

REPORTS OF THE COUNCIL ON CONSTITUTION AND BYLAWS

The following reports, 1–4, were presented by Michael M. Deren, MD, Chair:

1. AMA MINORITY AFFAIRS SECTION – ADDITIONAL BYLAWS

Reference committee hearing: see report of [Reference Committee on Amendments to Constitution and Bylaws](#).

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

See Bylaws, [§7.70](#) and following.

At the 2011 Interim Meeting, the American Medical Association (AMA) House of Delegates (HOD) adopted Council on Constitution and Bylaws (CCB) Report 2, which presented the Bylaws to establish the Minority Affairs Section as follows:

7.70 Minority Affairs Section. The Minority Affairs Section is a delineated Section.

7.71 Membership. 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.

7.72 Cessation of Membership. 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.

In February 2012, the AMA Board of Trustees (BOT) approved the Minority Affairs Section’s Internal Operating Procedures (MAS-IOP), consistent with Bylaw 7.07, “all rules, regulations and procedures adopted by each Section shall be subject to the approval of the Board of Trustees.” The newly approved MAS-IOP governs the composition, election, term and tenure of its governing council and other officers, and rules of procedure for conducting a business meeting. Informational CCB Report 3-I-11 Interactive Database of Section IOP Provisions and Bylaws, includes the IOP of the MAS as well as the other AMA sections.

DISCUSSION

Several provisions are included in the approved MAS-IOP that also need corresponding bylaws. These include:

- Nonmember participation in the Minority Affairs Section for a limited period of time;
- Election of the MAS governing council and election of MAS officers; and
- A “grace period” for medical student, resident and young physician governing council members who cease to meet eligibility criteria for their respective section within 90 days of a meeting.

The Board of Trustees approved a MAS-IOP provision that allows physicians and medical students who are not AMA members but who express an interest in racial or ethnic minority issues, to participate as nonvoting section members for up to 2 years. This provision is comparable to bylaws allowing nonmembers to participate in the Organized Medical Staff Section and the Section on Medical Schools for a limited period of time. Also, the practice of the Minority Affairs Consortium, a Board advisory committee that was the predecessor of the MAS, was to allow participation by nonmember physicians and medical students as a way to acquaint them not only with the value of the MAC but also of the AMA.

A provision whereby the MAS membership elects the MAS governing council, which in turn then elects the MAS chair and vice chair, also was approved. Unlike most other AMA sections, the entire MAS membership, not just those who attend the MAS meetings in conjunction with the annual and interim meetings of the AMA House of Delegates, are eligible to vote. The MAS believes that governing council members are in the best position to elect a chair (who also serves as the alternate delegate) and the vice chair who can set the section’s agenda.

Elected representatives who serve on the MAS governing council as representatives of the Medical Student Section, the Resident and Fellow Section, and the Young Physicians Section are allowed to continue their governing council service if within 90 days prior to an annual meeting they no longer meet the criteria for membership in their respective section. This is consistent with the bylaws governing the individual sections. Also, the IOP allows a section representative who also is serving as MAS chair, to continue as immediate past chair even if he/she no longer is eligible for membership in the section.

The Council on Constitution and Bylaws has developed some additional bylaws to address these IOP provisions.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following Bylaw amendments by insertion be adopted, 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.

7.70 Minority Affairs Section. The Minority Affairs Section is a delineated Section.

7.71 Membership. 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. Physicians or medical students who are not AMA members may join the Section for up to 2 years as provisional members without the right to vote.

7.72 Elections. Membership on the Governing Council shall be determined through election by members of the Minority Affairs Section. All members of the Minority Affairs Section, except provisional members, shall be entitled to vote in elections of Governing Council members. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.721 Election of Officers. The Governing Council shall elect its Chair and Vice Chair from among the Governing Council members.

7.723 Cessation of Membership. 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.

7.731 Section Representatives on the Governing Council. If a representative of the Medical Student Section, Resident and Fellow Section or Young Physicians Section ceases to meet the criteria for membership in the section from which elected within 90 days prior to the Annual Meeting, such member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which he or she ceases to meet the membership requirement of the respective section.

