JOINT REPORTS OF THE COUNCIL ON CONSTITUTION AND BYLAWS AND THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

The following reports, 1–4, were presented by Michael M. Deren, MD, Chair, Council on Constitution and Bylaws, and Richard M. Peer, MD, Chair, Council on Long Range Planning and Development:

1. MODIFICATIONS TO EXISTING AMA POLICIES TO BETTER GUIDE AMA POLICY DEVELOPMENT, CONSOLIDATION, SUNSET AND IMPLEMENTATION

Reference committee hearing: see report of Reference Committee F.

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

As reported in Council on Constitution and Bylaws (CCB) Report 3-I-11, "AMA Policy Development, Reconciliation, Consolidation, Revision, Implementation, and Sunset," which was adopted at the 2011 Interim Meeting of the American Medical Association (AMA) House of Delegates (HOD), the Council on Constitution and Bylaws (CCB) and the Council on Long Range Planning and Development (CLRPD) have committed to developing a methodology to consolidate AMA policies and to devise new mechanisms to guide the development of future policies and directives.

Since the 2011 Interim Meeting, both councils have reviewed existing AMA policies, and the processes and procedures that guide policy development, implementation, sunset and consolidation. Several overarching principles have guided the councils' work in developing modifications to existing policies that are inconsistent at times and which offer no guidance to councils or the HOD in determining when to sunset or amend a policy:

- The rules, the goals, and the processes for establishing policy, revising policy, reconciling disparate policy, consolidating policies, and sunsetting policy should be transparent.
- Guidelines will help the AMA councils, sections, the HOD and others be consistent in determining when a policy should be sunset rather than reaffirmed.
- Policy consolidation and revisions should occur on an accelerated schedule. The goal is to ensure that our AMA policies are accurate and comprehensive, but fewer in number.
- Policies should be sunset as soon as they are accomplished. Ten years for all policies is too long.
- All policies that have been sunset are retained in the AMA's historical records.

In this report, the CCB and the CLRPD present recommendations for amending and consolidating these existing House policies. The councils have worked closely with the Office of House of Delegates Affairs and the Speakers, to minimize the burden on delegates and protect the democratic policymaking process. The purposes for these changes to existing policies are multi-factorial: 1) editorial changes to clarify existing policies; 2) deletion of various policy statements that have been accomplished or embodied elsewhere; 3) expansion of the policies where warranted; and 4) consolidation of several similar policies. The councils believe that adoption of these policies will greatly aid in sunsetting policies that are no longer relevant or which were accomplished, as well as operationalize how policy amendments and consolidation can be accomplished.

The councils' rationale for their recommendations are presented in Appendix A to this report. Where consolidation of like policies is being recommended, Appendix B presents the new consolidated policy. Appendix C presents the original text of all policies.

RECOMMENDATIONS

The Council on Constitution and Bylaws and Council on Long Range Planning and Development recommend that the policies listed below be acted upon in the manner indicated and that the remainder of this report be filed.

1. That Policy G-600.111 be amended by addition and deletion:

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 allows for ~~shall consist of two steps~~: (a) rescinding outmoded and duplicative policies, and (b) combining policies that relate to the same topic. ~~These two steps may be completed in a single report or in two separate reports to the House.~~ (2) Our AMA House requests that each AMA council, AMA section, and Board of Trustees advisory committee 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. Other groups represented in the House of Delegates also are encouraged to submit consolidation recommendations to the Speakers. (3) The House encourages each AMA council to develop ~~at least one~~ two or more policy consolidation reports 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.~~ The consolidation process permits editorial amendments for the sake of clarity, so long as the proposed changes are transparent to the House and do not change the meaning.

