REPORTS OF THE COUNCIL ON CONSTITUTION AND BYLAWS

The following reports, 1–7, were presented by David G. Gerkin, MD, Chair:

1. AMA BYLAWS 6.50 AND THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS’ JURISDICTION

Reference committee hearing: See report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: REFERRED

In 2009, the Council on Ethical and Judicial Affairs (CEJ A), identified several provisions referencing “constituent associations” in the AMA Bylaws that it believed needed clarification. Many of the discrepancies were reconciled by the issuance and subsequent adoption of Council on Constitution and Bylaws (CCB) Reports 1-I-09, 4-A-09 and 2-I-10. Several other provisions pertained to the Bylaws in Section 6.50, Council on Ethical and Judicial Affairs, which appeared to restrict CEJA’s jurisdiction to constituent associations or their component societies. The Bylaws in Section 6.50 are the subject of this report.

DISCUSSION

Historically, the Bylaws pertaining to disciplinary action 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) and did not include delegates from the national medical specialty societies. There were no AMA Sections.

When nondiscrimination provisions were added to the Bylaws, they applied equally to any association represented in the AMA House of Delegates – constituent associations, national medical specialty societies, and professional interest medical associations – or 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. Nondiscrimination provisions 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. Various nondiscrimination rules pertinent to the AMA Sections were removed from the Bylaws and inserted into the Internal Operating Procedures of the AMA Sections. These IOPs are reviewed by the Council on Constitution and Bylaws to ensure compliance with the Bylaws and approved by the Board of Trustees.

The Council on Constitution and Bylaws has reviewed the AMA Bylaws and recommends some changes to bring the Bylaws into consonance with policy, the Internal Operating Procedures of the AMA Sections, and practice. The Bylaws have traditionally given CEJA jurisdiction over the component societies of the constituent associations, and the proposed changes would clarify the same provisions apply to national medical specialty societies and professional interest medical associations, and their component societies.

The Council acknowledges that its proposed changes to Bylaw 6.524 to clarify CEJA’s jurisdiction related to 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 any organization represented in the House of Delegates, component society thereof, or in an AMA Section could be construed as also applying to the Federal Services; however, the Council believes that the Federal Services, as they are governmental entities, are very different than other organizations in the House of Delegates. Should an individual choose to bring to CEJA’s attention an allegation of discrimination within the military, however, CEJA would have jurisdiction to investigate.

RECOMMENDATION

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.

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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 any organization represented in the AMA House of Delegates, component society thereof, or an AMA Section, constituent association and/or component society 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 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.

6.53 Original Jurisdiction. The Council on Ethical and Judicial Affairs shall have original jurisdiction in:

6.531 All questions involving membership as provided in Bylaws 1.111, 1.112, 1.12, 1.14, and 1.50.

6.532 All controversies arising under this Constitution and Bylaws and under the Principles of Medical Ethics to which the AMA is a party.

6.533 Controversies between two or more constituent associations or their members and between a constituent association and a component society or societies of another constituent association or associations organizations represented in the House of Delegates or their members, or between any organization represented in the House of Delegates and one or more component societies of another organization represented in the House of Delegates, arising under this Constitution and Bylaws and the Principles of Medical Ethics.

6.54 Appellate Jurisdiction. The Council on Ethical and Judicial Affairs shall have appellate jurisdiction in questions of law and procedure but not of fact in all cases which arise:

a. Between a constituent association and one or more of its component societies, any organization represented in the House of Delegates and one or more of its component societies.
b. Between component societies of the same constituent association organization.

c. Between a member or members and the component society to which the member or members belong following an appeal to the member's constituent association organization.

d. Between a member or members and the constituent association any organization represented in the House of Delegates to which the member belongs regarding disciplinary action taken against the member by the society or association.

e. Between members of different component societies of the same constituent association organization represented in the House of Delegates following a decision by the constituent society or association.

6.541 Appeal Mechanisms. Notice of appeal shall be filed with the Council on Ethical and Judicial Affairs within 30 days of the date of the decision by the component society or the constituent organization represented in the House of Delegates and the appeal shall be perfected within 60 days thereof; provided, however, that the Council on Ethical and Judicial Affairs, for what it considers good and sufficient cause, may grant an additional 30 days for perfecting the appeal.

2. CCB’s SUNSET REVIEW OF 2001 HOUSE POLICIES AND DIRECTIVES

Reference committee hearing: See report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: RECOMMENDATION ADOPTED AND REMAINDER OF REPORT FILED

At its 1984 Interim Meeting, the House of Delegates established a sunset mechanism for House policies (Policy G-600.110, AMA Policy Database). Under this mechanism, a policy established by the House ceases to be viable after 10 years unless action is taken by the House to retain it.

The objective of the sunset mechanism is to help ensure that the AMA Policy Database is current, coherent, and relevant. By eliminating outmoded, duplicative, and inconsistent policies, the sunset mechanism contributes to the ability of the AMA to communicate and promote its policy positions. It also contributes to the efficiency and effectiveness of House of Delegates deliberations.

At its 2002 Annual Meeting, the House modified Policy G-600.110 to change the process through which the policy sunset review is conducted. The process now includes the following steps:

- In the spring of each year, the House policies that are subject to review under the policy sunset mechanism are identified.
- Using the areas of expertise of the AMA Councils as a guide, the staffs of the AMA Councils determine which policies should be reviewed by which Councils.
- For the Annual Meeting of the House, each Council develops a separate policy sunset report that recommends how each policy assigned to it should be handled. For each policy it reviews, a Council may recommend one of the following actions: (a) retain the policy; (b) rescind the policy; or (c) retain part of the policy. A justification must be provided for the recommended action on each policy.
- The Speakers assign the policy sunset reports for consideration by the appropriate reference committees.

Although the policy sunset review mechanism may not be used to change the meaning of AMA policies, minor editorial changes can be accomplished through the sunset review process.

In this report, the Council on Constitution and Bylaws (CCB) presents its recommendations on the disposition of the House policies and directives that were assigned to it for the 2011 cycle. CCB’s recommendations along with the rationale for sunsetting or reaffirming the directive or policy at hand are presented in Appendix A to this report. Appendix B presents the original text of the policy or directive.
**RECOMMENDATION**

The Council on Constitution and Bylaws recommends that the policies listed in Appendix A to this report be acted upon in the manner indicated and that the remainder of this report be filed.