7.732 Section Representative as Immediate Past Chair. A Section representative who has been elected as chair of the Governing Council, but who ceases to meet the criteria for membership in the section from which elected during his or her term as Immediate Past Chair, shall be permitted to complete the term of office, as long as the officer remains an active physician member of the AMA.

2. AMA BYLAWS 6.50 AND THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS' RESPONSIBILITIES FOR APPEALS IN ALLEGATIONS OF DISCRIMINATION

Reference committee hearing: see report of [Reference Committee on Amendments to Constitution and Bylaws](#).

HOUSE ACTION: REFERRED

At the 2011 Annual Meeting, the Council on Constitution and Bylaws (CCB) issued Report 1-A-11, AMA Bylaws 6.50 and the Council on Ethical and Judicial Affairs. CCB Report 1-A-11 proposed language to clarify the role of the Council on Ethical and Judicial Affairs (CEJA) in receiving appeals from a physician who alleged discrimination by an organization represented in the American Medical Association (AMA) House of Delegates (HOD), to propose parity for CEJA's jurisdiction for constituent associations and national medical specialty societies, and to limit CEJA's jurisdiction for controversies only to those arising under the AMA Constitution and Bylaws and the Principles of Medical Ethics. CCB Report 1-A-11 was referred back.

In light of negative testimony related to a general expansion of CEJA's jurisdiction to the national medical specialty societies, CCB has limited its recommendations in this report only to CEJA's role in investigating allegations of discrimination. These recommendations bring the national medical specialty societies, professional interest medical associations and the AMA sections that participate in the House of Delegates into parity with CEJA's jurisdiction in investigating allegations of discrimination by constituent associations.

DISCUSSION

AMA Bylaw 1.40, Discrimination, states, "Membership in the AMA or in any constituent association, national medical specialty society or professional interest medical association represented in the House of Delegates, shall not be denied or abridged because of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, age, or for any other reason unrelated to character, competence, ethics, professional status or professional activities."

The AMA Bylaws were written when the AMA was a federation of state medical associations. The House of Delegates included only representatives of state medical associations (now termed constituent associations). When the nondiscrimination provision was added to the Bylaws, it applied equally to any association represented in the AMA House of Delegates—constituent association, national medical specialty society, or professional interest medical association—and to any organization that had representation in the AMA Sections—medical schools, national medical student organizations, national resident and fellow organizations, or organized medical staff organizations. It also applied to component societies, which are represented in the House of Delegates through constituent associations, national medical specialty societies or professional interest medical associations. However, bylaw language was never submitted to clarify CEJA's ability to receive appeals from physicians who alleged discrimination on the part of these organizations. This report proposes that language.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments by insertion and deletion to the Bylaws be adopted and the remainder of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House present and voting.

6.50 Council on Ethical and Judicial Affairs.

6.51 Authority. The Council on Ethical and Judicial Affairs is the judicial authority of the AMA, and its decision shall be final.

6.52 Functions.

6.521 To interpret the Principles of Medical Ethics of the AMA through the issuance of Opinions;

6.522 To interpret the Constitution, Bylaws and rules of the AMA;

- 6.523** To investigate general ethical conditions and all matters pertaining to the relations of physicians to one another or to the public, and make recommendations to the House of Delegates ~~or the constituent associations~~, through the issuance of Reports or Opinions;
- 6.524** To receive appeals filed by applicants who allege that they, because of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, age, or for any other reason unrelated to character or competence have been unfairly denied membership in a constituent association, national medical specialty society, professional interest medical association, or AMA section represented in the AMA House of Delegates, and/or component society thereof, to determine the facts in the case, and to report the findings to the House of Delegates. If the Council determines that the allegations are indeed true, it shall admonish, censure, or in the event of repeated violations, recommend to the House of Delegates that the ~~constituent association and/or component society~~ organization involved be declared to ~~be no longer a constituent association and/or component society member of the AMA~~ be represented in the AMA House of Delegates or in the applicable AMA section.
- 6.525** To request that the President appoint investigating juries to which it may refer complaints or evidence of unethical conduct which in its judgment are of greater than local concern. Such investigative juries, if probable cause for action be shown, shall submit formal charges to the President, who shall appoint a prosecutor to prosecute such charges against the accused before the Council on Ethical and Judicial Affairs in the name and on behalf of the AMA. The Council may acquit, admonish, suspend, expel, or place on probation the accused; and
- 6.526** To approve applications and nominate candidates for affiliate membership as otherwise provided for in Bylaw 1.12.

