

Handbook Review: HOD Reference Committee on amendments to constitution & bylaws

Full text at <http://www.ama-assn.org/assets/meeting/2011i/i11-handbook-tab-c-and-b.pdf>. Recommended positions should be considered preliminary.

Recommended Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD Action
BOT Report 7 Issuing of a Postage Stamp to Commemorate Joseph Goldberger, MD (Resolution 6-A-11)	The Board of Trustees recommends that Resolution 6-A-11 not be adopted. Fiscal note: None.	Support	Adopted
BOT Report 8 Patients' Responsibilities for Health Care Outcomes (Resolution 6-I-10)	In light of the foregoing considerations, the Board of Trustees recommends that the following recommendation be adopted in lieu of Resolution 6-1-10 and the remainder of the report filed: <ol style="list-style-type: none"> 1. That existing policies E-10.01, "Fundamentals of the Patient-Physician Relationship"; E-10.02, "Patient Responsibilities"; E-8.056, "Physician Pay-for-Performance Programs"; H-450.947 "Pay for Performance Principles and Guidelines"; and H-450.942, "Patient Adherence to Treatment Plans," be reaffirmed. (Reaffirm HOD/CEJA Policy) 2. That our American Medical Association continue to support the development of resources for patients and physicians to promote adherence through its partnerships with the National Council on Patient Information and Education and National Consumer League National Medication Adherence Campaign. (Directive to Take Action) 3. That our AMA publicize existing resources for physicians to help patients adhere to treatment through its website. (Directive to Take Action) 4. That our AMA consider developing a physician education program to promote physician knowledge of obstacles to adherence and opportunities to intervene with patients to improve adherence. (Directive to Take Action) 5. That our AMA continue to seek opportunities to collaborate with other members of the health care team, such as nurses, pharmacists, and social workers, to develop resources to support patient adherence. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$750 to implement.	Monitor/Support	Adopted as amended by substitution. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-c-and-b-annotated.pdf for exact language
BOT Report 13 Peer Review Confidentiality Protections (Resolution 4-I-10)	The Board of Trustees recommends that the following policies be reaffirmed in lieu of Resolution 4-I-10 and that the remainder of this report be filed: <ul style="list-style-type: none"> • H-375.962 Legal Protections for Peer Review • H-375.972 Lack of Federal Peer Review Confidentiality Protection • H-375.984 Peer Review • H-375.989 Protection of Peer Review Records in Litigation • H-375.992 Confidentiality of Staff Activity • H-375.993 Confidentiality in Medical Staff Peer Review • H-375.997 Voluntary Medical Peer Review 	Monitor/Support	Adopted as amended. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-c-and-b-annotated.pdf for exact language
Council on Constitution and Bylaws Report 1	The Council on Constitution and Bylaws recommends that the following amendments to the Bylaws be adopted, that Policy D-615.980 be sunset, and the remainder of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House	Support	Adopted

Handbook Review: HOD Reference Committee on amendments to constitution & bylaws

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/2010i/handbook-ref-comm-candb.pdf>. Recommended positions should be considered preliminary.

Recommended Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD Action
<p>Medical Student Regional Delegate Allocation and Apportionment</p>	<p>of Delegates present and voting.</p> <p style="text-align: center;">2.00—HOUSE OF DELEGATES</p> <p>2.10 Composition and Representation. The House of Delegates is composed of delegates selected by recognized constituent associations and specialty societies, and other delegates as provided in this bylaw.</p> <p>****</p> <p>2.13 Medical Student Regional Delegates. In addition to the delegate and alternate delegate representing the Medical Student Section, <u>regional medical student delegates and alternate delegates shall be apportioned and elected as provided in this bylaw.</u> elected utilizing a regional structure. The regional structure consists of Medical Student Regions defined by the Medical Student Section.</p> <p>Each Region is entitled to delegate and alternate delegate representation based on the number of seats allocated to it by apportionment.</p> <p>2.131 Qualifications. <u>Medical Student Regional delegates and alternate delegates must be active medical student members of the AMA.</u></p> <p>2.132 Apportionment. <u>The total number apportionment of Medical Student Regional delegates and alternate delegates is based on one delegate and one alternate delegate for each 2,000 active medical student members of the AMA, as recorded by the AMA on December 31 of each year.</u> for Each Medical Student Region, as defined by the Medical Student Section, is entitled to one delegate and one alternate delegate for each 2,000 active medical student members of the AMA in an educational program located within the jurisdiction of such the Medical Student Region, as recorded by the AMA on December 31 of each year. Any remaining Medical Student Regional delegates and alternate delegates shall be apportioned one delegate and one alternate delegate per region(s) with the greatest number of active AMA medical student members in excess of a multiple of 2,000. If two regions have the same number of active AMA medical student members, ties will be broken by lottery by the MSS Governing Council.</p>		

Handbook Review: HOD Reference Committee on amendments to constitution & bylaws

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/2010i/handbook-ref-comm-candb.pdf>. Recommended positions should be considered preliminary.