**APPENDIX A – Recommended Actions on 2001 House Policies and Directives**

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Title</th>
<th>Recommended Action &amp; Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>H-525.989</td>
<td>Women’s Vietnam Memorial in Washington, DC</td>
<td>Sunset: Action requested has been accomplished. The Vietnam Women’s Memorial was dedicated on November 11, 1993. AMA was a staunch supporter of this project.</td>
</tr>
<tr>
<td>H-160.964</td>
<td>“900” Telephone Number Medical Delivery Systems</td>
<td>Sunset: Policy is no longer relevant or necessary. The Federal Trade Commission’s is responsible for administering consumer protection laws, including the Pay-Per-Call rule, or 900-number rule.</td>
</tr>
<tr>
<td>D-200.997</td>
<td>Job Data Bank</td>
<td>Sunset: The member benefit that was the focus of this directive never came to fruition. JAMA’s Career Center includes online listings of classified openings that appear in the AMA journals. Restricting access only to AMA members would undermine the successful business model behind this publishing concept.</td>
</tr>
<tr>
<td>D-600.979</td>
<td>HOD Select Committee: Governance Committee</td>
<td>Sunset: The policy is obsolete. The Select Committee issued its final report at Interim 2001. The actions requested were accomplished by the issuance of several reports by the ad hoc committee on governance.</td>
</tr>
<tr>
<td>D-600.999</td>
<td>Specialty Society Delegate Allocation</td>
<td>Sunset: The action requested was accomplished. The AMA Bylaws present the allocation formulas for all organizations represented in the House of Delegates. Physicians may use the online specialty ballot to designate their choice of specialty for purposes of HOD representation. The HOD website presents current allocations.</td>
</tr>
<tr>
<td>D-605.992</td>
<td>HOD Select Committee: AMA Member Attendance at Board Meetings</td>
<td>Sunset: The action requested was accomplished. Current BOT procedures for attending a Board meeting are online. The Board’s Standing Rules differentiate among the following types of Board meetings/executive sessions: executive session, closed session, limited session, and general session.</td>
</tr>
<tr>
<td>D-605.993</td>
<td>HOD Select Committee: Standing Rules</td>
<td>Sunset: The action requested has been accomplished. The AMA Bylaws specify that the speaker shall serve, ex officio, as a member of the executive committee of the Board of Trustees. The Board’s Standing Rules indicate that the Speaker is an executive committee member.</td>
</tr>
<tr>
<td>D-605.994</td>
<td>HOD Select Committee: Communication</td>
<td>Sunset: This policy is no longer necessary, as this is now standard AMA practice.</td>
</tr>
<tr>
<td>D-620.995</td>
<td>Unity Project</td>
<td>Sunset: Policy is no longer relevant.</td>
</tr>
<tr>
<td>D-620.996</td>
<td>Transmission of the Report of the Federation Advisory Committee Status Update</td>
<td>Sunset: Policy is no longer relevant. Recommendations 1, 2, and 3 are obsolete; Recommendation 4 has been accomplished.</td>
</tr>
<tr>
<td>D-625.992</td>
<td>Unity Project</td>
<td>Sunset: Policy is no longer relevant.</td>
</tr>
<tr>
<td>D-625.998</td>
<td>AMA Strategic Direction for 2002 and Beyond</td>
<td>Sunset: Policy is no longer relevant.</td>
</tr>
<tr>
<td>D-625.999</td>
<td>Excellence in Governance: Implementation of the “Final Report of the Ad Hoc Committee on Structure, Governance and Operations”</td>
<td>Sunset: This directive is obsolete. The Select Committee concluded its business at I-01.</td>
</tr>
<tr>
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<tr>
<td>D-630.987</td>
<td>HOD Select Committee: Anderson v AMA</td>
<td>Sunset: The action requested has been accomplished.</td>
</tr>
<tr>
<td>D-630.988</td>
<td>HOD Select Committee: Outside Legal Counsel</td>
<td>Reaffirm with modification of title as follows: HOD Select Committee: Outside Legal Counsel. Directive is still relevant.</td>
</tr>
<tr>
<td>D-630.989</td>
<td>Risk Minimization</td>
<td>Sunset: Action requested has been accomplished. AMA has comprehensive risk management program.</td>
</tr>
<tr>
<td>D-630.990</td>
<td>HOD Select Committee: General Counsel</td>
<td>Reaffirm with modification of title as follows: HOD Select Committee: General Counsel. Directive is still relevant.</td>
</tr>
<tr>
<td>D-630.991</td>
<td>Use of Physicians' Identity Data</td>
<td>Sunset: Specific action requested has been accomplished and/or superseded by D-315.988. Also, additional information appears on AMA’s database licensing website.</td>
</tr>
<tr>
<td>D-630.999</td>
<td>Use of Medical Education Numbers In Continuing Medical Education</td>
<td>Sunset: The action requested has been accomplished. The Unified Service Center (1-800-AMA-3211) is able to give physicians their ME number.</td>
</tr>
<tr>
<td>D-635.986</td>
<td>IMG Section Listed on Membership Dues Statement</td>
<td>Sunset: The directive requested was accomplished. Recruiting IMGs and all other physicians remains an AMA priority. The AMA IMG Section web site provides additional information.</td>
</tr>
<tr>
<td>D-635.987</td>
<td>AMA Offer Part-Time Active Status</td>
<td>Sunset: The specific directive requested has been accomplished. Current AMA dues, as adopted by the HOD, give a discounted rate to fully retired (working 0 hours per week) and to semi-retired physicians (age 65 or older - working 1-20 hours per week).</td>
</tr>
<tr>
<td>D-635.988</td>
<td>AMA Life Membership Status</td>
<td>Sunset: The directive requested was accomplished (also, the title is not appropriate to the directive). The AMA Senior Physicians Group supports projects of interest to the senior physician community, including continued communication, advocacy on behalf of senior physician issues, and ongoing development of member benefits and activities.</td>
</tr>
<tr>
<td>D-635.996</td>
<td>Delays in AMA Student Membership Processing</td>
<td>Sunset: The action requested was accomplished (The Board issued BOT Report 23, I-01, which was filed).</td>
</tr>
<tr>
<td>D-635.999</td>
<td>Collection of E-Mail Addresses</td>
<td>Sunset 1 and 2: Directives are no longer relevant under current data sharing agreements with the Federation; Sunset 3: Directive is obsolete (HealthCare Pro Connect no longer exists); Sunset 4: Superseded by G-600.005.</td>
</tr>
<tr>
<td>G-600.015</td>
<td>State Delegations to our AMA</td>
<td>Reaffirm: Policy is still relevant and should be retained.</td>
</tr>
<tr>
<td>G-600.022</td>
<td>Admission of Professional Interest Medical Associations to our AMA House</td>
<td>Reaffirm: This policy sets out the criteria for PIMA admission to the HOD and should be retained.</td>
</tr>
<tr>
<td>G-600.024</td>
<td>Representation of Medical Students in our AMA House</td>
<td>Reaffirm with modification of title as follows: Representation of Medical Students and Residents in our AMA House. Policy is still relevant.</td>
</tr>
<tr>
<td>G-600.080</td>
<td>Recognition of Members Departing the House</td>
<td>Sunset: This policy is no longer necessary. A process has been established, and is referenced in the House of Delegates Reference Manual: Procedures, Policies and Practices. Additional updates are the purview of the Committee on Rules and Credentials.</td>
</tr>
<tr>
<td>G-600.090</td>
<td>Ancillary Meetings and Conferences of the House</td>
<td>Reaffirm: The policy gives direction to the Speakers and should be retained.</td>
</tr>
<tr>
<td>G-600.111</td>
<td>Consolidation of AMA Policy</td>
<td>Reaffirm: The policy is still relevant and should be retained.</td>
</tr>
<tr>
<td>G-605.020</td>
<td>Board Organization</td>
<td>Sunset: The policy is no longer relevant.</td>
</tr>
<tr>
<td>G-605.040</td>
<td>Board Roles and General Responsibilities</td>
<td>Sunset: The policy is no longer necessary as it is embodied in various AMA Bylaws and the BOT Standing Rules.</td>
</tr>
<tr>
<td>G-605.060</td>
<td>Risk Management</td>
<td>Sunset: The policy is embodied in BOT Standing Rules. Other actions have been accomplished and are part of AMA practice.</td>
</tr>
<tr>
<td>G-605.070</td>
<td>Board Activities and House Policy</td>
<td>Reaffirm: The policy is still relevant.</td>
</tr>
<tr>
<td>G-605.080</td>
<td>Board Meetings</td>
<td>Retain Recommendation #1: Policy is still relevant. Sunset #2: Recommendation is no longer necessary, as it has been embodied in BOT Standing Rules. The AMA web site includes the Board’s policy on guests, and provides access to Board minutes for AMA members.</td>
</tr>
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<tr>
<td>G-610.021</td>
<td>Guiding Principles for House Elections</td>
<td>Reaffirm: Policy is still relevant and should be retained.</td>
</tr>
<tr>
<td>G-610.030</td>
<td>Election Process</td>
<td>Reaffirm: Policy is still relevant and should be retained.</td>
</tr>
<tr>
<td>G-610.050</td>
<td>Selecting an EVP</td>
<td>Reaffirm: Policy is still relevant and should be retained.</td>
</tr>
<tr>
<td>G-610.051</td>
<td>Employment Contract for the Executive Vice President</td>
<td>Reaffirm: Policy is still relevant and should be retained.</td>
</tr>
<tr>
<td>G-615.005</td>
<td>AMA Organizational Structure: Committees and Councils</td>
<td>Sunset: The policy is no longer necessary and has been incorporated into various bylaw provisions.</td>
</tr>
<tr>
<td>G-615.010</td>
<td>Role of Councils in Strategic Planning</td>
<td>Sunset: The policy is no longer necessary, as it is embodied in Bylaw 6.012.</td>
</tr>
<tr>
<td>G-615.020</td>
<td>Communications among Councils</td>
<td>Sunset: The action requested has been accomplished and is embodied in current practices.</td>
</tr>
<tr>
<td>G-615.040</td>
<td>Opinions and Reports of CEJA</td>
<td>Sunset #4: Policy is no longer relevant, as the CEJA Open Forum achieves the intent; Reaffirm Recommendations #1 through #3: Recommendations are still relevant.</td>
</tr>
<tr>
<td>G-615.050</td>
<td>Reports of CSA</td>
<td>Sunset: The practices requested have been established and are referenced in the AMA House of Delegates Reference Guide: Procedures, Policies and Practices.</td>
</tr>
<tr>
<td>G-615.060</td>
<td>CME Activities</td>
<td>Sunset #1: The policy has been superseded by the US Department of Education’s recognition of the Liaison Committee on Medical Education (LCME) for accreditation of programs of medical education leading to the MD in the United States. For Canadian medical education programs, the LCME engages in accreditation in collaboration with the Committee on Accreditation of Canadian Medical Schools. Reaffirm #2: The policy continues to be relevant.</td>
</tr>
<tr>
<td>G-615.070</td>
<td>COL Activities</td>
<td>Reaffirm: Policy is still relevant.</td>
</tr>
<tr>
<td>G-615.090</td>
<td>Representatives of the Medical Student Section and Resident and Fellow Section</td>
<td>Sunset: The policy is no longer necessary as it is now a matter of practice to involve the student and resident BOT members in BOT appointments to committees.</td>
</tr>
<tr>
<td>G-620.010</td>
<td>Definition of the Federation</td>
<td>Sunset: Policy has been superseded by D-620.998.</td>
</tr>
<tr>
<td>G-620.020</td>
<td>AMA/Federation Communications and Coordinated Action</td>
<td>Reaffirm: Policy is still relevant and should be retained.</td>
</tr>
<tr>
<td>G-620.041</td>
<td>Characteristics of a New Federation of Medicine</td>
<td>Sunset: This policy is no longer necessary. Various elements of this lengthy and complex policy have been accomplished, embodied in Bylaws, and superseded by Policy.</td>
</tr>
<tr>
<td>G-620.060</td>
<td>Enhancing the Value of Membership in Organized Medicine</td>
<td>Reaffirm: Policies are still relevant and should be retained.</td>
</tr>
<tr>
<td>G-620.070</td>
<td>Medical Society Referral Programs</td>
<td>Sunset. The policy is no longer relevant.</td>
</tr>
<tr>
<td>G-620.080</td>
<td>Federation Organizations and Hospital Staff</td>
<td>Reaffirm, with modifications, as follows: Federation Organizations and Hospital Organized Medical Staffs. AMA policy on Federation Organizations and Hospital Organized Medical Staffs include the following: (1) Support efforts to foster more effective liaison between state and local medical societies and hospital organized medical staffs, and better coordination of their activities, and (2) support working with county medical societies and state medical associations to provide the counsel and services necessary to strengthen local hospital organized medical staffs. Policy is still relevant.</td>
</tr>
<tr>
<td>G-620.090</td>
<td>Information Brochures on Medical Specialty Societies</td>
<td>Sunset: Policy is no longer relevant.</td>
</tr>
<tr>
<td>G-630.010</td>
<td>Executive Vice President</td>
<td>Reaffirm: The policy is still relevant.</td>
</tr>
<tr>
<td>G-630.020</td>
<td>Role of AMA Staff</td>
<td>Sunset: This policy has been superseded by D-445.999.</td>
</tr>
<tr>
<td>G-630.021</td>
<td>Employment Agreements for Senior Executive Staff</td>
<td>Reaffirm: The policy is still relevant.</td>
</tr>
<tr>
<td>Policy Number</td>
<td>Title</td>
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<tr>
<td>G-630.030</td>
<td>Leadership Opportunities</td>
<td>Sunset: This policy is no longer necessary. #1 is no longer relevant as the National Leadership Conference no longer exists; and #2 and #3 were superseded by recommendations in CLRDP Rep. 1, 1-10.</td>
</tr>
<tr>
<td>G-630.041</td>
<td>AMA Corporate Visits</td>
<td>Sunset: This is a matter of AMA practice and thus the policy is no longer necessary.</td>
</tr>
<tr>
<td>G-630.050</td>
<td>Physician Identification</td>
<td>Sunset: The actions requested have been accomplished.</td>
</tr>
<tr>
<td>G-630.051</td>
<td>Use of Physicians’ Identity Data</td>
<td>Sunset: The policy has been superseded by D-315.988. Also, additional information is included on AMA’s database licensing website.</td>
</tr>
<tr>
<td>G-630.060</td>
<td>Certification Program and Licensing Agreements</td>
<td>Sunset: The policy is no longer relevant.</td>
</tr>
<tr>
<td>G-630.070</td>
<td>International Strategy</td>
<td>Reaffirm Recommendation #1: It is still relevant. The AMA Office of International Medicine was established in 1978 as a focal point for coordinating a wide variety of activities stemming from the Association’s longstanding involvement in international health. Sunset Recommendation #2: This policy has been superseded by G-610.040, H-255.977, and H-255.984.</td>
</tr>
<tr>
<td>G-630.080</td>
<td>Terminology</td>
<td>Sunset: Policy is no longer necessary, as the actions requested are a matter of AMA practice.</td>
</tr>
<tr>
<td>G-630.091</td>
<td>Direct to Consumer Ads</td>
<td>Sunset: Action requested has been accomplished. Also, the policy in part has been superseded by D-630.981, H-480.956 and H-105.988. In addition, AMA online advertising principles and advertising principles for JAMA and other AMA journals address the policy.</td>
</tr>
<tr>
<td>G-630.110</td>
<td>Conflict of Interest</td>
<td>Sunset: The actions requested have been accomplished. Of relevance is AMA’s Conflict of Interest policy and Policy G-630.040, AMA Principles on Corporate Relationships.</td>
</tr>
<tr>
<td>G-630.120</td>
<td>Grants and Funding</td>
<td>Sunset: This policy is no longer necessary. The RFS offers grants of $250-$500 to residents and fellows who develop projects that further AMA Policy Info; The AMA continues to maintain its Physician Health program.</td>
</tr>
<tr>
<td>G-630.150</td>
<td>Masterfile Coding</td>
<td>Sunset: This policy is no longer relevant as AMA communicates regularly with internal and external sources regarding content and source of Physician Masterfile data.</td>
</tr>
<tr>
<td>G-635.010</td>
<td>AMA Membership Strategy: General Approaches</td>
<td>Reaffirm: These policies are still relevant.</td>
</tr>
<tr>
<td>G-635.020</td>
<td>Outreach Strategy: Medical Students, Residents, and Young Physicians</td>
<td>Sunset: Policy is no longer relevant. Recommendations #1 and #2 are standard AMA practice; Recommendation #3 is outdated (The National Leadership Conference no longer exists); and Recommendations #4 and 5 are current AMA practice. OSMAP presents its annual program in conjunction with the HOD Interim meeting.</td>
</tr>
<tr>
<td>G-635.021</td>
<td>Outreach Strategy: Minority Physicians</td>
<td>Sunset: The action requested has been accomplished and superseded by G-610.040. Also, the AMA Minority Affairs Section provides a national forum for advocacy on minority health issues and professional concerns of minority physicians and medical students.</td>
</tr>
<tr>
<td>G-635.022</td>
<td>Outreach Strategy: Retired Physicians</td>
<td>Sunset: The action requested has already been accomplished. Also, The AMA Senior Physicians Group supports projects of interest to the senior physician community, including continued communication, advocacy on behalf of senior physician issues, and ongoing development of member benefits and activities.</td>
</tr>
<tr>
<td>G-635.023</td>
<td>Outreach Strategy: Spouses of Physicians</td>
<td>Reaffirm and Modify to read as follows: AMA Support for the AMA Alliance, Outreach Strategy: Spouses of Physicians, Our AMA House of Delegates encourages its members to urge their spouses and their partners to become members of the AMA Alliance and their respective Alliances. The policy is still relevant but in need of modification to retain current. An AMA Alliance online membership application is available.</td>
</tr>
<tr>
<td>G-635.024</td>
<td>Outreach Strategy: Physicians on AMA Editorial Boards</td>
<td>Reaffirm, with modification of title as follows: AMA Membership and Outreach Strategy: Physicians on AMA Editorial Boards. The policy is still relevant, but needs modification to remain current.</td>
</tr>
<tr>
<td>G-635.030</td>
<td>AMA Membership Strategy: Working with the Federation</td>
<td>Sunset: The policy has been superseded by G-635.120.</td>
</tr>
<tr>
<td>Policy Number</td>
<td>Title</td>
<td>Recommended Action &amp; Rationale</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>G-635.040</td>
<td>Role of Federation Organizations in Membership Development</td>
<td>Sunset: The policy is no longer relevant as written. Numerous policies supersede this, as well as AMA practice.</td>
</tr>
<tr>
<td>G-635.041</td>
<td>Membership Provisions in Bylaws of Federation Organizations</td>
<td>Sunset: The actions requested have been accomplished.</td>
</tr>
<tr>
<td>G-635.042</td>
<td>Model Bylaws for State and Component Societies</td>
<td>Sunset: The action requested has been accomplished.</td>
</tr>
<tr>
<td>G-635.050</td>
<td>AMA Membership Strategy: Unification</td>
<td>Sunset: Policy is no longer necessary. The AMA <strong>Bylaws</strong> specify bonus delegate for unified societies.</td>
</tr>
<tr>
<td>G-635.051</td>
<td>AMA Membership Strategy: Direct Membership</td>
<td>Sunset: The action requested is an AMA practice.</td>
</tr>
<tr>
<td>G-635.052</td>
<td>AMA Membership Strategy: Group Practices</td>
<td>Sunset: Policy is no longer necessary; also, superseded in part by <strong>G.635.120</strong>.</td>
</tr>
<tr>
<td>G-635.060</td>
<td>AMA Member Benefits</td>
<td>Sunset: The actions requested have been accomplished.</td>
</tr>
<tr>
<td>G-635.070</td>
<td>Membership Marketing and Communication</td>
<td>Sunset: The actions requested have been accomplished. Also, policy has been superseded by <strong>D.635.989</strong>.</td>
</tr>
<tr>
<td>G-635.080</td>
<td>Budgeting for our AMA Membership Life Cycle Strategy</td>
<td>Sunset: Policy is no longer necessary.</td>
</tr>
<tr>
<td>G-635.090</td>
<td>Role of AMA Councils and Sections in Membership Promotion</td>
<td>Sunset: Policy has been superseded by <strong>D.635.989</strong>.</td>
</tr>
<tr>
<td>G-635.100</td>
<td>AMA Membership Categories</td>
<td>Sunset: Policy is no longer relevant.</td>
</tr>
<tr>
<td>G-635.110</td>
<td>Membership Application, Billing, and Processing</td>
<td>Sunset: Recommendations #1, #2, #3, #6 and #7 are no longer relevant (constituent societies are autonomous and 80% oppose a master bill); Recommendations #4, #5 and #9 are current operating procedure; and Recommendation #8 has been superseded in part by <strong>G.635.120</strong>.</td>
</tr>
<tr>
<td>G-640.010</td>
<td>Guidelines for Representation of the AMA</td>
<td>Reaffirm: This policy remains relevant.</td>
</tr>
<tr>
<td>G-640.020</td>
<td>Political Action Committees and Contributions</td>
<td>Reaffirm Recommendations #1 through #6, #8, and #9. Sunset Recommendation #7, as it has been accomplished. <strong>AMPAC</strong> is led by a Board of Directors, composed of AMA members. AMA’s advocacy website encourages physicians to be involved in all phases of AMA’s advisory efforts, and to take advance of AMPAC training for political candidates and/or supporters. AMA is committed to <strong>grassroots involvement</strong>.</td>
</tr>
<tr>
<td>G-640.030</td>
<td>Physicians in Public Office and Third Party Payers</td>
<td>Sunset: The actions requested have been accomplished. AMA encourages physicians to be active <strong>politically active</strong>, and will continue to do so.</td>
</tr>
<tr>
<td>G-640.040</td>
<td>Lobbying and Grassroots Participation</td>
<td>Sunset: The actions requested have been accomplished. AMA encourages physicians to be active <strong>politically active</strong>, and will continue to do so.</td>
</tr>
</tbody>
</table>

