

## REPORTS OF COUNCIL ON CONSTITUTION AND BYLAWS

The following reports, 1-5, were presented by Jo-Ellyn M. Ryall, MD, Chair:

### 1. AMERICAN MEDICAL ASSOCIATION MINORITY AFFAIRS CONSORTIUM

#### HOUSE ACTION: RECOMMENDATIONS ADOPTED, BYLAWS AMENDED ACCORDINGLY, AND REMAINDER OF REPORT FILED

At the 2004 Annual Meeting, the House of Delegates adopted the following recommendations of Board of Trustees Report 5:

1. Approve the concept of a voting position for the Minority Affairs Consortium in the AMA House of Delegates;
2. Continue the MAC's role as an advisory body to the Board of Trustees and the Association on minority issues;
3. Ask that the Council on Constitution and Bylaws develop appropriate bylaw amendments to establish the MAC as an entity represented in our House of Delegates; and
4. Direct that sunset of these bylaw amendments should be considered by the House based on a report from the Board of Trustees five years after adoption of the amendments.

The Council has developed appropriate amendments to the Bylaws to implement this action. If the Bylaws are adopted, the following definition will be included in the Bylaws' Glossary of Terms:

**Minority Affairs Consortium** - The entity whose purpose is to provide a dedicated physician and medical student forum within the AMA to address minority health and minority physician professional issues; increase the participation of underrepresented minority physicians and medical students in the AMA; advise the AMA on minority policies and programs; and strengthen the AMA's ability to represent minority physicians and patients. The Minority Affairs Consortium reports to the Board of Trustees.

#### RECOMMENDATIONS

The Council on Constitution and Bylaws recommends:

1. That the following amendments to the AMA Bylaws be adopted.

#### **2.00 House of Delegates**

**2.10 Composition and Representation.** The House of Delegates is composed of delegates selected by constituent associations and other delegates as defined in 2.12 and 2.13.

**2.101 Qualification of Members of the House of Delegates.** Members of the House of Delegates must be active members of the American Medical Association.

**2.102 Representation.** 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 process of the House of Delegates.
- d. Representation of the AMA and the House of Delegates to physicians, medical associations and others.
- e. Solicitation of input from and provision of feedback to constituents.

**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.

**2.11 Constituent Associations.** Each constituent association is entitled to delegate representation based on the number of seats allocated to it by apportionment, and such additional delegate seats as may be provided under 2.112.

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**2.12 Other Delegates.** Each of the following is eligible to select one delegate and one alternate delegate: Sections as provided in 7.00; the Surgeons General of the United States Army, United States Navy, United States Air Force and United States Public Health Service; the Chief Medical Director of the Department of Veterans Affairs; the National Medical Association; the American Medical Women's Association; the American Osteopathic Association; professional interest medical associations; and the Minority Affairs Consortium. Specialty organizations, as provided in 8.00 and in accordance with 2.124, are eligible to select at least one delegate and alternate delegate. The Medical Student Section shall also elect delegates and alternate delegates from Medical Student Regions as provided in 2.16.

**2.121 Certification.** The president or secretary of each specialty organization as provided in 8.00, each Section as provided in 7.00, the Surgeons General of the United States Army, United States Navy, United States Air Force and United States Public Health Service, the Chief Medical Director of the Department of Veterans Affairs, the National Medical Association, the American Medical Women's Association, and the American Osteopathic Association shall certify to the Executive Vice President of the AMA their respective delegate and alternate delegate. Delegates and alternate delegates from Medical Student Regions shall be certified in accordance with 2.164. The delegate and alternate delegate from the Minority Affairs Consortium shall be certified in accordance with 2.173.

**2.122 Additional Delegate.** A specialty organization that has adopted and implemented bylaw provisions requiring unified membership is entitled to one additional delegate and alternate delegate. Retention of the additional delegate and alternate delegate is dependent upon membership information recorded in the Office of the Executive Vice President of the American Medical Association on December 31 of each year. If, on December 31, the membership information confirms that during the calendar year the specialty organization has adopted bylaw provisions requiring unified membership, and such unified membership is to be fully implemented within the following calendar year, the specialty organization shall be entitled to the additional delegate and alternate delegate. The specialty organization shall retain the additional delegate only if the membership information recorded in the Office of the Executive Vice President of the AMA on each subsequent December 31 confirms that all of the specialty organization's members are members of the AMA, as provided in these Bylaws.