APPENDIX - Relevant Policy

G-600.014 Guidelines for Admission of Constituent Associations to our AMA House of Delegates

1. Constituent associations are medical associations of states, commonwealths, districts, territories, or possessions of the United States. The Board of Trustees will review applications from new constituent associations seeking representation, and recommend a course of action to the House of Delegates. The following guidelines shall be utilized in evaluating constituent association applications for representation in our American Medical Association House of Delegates: a. The organization must not be in conflict with the Constitution and Bylaws of our AMA with regard to discrimination in membership;... (CCB/CEJA Joint Rep., A-09)

G-600.020 Admission of Specialty Organizations to our AMA House

The following guidelines shall be utilized in evaluating specialty society applications for representation in our 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 our AMA with regard to discrimination in membership;... (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; Consolidated: CLRPD Rep. 3, I-01; Reaffirmed: CLRPD Rep. 2, A-05; BOT Rep. 6, I-08)

G-600.022 Admission of Professional Interest Medical Associations to our 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 PIMA applications for representation in our 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 our AMA;... (CLRPD Rep. 1, A-99; Modified: CLRPD Rep. 3, A-00; Consolidated: CLRPD Rep. 3, I-01; Reaffirmed: CC&B Rep. 2, A-11)

3. INTERACTIVE DATABASE OF SECTION IOP PROVISIONS AND BYLAWS

Informational report. No reference committee hearing.

HOUSE ACTION: FILED

When the American Medical Association (AMA) Bylaws were revised in 2006, many provisions relevant to the sections were removed from the Bylaws. In presenting the streamlined Bylaws to the House of Delegates (HOD) at the 2006 Interim Meeting, the Council on Constitution and Bylaws (CCB) noted that Bylaw 7.00 (Sections) accounted for more than 25% of the bylaw pages, and that many provisions were more suitable for internal rules of the individual sections. CCB proposed, and the HOD agreed, that various procedural provisions should be removed from the AMA Bylaws and covered in the Sections' internal operating rules. The provisions that were retained in the Bylaws and those that were moved to internal rules are summarized below.

Bylaws:

- Mission of the Sections.
- Informational Reports of the Sections.
- Eligibility for membership in the Section.
- Duties and qualifications of Governing Council members.
- Designation of a minimum number of Section Officers, and a description of their qualifications.
- Qualifications of members to elect Governing Council members and Officers.
- Purposes of and representation at the Section Business Meetings.

Internal Rules/Internal Operating Procedures:

- Composition of the Governing Council, term and tenure of members, filling of vacancies.
- Designation of officers in addition to the minimum specified in the Bylaws.
- Term, tenure and procedure of elections for Officers.
- Quorum for the Business Meeting.

Currently, AMA Bylaw 6.113 provides that the Council on Constitution and Bylaws serves as advisory to the Board of Trustees in reviewing the rules, regulations, and procedures of AMA sections. Each AMA section has such rules, known as Internal Operating Procedures (IOP), which have been reviewed by CCB and subsequently approved by the Board of Trustees (BOT). When a section proposes a change to its IOP, CCB again reviews to ensure there is no conflict with the AMA Bylaws, and that the IOP is consistent with IOPs of other sections and internally consistent. The Board of Trustees then reviews the updated IOP and decides whether or not to approve the proposed change.

When the House of Delegates establishes a new section, CCB works closely with the new section to develop an IOP which the Board then approves. Any IOP provision that also necessitates a Bylaw then is presented to the HOD for action.