**APPENDIX B – 2001 Policies and Directives**

**H-445.986 Strategy to Promote AMA to the Public.**
In order to enhance the visibility of how physicians attend to their patients and to strengthen the confidence the public has in us, our AMA should seek opportunities, including telecasts and interviews with the news media, for its leadership, as well as the elected officers of state, local, and specialty societies, to enhance our image with the public. *(Res. 618, A-01)*

**H-525.989 Women’s Vietnam Memorial in Washington, DC**
Our AMA honors the contributions made by United States nurses and other servicewomen, and supports the Vietnam Women’s Memorial Project, Inc., by disseminating to all of the state medical societies information concerning this honorable project, thereby allowing all physicians the opportunity to show their appreciation to our women colleagues by supporting this great and lasting endeavor. *(Res. 19, A-91; Reaffirmed: Sunset Report, I-01)*

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H-160.964 “900” Telephone Number Medical Delivery Systems
It is the policy of the AMA to take appropriate measures to ensure that the American public is adequately protected in the delivering of “900” telephone number medical services. (Res. 13, I-91; Reaffirmed: Sunset Report, I-01)

Current Directives

D-200.997 Job Data Bank
The enhanced website described in this report should be available to the members of the AMA at no charge and be available to non-members at a fee. (BOT Rep. 7, A-01)

D-600.978 AMA Resolutions Honoring Deceased Nonphysicians
Our AMA will permit the introduction of resolutions honoring deceased individuals who have given significant amounts of time and energy in service to the AMA or Federation societies, whether or not such individuals are physicians (Res. 602, I-01)

D-600.979 HOD Select Committee: Governance Committee
(1) The Speaker appoint an ongoing Ad Hoc Committee consisting of the Vice Speaker, two representatives of the Council on Long Range Planning and Development, a representative of Reference Committee F, and a representative from the Select Committee; with the following responsibilities: (a) address the items referred to it in this report, (b) examine the responsibilities and relationships among the AMA Executive Vice President, General Counsel, and Board of Trustees, (c) review and make recommendations to the House of Delegates based in part on previous reports addressing governance, and (d) provide ongoing reports to the House of Delegates at Annual and Interim Meetings until such time as the House deems that it has accomplished its charge, beginning with the 2002 Annual Meeting. The reports shall address the implementation of new recommendations, old recommendations, and policies that have not been fully implemented with respect to governance. (2) The Select Committee be dismissed with thanks for a timely and cogent report. (Rep. of the HOD Select Committee, I-01)

D-600.999 Specialty Society Delegate Allocation
The House call on all delegates, alternate delegates, and Federation organizations to provide feedback on the six alternatives outlined in this report or suggest other alternatives to the Council on Long Range Planning and Development. (CLRPD Rep. 2, A-01)

D-605.992 HOD Select Committee: AMA Member Attendance at Board Meetings
The Board of Trustees shall review existing policy for attendance of AMA members at Board meetings as stated in Board Standing Rules and alter them so that the process is less cumbersome. The Board of Trustees shall develop criteria detailing indications for the use of Executive, Closed, and Limited Sessions with the goal to utilize such procedures as infrequently as possible, and the Board of Trustees shall report back as to the changes at the 2002 Annual Meeting. The Board of Trustees will submit to the House of Delegates an informational report at the 2002 Annual Meeting detailing the criteria it has established as to when a member of the AMA may not be present during Board deliberations. (Rep. of the HOD Select Committee, I-01)

D-605.993 HOD Select Committee: Standing Rules
The Board of Trustees should amend its Standing Rules and that the Bylaws be amended to indicate that the Speaker of the AMA shall be an ex officio member of the Executive Committee of the Board without the right to vote. (Rep. of the HOD Select Committee, I-01)

D-605.994 HOD Select Committee: Communication
Activities to promote communication between the Board of Trustees and staff should be an ongoing priority. (Rep. of the HOD Select Committee, I-01)

D-610.999 Guiding Principles for House Elections
(1) The Guiding Principles for House Elections, as described in G-610.021, will be included in the AMA Election Manual that is distributed before each Annual Meeting of the AMA House of Delegates. (2) Our AMA House of Delegates urges the Speakers of the House to organize and schedule candidates forums at upcoming Annual Meetings in order to determine if candidates forums can enhance the House’s election process. (CLRPD Rep. 4, I-01)

D-620.995 Unity Project
Our House of Delegates will extend to the 2002 Annual Meeting the date for the Board report on the Unity Project. (BOT Rep. 22, I-01)

D-620.996 Transmission of the Report of the Federation Advisory Committee Status Update
(1) The Federation Advisory Committee (FAC) continue to encourage, facilitate, and document collaborative efforts among all levels of organized medicine. (2) The FAC continue to actively pursue Federation Coordination Team projects that are currently underway. (3) The FAC continue to serve as a resource to the Federation Unity Project and its workgroups. (4) The AMA’s investment in the Virtual Federation (VFED) be concluded. (BOT Rep. 31, A-01)
D-625.992 Unity Project
(1) The governing bodies of all organizations represented in the AMA House be requested to review and provide feedback on the Commission on Unity (COU) Report and BOT Report 28 (A-01), entitled “Analysis of Alternative Membership Models” and take positions on the recommendations in the COU Report. (2) All organizations that have not contributed be encouraged to provide financial support to the Unity Project as requested in the letters sent March and May, 2001. (BOT Rep. 30, A-01)

D-625.998 AMA Strategic Direction for 2002 and Beyond
Our current AMA Vision Statement, the key issues identified in this report, and the key dimensions described in this report serve as a basis for the development of the AMA Plan for 2002, will be distributed to the House of Delegates at its Interim 2001 Meeting. (BOT Rep. 1, A-01)

D-625.999 Excellence in Governance: Implementation of the “Final Report of the Ad Hoc Committee on Structure, Governance and Operations”
(1) Future reports on the status of the recommendations of the Ad Hoc Committee on Structure, Governance & Operations not include those items that have been completed or rescinded. (2) The Speakers of the House of Delegates appoint a Select Committee of this House ratified by the House prior to the end of this meeting, comprised of at least six members of the House of Delegates, said committee to be charged with the responsibility of: (a) Investigating the matter of Anderson v. American Medical Association, et al, and reporting back to this House of Delegates as to the results of its investigation; (b) Making recommendations as to appropriate actions that this House should take, including, but not limited to, actions regarding the structure and governance of our AMA until such time as the matter of Anderson v. American Medical Association, et al is resolved; and (c) Evaluating the roles and responsibilities of the Board of Trustees and the Executive Vice-President and making recommendations to minimize similar future conflicts. (3) The Select Committee Reaffirm legal counsel to advise and assist the Select Committee in carrying out its charge and that such legal counsel be independent from all other parties and counsel involved in Anderson v. American Medical Association, et al, and that sufficient funds be appropriated for this purpose (BOT Rep. 27, A-01)

D-630.987 HOD Select Committee: Anderson v AMA
In the event of a settlement of litigation in this matter, the negotiators be urged to resist any confidentiality agreement which might materially impede adequately informing the House of Delegates in closed session, of experiences that might lead to possible organizational changes, and that the Office of General Counsel prepare and submit a final report to the House of Delegates after the conclusion of the litigation Anderson v. AMA. (Rep. of the HOD Select Committee, I-01)

D-630.988 HOD Select Committee: Outside Legal Counsel
The General Counsel shall coordinate the retention of all outside legal counsel on behalf of AMA, unless the legal matter directly concerns the employment or performance of the General Counsel. (Rep. of the HOD Select Committee, I-01)

D-630.989 Risk Minimization
Our AMA should explore ways in which to avoid or minimize the risk or appearance that an employee would take action in representing AMA motivated in any part by the possibility of future employment. (Rep. of the HOD Select Committee, I-01)

D-630.990 HOD Select Committee: General Counsel
The Office of General Counsel shall develop criteria for consulting with outside counsel. (Rep. of the HOD Select Committee, I-01)

D-630.991 Use of Physicians’ Identity Data
(1) Our AMA will continue to exert its best efforts to ensure that all licensing of AMA physician and student data protect the privacy and confidentiality of member and non-member physicians and medical students. (2) Our AMA (a) proactively inform physicians and students with identity data in the Masterfile of their rights to elect “No Contact,” and (b) report back at the 2002 Annual Meeting about the educational actions undertaken, definitions of “No Contact” options, and the implications of selecting such options. (3) Our AMA will continue its current practice (in effect since July 2001) to cease releasing physician Social Security Numbers for any reason absent a national emergency. (Prior to July 2001, the AMA released physician Social Security Numbers only to credentialers for matching purposes to expedite the granting of hospital privileges and inclusion of physicians into managed care plans.) (4) Our AMA will continue to monitor collection and licensing of AMA Masterfile physician and medical student identity data and implement enhancements of Best Business Practices to try to minimize improper or inaccurate identity of a particular physician or student which might cause the physician or student substantial risk, economic loss, risk of identity theft or fraud. (5) Our AMA will disclose publicly on the AMA web site a general view of data elements collected in any AMA Masterfile along with the purpose, benefits, and types of firms that license the data. (BOT Rep. 12, I-01)

D-630.999 Use of Medical Education Numbers In Continuing Medical Education
Our AMA will make the Medical Education number easily accessible for all physicians. (Res. 301, A-01)
D-635.986 IMG Section Listed on Membership Dues Statement
Our AMA will explore cost effective alternative membership marketing activities to educate members and potential members of the importance of the International Medical Graduates Section, as well as the other special interest group(s). (BOT Rep. 3, I-01)

D-635.987 AMA Offer Part-Time Active Status
The Advisory Committee on Membership will investigate the feasibility of defining and offering a part-time membership category for physicians under the age 65. (Board of Trustees Report 2, I-01)

D-635.988 AMA Life Membership Status
The Advisory Committee on Membership will explore the development of benefits and symbols of appreciation for the growing population of senior physicians. (BOT Rep. 1, I-01)

D-635.996 Delays in AMA Student Membership Processing
(1) Our AMA perform an internal evaluation of the procedures involved in the processing of medical student and other membership applications and take steps to decrease delays and increase service to applicants. (2) Our AMA take immediate interim action to use all appropriate resources to reduce the delay of the processing of student and other physician membership applications. (3) Our AMA report back at the 2001 Interim Meeting detailing the progress that has been made. (Res. 617, A-01)

D-635.999 Collection of E-Mail Addresses
(1) Our AMA continue to strive to collect e-mail addresses for all physicians. (2) E-mail addresses be provided to the Federation only for joint membership solicitations and not for discussion forums or other non-membership communications. (3) Our AMA work with state and specialty societies to encourage HealthCarePro Connect (HCPC) to collect e-mail addresses such that physicians actively sign-up (opt-in) to particular society lists. (4) Our AMA continue to promote a Members-Only area of the AMA Web site that includes Discussion Forums but will not develop and maintain a national Internet Physician Discussion Forum. (BOT Rep. 33, A-01)

Current Policy Statements

G-600.015 State Delegations to our AMA
AMA policy on state delegations includes the following: (1) State and specialty medical societies are encouraged to adopt election procedures through which only AMA members may cast ballots for the state/specialty society’s delegates to our AMA. (2) State medical societies are encouraged to collaborate more closely with state chapters of medical specialty societies, and to include representatives of these organizations in their AMA delegations whenever feasible. (3) Our AMA will permit a retired physician member of the federation of medicine to designate the county and state medical society where the physician last belonged as the tally and credit site for membership regardless of the physician’s retirement address. (Res. 615, A-96; Consolidated: CLRFPD Rep. 3, I-01)

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; (b) the organization must demonstrate that it represents and serves a professional interest of physicians that is relevant to our AMA’s purpose and vision and that the organization has a multifaceted agenda (i.e., is not a single-issue association); (c) the organization must meet one of the following criteria: (i) the organization must demonstrate that it has 1,000 or more AMA members; or (ii) the organization must demonstrate that it has a minimum of 250 AMA members and that thirty-five percent (35%) of its physician members who are eligible for AMA membership are members of our AMA; or (iii) that the organization was represented in the House of Delegates at the 1990 Annual Meeting and that thirty-five percent (35%) of its physician members who are eligible for AMA membership are members of our AMA; (d) the organization must be established and stable; therefore it must have been in existence for at least five years prior to submitting its application; (e) physicians should comprise the majority of the voting membership of the organization; (f) the organization must have a voluntary membership and must report as members only those who are current in payment of dues, have full voting privileges, and are eligible to hold office; (g) the organization must be active within the profession, and hold at least one meeting of its members per year; (h) the organization must be national in scope. It must not restrict its membership geographically and must have members from a majority of the states; (i) the organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization; and (j) if international, the organization must have a US branch or chapter, and this chapter must meet the above guidelines. (2 The process by which PIMAs seek admission to the House of Delegates includes the following steps: (a) a PIMA will first apply for membership in the Specialty and Service Society (SSS); (b) using specific criteria, SSS will evaluate the application of the PIMA and, if the organization meets the criteria, will admit the organization into SSS; (c) after three years of participation in SSS, a PIMA may apply for representation in our AMA House of Delegates; (d) SSS will evaluate the application of the PIMA, determine if the association meets the criteria for representation in our AMA House of Delegates, and send its recommendation to our AMA Board of Trustees; (e) the Board of Trustees will recommend to the House how the application of the PIMA should be handled; (f) the House will determine whether or not to seat the PIMA; and (g) if the application of a PIMA for a seat in the House is rejected, the association can continue to participate in SSS as long as it continues

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to meet the criteria for participation in SSS. (CLRPD Rep. 1, A-99; Modified: CLRPD Rep. 3, A-00; Consolidated: CLRPD Rep. 3, I-01)

G-600.024 Representation of Medical Students in our AMA House
Our AMA supports the full participation of medical student and resident members of our AMA in the activities of the Association and in the policy processes of our AMA House of Delegates; and strongly encourages the delegation of each state association to have one resident delegate for each 1000 resident members of our AMA who are included in the base for determining the size of the state association’s delegation. (BOT Rep. 19, I-00; Consolidated: CLRPD Rep. 3, I-01)