2. That Policy G-600.110 be amended by addition and deletion:

G-600.110 Sunset Mechanism for AMA Policy
(1) As the House of Delegates adopts policies, ~~A sunset mechanism with~~ a maximum ten-year time horizon shall exist ~~for all AMA policy positions established by our AMA House of Delegates~~. ~~Under this sunset mechanism,~~ A~~a~~ policy will typically sunset ~~cease to be viable~~ after ten years unless action is taken by the House of Delegates to ~~reestablish~~ retain it. Any action of our AMA House that reaffirms or amends an existing policy position shall reset the sunset "clock," making the reaffirmed or amended policy viable for another 10 years ~~from the date of its reaffirmation. Further, any action of the House that modifies~~ amends ~~existing policies shall reset the sunset "clock," making the modified policy viable for 10 years from the date of its adoption~~. (2) In the implementation and ongoing operation of our AMA policy sunset mechanism, the following procedures shall be followed: (a) Each year, the Speakers ~~and/or the CLRPD~~ shall provide a list of policies that are subject to review under the policy sunset mechanism; (b) Such policies shall be assigned to the appropriate AMA Councils for review; (c) Each AMA council that has been asked to review policies shall develop and submit a ~~separate~~ report to the House of Delegates identifying policies that are scheduled to sunset; ~~that presents recommendations on how the policies assigned to it should be handled.~~ (d) For each policy under review, the reviewing council ~~shall~~ can recommend one of the following ~~alternatives~~ actions: (i) Retain the policy; (ii) ~~Rescind~~ Sunset the policy; ~~or~~ (iii) Retain part of the policy; or (iv) Reconcile the policy with more recent and like policy; (e) For each recommendation that it makes to retain a policy in any fashion, the reviewing Council shall provide a succinct, but cogent justification ~~for the recommendation. For recommendations to retain a policy in part, the reviewing council should indicate how the policy should be changed by using strike through marks to indicate text that should be deleted~~. (f) The Speakers shall determine ~~assign~~ the best way for the House of Delegates to handle the ~~policy~~ sunset reports. ~~for consideration by the appropriate Reference Committees.~~ (3) Nothing in this policy shall prohibit a report to the HOD or resolution to sunset a policy earlier than its 10-year horizon if it is no longer relevant, has been superseded by a more current policy, or has been accomplished. (4) The AMA Councils and the House of Delegates should conform to the following guidelines for sunset: (a) when a policy is no longer relevant or necessary; (b) when a policy or directive has been accomplished; or (c) when the policy or directive is part of an established AMA practice that is transparent to the House and codified elsewhere such as the AMA Bylaws or the AMA House of Delegates Reference Manual: Procedures, Policies and Practices. (5) The most recent policy shall be deemed to supersede contradictory past AMA policies. (6) Sunset policies will be retained in the AMA historical archives.

3. That Policies G-600.071, G-600.120, and G-605.070 be amended by addition and deletion, and consolidated into a single policy statement:

G-600.071 Actions and Decisions by the AMA House and Policy Implementation
AMA policy on House actions and decisions includes the following: (1) Other than CEJA reports and some CSAPH reports, the procedures of our AMA House allow for: (a) correcting factual errors in AMA reports, (b) rewording portions of a report that are objectionable, and (c) rewriting portions that could be misinterpreted or

misconstrued, so that the "revised" or "corrected" report can be presented for House action at the same meeting whenever possible. (2) A negative vote by the House of Delegates on resolutions which restate AMA policy does not change the existing policy. AMA policy can only be ~~changed~~ amended by means of a positive action of the House specifically intended to change that policy~~;~~. (3) ~~Our AMA will adopt the electronic method of tabulating voting as soon as technically and economically feasible, not only for the election process, but also for contested or close voting of resolutions; and (4) Our AMA House of Delegates will continue its current method of voting, and not institute proxy or weighted voting.~~ Minor editorial changes to existing policies are allowed for accuracy, so long as such changes are reported to the House of Delegates so as to be transparent. Editorially amended policies, however, do not reset the sunset clock.

~~G-600.120 Implementation of House Policy~~
AMA policy on implementation of ~~resolutions~~ policy includes the following: (1) Our AMA House of Delegates shall be apprised of the status of adopted or referred resolutions and report recommendations ~~in reports~~ and ~~what~~ specific actions that have been taken on them over a one-year period. When situations preclude successful implementation of specific resolutions, the House and authors should be advised of such situations so that further or alternative actions can be taken if warranted. (2) Our AMA shall inform and afford an opportunity for each delegation to send a representative for any resolution introduced that is referred to a council or other body to the meeting at which that resolution will be considered. Our AMA shall incur no expense as a result of inviting the sponsors of resolutions to discuss their resolutions. (3) Any resolution which is adopted by our AMA House remains the ~~standing~~ policy of the Association until ~~modified~~ amended, ~~or~~ rescinded or sunset by the House.

~~G-605.070 Board Activities and House Policy~~
Except as noted herein and consistent with the AMA Bylaws, 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.