The elements of an IOP are described in further detail in the attached appendix. Also, the Council has recently developed an interactive database of the IOP provisions for all the AMA sections, along with the bylaws specific to each. This interactive database allows one to quickly compare individual IOP provisions across sections, and to search and navigate easily. As IOPs are updated, this document will be updated and made available on CCB's website at www.ama-assn.org/go/ccb.

The Council believes the IOP database will familiarize the House of Delegates with the section rules, regulations and procedures, and be a helpful resource to emerging sections.

The Council welcomes suggestions for enhancement

APPENDIX: Internal Operating Procedures for the AMA Sections, including CCB and Board Review and Approval, and Implications for Bylaw Amendments

| IOP Elements (includes relevant bylaws) | Content description | CCB (Read and review for consistency with Bylaws, internal consistency and consistency with other Section IOPs) | Board (Review and Approve) |
|--|--|--|--|
| <p>I. Section Name</p> <p><i>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.</i></p> | <ul style="list-style-type: none"> - Cite bylaw provision that establishes the Section - Identify section’s status as delineated or fixed (based on HOD action) | <ul style="list-style-type: none"> √ Elements are complete and in accordance with adopted HOD action. √ Change in name that requires a bylaw amendment. | <ul style="list-style-type: none"> √ Review and approve. √ Note that name changes require a Bylaw amendment approved by the HOD. |
| <p>II. Purposes and Principles</p> <p><i>7.01 Mission of the Sections. A Section is a formal group of physicians or medical students directly involved in policymaking through a Section delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Sections shall be established by the House of Delegates for the following purposes:</i></p> <p><i>7.011 Involvement. To provide a direct means for membership segments represented in the Sections to participate in the activities, including policy-making, of the AMA.</i></p> <p><i>7.012 Outreach. To enhance AMA outreach, communication, and interchange with the membership segments represented in the Sections.</i></p> <p><i>7.013 Communication. To maintain effective communications and working relationships between the AMA and organizational entities that are relevant to the activities of each Section.</i></p> <p><i>7.014 Membership. To promote AMA membership growth.</i></p> | <ul style="list-style-type: none"> - Relate to Bylaw 7.10 - May include additional purposes as are customary or specific to the section or as required by HOD - Section mission (if applicable) | <ul style="list-style-type: none"> √ Content should relate to Bylaw 7.01 and adopted HOD action; √ Purposes not covered in 7.01 that may require additional funding or where an additional bylaw may be necessary. √ Per 7.03, the programs and activities shall be subject to the approval of the Board of Trustees or the House of Delegates. | <ul style="list-style-type: none"> √ Review and approve; determine whether HOD approval also is necessary. |

| IOP Elements (includes relevant bylaws) | Content description | CCB (Read and review for consistency with Bylaws, internal consistency and consistency with other Section IOPs) | Board (Review and Approve) |
|--|---|--|--|
| <p>7.015 <i>Representation. To enhance the ability of membership segments represented in the Sections to provide their perspective to the AMA and the House of Delegates.</i></p> <p>7.016 <i>Education. To facilitate the development of information and educational activities on topics of interest to the membership segments represented in the Sections.</i></p> | | | |
| <p>III. Membership <i>Established by HOD and incorporated into Bylaws specific to each Section.</i></p> | <ul style="list-style-type: none"> - Who may join and how - Differentiate between voting and non-voting members - Organizational members - Proportional representation - Provisional members | <ul style="list-style-type: none"> √ All Section members are AMA members. √ Any provisional membership, non-AMA membership or non-physician membership requires a bylaw change) √ Apportionment/allocation formulas require bylaw amendment | <ul style="list-style-type: none"> √Review and approve proposed membership criteria. √Note those provisions that require amendment to AMA bylaws. |
| <p>IV. Officers/Governing Council</p> <p>7.03 <i>Governing Council. There shall be a Governing Council for each Section to direct the programs and the activities of the Section. The programs and activities shall be subject to the approval of the Board of Trustees or the House of Delegates.</i></p> <p>7.031 <i>Qualifications. Members of each Section Governing Council must be members of the AMA and of the Section.</i></p> <p>7.032 <i>Voting. Members of each Section Governing Council shall be elected by the voting members of the Section present at the business meeting of the Section, unless otherwise provided in this Bylaw.</i></p> | <ul style="list-style-type: none"> - Number and specific positions on GC, including ex-officio and nonvoting members. (At minimum, should include chair, vice-chair/chair-elect, delegate and alternate delegate) | <ul style="list-style-type: none"> √ The IOP include titles, duties, election, term and tenure of its officers. √ If Governing Council is not elected by voting members present at the Section’s business meeting (per 7.032) an “exemptions bylaw” is necessary. √ New positions or changes in officer designations (for funding implications). √ Existing bylaw relating to cessation of eligibility for GC members. | <p>Review and approve.</p> <p>Note that some changes to election procedures may be subject to HOD approval for additional bylaws.</p> <p>Note that any Governing Council positions that are not elected require a bylaw.</p> |