Recommended Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD Action
	<p>2.1321 Effective Date. In January of each year the AMA 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.</p>		
<p>Council on Constitution and Bylaws Report 2 Creation of an AMA Minority Affairs Section</p>	<p>The Council on Constitution and Bylaws recommends that the following amendments to the Bylaws be adopted, that Policy G-615.079, "Minority Affairs Consortium," be sunset, and that the balance of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.</p> <p style="text-align: center;">2.00—House of Delegates</p> <p>****</p> <p>2.10 Composition and Representation. The House of Delegates is composed of delegates selected by constituent associations and specialty societies, and other delegates as provided in this bylaw.</p> <p>****</p> <p>2.15 Delegate from the Minority Affairs Consortium. The Minority Affairs Consortium shall be entitled to a delegate in the House of Delegates.</p> <p>2.151 Qualifications. The delegate and alternate delegate from the Minority Affairs Consortium must be members of the Minority Affairs Consortium.</p> <p>2.152 Selection. The delegate and alternate delegate shall be selected by the Minority Affairs Consortium in accordance with procedures adopted by the Minority Affairs Consortium.</p> <p>2.153 Certification. The Chair of the Minority Affairs Consortium Governing Council shall certify to the AMA the delegate and alternate delegate for the Minority Affairs Consortium. Certification must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates.</p> <p>2.154 Term. 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.</p> <p>2.155 Vacancies. The delegate selected to fill a vacancy shall</p>	<p>Support</p>	<p>Adopted</p>

Handbook Review: HOD Reference Committee on amendments to constitution & bylaws

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/2010i/handbook-ref-comm-candb.pdf>. Recommended positions should be considered preliminary.

Recommended Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD Action
	<p style="text-align: center;">assume office immediately after selection and serve for the remainder of that term.</p> <p style="text-align: center;">[Subsequent Bylaws will be renumbered]</p> <p style="text-align: center;">****</p> <p style="text-align: center;">7.00—Sections</p> <p>7.09 Section Status. Sections shall either be fixed or delineated, as determined by the House of Delegates upon recommendation of the Council on Long Range Planning and Development based on criteria adopted by the House of Delegates. A delineated Section must reconfirm its qualifications for continued delineated Section status and associated representation in the House of Delegates by demonstrating at least every 5 years that it continues to meet the criteria adopted by the House of Delegates.</p> <p style="text-align: center;">***</p> <p><u>7.70 Minority Affairs Section.</u> The Minority Affairs Section is a delineated Section.</p> <p><u>7.71 Membership.</u> All active members of the AMA, including residents and fellows and medical students, who express an interest in racial or ethnic minority issues shall be eligible for membership in the Minority Affairs Section.</p> <p><u>7.72 Cessation of Membership.</u> If an officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.71 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant.</p>		
CEJA Report 1 Physician Stewardship of Health Care Resources	<p>Physician Stewardship of Health Care Resources The Council recommends that the following be adopted and the remainder of this report be filed:</p> <p>Physicians' primary ethical obligation is to promote the well-being of individual patients. Physicians also have long-recognized responsibilities to patients in general, to promote public health and access to care for all patients. These responsibilities require physicians to be prudent stewards of the shared societal resources with which they are entrusted. This</p>	Active Refer	Referred

Handbook Review: HOD Reference Committee on amendments to constitution & bylaws

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/2010i/handbook-ref-comm-candb.pdf>. Recommended positions should be considered preliminary.