4. That Policies G-600.060 and G-600.005 be amended by insertion and deletion, and consolidated into a single policy statement:

G-600.060 Introducing Business to the AMA House
AMA policy on introducing business to our AMA House includes the following:
~~G-600.005 Improving Processes of the House of Delegates~~
1. Delegates submitting resolutions have a responsibility to review the Resolution checklist and verify that the resolution is in compliance. The Resolution checklist shall be distributed to all delegates and organizations in the HOD prior to each meeting, as well as be posted on the HOD website. ~~A resolution format and a format for "information statements" (see #2) will be designed that will make them easier to prepare (e.g., a checklist approach). This new format will also provide a more specific explanation of the intended impact and rationale for resolutions that call for action in a resolved clause.~~
2. An ~~new type of business item will be established, called an "~~Information ~~s~~Statement~~,"~~ can be used to bring an issue to the awareness of the HOD or the public, draw attention to existing policy for purposes of emphasis, or simply make a statement. Such items ~~of business~~ will be included in the section of the HOD Handbook for informational items and include appropriate attribution but will not go through the reference committee process, be voted on in the HOD or be incorporated into the Proceedings. ~~An information statement is intended to require no action and will simply be brought to the attention of the HOD.~~ If an information statement is

extracted, however, it will be managed by the Speaker in an appropriate manner, which may include a simple editorial correction up to and including withdrawal of the information statement.
3. ~~Virtual reference committees will be pilot tested in the House of Delegates.~~
4. ~~All AMA sections are encouraged to explore and/or pilot the use of virtual reference committees.~~
~~5.~~ Required information on the budget will be provided to the HOD at a time and format more relevant to the AMA budget process.
~~6. The Speaker will appoint a task force regarding the Interim Meeting to address the following items, and report back to the House of Delegates at the 2009 Interim Meeting: (a) The structure and function of a replacement meeting to the Interim Meeting as currently structured (b) The role and function of the members of the HOD at the replacement meeting (c) The timing and location of the replacement meeting (d) The timing of the Annual Meeting (e) How and when the AMA should transition to the replacement meeting (f) How to maximize the value and minimize the cost of the replacement meeting (g) How to address the concerns of the various AMA Councils, Sections, and Special Groups regarding how the timing and nature of the replacement meeting will affect their work~~
~~7. A broad based virtual forum for HOD members and other AMA members will be created, to be convened and moderated by the Speakers of the HOD, for the purpose of discussing issues of importance to physicians and the health of the public.~~
~~8. Our AMA will provide infrastructure and support for setting up virtual communities within and between HOD participants that can be used to comment on issues, form coalitions, conduct caucuses, or address other needs that groups might have.~~
~~9. Our AMA will continue to monitor the needs of the Community Based, Private Practice Physicians and other caucuses of individual physicians who meet during the HOD meetings. 10. As an alternative to the formal Proceedings of the HOD, a searchable database of the original items of business, annotated reference committee reports, and the policy database (and transcripts if necessary) will be used as "collective documentation" of HOD meetings.~~

4. ~~(1)~~ At the time the resolution is submitted, delegates introducing an item of business for consideration of the House of Delegates must declare any commercial or financial conflict of interest they have as individuals and any such conflict of interest must be noted on the resolution at the time of its distribution.

5. ~~(2)~~ The submission of resolutions calling for similar action to what is already existing AMA policy is discouraged. ~~State and specialty societies have the~~ Organizations represented in the House of Delegates are responsible ~~responsibility~~ to search for alternative ways to obtain AMA action on established AMA policy, especially by communicating with the Executive Vice President. The EVP will submit a report to the House detailing the items of business received from ~~state and specialty societies~~ organizations represented in the House which he or she considers significant or when requested to do so by the ~~state or specialty society~~ organization, and the actions taken in response to such contacts.

6. ~~(3)~~ Our AMA will continue to safeguard the democratic process in our AMA House of Delegates and ensure that individual delegates are not barred from submitting a resolution directly to the House of Delegates~~, especially during its efforts to streamline the business of our AMA~~.

7. ~~(4)~~ Our AMA encourages organizations and Sections of the House of Delegates to exercise restraint in submitting items on the day preceding the opening of the House.

8. ~~(5)~~ Resolutions will be placed on the Reaffirmation Consent Calendar ~~only if~~ when they are identical or substantially identical to existing AMA policy. For resolutions placed on the Reaffirmation Consent Calendar, the pertinent existing policy will be clearly identified by reference to the Policy Database identification number. When practical, the Reaffirmation Consent Calendar should also include a listing of the actions that have been taken on the current AMA policies that are equivalent to the resolutions listed. For resolutions on the Reaffirmation Consent Calendar which are not extracted, the existing, pertinent AMA policy will be deemed to be reaffirmed in lieu of the submitted resolution which resets the sunset clock for ten years.

9. ~~(6) The practice of submitting status reports for House action~~ Updates on referred resolutions ~~is discontinued; this information will be~~ are included in the chart entitled "Implementation of Resolutions~~.~~," which is made available to the House.