| IOP Elements (includes relevant bylaws) | Content description | CCB (Read and review for consistency with Bylaws, internal consistency and consistency with other Section IOPs) | Board (Review and Approve) |
|--|--|---|-----------------------------|
| <p>IV. Officers/Governing Council (continued)</p> <p>7.033 <i>Additional Requirements. Each Section shall adopt rules governing the composition, election, term, and tenure of its Governing Council.</i></p> <p>7.04 <i>Officers. Each Section shall select a Chair and Vice Chair or Chair-Elect and other necessary and appropriate officers.</i></p> <p>7.041 <i>Qualifications. Officers of each Section must be members of the AMA and of the Section.</i></p> <p>7.042 <i>Voting. Officers of each Section shall be elected by the voting members of the Section, unless otherwise provided in this Bylaw.</i></p> <p>7.043 <i>Additional Requirements. Each Section shall adopt rules governing the titles, duties, election, term, and tenure of its officers.</i></p> <p>7.05 <i>Delegate and Alternate Delegate. Each Section shall elect a Delegate and Alternate Delegate to represent the Section in the House of Delegates.</i></p> | <ul style="list-style-type: none"> - Authority/general statement of GC duties (include statement, “subject to the approval of such programs and activities, when required, by the BOT or HOD”) - Eligibility to run for GC -- AMA membership, Section membership, any other relevant criteria - Individual GC member responsibilities - Term/tenure, including overall tenure of GC - Term limits - Vacancies and how filled | | |
| <p>V. Elections (see Bylaws 7.042 and 7.05 above)</p> | <ul style="list-style-type: none"> - When is election held - Eligibility (including exceptions if relevant) - Nominations—how and when received - Campaign rules - Who is eligible to vote in elections - Method of voting, including votes are counted, how ties are handled and the appeals process (if relevant) | <ul style="list-style-type: none"> √ Eligibility to run for office, voting eligibility √ Fairness of campaign rules √ Election rules are transparent and clear | <p>Review and approve.</p> |
| <p>VI. Standing Committees (if relevant)</p> | <ul style="list-style-type: none"> - How constituted - Purpose - Duration - Nominations or appointments | <ul style="list-style-type: none"> √ Criteria is complete and transparent to Section members √ Any additional financial component (additional meetings, etc.) | <p>Review and approve.</p> |