G-600.080 Recognition of Members Departing the House
Organizations that wish to announce the departure of their delegates or alternates should notify our AMA in sufficient time to have the individuals’ names collated alphabetically by state and published for the House of Delegates Meeting, and such recognition should be made during the opening session. (Res. 42, A-84; Reaffirmed: CLRPD Rep. 3 - I-94; Reaffirmed: CLRPD Rep. 2, I-95; Consolidated: CLRPD Rep. 3, I-01)

G-600.090 Ancillary Meetings and Conferences of the House
The Speakers of our AMA House must be notified prior to any planning for ancillary meetings and conferences to be scheduled in conjunction with the Annual or Interim Meetings of the House of Delegates in sufficient time to assess the impact of the timing and purpose on the deliberations of the House of Delegates. Prior approval of the Speaker and Vice Speaker is required before any meeting other than regular meetings of AMA Councils, Committees, Sections, and other groups that are part of the formal structure of our AMA can be scheduled in conjunction with Meetings of the House of Delegates. (Rep. on Rules and Credentials, A-93; Consolidated: CLRPD Rep. 3, I-01)

G-600.111 Consolidation of AMA Policy
Our AMA House of Delegates endorses the concept of consolidating its policies in order to make information on existing AMA policy more accessible and to increase the readability of our AMA Policy Database and our AMA PolicyFinder Program. (1) The policy consolidation process shall consist of two steps: (a) rescinding outdated and duplicative policies, and (b) combining policies that relate to the same topic. These two steps may be completed in a single report or in two separate reports to the House. (2) Our AMA House requests that each AMA council accept ongoing responsibility for developing recommendations on how to consolidate the policies in specific sections of our AMA Policy Database. In developing policy consolidation recommendations, our AMA councils should seek input from all relevant AMA bodies and units. (3) The House encourages each AMA council to develop at least one policy consolidation report each year, recommending changes that will result in significant improvements in the readability of our AMA Policy Database. (4) To ensure that the policy consolidation process is limited to achieving the objective of making existing policy more accessible and readable, the recommendations in policy consolidation reports cannot be amended and must be voted upon in their entirety. (CLRPD Rep. 1-A-94; Modified by CLRPD Rep. 4, I-95; Consolidated: CLRPD Rep. 3, I-01)

G-605.020 Board Organization
The policy on Board organization is as follows: (1) The Executive Committee of the Board is an active body, addressing issues that arise between regularly scheduled Board meetings; and (2) The Standing Rules of the Board should be amended: (a) to define the Executive Committee as serving on an ad hoc basis at the specific direction of the full Board, and (b) to indicate that Executive Committee meetings should generally be held by conference call. (Consolidated: CLRPD Rep. 3, I-01)

G-605.040 Board Roles and General Responsibilities
The roles and responsibilities of our AMA Board of Trustees include the following: (1) The House of Delegates is the representative body of our AMA that establishes policy. The Board of Trustees has the fiduciary responsibility for the organization, interprets policy, provides direction to staff through the Executive Vice President, and establishes policy between meetings of the House in urgent, time-limited instances where policy does not already exist; our AMA staff implements the directives of the Board under the supervision of the EVP. (2) As indicated in AMA Bylaws, the Board’s responsibility is one of oversight, with the Board referring all operational business matters (employee issues, contracting, facility issues, internal communications, etc.) of our AMA to the EVP. The Board, with the concurrence of the House, should clearly define its role using an agreed-upon set of fiduciary priorities in an effective oversight mode. In addition to the financial and legal responsibilities typically assumed by a board, the House prescribes the following additional fiduciary responsibilities to the Board: risk management, policy integration, stakeholder involvement, advocacy, communications, and strategic planning. (3) The Standing Rules of the Board, as well as the Chair’s leadership, should also reflect the Board’s principal role as one of oversight and not day-to-day management of our AMA’s affairs. In addition to financial oversight, the Board’s oversight role should include: (a) Ensuring that an effective strategic planning process is in place, and that resources are properly prioritized and allocated to accomplish the mission, goals, and objectives of our AMA; (b) Monitoring progress in achieving these objectives through an effective performance measurement and tracking system; (c) Requiring that risks (ethical, financial, legal, image, membership, etc.) to our AMA are systematically assessed for both major ongoing activities as well as new initiatives under consideration; (d) Ensuring that our AMA has the capacity and a strategically aligned agenda to serve as an effective advocate for physicians and patients; and (e) Insisting that external and internal stakeholder input is solicited and considered during deliberations over key policy or strategic issues. (4) Our AMA President should be included in an established process of regular consultation with the Chair of the Board and the EVP regarding ongoing activities of the Association. (5) The Presidents

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The Board and the EVP shall develop and implement a risk management program that will position the association to prevent internal risk factors by the Board and its committees, the Councils and staff; (2) establish a common understanding of what issues unit and hire a risk management manager who reports directly to the EVP. The EVP in turn reports to the Audit Committee on Committee driving and exercising oversight over the risk management function. The EVP should create a staff risk management crises and to respond effectively when needed. The Board will have responsibility for risk management, with its Audit should be brought to the Board; and (3) provide for appropriate risk management training of the staff.

G-610.021 Guiding Principles for House Elections


G-605.060 Risk Management
The Board and the EVP shall develop and implement a risk management program that will position the association to prevent crises and to respond effectively when needed. The Board will have responsibility for risk management, with its Audit Committee driving and exercising oversight over the risk management function. The EVP should create a staff risk management unit and hire a risk management manager who reports directly to the EVP. The EVP in turn reports to the Audit Committee on risk management issues. The risk management capability should: (1) involve the continuous assessment of environmental and internal risk factors by the Board and its committees, the Councils and staff; (2) establish a common understanding of what issues should be brought to the Board; and (3) provide for appropriate risk management training of the staff. (Consolidated: CLRPD Rep. 3, I-01)

G-605.070 Board Activities and House Policy
Except as noted herein, the Board of Trustees shall conduct the affairs of the Association in keeping with current policy actions adopted by the House of Delegates. The most recent policy actions shall be deemed to supersede contradictory past actions. In the absence of specifically applicable current statements of policy, the Board of Trustees shall determine what it considers to be the position of the House of Delegates based upon the tenor of past and current actions that may be related in subject matter. Such determinations shall be considered to be AMA policy until modified or rescinded at the next regular or special meeting of the House of Delegates. Further, the Board of Trustees has the authority in urgent situations to take those policy actions that the Board deems best represent the interests of patients, physicians, and the AMA. In representing AMA policy in critical situations, the Board will take into consideration existing policy. The Board will immediately inform the Speaker of the House of Delegates and direct the Speaker to promptly inform the members of the House of Delegates when the Board has taken actions which differ from existing policy. Any action taken by the Board which is not consistent with existing policy requires a 2/3 vote of the Board. When the Board takes action which differs from existing policy, such action must be placed before the House of Delegates at its next meeting for deliberation. (BOT Rep. FF, A-79; Reaffirmed: CLRPD Rep. B, I-89; Amended: CLRPD Rep. 2, I-93; Consolidated: CLRPD Rep. 3, I-01)

G-605.080 Board Meetings
The policies on Board meetings are as follows: (1) The House holds the Board accountable for the proper oversight of our AMA, but not through (a) the recording and publication of individual votes on matters before the Board, or (b) open meetings, because neither will enhance the Board’s deliberations and may hinder the Board’s decision-making process. (2) Under reasonable circumstances, meetings of our AMA Board of Trustees shall be open to members of our AMA by prior arrangement, and minutes of Board meetings will be available for inspection. (Sub. Res. 35, I-72; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed by Res. 611, I-94; Reaffirmed by Sub. Res. 608, A-97; Consolidated: CLRPD Rep. 3, I-01)

G-610.021 Guiding Principles for House Elections
The following principles provide guidance on how House elections should be conducted and how the selection of AMA leaders should occur: (1) AMA delegates should: (a) avail themselves of all available background information about candidates for elected positions in the AMA; (b) determine which candidates are best qualified to help the AMA achieve its mission; and (c) make independent decisions about which candidates to vote for. (2) Any electioneering practices that distort the democratic processes of House elections, such as vote trading for the purpose of supporting candidates, are unacceptable. (3) Candidates for elected positions should comply with the requirements and the spirit of House of Delegates policy on campaigning and campaign © 2011 American Medical Association. All rights reserved.
spending. (4) Candidates and their sponsoring organizations should exercise restraint in campaign spending. Federation organizations should establish clear and detailed guidelines on the appropriate level of resources that should be allocated to the political campaigns of their members for AMA leadership positions. (5) Incumbency should not assure the re-election of an individual to an AMA leadership position. (6) Service in any AMA leadership position should not assure ascendancy to another leadership position. (CLRPD Rep. 4, I-01)

G-610.030 Election Process
AMA guidelines on the election process are as follows: (1) AMA elections will be held on Tuesday at each Annual Meeting; (2) Poll hours will not be extended beyond the times posted. All delegates eligible to vote must be in line to vote at the time appointed for the close of polls; and (3) The final vote count of all secret ballots of the House of Delegates shall be made public and part of the official proceedings of the House. (Sub. Res. 3, I-74; Special Committee Report, A-86; Reaffirmed: CLRPD Rep. C, A-89 Amended: Sunset Report, I-96; Amended: Rep. of the Special Advisory Committee to the Speaker of the HOD, I-99; Reaffirmed: Sunset Report, A-00; BOT Report 23, A-01; Consolidated: CLRPD Rep. 3, I-01)

G-610.050 Selecting an EVP
The Search Committee for the AMA Executive Vice President should have equal representation from the Board of Trustees and House of Delegates, with the Board members of the Committee appointed by the Chair of the Board and the House of Delegates Members appointed by the Speaker, with the Chair of the Committee appointed by the Chair of the Board of Trustees. (Report of the House of Delegates Select Committee, I-01)

G-610.051 Employment Contract for the Executive Vice President
Outside legal counsel shall be Reaffirmed on behalf of AMA to negotiate and draft the employment contract for the Executive Vice President. (Report of the House of Delegates Select Committee, I-01)

G-615.005 AMA Organizational Structure: Committees and Councils
Our AMA shall function with as few standing councils as possible and use committees with specific goals and limited time horizons to address specific issues whenever possible. (CLRPD Rep B, Rec. 14, I-75; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Consolidated: CLRPD Rep. 3, I-01)

G-615.010 Role of Councils in Strategic Planning
Our AMA Councils should provide input, in the areas of their specific expertise, into the Board’s strategic planning process. (Consolidated: CLRPD Rep. 3, I-01)

G-615.020 Communications among Councils
Communications should be enhanced among AMA Councils so that reports of the Councils are coordinated when dealing with the same or similar issues. (Consolidated: CLRPD Rep. 3, I-01)

G-615.040 Opinions and Reports of CEJA
AMA policy on opinions and reports of CEJA includes the following: (1) CEJA will inform the House of Delegates of an ethical Opinion adopted by the Council by presenting the Opinion to the House. The Council: (a) will identify the Opinion as informational; (b) may provide a description or discussion of the underlying facts and circumstances leading to the adoption of the ethical Opinion, and also an explanation of the Opinion and the reasons for its adoption by the Council. This explanatory material is neither the opinion of the Council nor policy of the Association; (c) will identify one or more Principles of Medical Ethics that form the basis for issuing the ethical Opinion; and (d) will provide the text of the ethical Opinion. (2) The House’s process for considering opinions of CEJA may include the following elements: (a) Opinions of CEJA will be placed on the consent calendar for informational reports, but may be withdrawn from the consent calendar on motion of any member of the House of Delegates and referred to a Reference Committee. (b) The members of the House may discuss an ethical Opinion fully in Reference Committee and on the floor of the House. (c) After concluding its discussion, the House shall file the Opinion. (d) The House may adopt a resolution requesting CEJA to reconsider or withdraw the Opinion. CEJA shall respond to such a request in due course, after reconsidering the issues presented. The Opinion of CEJA that responds to such a request will be considered as informational, and therefore shall be filed. (3) Reports of CEJA which respond to requests from the House or which make recommendations to the House may be adopted, not adopted, or referred, as may be appropriate. A report may not be amended, except for amendments that clarify the meaning of the report and only with the concurrence of the Council. (4) At each meeting of the House, CEJA will endeavor to inform the House of the issues that it plans to consider in the subsequent months. Members of the House may submit statements of their perspectives to the Council for its consideration. (C&B/CEJA Joint Rep., I-91; Consolidated: CLRPD Rep. 3, I-01)

G-615.050 Reports of CSA
AMA policy on reports of the Council on Scientific Affairs include the following elements: (1) CSA reports that do not have policy implications should be distributed to the membership as soon as is practical after approval by the Council; (2) CSA reports that call for policy decisions should continue to move through the House by the usual process; and (3) CSA should utilize representatives of appropriate specialty societies in developing reports of a scientific nature. (Res. 65, I-84; Reaffirmed: CLRPD Rep. 3, I-94; Reaffirmed CLRPD Rep. 2, I-95; Consolidated: CLRPD Rep. 3, I-01)
G-615.060 CME Activities
AMA policy on the activities of the Council on Medical Education include the following: (1) Our AMA delegates to the CME the authority to approve the accreditation of medical schools; and (2) our AMA supports intensified efforts of the CME and other bodies within our AMA to initiate meetings and encourage continuing dialogue with medical students, interns, and residents. (Sub. Res. 22, I-69; CME Rep. 1, I-77; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-90; Consolidated: CLRPD Rep. 3, I-01)

G-615.070 COL Activities
AMA policy on the activities of the Council on Legislation include the following: (1) All medical legislative issues should be cleared through the COL before action is taken by any other AMA council or committee, and the Board shall take whatever action is appropriate to achieve this objective; (2) The Council shall continue to refer issues to other committees and councils for advice and recommendations, when said issues properly fall within their sphere of knowledge and activities; (3) The Board shall be advised of the Council’s desire to maintain constant surveillance of legislative matters; (4) The Council shall have authority to recommend to the Board the initiation of specific legislation or legislative policy to meet current problems confronting physicians or our AMA; and (5) The Board shall be advised of the Council’s willingness and ability to testify before congressional committees or to accompany the principal witnesses who may testify on behalf of the Association. (COL/BOT Rec., I-63; Reaffirmed: CLRPD Rep. C, A-88; Reaffirmed: Sunset Report, I-98; Consolidated: CLRPD Rep. 3, I-01)