Recommended Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD Action
	<p>ethical obligation to manage health care resources responsibly is compatible with the professional commitment to serve the interests of individual patients. To fulfill their obligation of stewardship physicians should:</p> <ul style="list-style-type: none"> (a) Base recommendations and decisions on patients' medical needs; (b) When available, use scientifically grounded evidence to inform professional decisions; (c) Help patients articulate their goals for care and help patients and their families form realistic expectations about whether a particular intervention is likely to achieve those goals; (d) Endorse recommendations that offer reasonable likelihood of achieving the patient's goals; (e) When alternative courses of action offer similar likelihood and degree of benefit but require different levels of resources, choose the course of action requiring fewer resources; (f) Be transparent about alternatives, including disclosing when resource constraints play a role in decision making; and (g) Participate in efforts to resolve persistent disagreement about whether a costly intervention is worthwhile, which may include seeking second opinions or consulting with an ethics committee or other appropriate resource. <p>Physicians are in a unique position to affect health care spending. But individual physicians cannot and should not be expected to address the systemic challenges of wisely managing health care resources. Medicine as a profession must create conditions for practice that make it feasible for individual physicians to be prudent stewards by:</p> <ul style="list-style-type: none"> (h) Ensuring that physician education enables physicians to be informed about health care costs and how their behavior can affect overall health care spending; (i) Encouraging health care administrators and organizations to make cost data transparent (including cost accounting methodologies) so that physicians can exercise well-informed stewardship; and (j) Advocating for policy changes, such as medical liability reform, that promote professional judgment and address systemic barriers that impede responsible stewardship. 		
<p>Resolution 001 Equal Access to Organ Transplantation for Medicaid Beneficiaries Introduced by: Florida Delegation</p>	<p>RESOLVED, That our American Medical Association urge the Centers for Medicare and Medicaid Services to designate organ transplantation care and services which are covered by Medicare to be designated as mandatory benefits under Medicaid, and deemed life-saving and essential, such that Medicaid coverage throughout the United States be uniform, predictable, and enabling regarding access to life-saving care. (Directive to Take Action)</p>	<p>Monitor/Support</p>	<p>Referred</p>

Handbook Review: HOD Reference Committee on amendments to constitution & bylaws

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/2010i/handbook-ref-comm-candb.pdf>. Recommended positions should be considered preliminary.

Recommended Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD Action
	Fiscal Note: Minimal - less than \$1,000.		
Resolution 002 Amend Federal Law to Allow Clinical Research on the Safety and Effectiveness of HIV-Infected-to-HIV-Infected Organ Transplantation Introduced by: Infectious Diseases Society of America	RESOLVED, That our American Medical Association adopt a policy position in support of amending the Federal National Organ Transplant Act of 1984 (42 U.S.C. § 274) to allow for clinical research to fully evaluate the feasibility of HIV-infected organ donation to HIV-infected patients who elect to accept such organs (New HOD Policy); and be it further RESOLVED, That our AMA work to support introduction and enactment of legislation to amend the Federal National Organ Transplant Act of 1984 (42 U.S.C. § 274) to allow for clinical research to fully evaluate the feasibility of HIV-infected organ donation to HIV-infected patients who elect to accept such organs. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000.	Monitor/Support	Adopted as amended. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-c-and-b-annotated.pdf for exact language
Resolution 003 Supporting Voluntary Organ Donation from Death Row Prisoners Introduced by: MSS	RESOLVED, That our American Medical Association reexamine the issue of lethal injection and organ retrieval from executed prisoners and report on its findings at the 2012 Annual Meeting. (Directive to Take Action)	Recommended Against Consideration	
Resolution 004 Using Tax Returns to Identify Organ Donation Status Introduced by: MSS	RESOLVED, That our American Medical Association study the implementation of a national database of organ donors that utilizes state and/or federal tax returns as a means to identify organ donors. (Directive to Take Action)	Recommended Against Consideration	
Resolution 005 Encouraging Standardized Advance-Directives Forms Within States Introduced by: MSS	RESOLVED, That our American Medical Association encourage state societies to develop a standardized form of advance directives for use by physicians and other health care providers as a template to discuss end-of-life care with their patients. (New HOD Policy) Fiscal Note: Minimal - less than \$1,000.	Support	Adopted as amended. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-c-and-b-annotated.pdf for exact language
Resolution 006 Removing Financial Barriers to Living Organ Donation Introduced by: Resident and Fellow	RESOLVED, That our American Medical Association work with legislators to remove financial barriers to living organ donation to pass laws which include (1) provisions for expenses involved in the donation incurred by the organ donor, (2) providing access to health care coverage for any medical expense or disability related to the donation, (3) prohibiting employment discrimination on the basis of living donor status, and (4) prohibiting the use of living donor status as the sole basis for denying health and life	Monitor/Support Reference Committee Suggestion to Refer	Referred

Handbook Review: HOD Reference Committee on amendments to constitution & bylaws

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/2010i/handbook-ref-comm-candb.pdf>. Recommended positions should be considered preliminary.

Recommended Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD Action
Section	insurance coverage. (Directive to Take Action) Fiscal Note: Minimal - less than \$1,000.		

CCCB