| IOP Elements (includes relevant bylaws) | Content description | CCB (Read and review for consistency with Bylaws, internal consistency and consistency with other Section IOPs) | Board (Review and Approve) |
|---|---|--|--|
| VII. Trustee (if relevant) – The HOD must adopt any proposal to add additional designated seats for a trustee | <ul style="list-style-type: none"> - Eligibility - Term and tenure - Election specifics | √ Consistency with the Bylaws | Review and approve. |
| VIII. Additional HOD Delegates (beyond 1 allotted per section) | <ul style="list-style-type: none"> - Regions (if applicable) - How elected | √ Consistency with Bylaws that identify the criteria for additional HOD delegates and allocation/apportionment √ Governance √ Regions (if applicable) √ Election rules and procedures | Review and approve. Note that HOD approval is needed for more than 1 delegate to the HOD. |
| IX. Business Meeting <i>7.06 Business Meeting. There shall be a Business Meeting of members of each Section. The Business Meeting shall be held on a day prior to each Annual and Interim Meeting of the House of Delegates.</i> <i>7.061 Purpose. The purposes of the Business Meeting shall be:</i> <i>7.0611 To hear such reports as may be appropriate.</i> <i>7.0612 To consider other business and vote upon such matters as may properly come before the meeting.</i> <i>7.0613 To adopt resolutions for submission by the Section to the House of Delegates.</i> <i>7.0614 To hold elections.</i> | <ul style="list-style-type: none"> - Date and Location - Call to the Meeting - Representatives to the Meeting, including eligibility criteria for organizational reps, certification and registration processes; review process (if relevant for organizational reps); - Official observers and guests - Meeting purpose | √ Additional purposes to the Business meeting may require an “exceptions” bylaw √ Verify rules of procedure are comprehensive and include the rights and privileges of Section members, including any limitations on participation or vote. | Review and approve. Additional purposes of the Business meeting may require a bylaw adopted by the HOD. |
| IX. Business Meeting (continued) <i>7.062 Meeting Procedure.</i> <i>7.0621 The Business Meeting shall be open to all members of the AMA.</i> <i>7.0622 Only duly selected representatives who are AMA members shall have the right to vote at the Business Meeting.</i> <i>7.0623 The Business Meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council. The rules of procedure may specify the rights and privileges of Section members, including any limitations on participation or vote.</i> | <ul style="list-style-type: none"> - Business--how resolutions are submitted, including timeline and provisions for late or emergency resolutions - Convention Committees: how selected and function - Rules of Order - Quorum | | |

| IOP Elements (includes relevant bylaws) | Content description | CCB (Read and review for consistency with Bylaws, internal consistency and consistency with other Section IOPs) | Board (Review and Approve) |
|---|--|--|------------------------------------|
| X. Appointments/Endorsements | <ul style="list-style-type: none"> - Appointments to AMA or external groups; liaison assignments - Endorsements of Section members running for AMA elected positions - How selected - Section endorsement of BOT or Council candidates | <ul style="list-style-type: none"> √ Conflicts with Bylaws √ Transparency of nomination and selection processes √ Additional funding requirements | Review and approve |
| XI. Miscellaneous <i>7.07 Rules. All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees.</i> | <ul style="list-style-type: none"> - Parliamentary authority - Internal policies - IOP Amendments | √ Do IOP amendments need a corresponding bylaw? | Review and approve |

4. ESTABLISHMENT OF AN AMA INTEGRATED PHYSICIAN PRACTICE SECTION

Reference committee hearing: see report of [Reference Committee on Amendments to Constitution and Bylaws](#).

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

See Bylaws, [§7.80](#) and following.

At the 2011 Interim Meeting of the American Medical Association (AMA) House of Delegates (HOD), the HOD adopted amended Council on Long Range Planning and Development (CLRPD) Report 1-I-11, Proposal for an Integrated Physician Practice Section (AMA Policy G-615.115, AMA Policy Database), which directs our AMA to “transition the Advisory Committee on Group Practice Physicians to the Integrated Physician Practice Section as a delineated section of individual physicians,” and to “develop bylaw language to recognize the Integrated Physician Practice Section.”

DISCUSSION

For the past twenty years, the Advisory Committee on Group Practice Physicians has advised the AMA Board of Trustees on issues related to group practice physicians. This has taken the form of annual reports to the Board and face-to-face meetings on pressing issues. The Committee has also offered educational programs during the Annual and Interim Meetings. The Advisory Committee has no representation in the HOD through a delegate and alternate delegate. Adoption of this report to establish the Integrated Physician Practice Section will also provide the Section with a delegate and alternate delegate.