**2.123 Speaker and Vice Speaker.** Upon election of the Speaker and Vice Speaker of the House of Delegates from among the members of the House of Delegates, the ~~constituent associations, specialty organizations, Sections or federal services organizations~~ represented by the delegates elected to be Speaker and Vice Speaker of the House of Delegates shall be entitled to an additional delegate for the term of service of the Speaker and Vice Speaker. The additional delegates so selected shall have the full rights and privileges of delegates in the House of Delegates.

**2.1231** Upon their election, the Speaker and Vice Speaker shall continue to be members of the House of Delegates, with all of the rights and privileges of members of the House of Delegates. They shall be entitled to vote in the House of Delegates as provided in Section 4.40 and 4.50 of these Bylaws. The Speaker and Vice Speaker, as members of the House of Delegates, shall be eligible to be nominated for re-election to the office of Speaker and Vice Speaker of the House of Delegates.

- 2.124 Apportionment of Specialty Organization Delegates.** Apportionment of delegates and alternate delegates from each specialty organization represented in the AMA House of Delegates is one delegate and one alternate delegate for each one-thousand (1,000), or fraction thereof, of physician members of the AMA who select that specialty organization to represent the member on the biennial notice returned to the AMA plus fourth year medical students who are members of the AMA who select that specialty organization to represent the member on the biennial notice returned to the AMA. Notwithstanding the foregoing requirements, the apportionment of delegates and alternate delegates in effect for 2003 from each specialty organization represented in the AMA House of Delegates in 2003 shall remain in effect until December 31, 2005. The delegates eligible for seating in the House of Delegates by apportionment are in addition to the additional delegate and alternate delegate authorized for unified specialty organizations meeting the requirements of 2.122.
- 2.13 Ex-Officio Members.** The current General Officers (except Speaker and Vice Speaker), the Past Presidents, Past Vice Presidents, Past Trustees of the American Medical Association and the Chairs of Councils of the AMA who are not delegates shall be ex-officio members of the House of Delegates.
- 2.131 Rights and Privileges.** Ex-officio members have the right to speak and debate on the floor of the House of Delegates, but do not have the right to introduce business, introduce an amendment, make a motion or vote.
- 2.14 Alternate Delegates.** Each constituent association, the specialty organizations, as provided in 8.00, the Sections as provided in 7.00, the Minority Affairs Consortium, the Medical Student Regions as provided in 2.16, the National Medical Association, the American Medical Women's Association, the American Osteopathic Association, the Surgeons General of the United States Army, United States Navy, United States Air Force, United States Public Health Service, and the Chief Medical Director of the Department of Veterans Affairs may select an alternate delegate for each delegate entitled to be seated in the American Medical Association House of Delegates.
- 2.141 Qualifications.** Alternate delegates must be active members of the American Medical Association.
- 2.142 Certification.** Alternate delegates shall be certified to the Executive Vice President of the American Medical Association in the same manner as delegates.
- 2.143 Term.** Alternate delegates shall be selected for a two-year term, and shall assume office on January 1 of the year succeeding their selection, unless otherwise provided in these Bylaws.
- 2.144 Vacancies.** Alternate delegates selected to fill a vacancy shall assume office immediately after selection and shall serve for the remainder of the vacated term.
- 2.145 Rights and Privileges.** An alternate delegate may substitute for a delegate, on the floor of the House of Delegates, at the request of the delegate by complying with the procedures established by the Committee on Rules and Credentials. While substituting for a delegate, the alternate delegate may speak and debate on the floor of the House, may offer an amendment to a pending matter, make motions and vote, except when the vote is by ballot.
- 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.

**2.15 Official Observer.** National organizations may apply to the Board of Trustees of the American Medical Association for official observer status in the AMA House of Delegates. Applicants must demonstrate compliance with guidelines for official observers adopted by the House of Delegates, and the Board of Trustees shall make a recommendation to the House of Delegates concerning the application. The House of Delegates will make the final determination on the conferring of official observer status.

