.80 Method of Election.** (*note: for AMA Councils*)
- 6.801** Members of the Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service and Council on Scientific Affairs shall be elected by the following method:
- 6.8011 Separate Election.** The resident physician member of these Councils, as well as the private practitioner of medicine who is not a salaried faculty member of a medical school on the Council on Medical Education shall each be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominee receiving the lowest number of votes shall be eliminated from consideration, except where there is a tie for the lowest number of votes, and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.
- 6.8012 Other Council Members to be Elected for a Full Term.** With reference to each such Council, all nominees for election shall be listed alphabetically on a single ballot. Each elector shall have as many votes as there are members to be elected and each vote must be cast for a different nominee. No ballot shall be counted if it contains fewer votes or more votes than the number of members to be elected, or if the ballot contains more than one vote for any nominee. A nominee shall be elected if he or she has received a vote on a majority of the legal ballots cast and is one of the nominees receiving the largest number of votes within the number of Members to be elected.
- 6.8013 Run-Off Ballot.** A run-off election shall be held to fill any vacancy which cannot be filled because of a tie vote.
- 6.8014 Subsequent Ballots.** If all vacancies are not filled on the first ballot and three or more members of the Council are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be 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. When two or fewer members of the Council are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are members of the Council yet to be elected, and must cast each vote for a different nominee. This procedure shall be repeated until all vacancies have been filled.

6.8015 Council Members to be Elected to Fill Vacancies after a Prior Ballot. With reference to each such Council, the nomination and election of members of the Council to fill a vacancy that did not exist at the time of the prior ballot shall be held after election of other members of the Council, and shall follow the same procedure. Individuals elected to such vacancy shall be elected to a complete four year term. Unsuccessful candidates in the election for members of the Council for a full term shall automatically be nominated for subsequent elections to fill any such vacancy until all members of the Council have been elected. In addition, nominations from the floor shall be accepted.

House of Delegates Policy

H-545.919 Shortening AMA House of Delegates Meetings. House of Delegates elections shall occur on Tuesday at each Annual Meeting, beginning in 2002. (BOT Rep. 23-A-01)

H-560.996 AMA Election Process. Our AMA recommends that....(3) 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. (Special Committee Report, A-86; Amended: Sunset Report, I-96; Amended: Rep. of the Special Advisory Committee to the Speaker of the HOD, I-99)

H-545.937 Electronic Voting. Our AMA will adopt the electronic method of tabulating voting as soon as technically and economically feasible, not only for the election process, but also for contested or close voting of resolutions. (Res. 605, I-98; Modified: BOT Rep. 15-A-00)

H-545.997 AMA Vote Count Reporting. The final vote count of all secret ballots of the House of Delegates shall be made public and part of the official proceedings of the House. (Sub. Res. 3, I-74; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00)

GUIDING PRINCIPLES FOR HOUSE ELECTIONS

Bylaws Requirements

2.1021 Consideration. In considering business, delegates should take into consideration the perspectives of their patients, their sponsoring organizations, and their physician constituents. In voting on matters before the House of Delegates, AMA delegates should vote on the basis of what is best for patients and quality medical care.

House of Delegates Policy

H-560.999 AMA Election Process....(5) All state and specialty society delegations should be urged to participate in a regional caucus, for the purposes of candidate review activities. (CLRPD Rep. E, I-80; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmed: Sunset Report, I-00)