The AMA Bylaws provide general parameters for the AMA Sections as follows:

7.00 SECTIONS

7.01 Mission of the Sections. A Section is a formal group of physicians or medical students directly involved in policymaking through a Section delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Sections shall be established by the House of Delegates for the following purposes:

7.011 Involvement. To provide a direct means for membership segments represented in the Sections to participate in the activities, including policy-making, of the AMA.

7.012 Outreach. To enhance AMA outreach, communication, and interchange with the membership segments represented in the Sections.

7.013 Communication. To maintain effective communications and working relationships between the AMA and organizational entities that are relevant to the activities of each Section.

7.014 Membership. To promote AMA membership growth.

7.015 Representation. To enhance the ability of membership segments represented in the Sections to provide their perspective to the AMA and the House of Delegates.

7.016 Education. To facilitate the development of information and educational activities on topics of interest to the membership segments represented in the Sections.

7.02 Informational Reports. Each Section may submit at the Annual Meeting an informational report detailing the activities and programs of the Section during the previous year. The report(s) shall be submitted to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the report(s) to the Sections as it deems appropriate, prior to transmitting the report(s) to the House of Delegates without delay or modification by the

- Board. The Board may also submit written recommendations regarding the report(s) to the House of Delegates.
- 7.03 Governing Council.** There shall be a Governing Council for each Section to direct the programs and the activities of the Section. The programs and activities shall be subject to the approval of the Board of Trustees or the House of Delegates.
- 7.031 Qualifications.** Members of each Section Governing Council must be members of the AMA and of the Section.
- 7.032 Voting.** Members of each Section Governing Council shall be elected by the voting members of the Section present at the business meeting of the Section, unless otherwise provided in this Bylaw.
- 7.033 Additional Requirements.** Each Section shall adopt rules governing the composition, election, term, and tenure of its Governing Council.
- 7.04 Officers.** Each Section shall select a Chair and Vice Chair or Chair-Elect and other necessary and appropriate officers.
- 7.041 Qualifications.** Officers of each Section must be members of the AMA and of the Section.
- 7.042 Voting.** Officers of each Section shall be elected by the voting members of the Section, unless otherwise provided in this Bylaw.
- 7.043 Additional Requirements.** Each Section shall adopt rules governing the titles, duties, election, term, and tenure of its officers.
- 7.05 Delegate and Alternate Delegate.** Each Section shall elect a Delegate and Alternate Delegate to represent the Section in the House of Delegates.
- 7.06 Business Meeting.** There shall be a Business Meeting of members of each Section. The Business Meeting shall be held on a day prior to each Annual and Interim Meeting of the House of Delegates.

7.062 Meeting Procedure.

- 7.0621** The Business Meeting shall be open to all members of the AMA.
- 7.0622** Only duly selected representatives who are AMA members shall have the right to vote at the Business Meeting.
- 7.0623** The Business Meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council. The rules of procedure may specify the rights and privileges of Section members, including any limitations on participation or vote.
- 7.07 Rules.** All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees.

- 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.

The AMA Bylaws require each AMA Section to develop rules governing the composition, election, term and tenure of its governing council and other officers, and rules of procedure for conducting a business meeting. As the Advisory Committee on Group Practice Physicians transitions to the Integrated Physician Practice Section (IPPS), it will need to craft these rules, known as Internal Operating Procedures (IOP). The IPPS-IOP will then will be reviewed by the Council on Constitution and Bylaws for internal consistency, consistency with the Bylaws, and consistency with IOPs of other sections. Once the Board of Trustees has approved the IOP of the newly formed IPPS, the Council will submit any additional amendments to the Bylaws.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments to the Bylaws be adopted, that AMA Policy G-615.115 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.

7.00 Sections

7.80 Integrated Physician Practice Section. The Integrated Physician Practice Section is a delineated Section.

7.81 Membership. Membership in the Section shall consist of individual physician members. There are two categories of membership.