**2.151 Rights and Privileges.** Organizations with official observer status are invited to send one representative to observe the actions of the House of Delegates at all meetings of the AMA House of Delegates. Official observers have the right to speak and debate on the floor of the House upon invitation from the Speaker. Official observers do not have the right to introduce business, introduce an amendment, make a motion, or vote.

**2.16 Delegates from Medical Student Regions.** In addition to the delegate and alternate delegate representing the Medical Student Section, medical student delegates and alternate delegates shall be elected utilizing a regional structure. The regional structure consists of seven Medical Student Regions defined as follows:

**Region 1:** Washington, Oregon, California, Nevada, Utah, Colorado, Arizona, New Mexico, Montana, North Dakota, South Dakota, Idaho, Wyoming, Alaska, Hawaii.

**Region 2:** Minnesota, Wisconsin, Nebraska, Iowa, Missouri, Illinois.

**Region 3:** Kansas, Texas, Oklahoma, Arkansas, Louisiana, Mississippi.

**Region 4:** Florida, Georgia, Alabama, South Carolina, North Carolina, Tennessee, Puerto Rico.

**Region 5:** Michigan, Indiana, Ohio, Kentucky, West Virginia.

**Region 6:** Virginia, Maryland, District of Columbia, Delaware, New Jersey, Pennsylvania.

**Region 7:** Maine, Vermont, New Hampshire, Massachusetts, Rhode Island, Connecticut, New York.

Each Region is entitled to delegate and alternate delegate representation based on the number of seats allocated to it by apportionment.

**2.161 Qualifications.** Delegates from Medical Student Regions must be active medical student members of the American Medical Association.

**2.162 Apportionment.** The apportionment of delegates for each Medical Student Region is one delegate for each two thousand (2,000) active medical student members of the American Medical Association enrolled in a Liaison Committee on Medical Education or American Osteopathic Association accredited program located within the jurisdiction of each Medical Student Region, as recorded in the office of the Executive Vice President of the AMA on December 31 of each year.

**2.1621 Effective Date.** In January of each year the Executive Vice President of the American Medical Association shall notify the Medical Student Section Governing Council of the number of seats in the House of Delegates to which each Medical Student Region is entitled. Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year.

**2.163 Election.** To be eligible for election, a medical student member must receive the written endorsement of the constituent association representing the jurisdiction within which such medical student's Liaison Committee on Medical Education or American Osteopathic Association accredited program is located. Delegates and alternate delegates for each Medical Student Region shall be elected by the Medical Student Section in accordance with procedures adopted by said Section. Delegates and alternate delegates shall be elected at the Business Meeting of the Medical Student Section prior to the Interim Meeting of the House of Delegates. Delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.

**2.164 Certification.** The Chair of the Medical Student Section Governing Council shall certify, to the Executive Vice President of the AMA, the delegates and alternate delegates for each Medical Student Region.

**2.165 Evaluation.** The regional structure for adding medical student delegates to the House of Delegates shall be evaluated five years after adoption of these Bylaws.

**2.17 Delegate and Alternate Delegate from the Minority Affairs Consortium.** The Minority Affairs Consortium shall be entitled to representation in the House of Delegates as provided in 2.12.

**2.171 Qualifications.** The delegate and alternate delegate from the Minority Affairs Consortium must be members of the Minority Affairs Consortium.

**2.172 Selection.** The delegate and alternate delegate shall be selected by the Minority Affairs Consortium in accordance with procedures adopted by the Minority Affairs Consortium.

**2.173 Certification.** The Chair of the Minority Affairs Consortium Governing Council shall certify, to the Executive Vice President of the AMA, the delegate and alternate delegate for the Minority Affairs Consortium.

**2.174 Evaluation.** Representation of the Minority Affairs Consortium in the House of Delegates shall be evaluated five years after adoption of these Bylaws.

## **2.20 Terms of Delegates.**

### **2.21 Delegates from Constituent Associations.**

**2.211** Delegates and alternate delegates from constituent associations shall be selected for two-year terms and assume office on the date set by the constituent association, provided that such seats are authorized pursuant to these Bylaws. Certification of delegates and alternate delegates pursuant to Section 2.114 must occur at least thirty days prior to the Annual or Interim Meeting of the House of Delegates.

**2.212** When the number of delegate seats of constituent associations is increased in accordance with 2.111, the delegates and alternate delegates selected to fill vacancies shall assume office immediately after selection and serve during that term.