G-615.090 Representatives of the Medical Student Section and Resident and Fellow Section
Our AMA will encourage and facilitate, where appropriate, the appointment of representatives from the Medical Student Section and the Resident and Fellow Section to committees, commissions and task forces assigned by either the House of Delegates or the Board of Trustees. (Sub. Res.1, A-99; Consolidated: CLRPD Rep. 3, I-01)

G-620.010 Definition of the Federation
The Federation of Medicine includes our AMA, organizations with voting representation in our AMA House of Delegates and their component societies that voluntarily relate to each other in an implied set of working relationships and understandings. (Joint Rep. CC&B and CLRPD Rep. 2, A-00; Consolidated: CLRPD Rep. 3, I-01)

G-620.020 AMA/Federation Communications and Coordinated Action
The body of AMA policy on communications and coordinated actions with Federation Organizations includes the following: (1) The organizations represented in our AMA/Federation House of Delegates, recognizing the special need for coordinated action with regard to public policy activities, agree that they will: (a) work toward what they believe to be in the best interest of all patients and physicians; (b) share information and knowledge on key public policy issues so that everyone can build on it in seeking solutions; (c) take established AMA/Federation House of Delegates policy into consideration as each element of the Federation develops its own policies and positions; and (d) communicate regularly and openly, and share with each other, in advance, positions and public statements which represent major departures from AMA/Federation House of Delegates policy, and actively work to find acceptable common ground before agreeing to disagree; (2) Our AMA Board of Trustees, councils, committees, and staff should continue to seek the help and advice of appropriate specialty societies as soon as it is recognized that a topic within the probable area of expertise of a specialty society will be the subject of significant deliberation, action or reports by our AMA; and (3) Our AMA will act as a catalyst to encourage and assist specialty societies to meet and discuss differences and to resolve problems, where possible, in a specialty society forum, and specialty societies should contact our AMA as soon as it is recognized that a problem may be resolved through mutual consultation. (Res. 3, A-84; Res. 13, I-84; Res. 606, A-92; Reaffirmed: CLRPD Rep. 3 - I-94; BOT Rep. 2, A-96; Consolidated: CLRPD Rep. 3, I-01)

G-620.041 Characteristics of a New Federation of Medicine
Our AMA House of Delegates recognizes the need for changes in the structure of the medical association sector and in the relationships among medical associations; commits itself to implementing changes that will strengthen organized medicine, enabling it to meet the challenges of the future and advocate with a single, effective voice for the interests of patients and physicians; and endorses the concept that our AMA should serve as the framework for a new Federation of Medicine. The characteristics of the new Federation of Medicine include the following: (1) The Federation of Medicine should be restructured in a way that enables each medical association to retain its individual identity and activities, but which functions more like a total enterprise. Our AMA should become the framework within which a new Federation of medicine is established. (2) The restructured Federation of organized medicine should be built on the basic components of the existing Federation: local medical societies/counties, state medical societies, specialty societies and the national umbrella organization (Our AMA). Additional components may need to be included. (3) Individual physician membership should remain the predominant form for membership in all components of the Federation. (4) The primary objectives of the new Federation should be: (a) an increase in value of membership; and (b) unity of voice and action of all Federation components. (5) Physicians should be encouraged to join organized medicine at all levels of the restructured Federation. There should be initiatives to encourage maximal collaboration in membership development efforts among components of the Federation. (6) Federation participants must recognize that achieving real unity of voice and action and achieving true enhancement of the value of membership will require significant streamlining of roles throughout the Federation to reduce duplication (i.e., cost and dues) and create synergy. (7) The roles of organizations serving physicians should be clarified and positioned to take full advantage of the strategic advantages enjoyed by each kind of organization. The Federation of organized medicine will be a catalyst and a forum for pursuing collaborative efforts to enhance the value of membership throughout the Federation. This effort will be the highest priority in the implementation process for
creating the new Federation. (8) Our AMA House of Delegates should be composed of individuals representing organizations that reflect the major dimensions of a physician’s life. (9) The Federation House of Delegates should strive to be as inclusive as possible of physician organizations that have a stake in, and a contribution to make to, the goals of the Federation. (10) State societies should be represented by one delegate for every 1000 AMA members or portion thereof. (11) State societies should continue to count AMA direct members from that state for purposes of determining delegation size. (12) The current criteria for specialty society eligibility will continue to apply. (13) State societies should continue to get a “bonus delegate” for being unified. Specialty societies that are unified should also get a “bonus delegate.” (14) Consistent with the idea that “voting” is not the only way to participate in an organization, mechanisms should be established through which organizations or groups of physicians with particular interests can meaningfully participate in the Federation without having a vote in the House of Delegates. (15) To establish a new, effective Federation of Medicine, a mechanism will be needed for the purposes of: (a) Clarifying roles and achieving active coordination of efforts; (i) developing a process for helping to coordinate the responses of medical associations to key issues, and (ii) enhancing communication among medical associations and between medical associations and physicians, and (b) Establishing a process for pursuing collaborative efforts among Federation members: (i) identifying opportunities, including joint ventures, for medical associations to work together, and (ii) promoting information sharing and compatible database development among medical associations. (BOT Rep. 40, I-95; Consolidated: CLRPD Rep. 3, I-01)

G-620.060 Enhancing the Value of Membership in Organized Medicine

The perspective of our AMA House on enhancing the value of membership in organized medicine includes the following: (1) The House adopts the goal of improving Federation performance as a whole; (2) The House supports efforts to improve the Federation’s business processes to include a new member early recognition and retention system and consolidated billing and application process; (3) The House supports the redesign of Federation products and pricing to increase overall appeal and thus recruit additional members and improve retention; (4) The House believes that the Federation should work together to leverage each organization’s core competencies; (5) The House encourages the testing of different strategic and operational collaborative arrangements at many sites and the use of these to improve Federation membership, pricing, and member service; (6) The House encourages state medical associations and national medical specialty societies to review the composition of their AMA delegations; (7) The House believes it is important to promote resident physician membership in national medical specialty societies; (8) The House urges all county and state societies to implement a simple transfer of membership procedure to permit uninterrupted membership in organized medicine for physicians who relocate at any time during their careers, with such procedure containing the flexibility to permit resident AMA members to become regular state and county members through the transfer process; and (9) The House encourages medical associations and societies to support the membership efforts of the Alliance, particularly if dual membership billing is utilized, and, with the state and county associations, supports and acknowledges the efforts of our AMA Alliance and state and county medical alliances, whenever it is deemed possible and appropriate. (CLRPD Rep. B, A-83; Sub. Res. 174, A-88; Res. 608, A-92; Reaffirmed: CLRPD Rep. I-93-1; BOT Rep. 23, I-97; Reaffirmed: Sunset Report, I-98; Consolidated: CLRPD Rep. 3, I-01)

G-620.070 Medical Society Referral Programs

The following are general rules that are recommended for the operation of a physician referral program: (1) If the program is limited to medical society members, this fact should be publicized and inquirers so informed. (2) Anyone requesting referral to a specialist should be given the names of three or more physicians, if available, who offer the kind of services sought. (3) Where it appears that an inquirer’s needs may be met by a primary care practitioner, referrals to generalists, family practitioners or physicians in more than one specialty should be made from primary care physicians on the referral roster. (4) Specialists who are not board certified should not be excluded from the referral roster solely for this reason. Inquirers may be provided with such information as the age of the physician, where he or she received medical education and graduate training, hospitals where the physician has hospital privileges, medical society affiliations and whether the physician is certified by a medical specialty board that is a member of the American Board of Medical Specialties. (5) Members of the public who seek medical services that are not available in the community should be so informed. Referrals to physicians in the community should not be offered where there is a need for the kind of services available only in tertiary medical centers. (6) Appropriate representations should be made with regard to the limitations of the responsibility of the referral service (e.g., that it is merely a list of physicians believed to be adequately qualified and nothing more). (7) Factual information may be supplied regarding the professional status of physicians who are listed on the referral roster, but no evaluation of relative competence should be attempted. (8) A written record should be kept of all referrals. (9) To the extent possible, referrals should be made on a rotation basis. (10) Medical society employees who deal with the public in making referrals should be carefully selected on the basis of tact, courtesy and ability to confine themselves to following medical society instructions. (BOT Rep. TT, I-86; Reaffirmed: Sunset Report, I-96; Consolidated: CLRPD Rep. 3, I-01)

G-620.080 Federation Organizations and Hospital Staff

AMA policy on Federation Organizations and Hospital Staff include the following: (1) Support efforts to foster more effective liaison between local medical societies and hospital medical staffs, and better coordination of their activities, and (2) support working with county medical societies and state medical associations to provide the counsel and services necessary to strengthen local hospital medical staffs. (CMS Rep. C, I-67; BOT Rep. E, A-82; Reaffirmed: CLRPD Rep. C, A-88; Reaffirmed: CLRPD Rep. A, I-92; Reaffirmed: Sunset Report, I-98; Consolidated: CLRPD Rep. 3, I-01)
G-630.00 Executive Vice President
The qualifications, roles and responsibilities of the Executive Vice President are as follows: (1) The office of the Executive Vice President shall be filled, if possible, by a Doctor of Medicine who is an active member of our AMA at the time of his appointment and who possesses the necessary managerial qualifications. (2) The EVP shall clearly define and regularly evaluate roles and accountability of the corporate staff in adhering to clear guidelines on the limits of their decision-making authority and where to turn when confronted with issues beyond their scope of action: (a) The EVP should work with staff, the Board and the House to establish guidelines that differentiate between operational and policy issues, and identify to whom the staff should turn when they believe they are confronting an issue with policy implications. (b) These guidelines should be included both in the employee manual and a Board of Trustees Handbook. (c) These guidelines should be annually reviewed and updated, with the EVP leading the revision process. (d) Objectives in the performance appraisals of senior managers should be refocused to align with our AMA vision and bonus criteria should also be linked to the vision and the strategic plan. (e) Managers need to supervise work groups by establishing clear, measurable performance objectives and tasks for all staff and hold staff accountable. (3) The EVP shall evaluate staff structure and audit resources to ensure that our AMA is supported efficiently and effectively, consistent with the Strategic Plan approved by the House. As part of the evaluation of staff structure, the EVP should examine our AMA’s member services strategy to ensure that the structure facilitates responsive and accurate responses to member queries. (4) Without suggesting that the current practice is or was in any way unauthorized, improper or illegal, the Executive Vice President will have the responsibility for hiring and firing the General Counsel following consultation with the Board of Trustees. (Res. 40, I-68; Reaffirmed: CLRPD Rep. C, A-88; Reaffirmed: Sunset Report, I-98; Consolidated: CLRPD Rep. 3, I-01; Appendix: Report of the House of Delegates Select Committee, I-01)

G-630.02 Role of AMA Staff
The roles and responsibilities of our AMA Staff are as follows: Our AMA will take better advantage of its staff capabilities by including staff in the appearance program, on non-AMA panels, and in activities that foster cooperative working relationships with other organizations that share common objectives. (Consolidated: CLRPD Rep. 3, I-01)

G-630.021 Employment Agreements for Senior Executive Staff
Binding arbitration clauses should be contained in employment agreements for senior executive staff. (Report of the House of Delegates Select Committee, I-01)

G-630.030 Leadership Opportunities
Our AMA will take the following as well as other appropriate steps to more actively encourage physician leadership development: (1) continue efforts to provide enhanced leadership development programming at AMA National Leadership Conferences; (2) utilize more ad hoc committees and task forces to address specific issues; and (3) continue to encourage the growth of the current Special Sections, as a means of identifying and supporting the development of future leaders. (CLRPD Rep. A, A-92; Reaffirmed: CLRPD Rep. 5, I-96; Modified: CLRPD Rep. 2, I-00; Consolidated: CLRPD Rep. 3, I-01)

G-630.041 AMA Corporate Visits
It is the policy of our AMA to notify the corporate medical director whenever preparing to visit a corporation. (Res. 27, A-91; Consolidated: CLRPD Rep. 3, I-01)

G-630.050 Physician Identification
Our AMA will: (1) encourage pharmacies, insurance companies, pharmaceutical companies and state Medicaid programs to use a number created and supplied by our AMA and linked to our AMA-ME number for physician identification purposes; and (2) expedite assigning an AMA-ME number to every U. S. and international medical graduate in a U. S. graduate medical education program. (Res. 312, A-99; Consolidated: CLRPD Rep. 3, I-01)

G-630.051 Use of Physicians’ Identity Data
Our AMA shall continue to exert its best efforts to ensure that all licensing of AMA physician and student data protects the privacy and confidentiality of member and non-member physicians and medical students. (BOT Rep. 12, I-01)

G-630.060 Certification Program and Licensing Agreements
Our AMA will not develop a certification program directed to the public nor approve any new licensing programs for non-informational products directed to the public other than AMA products licensed to other companies. (Res. 629, A-98; Consolidated: CLRPD Rep. 3, I-01)

G-630.070 International Strategy
Our AMA: (1) recognizes the importance of the involvement of the medical profession in this country in influencing the standards utilized by other nations with regard to ethics, medical education and medical practice, and the commitment to the
patient-physician relationship; and (2) encourages the involvement of International Medical Graduates in state medical associations in settings appropriate to each state. *(BOT Rep. 21 and Res. 618, A-97; Consolidated: CLRPD Rep. 3, I-01)*

**G-630.080 Terminology**

AMA policy on “terminology” includes the following: (1) In all written material and all spoken communication, our AMA leaders and members should use the possessive adjective “our” or “my” to describe AMA actions, policies and positions, whenever possible; and (2) Our AMA recognizes and encourages the continuing contributions of women in medicine and is committed to eliminating all gender-related barriers. Therefore: (a) Our AMA adopts a policy of gender-neutral language, to be incorporated into its bylaws, policies, procedures, and publications, during the normal process of printing and updating/reprinting documents. (b) The term “chairman” no longer is to be used to designate the head of a committee; the term “chair” or “chairperson” is to be used instead. (c) Our AMA encourages state, county, and national medical specialty societies to review their bylaws and policies and eliminate gender-biased language where it exists. *(BOT Rep. K, A-92; Res. 616, A-93; Consolidated: CLRPD Rep. 3, I-01)*