7.811 Associate Members. Associate Members of the Section shall be individual members of the AMA who are in physician-led, integrated health care organizations, which coordinate patient care across specialties and among physicians who share common records and clinical care processes. A physician-led, integrated health care organization must meet specific criteria contained in rules approved by the Board of Trustees in order for its members to qualify as Associate Members.

7.812 Affiliate Members. Affiliate Members of the Section shall be individual members of the AMA who are in practices that do not satisfy all the criteria established under 7.811. The physician's practice must meet specific criteria contained in rules approved by the Board of Trustees in order for its members to qualify as Affiliate Members.

7.82 Governing Council and Officers. Only Associate Members of the Section are eligible to hold office or serve on the Governing Council.

7.83 Cessation of Membership. If a Governing Council member ceases to meet the membership requirements of Bylaw 7.811 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 and a successor will be elected.

7.84 Representatives to the Business Meeting.

7.841 Associate Members. Each physician-led, integrated health care organization that meets the criteria approved by the Board of Trustees shall be eligible to send one or more Representatives to the business meeting based on the number of AMA members in the organization. The apportionment formula for representation shall be contained in rules approved by the Board of Trustees.

7.8411 Representatives to the Business Meeting. Associate Members of the Section who are sent to the business meeting as Representatives under Bylaw 7.841 can introduce business, introduce an amendment, make a motion and vote.

7.8412 Associate Members. Any Associate Member of the Section has the right to speak and debate on the floor of the Assembly, but only Representatives have the right to introduce business, introduce an amendment, make a motion or vote.

7.842 Affiliate Members. Each physician practice whose members meet the criteria to be Affiliate Members shall be eligible to send one or more Representatives to the business meeting based on the number of AMA members in the practice. The apportionment formula for representation shall be contained in rules approved by the Board of Trustees.

7.8421 All Affiliate Members of the Section, including Representatives, have the right to speak and debate on the floor of the Assembly, but do not have the right to introduce business, introduce an amendment, make a motion, hold office or vote.

APPENDIX - Relevant AMA Policy

G-615.115 Integrated Physician Practice. Our AMA will (1) transition the Advisory Committee on Group Practice Physicians to the Integrated Physician Practice Section as a delineated section of individual physicians and (2) develop bylaw language to recognize the Integrated Physician Practice Section. (CLRPD Rep. 1, I-11)

G-615.002 AMA Member Component Groups. A "Section" is a formal group of physicians or medical students directly involved in policymaking through a delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Each Section will continue to have representation in the House of Delegates. There will be two types of Sections, fixed and delineated. "Fixed Sections" will represent the natural cycles related to a physician's career span. Since members of these groups would have limited opportunities for representation through their state/specialties societies, the need for focused representation will be enduring. "Delineated Sections" will allow a voice in the house of medicine for large groups of physicians, who are connected through a unique perspective, but may be underrepresented. These Sections will often be based on demographics or mode of practice. Delineated Sections will have a single delegate and alternate delegate in the HOD, and will operate under Internal Operating Procedures approved by the Board of Trustees. Delineated Sections will be reviewed every 5 years by the Council on Long Range Planning, which will make recommendations through the Board of Trustees to the House of Delegates, for renewal of the Section, based on criteria adopted by the House. The review provision allows for fluidity in the Association's structure as the activities and impact of the member groups are routinely evaluated. An "advisory committee" is an entity whose activities relate to education and advocacy. An advisory committee will have a governing council and a direct reporting relationship to the BOT. Advisory committees, however, will not have representation in the HOD. Advisory committees will operate under a charter that will be subject to review and renewal by the BOT at least every four years. An "ad hoc committee" is a special committee, workgroup, or taskforce appointed by the BOT, the Speaker of the House, or the House of Delegates. These committees will operate for a specific purpose and for a prescribed period of time. A "caucus" is an informal group of physicians (from specialty and/or geographic medical groups or focused interest areas) who meet at the Annual and/or Interim meetings to discuss issues, pending resolutions and reports, candidates, and possible actions of the HOD. With the exception of AMA Section caucuses, these groups will not have a reporting relationship or resources allocated by the AMA. (CC&B Rep. 5, A-11)