**2.213** Constituent associations entitled to more than one delegate shall select them so that half the number, as near as may be, are selected each year. If necessary to accomplish this proportion, one (1) year terms may be provided but only to the extent and for such time as is necessary to accomplish it.

**2.214** Resident/Fellow Physician and Medical Student Delegates. A constituent association may designate one or more of its delegate and alternate delegate seats to be filled by a resident/fellow physician member or a medical student member who is an active member of the American Medical Association.

**2.2141 Term.** Such resident/fellow physician or medical student delegate or alternate delegate shall serve for a one-year term beginning as of the date of certification of the delegate or alternate delegate by the constituent association to the Executive Vice President of the AMA, as required by Section 2.114.

**2.2142** Nothing in section 2.214 and the subsections thereunder shall authorize the early termination of a delegate's or alternate delegate's term in order to create a seat for a resident/fellow physician or medical student member.

**2.2143** Nothing in section 2.214 and the subsections thereunder shall preclude a resident/fellow physician or medical student member from being selected to fill a full two-year term as a delegate or alternate delegate from a constituent association as provided in section 2.211.

**2.22 Other Delegates.**

- 2.221** Delegates and alternate delegates from specialty organizations, the National Medical Association, the American Medical Women's Association, the American Osteopathic Association, the United States Army, the United States Navy, the United States Air Force, the United States Public Health Service, and the Department of Veterans Affairs, shall be selected for two-year terms, and shall assume office on the date set by the organization or entity to be represented in the House of Delegates. Certification of delegates and alternate delegates pursuant to Section 2.121 must occur at least thirty days prior to the Annual or Interim Meeting of the House of Delegates.
- 2.2211** Specialty organizations entitled to more than one delegate shall select them so that half the number, as near as may be, are selected each year. If necessary to accomplish this proportion, one-year terms may be provided but only to the extent and for such time as is necessary.
- 2.222** The delegate and the alternate delegate from each of the Sections as provided in 7.00 shall be elected as provided in that Section for the term specified therein.
- 2.223** The delegates selected pursuant to Section 2.123 of these Bylaws to serve in the House of Delegates during the term of service of the Speaker and Vice Speaker shall serve one-year terms consistent with the term of the Speaker and Vice Speaker. ~~The constituent association, specialty organization, Section, Federal Service, or other organization represented by the delegate shall determine the tenure of the individual selected to serve.~~
- 2.224** Delegates and alternate delegates from Medical Student Regions shall be elected for one-year terms and shall assume office on the date set by the Medical Student Section Governing Council. Certification of delegates and alternate delegates pursuant to Section 2.164 must occur at least thirty days prior to the Annual Meeting of the House of Delegates.
- 2.225** The delegate and the alternate delegate from the Minority Affairs Consortium shall be selected by the Minority Affairs Consortium for the term specified in its procedures.
- 2.30 Vacancies.** When vacancies occur, the delegate and alternate delegate selected to fill such vacancy shall assume office immediately after selection and serve for the remainder of that term.
- 2.40 Registration and Seating of Delegates.**
- 2.41 Credentials.** Before being seated at any meeting of the House of Delegates, each delegate or alternate delegate shall deposit with the Committee on Rules and Credentials a certificate signed by the president or secretary of the constituent association, or of the specialty organization as provided in 8.00, or the Section as provided in 7.00, or the Medical Student Section Governing Council as provided in 2.164, or the Minority Affairs Consortium Governing Council as provided in 2.173, or the National Medical Association, or the American Medical Women's Association, or the American Osteopathic Association, or the Surgeon General of the respective government service, or the Chief Medical Director of the Department of Veterans Affairs stating that the delegate or alternate delegate has been properly selected to serve in the House of Delegates.
- 2.42 Lack of Credentials.** A delegate or alternate delegate may be seated without the certificate defined in 2.41 provided proper identification as the delegate or alternate delegate selected by the respective constituent association, specialty organization, service, section, or other organization is established, and so certified to the Executive Vice President of the American Medical Association.