**G-630.091 Direct-to-Consumer Ads**

Our AMA: (1) accepts, on a case-by-case basis, disease-specific health education consumer ads which may include mention of diagnostic equipment, provided that the ads are in the patient’s interest, and are consistent with the guidelines for direct-to-consumer ads for prescription drugs previously developed by our AMA with input from the Food and Drug Administration that meet the following criteria: (a) they contain a clear, accurate and responsible health education message and include referring patients to their physicians for more information when appropriate; (b) they comply with applicable FDA rules, regulations, policies and guidelines as provided by the FDA Center for Devices and Radiological Health, Office of Compliance’s Promotion and Advertising Policy Staff; (c) their clinical and scientific content is reviewed and approved by our AMA Science, Technology, and Public Health staff; (d) they make no comparative claims; (e) the manufacturer agrees to provide simultaneous physician education materials that have been reviewed and approved by our AMA; and (f) by policy, ads should carry a disclaimer that the equipment is not endorsed by our AMA; and (2) supports the efforts of physicians, hospitals, and professional societies to disseminate information on the importance of appropriate diagnostic screening that is based upon professionally recognized guidelines and recommendations. *(BOT Rep. 2, A-94; Consolidated: CLRPD Rep. 3, I-01)*

**G-630.110 Conflict of Interest**

AMA policy on conflict of interest includes the following: Our AMA: (1) encourages physicians who have served as an elected officer of the Association to guard against commercial exploitation of any officer position served in any manner that implies, directly or indirectly, endorsement of a commercial product or service by our AMA; and (2) will only use legal, lobbying, public relations, or consulting services of those who have not been employed or retained by a tobacco company in the past year. *(Sub. Res. 147, A-97; Res. 426 and Reaffirmed: Sunset Report, I-96; Consolidated: CLRPD Rep. 3, I-01)*

**G-630.120 Grants and Funding**

AMA policy on grants and funding includes the following: Our AMA: (1) will establish a program of modest policy program grants to resident physician groups to support regionally diverse projects and activities designed specifically to further AMA policy. This policy promotion grant program will be operated with maximum flexibility to encourage the development, funding and promulgation of state medical society endorsed resident physician projects to promote AMA policy. Individual policy promotion grants will not exceed $500 per project, with total annual grant amounts not to exceed $35,000; and (2) supports continuing to adequately fund and maintain a physicians health program (Physicians’ Assistance Program), whose charge will include, but not be limited to, promoting state medical society impaired physician programs and medical student impairment programs, providing technical assistance to these programs, conducting scientific and socioeconomic research and hosting an annual conference to share research and exchange ideas on the field of physician impairment. *(Res. 102, I-89; Res. 604, A-93; Reaffirmed: Sunset Report, A-00; Consolidated: CLRPD Rep. 3, I-01)*

**G-630.150 Masterfile Coding**

Our AMA supports: (1) continued inclusion of information on self-designated practice specialties (SDPS), as well as board certification and residency training history, in our AMA Physician Masterfile; (2) continued use of the complete term “self-designated practice specialties” when referring to Masterfile codes; and (3) continuation of an awareness campaign regarding the intended use of Masterfile SDPS codes. *(BOT Rep. U, I-86; Reaffirmed: Sunset Report, I-96; Consolidated: CLRPD Rep. 3, I-01)*

**G-635.010 AMA Membership Strategy: General Approaches**

Our AMA’s general strategic approach on membership includes the following dimensions: (1) Our AMA and its component societies adopt the principle that membership value, as reflected in the physician’s perception of quality relative to cost, drives the decision about membership. (2) Our AMA and its component societies adopt the principle that membership retention is as important an activity as recruitment, and that an organizational focus for those efforts should be developed. (3) The actions and directions of the Board of Trustees and Executive Vice President, with regard to membership recruitment, retention, and satisfaction, should become the top priorities of every AMA staff member, at all levels of the organization, and of all the Association’s elected leadership. (4) Our AMA seeks innovative means to change its governance and structure to better align membership and representation for the purpose of meeting member needs and unifying the House of Medicine. (5) Our AMA will explore new avenues to increase member participation in the activities and governance of our AMA. (6) Our AMA shall continue to utilize pilot programs to measure the success of innovative membership recruitment and retention activities. (7) Our
AMA will increase its staff and administrative efforts to become more of a local presence in the various regions of the United States. *(Task Force on Membership Rep. 1, A-98; Modified: Task Force on Membership Rep., I-98; Consolidated: CLRPD Rep. 3, I-01)*

G-635.020 Outreach Strategy: Medical Students, Residents, and Young Physicians
(1) Our AMA continues to encourage student membership and participation in organized medicine. The early involvement of medical students in organized medicine is not only important to the students but also to the future of organized medicine. (2) It is the policy of our AMA to (a) adjust all of its registration fees to encourage and permit participation by resident physician and medical student members; and (b) urge all federation associations to discount their registration fees for seminars to accommodate their resident physician and medical student membership. (3) Our AMA: (a) develops and implements leadership development programs to enhance the value of AMA membership, including portions of the National Leadership Conference (NLC) that would specifically apply to medical students, residents, young physicians, and other constituencies; and that funding mechanisms be sought to allow medical students, residents, young physicians, and other constituencies to participate in leadership development programs, including the NLC, at no or low cost; and (b) asks our AMA Foundation, or a similar entity, to allocate funds to support medical student, resident, and young physician participation in leadership development opportunities, including the National Leadership Conference. (4) Our AMA encourages all sponsors of resident training programs to seek means to fund membership in our AMA and state and county medical societies for resident physicians and fellows. (5) Our AMA affirms its wholehearted support of the Forum for Medical Affairs and urges that the various delegates within the House persuade their parent organizations to participate in the support of the Forum for Medical Affairs. *(Res. 25, I-86; Res. 3, A-90; Sub. Res. 601, A-92; Reaffirmed: Sunset Report, I-96; Reaffirmed: Sunset Report, I-00; Consolidated: CLRPD Rep. 3, I-01)*

G-635.021 Outreach Strategy: Minority Physicians
Our AMA: (1) encourages the efforts of the Federation to continue to involve minority physicians in both membership and leadership positions at all levels; and (2) supports active recruitment of minority physicians into membership through all reasonable means and encourages their participation in leadership positions within our AMA. *(Res. 259, A-89; Reaffirmed: Sunset Report, A-00; Consolidated: CLRPD Rep. 3, I-01)*

G-635.022 Outreach Strategy: Retired Physicians
The Board of Trustees should re-evaluate AMA programs for retired physicians, with the goal of seeking ways in which these physicians can serve both organized medicine and their communities. *(Consolidated: CLRPD Rep. 3, I-01)*

G-635.023 Outreach Strategy: Spouses of Physicians
Our AMA House of Delegates encourages members to urge their spouses to become members of the AMA Alliance and their respective Alliances. *(Res. 609, I-00; Consolidated: CLRPD Rep. 3, I-01)*

G-635.024 Outreach Strategy: Physicians on AMA Editorial Boards
Our AMA encourages all physicians serving on the editorial boards of AMA-published journals to become members of our AMA. *(Sub. Res. 95, I-86; Reaffirmed: Sunset Report, I-96; Consolidated: CLRPD Rep. 3, I-01)*

G-635.030 AMA Membership Strategy: Working with the Federation
AMA membership strategy on working with the Federation includes the following: (1) Our AMA and state/component medical societies, in a spirit of partnership and cooperation, should work vigorously to encourage and facilitate membership in each others' organizations. (2) Our AMA will cooperate with any interested members of the Federation in developing, in partnership, pilot programs to test innovative mechanisms for membership recruitment and retention, dues collection, membership processing, and any other membership function. These partnership agreements should be targeted to meeting the needs and wants of members and potential members. (3) A formal and organized membership promotion program should be implemented that coordinates membership promotion efforts at the county, state, and national levels in terms of both promotional strategy and tactics. Our AMA should work with each state and specialty medical society in order to develop specific membership recruitment and retention targets. (4) Membership incentives that make membership attractive at all levels of the Federation and promote cooperation with Federation-wide membership marketing programs should be further developed and improved. The House of Delegates membership outreach program should be expanded to provide incentives to each medical society whose delegation meets or exceeds a previously agreed-upon recruitment target. (5) The leadership of our AMA and its constituent organizations should continue to address those circumstances in which they are competing for non-dues revenue, with the goal of allying or merging association efforts whenever feasible and increase total revenue to all organizations. *(Task Force on Membership Rep. 2, A-98; Consolidated: CLRPD Rep. 3, I-01)*

G-635.040 Role of Federation Organizations in Membership Development
(1) State medical associations and national medical specialty organizations are encouraged to submit to our AMA ideas and concepts that might serve to increase membership growth and communications. (2) Every county and state society should have a formal membership recruitment activity. (3) All state medical societies, at least once each month, should provide our AMA with an updated membership status report to facilitate the timely delivery of AMA products and services. *(Sub. Res. 613, A-96; Consolidated: CLRPD Rep. 3, I-01)*
G-635.041 Membership Provisions in Bylaws of Federation Organizations
Our AMA: (1) Urges states medical associations to review and study the membership provisions of their bylaws for the purpose of facilitating the recruitment and retention of members; (2) Recommends that state medical associations encourage their component medical societies to review and study the membership provisions of their respective bylaws for the purpose of facilitating the recruitment and retention of members; and (3) Recommends that studies of state medical association bylaws and component medical society bylaws be coordinated for the purpose of amending and updating the membership provisions of the bylaws, where appropriate, by: (a) removing unnecessary obstructions to membership recruitment and retention; (b) facilitating membership for students, residents, and young physicians; (c) developing efficient mechanisms to evaluate the qualifications of applicants for membership; and (d) providing simplified transfer of membership provisions. (C&B Rep. A, A-91; Consolidated: CLRPD Rep. 3, I-01)

G-635.042 Model Bylaws for State and Component Societies
Our AMA urges state and component medical associations to review the membership bylaw provisions of component medical societies and recommends that the Model Membership Bylaws for Component Medical Societies set forth below be utilized in the study and review of the component medical society’s bylaws. (1) Categories of Membership: (a) Regular Membership. Regular members shall hold the degree of MD or DO or the equivalent and shall be licensed to practice medicine in this state. (b) Young Physician Membership. Regular members who are under 40 years of age or are within the first five years of professional practice after residency and fellowship training programs shall be Young Physician members. (c) Resident Physicians Membership. Physicians licensed in this state who are serving full time in a program of Graduate Medical Education shall be Resident Physician members. (d) Medical Student Membership. Full time students enrolled in a medical or osteopathic school in this state shall be Medical Student members. (e) Other Members. (2) Qualifications for Membership: Members must reside or practice within the jurisdiction of this society. Resident Physician members and Medical Student members must be participating in a Residency program or enrolled in a medical or osteopathic school within the jurisdiction of this society. All members must be of good moral and professional standing and must support the Principles of Medical Ethics of the American Medical Association. (3) Application for Membership: Applicants must request membership in writing on a form prepared by the Membership Committee. (a) The Membership Committee shall review all application forms and verify the information provided. If additional information is needed, the Committee will request that it be provided. (b) The Executive Committee shall grant or deny all applications for membership. In the event of a denial of membership, the applicant shall be advised in writing of the basis for denial and shall be entitled to a prompt hearing before an objective ad hoc committee of Regular Members. (4) Transfer of Membership: (a) A physician transferring from another component society to this society shall be granted membership in this society, without payment of dues for the current year, upon providing evidence of membership in another component society immediately prior to moving into the jurisdiction of this society. (b) A member moving out of the jurisdiction of this society will, upon request, be provided with evidence of membership in this society and such other documents as may be necessary to transfer to another component society. (C&B Rep. C, I-91; Consolidated: CLRPD Rep. 3, I-01)

G-635.050 AMA Membership Strategy: Unification
AMA membership strategy on unification includes the following: (1) Our AMA supports the development and implementation of additional incentives to encourage unified membership among the members of the Federation. (2) Our AMA will provide all feasible and reasonable services to state associations that seek to maintain or accomplish unified membership. (3) No AMA dues increase will apply to any state association for one year following unification. (Sub. Res. 82, A-76; Res. 42 and Sub. Res. 156, A-85; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: CLRPD Rep. 2, I-95; Reaffirmed: Sunset Report, A-00; Consolidated: CLRPD Rep. 3, I-01)

G-635.051 AMA Membership Strategy: Direct Membership
Our AMA will maintain direct membership as a viable alternative for the many physicians who may otherwise not join. (BOT Rep. 18, A-97; Consolidated: CLRPD Rep. 3, I-01)

G-635.052 AMA Membership Strategy: Group Practices
Our AMA’s membership strategy on group practices include the following: Our AMA: (1) supports activities to increase membership among physicians in large medical group practices, including operation of a liaison program for large medical groups and for national organizations that represent these groups; (2) continue to pursue membership development among group practice physicians by working in partnership with state and component medical societies, including specialty societies; and (3) in partnership with state/component medical societies, has the right to jointly offer group membership to each organization’s mutual satisfaction. If, after mutual notification of intentions, our AMA or a state medical society/component medical society is unable to partner, the other may offer its own arrangements to groups. (CLRPD Rep. A, A-88; Reaffirmed: Sunset Report, I-98; Consolidated: CLRPD Rep. 3, I-01)

G-635.060 AMA Member Benefits
Our AMA: (1) Shall define its products and services, both tangible and intangible, that provide core value to its membership. (2) Supports the development of a life-cycle approach to membership recruitment and retention by redesigning the benefits structure to be more responsive to member needs during the various stages of their careers, (3) Places special emphasis on the development of life cycle benefits and/or products targeted specifically for AMA members. Ideally, these products -- including continuing medical education (CME) activities -- should be provided at no cost to dues-paying members and offered to nonmembers for a fee; if the cost of the product or benefit necessitates charging members for it, it should be available to member
physicians at a significantly lower price. (4) Supports medical student recruitment efforts by providing a tangible membership benefit linked to the multi-year membership option on a continual annual basis. (5) Continues its policy of providing specialty journals for those who are in active practice and are otherwise eligible. (6) Shall distribute a copy of our AMA Principles of Medical Ethics to every new AMA member. (7) Shall investigate the possibility of providing a credit toward the purchase of AMA products or services for those physicians who belong to multiple medical organizations, beyond county, state, and AMA. (Res. 158, A-78; Reaffirmed: CLRPD Rep. C, A-89; Sub. Res. 177, A-90; Res. 601, I-97; Reaffirmed: Sunset Report, I-00; Consolidated: CLRPD Rep. 3, I-01)

G-635.070 Membership Marketing and Communication
AMA membership marketing and communication activities shall include the following: (1) Our AMA shall continue to actively explore and implement, as appropriate, improved communications mechanisms -- including expanded use of electronic technology and the feasibility of a one-page written membership alert -- to enhance two-way communications between our AMA and its medical student and physician members. (2) Our AMA will explore avenues for more active solicitation of general membership opinions on pertinent issues and disseminate summaries of such membership opinions through AMA publications, web-sites and other appropriate communication vehicles. (3) The Board of Trustees should investigate and test the “physician ambassador” concept, in which a cadre of physicians would serve on a regional basis to conduct AMA membership recruitment and retention activities among physicians, group practices, medical students and medical organizations. (Consolidated: CLRPD Rep. 3, I-01)

G-635.080 Budgeting for our AMA Membership Life Cycle Strategy
Our AMA annual budget allocation process for membership activities should take into account each step of the physician’s life cycle from medical student to retiree and assure that adequate resources are appropriately allocated within the life cycle concept for member recruitment and retention. (Consolidated: CLRPD Rep. 3, I-01)

G-635.090 Role of AMA Councils and Sections in Membership Promotion
(1) Our AMA should provide adequate resources to enable the Sections/Special Groups to enhance ongoing communications with their constituencies through a regular print mechanism. Particular emphasis should be placed on the recruitment of medical student members and on ensuring that the transition from medical student member to resident member to young physician member is accomplished as effectively as possible. (2) Each AMA Council, Section, Special Group, and organizational unit should define its explicit role in meeting the needs of members, conduct an annual audit of its activities to fulfill this role, and forward the audits to the Board of Trustees for review. (3) Our AMA and its component societies will commit to enhancing the functionality of their sections, particularly with regard to the development of active, grassroots membership by our young physicians, residents, medical students, international medical graduates, minorities, and women. (Consolidated: CLRPD Rep. 3, I-01)

G-635.100 AMA Membership Categories
Our AMA: (1) state and county medical societies will evaluate the retired physician membership category and standardize the retired physician membership definition; and (2) will work with the Medical Group Management Association and the American Medical Group Association to establish a special category of membership or other mechanisms for medical group administrators which will provide appropriate benefits of AMA membership aimed at facilitating running a medical practice. (Res. 610, A-96; Consolidated: CLRPD Rep. 3, I-01)

G-635.110 Membership Application, Billing, and Processing
(1) Our AMA will create a centralized membership billing and processing unit that will offer services to interested components of the Federation. (2) Application and billing procedures and the general format and content of application forms should be standardized throughout the Federation and designed to make membership application as easy and convenient as possible. This should include procedures for membership transfers between states, and transition from student member to resident member to regular member. (3) A standardized dues billing process throughout the Federation should be adopted. (4) Our AMA encourages state and county medical societies to bring any dues billing problems to the immediate attention of AMA staff so the situation can be corrected. (5) Wherever possible, our AMA should provide necessary technical assistance to constituent associations seeking to improve their membership recruitment, processing, and billing systems, with particular emphasis on the use of credit cards for dues payment. (6) All organizations represented in the House of Delegates should adopt and implement the universal membership application form developed by the Federation Coordination Team and endorsed by the House of Delegates at A-98. (7) All state and county medical societies shall adopt a dues delinquency date of March 1, effective no later than 2002, in order to be in concert with AMA’s dues delinquency date. (8) To prevent members from being dropped prior to receiving their first AMA dues bill, the earliest date for our AMA to begin billing of renewals shall be March 1. (9) Our AMA should offer the direct member option immediately upon a member falling delinquent. (CLRPD Rep. D, I-80; Reaffirmed: CLRPD Rep. B, I-90; BOT Rep. 47, A-96; Task Force on Membership Report, A-99; Task Force on Membership Rep. 1, A-00; Reaffirmed: Sunset Report, I-00; Consolidated: CLRPD Rep. 3, I-01)

G-640.010 Guidelines for Representation of the AMA
Guidelines for the representation of our AMA include: (1) Our AMA directs that any individual who is publicly representing our AMA shall not present positions in conflict with established AMA policy; and (2) When appropriate, AMA public statements note that AMA policy is formulated by the House of Delegates, whose members represent approximately 90 percent of American
physicians, even though a smaller percentage of eligible physicians are currently dues-paying members. (Sub. Res. 605, I-91; Res. 605, A-94; Consolidated: CLRPD Rep. 3, I-01)

G-640.020 Political Action Committees and Contributions
Our AMA: (1) Believes that better-informed and more active citizens will result in better legislators, better government, and better health care; (2) Encourages AMA members to participate personally in the campaign of their choice and strongly supports physician/family leadership in the campaign process; (3) Opposes legislative initiatives that improperly limit individual and collective participation in the democratic process; (4) Supports AMPAC’s policy to adhere to a no Rigid Litmus Test policy in its assessment and support of political candidates; (5) Encourages AMPAC to continue to consider the legislative agenda of our AMA and the recommendations of state medical PACs in its decisions; (6) Urges members of the House to reaffirm their commitment to the growth of AMPAC and the state medical PACs; (7) Encourages its members who are involved in state PACs to establish a discounted PAC dues membership category for resident physicians and medical students; (8) Will continue to work through its constituent societies to achieve a 100 percent rate of contribution to AMPAC by members; and (9) Calls upon all candidates for public office to refuse contributions from tobacco companies and their subsidiaries. (BOT Rep. II and Res. 119, I-83; Res. 175, A-88; Reaffirmed: Sunset Report, I-98; Sub. Res. 610, A-99; Res. 610, I-00; Consolidated: CLRPD Rep. 3, I-01)

G-640.030 Physicians in Public Office and Third Party Payers
AMA policy regarding physicians in Congress and public office includes the following: Our AMA: (1) goes on record as stating that the practice of medicine by a seated member of Congress or other elected official does not by definition constitute a conflict of interest between the physician and his or her patients or any third party payers; (2) shall continue to actively solicit and promote qualified physicians as candidates for public office; and (3) shall encourage qualified physicians to actively seek positions with third party payers. (Sub. Res. 147, A-90; Res. 7, A-98; Reaffirmed: Sunset Report, I-00; Consolidated: CLRPD Rep. 3, I-01)

G-640.040 Lobbying and Grassroots Participation
AMA policy regarding lobbying and grassroots participation includes the following: (1) Our AMA should (a) develop a plan to expand its grassroots participation of physicians and Alliance members in congressional advocacy both locally and through visitations to Washington, DC; and (b) consider coordinating all Washington, DC, visitation through our AMA Washington Office in the grassroots advocacy plan. (2) Our AMA, in conjunction with state and local medical associations, will assist and encourage physician and spouse voter identification projects as part of efforts to build stronger and more effective key contact programs. (3) Rather than developing a program to coordinate on a nationwide level a Doctor’s Day in Congress, whereby representatives of each state would send delegations to Washington to meet with their Congressional delegations, our AMA believes that it would be more cost-effective to use appropriate meetings in Washington as the vehicle. Under a new format, the program’s content will be dedicated to activities which will enhance communication between the medical profession and members of Congress. In addition, our AMA believes that all AMA-sponsored meetings held in Washington should provide participants with the opportunity for AMA staff briefings and Capitol Hill visits. Our AMA urges state and county medical societies to develop “key physician” contacts to aid our AMA staff in its Washington program. (Res. 72, A-83; BOT Rep. CC, and Sub. Res. 86, I-90; Sub. Res. 216, I-92; Reaffirmed: Sunset Report, I-98; Reaffirmed: Sunset Report, I-00; Consolidated: CLRPD Rep. 3, I-01)

3. CREATION OF AN AMA MINORITY AFFAIRS SECTION

Reference committee hearing: See report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: REFERRED

At the 2010 Interim Meeting, the House of Delegates adopted two recommendations in Report 1 of the Council on Long Range Planning and Development (CLRPD Report 1-I-10) related to the Minority Affairs Consortium. CLRPD Report 1-I-10 was issued partly in response to Resolution 7-A-08, “Enhancing the Voice of the Minority Affairs Consortium,” seeking AMA Section status. The two CLRPD recommendations relevant to this report are as follows:

1) That our American Medical Association establish the Minority Affairs Consortium as a delineated section and the AMA Bylaws be modified to reflect the change in title and status for the MAC; and

2) That our AMA direct that the Minority Affairs Section continue to have an opt-in enrollment process.

These CLRPD recommendations are embodied in AMA Policy G-615.079, “Minority Affairs Consortium” (AMA Policy Database).
DISCUSSION

The Minority Affairs Consortium (MAC) was an ad hoc committee that served in an advisory capacity to the Board of Trustees. Because of its advisory nature, the MAC is not referenced in the AMA Bylaws beyond recognition of it having representation in the House of Delegates through a delegate and an alternate delegate (Section 2.15), and a definition of the Minority Affairs Consortium in the glossary for informational purposes.

CLRPD Report 1-I-10 recommended that a Minority Affairs Consortium be established as a delineated section known as the Minority Affairs Section, rather than continue as an advisory group. CLRPD Report 1-I-10 made a distinction between sections that were fixed (Medical Student Section, Resident and Fellow Section, and Young Physicians Section) and those that were delineated (Minority Affairs Section, Organized Medical Staff Section, Section on Medical Schools, and International Medical Graduates Section) and thereby subject to a five-year review and renewal. As there were some concerns expressed during the 2010 Interim Meeting of the House of Delegates over which sections were fixed and which sections were delineated but little opportunity to discuss and achieve consensus, the Council on Constitution and Bylaws (CCB) has not included bylaw language related to delineated section status for the Minority Affairs Section in this report. This report merely provides the language necessary for the Minority Affairs Section (MAS) to exist. Recommendations related to delineated section status for the MAS and several other AMA sections are presented in CCB Report 6-A-11.

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 MAC transitions to the Minority Affairs Section, it will need to craft these rules, normally known as Internal Operating Procedures (IOP). All Section IOPs are reviewed by the Council on Constitution and Bylaws for internal consistency, consistency with the Bylaws, and consistency with IOPs of other sections, and approved by the AMA Board of Trustees. The MAS governing council plans to discuss and propose the initial IOP at its June 2011 meeting, after which the IOP will come to the Council for formal review and subsequent transmittal to the Board of Trustees in the fall of 2011. In the interim, the Council will work closely with the new Minority Affairs Section governing council to define the various elements that need to be in either the AMA Bylaws or in the MAS IOP. If needed, the Council will submit additional amendments to the Bylaws once the Board of Trustees has approved the IOP of the newly formed MAS.

The Council believes it is important to emphasize that the Council’s recommended bylaw language to establish the MAS removes the existing provision relating to the MAC’s delegate and alternate under Section 2.15 because that language will be redundant. Under Bylaw 7.05, each Section shall elect a delegate and alternate delegate to represent the Section in the House of Delegates.

RECOMMENDATIONS

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.

2.00—House of Delegates

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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.

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2.15 Delegate from the Minority Affairs Consortium. The Minority Affairs Consortium shall be entitled to a delegate in the House of Delegates.

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

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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.

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.

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.

2.155 **Vacancies.** The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.

[Subsequent Bylaws will be renumbered]

7.00—Sections

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**7.70 Minority Affairs Section.**

7.71 **Membership.** All active members of the AMA, including residents and fellows and medical students, with an interest in 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.

APPENDIX – Existing AMA Policy

G-615.079 Minority Affairs Consortium. 1. Our AMA establishes the Minority Affairs Consortium (MAC) as a delineated section and the AMA Bylaws will be modified to reflect the change in title and status for the MAC. 2. Our AMA directs that the Minority Affairs Section continue to have an opt-in enrollment process. (CLRDP Rep. 1, I-10)

4. AMA SECTIONS AND THE ROLE OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT AND THE BOARD OF TRUSTEES

Reference committee hearing: See report of Reference Committee on Amendments to Constitution and Bylaws.

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

See Bylaws 6.615, 7.01 and 7.08.

At the 2010 Interim Meeting, the House of Delegates adopted Recommendation 7 in Report 1 of the Council on Long Range Planning and Development (CLRPD Report 1-I-10). Recommendation 7 directed “That our AMA consider requests for a change in status for existing groups or formation of new groups by letter of application to the CLRPD, which will make recommendations to the BOT and HOD for further action.”

This report of the Council on Constitution and Bylaws presents bylaws to define an AMA Section and identify the process by which any new Section shall be formed and/or change its status. Another Council report (CCB Report 5-A-11) will discuss the definitions of the other governance entities identified in the CLRPD report, and CCB Report 6-A-11 will present bylaws regarding fixed and delineated Sections.
DISCUSSION

AMA Bylaw 7.00 and its subprovisions set forth the general mission of the AMA Sections and additional information regarding reporting requirements, governing councils and officers, including delegates and alternate delegates, business meetings, meeting procedures, and Section rules. What Bylaw 7.00 does not currently include is a general definition of what constitutes a Section. The Council on Long Range Planning and Development has offered the following definition:

A “Section” will be used to describe a formal group of physicians or medical students directly involved in policymaking through their section delegate and representing unique interests related to professional lifecycle, practice setting, or demographics.

The Bylaws also currently do not include a process to constitute new Sections. CLRPD Report 1-I-10, adopted by the House of Delegates, makes it clear that new sections will be established by the House, on recommendation of the CLRPD through the Board of Trustees, based on criteria adopted by the House of Delegates. The CLRPD report also identifies a process whereby a member component group constituted as a Board advisory committee could seek Section status by similarly applying to the CLRPD, which would make a recommendation through the Board of Trustees to the House of Delegates.