- 2.43 Substitute.** When a delegate or alternate delegate is unable to attend an Annual or Interim Meeting of the House of Delegates, the appropriate authorities of the constituent association, specialty organization, service or section concerned, or other entity represented in the House of Delegates may appoint a substitute delegate or alternate delegate, who on presenting proper credentials shall be eligible to serve as such delegate or alternate delegate in the House of Delegates at that meeting.
- 2.431 Temporary Substitute Delegate.** A delegate whose credentials have been accepted by the Committee on Rules and Credentials and whose name has been placed on the roll of the House of Delegates shall remain a delegate until final adjournment of that meeting of the House of Delegates. However, if the delegate is not able to remain in attendance, that delegate's place may be taken during the period of absence by an alternate delegate, or a substitute alternate delegate selected in accordance with 2.43 if an alternate delegate is not available. The person who takes the place of the delegate must comply with the formal recredentialing procedures established by the Committee on Rules and Credentials for such purpose, and shall be known as a temporary substitute delegate. 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. The temporary substitute delegate shall not be eligible for nomination or election as Speaker or Vice Speaker of the House of Delegates.
- 2.44 Constituent Association President.** The current president of a constituent medical association may also be certified as an additional alternate delegate at the discretion of each constituent medical association.
- 2.45 Representation.** No delegate or alternate delegate may be registered or seated at any meeting to represent more than one organization in the House of Delegates.
- 2.46 Medical Student Seating.** Each delegate from Medical Student Regions shall be seated with the constituent association representing the jurisdiction within which such delegate's Liaison Committee on Medical Education or American Osteopathic Association accredited program is located.

2. That the remainder of this report be filed.

## **2. CONSTITUENT ASSOCIATION DELEGATE APPORTIONMENT - GRACE PERIOD**

### **HOUSE ACTION: RECOMMENDATIONS ADOPTED, BYLAWS AMENDED ACCORDINGLY, AND REMAINDER OF REPORT FILED**

At the 2004 Annual Meeting, the House of Delegates adopted an amendment to AMA Bylaw 2.1111, which implemented a freeze on delegate apportionment from constituent (state) societies. This freeze will remain in effect for the duration of the specialty society delegate apportionment freeze.

Under our AMA Bylaws, a state society's delegates are apportioned based on the number of AMA members in the state, as of December 31. If the number of AMA members in the state declines, the society is permitted to retain its delegate apportionment for a one-year period, while intensifying its AMA membership development (B-2.1111). This period is commonly referred to as the "grace period."

The Council on Constitution and Bylaws has considered the effect of the freeze on the grace period. Fourteen state societies were in their grace periods in 2004 prior to the implementation of the freeze. The freeze is currently scheduled to expire on December 31, 2005.

The Council believes it is necessary to address how the grace period will apply upon expiration of the freeze. The Council evaluated several possibilities, and believes that freezing the grace period for the duration of the apportionment freeze is the best procedure. Under this procedure, any state society that would have lost delegate(s) during the apportionment freeze will be in its grace period during 2006.

## RECOMMENDATIONS

The Council on Constitution and Bylaws recommends:

1. That the following amendments to the AMA Bylaws be adopted.

**2.11 Constituent Associations.** Each constituent association is entitled to delegate representation based on the number of seats allocated to it by apportionment, and such additional delegate seats as may be provided under 2.112.

**2.111 Apportionment.** The apportionment of delegates from each constituent association is one delegate for each one thousand (1,000), or fraction thereof, active constituent and active direct members of the American Medical Association within the jurisdiction of each constituent association, as recorded in the office of the Executive Vice President of the AMA on December 31 of each year.

**2.1111 Effective Date.** Such apportionment shall take effect the ensuing January 1 and shall remain effective for one year thereafter. In January of each year the Executive Vice President of the American Medical Association shall notify each constituent association of the number of seats in the House of Delegates to which it is entitled during the current year. Notwithstanding the foregoing requirements, the apportionment of delegates from each constituent association shall not be less than the 2003 apportionment while the specialty organization delegate apportionment freeze set forth in bylaw 2.124 is in effect.

**2.11111 Retention of Delegate.** Commencing on the expiration of the apportionment freeze, if ~~If~~ the membership information as recorded in the Office of the Executive Vice President of the American Medical Association on December 31 warrants a decrease in the number of delegates representing a constituent association, the constituent association shall be permitted to retain the same number of delegates, without decrease, for one additional year, but only if it promptly files with the Office of the Executive Vice President of the AMA a written plan of intensified AMA membership development activities among its members.