The Council on Constitution and Bylaws believes that CLRPD’s new responsibilities should be reflected in the Bylaws, and the Council has proposed modifications to the bylaws to reflect CLRPD’s expanded functions consistent with AMA Policy G-615.001, “Establishment and Function of Sections” (AMA Policy Database).

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments by insertion 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 of Delegates present and voting.

6.00—COUNCILS

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6.60 Council on Long Range Planning and Development.

6.61 Functions.

6.611 To study and make recommendations concerning the long-range objectives of the AMA;

6.612 To study, make recommendations, and serve in an advisory role to the Board of Trustees concerning strategies by which the AMA attempts to reach its long-range objectives;

6.613 To study, or cause to be studied, anticipated changes in the environment in which medicine and the AMA must function, collect relevant data and transmit interpretations of these studies and data to the Board of Trustees for distribution to decision making centers throughout the AMA, and submit reports to the House of Delegates at appropriate times; and

6.614 To identify and evaluate ways to enhance the AMA’s policy development processes and to make information on AMA policy positions readily accessible by providing support to the AMA’s outreach, communications, and advocacy activities.

6.615 To evaluate and make recommendations to the House of Delegates, through the Board of Trustees, with respect to the formation and/or change in status of any member component group or Section. The Council will apply criteria adopted by the House of Delegates.

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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.

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7.04 Officers. Each Section shall select a Chair and Vice Chair or Chair-Elect and other necessary and appropriate officers.

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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.

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7.07 Rules. All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees.

7.08 Establishment of New Sections. A member component group seeking Section status may submit an application to the Council on Long Range Planning and Development, which will make its recommendation to the House of Delegates through the Board of Trustees or a resolution may be submitted for Section status.
APPENDIX – Relevant AMA Policy

G-615.001 Establishment and Function of Sections. 1. Our AMA adopts the following criteria in consideration of requests for establishing or changing the status of member component groups: A. Issue of Concern - Focus will relate to concerns that are distinctive to the subset within the broader, general issues that face medicine. A demonstrated need exists to deal with these matters, as they are not currently being addressed through an existing AMA group. B. Consistency - Objectives and activities of the group are consistent with those of the AMA. Activities make good use of available resources and are not duplicative. C. Appropriateness - The structure of the group will be consistent with its objectives and activities. D. Representation Threshold - Members of the formal group would be based on identifiable segments of the physician population and AMA membership. The formal group would be a clearly identifiable segment of AMA membership and the general physician population. A substantial number of members would be represented by this formal group. At minimum, this group would be able to represent 1,000 AMA members. It is important to note this threshold will not be used to determine representation as each new group will be allocated only one delegate and one alternate delegate. E. Stability - The group has a demonstrated history of continuity. This segment can demonstrate an ongoing and viable group of physicians will be represented by this section and both the segment and the AMA will benefit from an increased voice within the policymaking body. F. Accessibility - Provides opportunity for members of the constituency who are otherwise underrepresented to introduce issues of concern and to be able to participate in the policymaking process within the HOD. 2. Our AMA will consider requests for a change in status for existing groups or formation of new groups by letter of application to the CLRPD, which will make recommendations to the BOT and HOD for further action. (CLRPD Rep. 1, I-10)

5.AMA GOVERNANCE ENTITIES: BYLAWS AND POLICY

Reference committee hearing: See report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: RECOMMENDATIONS ADOPTED AND REMAINDER OF REPORT FILED
See Bylaws §5.309 and Policy G-615.002.

At the 2010 Interim Meeting, the House of Delegates (HOD) adopted Recommendation 5 in Report 1 of the Council on Long Range Planning and Development (CLRPD Report 1-I-10), which recommended that “Our AMA develop Bylaws language to specifically define the various governance entities reflected in this [CLRPD] report” (Policy G-615.015, “Establishment and Function of Sections – Sections, Advisory Committees, Ad Hoc Committees and Caucuses,” AMA Policy Database). The governance entities defined in the report were: section, advisory committee, ad hoc committee, and caucus. Sections were further categorized as fixed or delineated. CLRPD also referred to the “governance entities” as “member component groups,” a term that this Council believes is more descriptive and resonates with the House of Delegates.

The AMA Bylaws include a provision for each Section the House of Delegates has voted into existence. The Bylaws identify no other member component groups by name, with the rare exception being a group that has representation in the House of Delegates that is not a Section, such as was done for the Minority Affairs Consortium in Bylaw 2.15.

CLRPD spent over two years trying to achieve consensus on how the member component groups could be better defined, and how requests should be handled if a group wanted to form, change its status, or obtain/increase representation. Previous requests of this nature had been handled in isolation and without the benefit of a formal process approved by the House of Delegates.

DISCUSSION

CLRPD used the following definitions and parameters related to other member component groups, to be defined in the Bylaws:

An “advisory committee” will be defined as an entity whose activities relate to education and advocacy on issues of an emergent nature. An advisory committee will have a governing council and a direct reporting relationship to the Board of Trustees (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” will describe a special committee, workgroup, or taskforce appointed by the BOT, the Speaker of the House, or the Chief Executive Officer. These committees will operate for a specific purpose and for a prescribed period of time.

A “caucus” will be defined as 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. These groups will not have a reporting relationship or resources allocated by the AMA.

Several existing AMA bylaw provisions identify the various types of committees and specify the manner of their constitution and composition. Bylaws 2.66 and 2.67 address, respectively, committees appointed by the House of Delegates and other committees appointed by the Speaker.

2.00 – House of Delegates

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2.60 Committees of the House of Delegates

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2.66 Special Committees of the House of Delegates. The House may establish special committees for specified terms of one to 3 years. The number of members, the manner of their appointment and the functions of these committees shall be in accordance with motions authorizing their appointment. Any active member of the AMA is eligible to serve on a special committee. Members of special committees who are not members of the House of Delegates may present their reports in person to the House of Delegates and may participate in debate thereon, but are not entitled to vote in the House of Delegates.

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2.67 Other Committees. The Speaker may appoint such other committees as may be desirable for the efficient transaction of business of the House of Delegates.

2.671 Appointment. The Speaker shall appoint the Chair and other members of the committees. Membership on these committees is restricted to delegates and alternate delegates.

2.672 Size. Each committee shall consist of 7 members, unless otherwise provided.

2.673 Term. Each committee shall serve only during the meeting at which it is appointed, unless otherwise directed by the House of Delegates.

Bylaw 5.309 speaks to the Board’s ability to appoint committees as necessary to carry out the purposes of the AMA.

5.00 – Board of Trustees

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5.30 Duties and Privileges.

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5.309 Appointment of Committees. Appoint such committees as necessary to carry out the purposes of the AMA.

While some of the bylaw provisions cited above provide some specificity regarding a committee’s membership and tenure, others do not. Also, the provisions are not entirely consistent with CLRPD’s definition of an “advisory committee” or an “ad hoc committee.” The Council believes that the existing Bylaws can be modified to meet the
House’s mandate to define the various governance entities and to achieve implementation of Policy G-615.015, “Establishment and Function of Sections - Sections, Advisory Committees, Ad Hoc Committees and Caucuses” (AMA Policy Database).

The Council believes that other definitional details are appropriately included as AMA policy rather than in the Bylaws and is proposing additional policy based on CLRPD Report 1-I-10.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends:

1. That the following amendments to the Bylaws be adopted. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

\section*{5.00 – Board of Trustees}

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\section*{5.30 Duties and Privileges.}

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\section*{5.309 Appointment of Committees.} Appoint such committees as necessary to carry out the purposes of the AMA.

\subsection*{5.3091} An advisory committee will be constituted for purposes of education and advocacy.

\subsection*{5.30911} It will have a governing council and a direct reporting relationship to the Board.

\subsection*{5.30912} An advisory committee will not have representation in the House of Delegates.

\subsection*{5.30913} An advisory committee will operate under a charter that will be subject to review and renewal by the Board at least every four years.

\subsection*{5.3092} An ad hoc committee will be constituted as a special committee, workgroup or taskforce.

\subsection*{5.30921} It will operate for a specific purpose and for a prescribed period of time.

2. That our AMA establish policy to define AMA member component groups as follows:

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.

3. That Policies D-615.982 and G-615.015 be rescinded, as the actions requested have been accomplished.

4. That the balance of this report be filed.

APPENDIX – Existing AMA Policy

D-615.982 Section and Member Group Definitions and Criteria. 1. Our AMA will develop criteria in the consideration of requests pertaining to the establishment and function of component groups of the AMA. 2. A report on such criteria will be presented at the 2010 Interim Meeting. 3. Action on Resolutions 7 (A-08) and 625 (A-08) is postponed until criteria on AMA’s component groups are developed. (CLRPD Rep. 2, A-09; Modified: CLRPD Rep. 2, A-10)

G-615.015 Establishment and Function of Sections - Sections, Advisory Committees, Ad Hoc Committees and Caucuses. Our AMA will develop Bylaws language to specifically define the various governance entities reflected in CLRPD Report 1-I-10, Establishment and Function of Sections. (CLRPD Rep. 1, I-10)

6. DELINEATED AND FIXED AMA SECTIONS

Reference committee hearing: See report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: RECOMMENDATIONS ADOPTED AND REMAINDER OF REPORT FILED

See Bylaws §7.

At the 2010 Interim Meeting, the House of Delegates adopted the recommendations in Report 1 of the Council on Long Range Planning and Development (CLRPD Report 1-I-10). Recommendation 1 directed that our AMA establish the Minority Affairs Consortium as a delineated Section known as the Minority Affairs Section. Recommendation 5 asked that our AMA develop Bylaws language to specifically define the various governance entities reflected in this [CLRPD] report, a recommendation which CCB understands includes defining each AMA Section as a fixed or delineated Section as presented by CLRPD in its report adopted by the House of Delegates.

This report presents the necessary bylaw language to implement these recommendations in CLRPD Report 1-I-10 as adopted by the House of Delegates.

DISCUSSION

In its report, the Council on Long Range Planning and Development discussed two types of distinct AMA Sections – fixed and delineated.

CLRPD envisioned the Medical Student Section, the Resident and Fellow Section, and the Young Physicians Section as “fixed sections.” Fixed Sections are those that represent the natural cycles related to a physician’s career...
span. Members of these groups have limited opportunities for representation through their state/specialties societies, and the need for focused representation within the AMA House of Delegates was seen as enduring. Fixed Sections operate under Internal Operating Procedures reviewed by the Council on Constitution and Bylaws and approved by the Board of Trustees.

CLRPD classified the Organized Medical Staff Section, the International Medical Graduate Section, the Section on Medical Schools, and the Minority Affairs Section as “delineated Sections.” Delineated Sections allow a voice in the house of medicine for those large groups of physicians who are connected through a unique perspective but who may be underrepresented in the House of Delegates. These groups often are based on demographics or mode of practice, have a single delegate and alternate delegate in the HOD, and operate under Internal Operating Procedures reviewed by the Council on Constitution and Bylaws and approved by the Board of Trustees. Delineated Sections must reconfirm at least every five years that they continue to meet the criteria adopted by the House of Delegates, most likely through a report from CLRPD, which will present its recommendations through the Board of Trustees to the House of Delegates. The five-year period allows for fluidity in the Association’s structure as the activities and impact of the member groups who participate in the delineated Sections are routinely evaluated.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments to the Bylaws be adopted and that the remainder 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

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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.

7.10 § **Resident and Fellow Section.** The Resident and Fellow Section is a fixed Section.

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7.20 § **Section on Medical Schools.** The Section on Medical Schools is a delineated Section.

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7.30 § **Medical Student Section.** The Medical Student Section is a fixed Section.

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7.40 § **Organized Medical Staff Section.** The Organized Medical Staff Section is a delineated Section.

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7.50 § **Young Physicians Section.** The Young Physicians Section is a fixed Section.

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7.60 § **International Medical Graduates Section.** The International Medical Graduates Section is a delineated Section.

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1 Assumes adoption of CCB Report 4-A-11
7.70 Minority Affairs Section. The Minority Affairs Section is a delineated Section.

APPENDIX – Relevant AMA Policy

G-615.079 Minority Affairs Consortium. 1. Our AMA establishes the Minority Affairs Consortium (MAC) as a delineated section and the AMA Bylaws will be modified to reflect the change in title and status for the MAC. 2. Our AMA directs that the Minority Affairs Section continue to have an opt-in enrollment process. (CLRPD Rep. 1, I-10)

G-615.015 Establishment and Function of Sections - Sections, Advisory Committees, Ad Hoc Committees and Caucuses. Our AMA will develop Bylaws language to specifically define the various governance entities reflected in CLRPD Report 1-I-10, Establishment and Function of Sections. (CLRPD Rep. 1, I-10)

7. AN EDITORIAL CORRECTION TO AMA BYLAW 2.111

Reference committee hearing: See report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: RECOMMENDATION ADOPTED AND REMAINDER OF REPORT FILED

See Bylaw 2.111.

This report sets forth an editorial change to remove outdated material from the American Medical Association Bylaws. The specialty society delegate apportionment freeze referenced expired in 2008.

The change, if approved, will be incorporated into the next published version of the Bylaws.

RECOMMENDATION

The Council on Constitution and Bylaws recommends that the following amendment to the AMA Bylaws be adopted by the House of Delegates and that the remainder of this report be filed.

2.00—HOUSE OF DELEGATES

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.

2.11 Constituent Associations. Each recognized constituent association granted representation in the House of Delegates 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 Bylaw 2.112. Only one constituent association from each U.S. state, commonwealth, territory, or possession shall be granted representation in the House of Delegates.

2.111 Apportionment. The apportionment of delegates from each constituent association is one delegate for each 1,000, or fraction thereof, active constituent and active direct members of the AMA within the jurisdiction of each constituent association, as recorded by the AMA as of December 31 of each year.

2.1111 Effective Date. Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year. Notwithstanding the foregoing requirements, the apportionment of delegates from each constituent association shall not be less than the

2 Assumes adoption of CCB Report 3-A-11
2003 apportionment while the specialty society delegate apportionment freeze set forth in Bylaw 2.121 is in effect.