2. That the remainder of this report be filed.

### 3. REVISIONS TO AMA CONSTITUTION AND BYLAWS

#### HOUSE ACTION: FILED

The Council on Constitution and Bylaws has commenced a comprehensive review of our AMA Constitution and Bylaws. Our goal is to improve and modernize AMA's governance documents.

The Council intends to propose revisions that will streamline the Constitution and Bylaws and improve their utility. The Council will also make recommendations to update certain provisions to reflect current AMA practice.

The Council has observed that certain Bylaws include a significant amount of detail which is not essential to the efficient functioning of the association. From time to time, the House of Delegates is required to devote its limited time to considering amendments to these details. The Council may recommend revisions that will retain the fundamental provisions of these Bylaws while reducing their level of detail.

The Council does not intend to recommend any revisions that would alter the manner in which our AMA conducts business or governance.

The Council anticipates that its review will be completed within 12 to 18 months. The Council will continue to propose amendments to the Bylaws to implement actions adopted by the House of Delegates during this period. Upon completion of its review, the Council will submit its proposed revisions to the House of Delegates in a format that will be easy to follow, and the Council will encourage review and comments by the House before action is taken.

The Council requests that any comments or suggestions for revisions be sent to the Council, so that we may take them into account as we proceed with our review.

This report is provided to the House of Delegates for information.

#### **4. BYLAWS CHANGE TO EXPAND CRITERIA FOR AMA-YPS MEMBERSHIP**

##### **HOUSE ACTION: RECOMMENDATIONS ADOPTED, BYLAWS AMENDED ACCORDINGLY, AND REMAINDER OF REPORT FILED**

At this 2004 Interim Meeting, the House of Delegates adopted the recommendation of Council on Long Range Planning and Development Report 1, approving a change in the practice component in AMA Young Physicians Section membership criteria from five years to eight years.

The Council on Constitution and Bylaws has prepared appropriate amendments to implement this Resolution for consideration by the House of Delegates.

##### **RECOMMENDATION**

The Council on Constitution and Bylaws recommends that the following amendment to the AMA Bylaws be adopted and that the remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting, following a one-day lay over.

**7.50 Young Physicians Section.** There shall be a Section for young physician members of the American Medical Association which shall be known as the Young Physicians Section.

**7.51 Membership.** All active physician members of the American Medical Association who are not resident/fellow physicians serving in an approved training program, but who are under 40 years of age or are within the first ~~five (5)~~ **eight (8)** years of professional practice after residency and fellowship training programs, shall be members of the Young Physicians Section.

#### **5. SPEAKER AND VICE SPEAKER AS MEMBERS OF THE BOARD OF TRUSTEES**

##### **HOUSE ACTION: PROPOSED AMENDMENT TO AMA CONSTITUTION DEFERRED UNTIL 2005 ANNUAL MEETING FOR FINAL ACTION**

At this 2004 Interim Meeting, the House of Delegates adopted a recommendation to enable the Speaker and Vice Speaker to be members of the Board of Trustees.

Article XII of the Constitution requires that amendments to the Constitution be introduced at one meeting and voted upon at the following meeting. In this Report, the Council introduces the Constitutional amendments necessary to make the Speaker and Vice Speaker members of the Board of Trustees. The House of Delegates may vote on the proposed Constitutional amendments at the 2005 Annual Meeting.

The Council will develop appropriate amendments to the AMA Bylaws reflecting the change in these positions. These Bylaw amendments will be submitted for consideration at the 2005 Annual Meeting.

## RECOMMENDATIONS

The Council on Constitution and Bylaws recommends:

1. That the following amendments to the AMA Constitution be introduced:

### **Article VIII Trustees**

The Board of Trustees is composed of ~~nineteen~~ twenty-one members, fifteen Trustees elected by the House of Delegates, including a Young Physician member, a Resident Physician member and a Public (Non-Physician) member, a Medical Student member elected by the Medical Student Section Assembly, ~~and the President, President-Elect and Immediate Past President of the Association,~~ the Speaker of the House of Delegates and the Vice Speaker of the House of Delegates. It shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law governing directors of corporations or as may be prescribed in the Bylaws.

2. That the remainder of this report be filed.