5. That Policy G-600.062, Guidelines for Drafting a Report, be sunset.

6. That Policy G-600.061 be amended by addition and deletion.

G-600.061 Guidelines for Drafting a Resolution or Report
Resolutions or reports with recommendations to the AMA House of Delegates shall meet the following guidelines:
(1) When proposing new AMA policy or modification of existing policy, the resolution should meet the following criteria: (a) The proposed policy should be stated as a broad guiding principle that sets forth the general philosophy of the Association on specific issues of concern to the medical profession; (b) The proposed policy should be clearly identified at the end of the resolution; (c) Recommendations for new or modified policy should include existing policy related to the subject as an appendix provided by the sponsor and supplemented as necessary by AMA Staff. If a modification of existing policy is being proposed, the resolution should set out the pertinent text of the existing policy, citing the policy number from the AMA Policy Database, and clearly identify the proposed modification. Modifications should be indicated by underlining proposed new text and lining through any proposed text deletions. If adoption of the new or modified policy would render obsolete or supere~~s~~sede one or more existing policies, those existing policies as set out in the AMA Policy Database should be identified and recommended for rescission. Reminders of this requirement should be sent ~~by the AMA~~ to ~~the state, county and specialty societies~~ all organizations represented in the House prior to the resolution submission deadline; (d) A fiscal note setting forth the estimated resource implications (expense increase, expense reduction, or change in revenue) of the proposed policy, program, or action shall be generated by AMA staff in consultation with the sponsor. Estimated changes in expenses will include direct outlays by the AMA as well as the value of the time of AMA's elected leaders and staff. A succinct description of the assumptions used to estimate the resource implications must be included in each fiscal note. When the resolution is estimated to have a resource implication of $50,000 or more, the AMA shall publish and distribute a document explaining the major financial components or cost centers (such as travel, consulting fees, meeting costs, or mailing). No resolution that proposes policies, programs, or actions that require financial support by the AMA shall be considered without a fiscal note that meets the criteria set forth in this policy.
(2) When proposing to reaffirm existing policy, the resolution or report should contain a clear restatement of existing policy, citing the policy number from the AMA Policy Database.
(3) When proposing to establish a directive, the resolution or report should include all elements required for establishing new policy as well as a clear statement of existing policy, citing the policy number from the AMA Policy Database, underlying the directive.
(4) Reports responding to a referred resolution should include the resolves of that resolution in its original form or as last amended prior to the referral. Such reports should include a recommendation specific to the referred resolution. When a report is written in response to a directive, the report should sunset the directive calling for the report.
(5) The House's action is limited to recommendations, conclusions, and policy statements at the end of report. While the supporting text of reports is filed and does not become policy, the House may correct factual errors in AMA reports, reword portions of a report that are objectionable, and rewrite portions that could be misinterpreted or misconstrued, so that the "revised" or "corrected" report can be presented for House action at the same meeting whenever possible. The supporting texts of reports are filed.
(~~4~~6) All resolutions and reports should ~~will~~ be written to include both "MD and DO," unless specifically applicable to one or the other.
(~~5~~7) ~~House of Delegates~~ Reports or resolutions should include, whenever possible or applicable, appropriate reference citations to facilitate independent review by delegates prior to policy development.
(~~6~~8) Each resolution resolve clause or report ~~in a~~ recommendation must be followed by a phrase, in parentheses, that indicates the nature and purpose of the resolve. These phrases are the following: (a) New HOD Policy; (b) Modify Current HOD Policy; (c) Consolidate Existing HOD Policy; (~~c~~d) Modify Bylaws; (~~d~~e) Rescind HOD Policy; (~~e~~f) Reaffirm HOD Policy; or (g) Directive to Take Action.
(~~7~~9) Our AMA's Board of Trustees, AMA councils, House of Delegates reference committees, and sponsors of resolutions will ~~carefully consider Policies G-600.061, "Guidelines for Drafting a Resolution," and G-600.062, "Guidelines for Drafting a Report," and~~ try, whenever possible, to make adjustments, additions, or elaborations of AMA policy positions by recommending modifications to existing AMA policy statements rather than creating new policy.

APPENDIX A - Existing Policies and Rationale for Changes

Policy Number	Title	Recommended Action & Rationale
G-600.111	Consolidation of AMA Policy	Amended for clarity; sunset of language no longer relevant or necessary. Establishes policy on the role and responsibility of all organizations in the HOD with respect to policy consolidation.
G-600.110	Sunset Mechanism for AMA Policy	Amended/expanded for clarity; sunset where policy is no longer relevant. Establishes guidelines for when a policy should be sunset.
G-600.071	Actions and Decisions by the AMA House	Amended for accuracy. Sunset of two policies that have been accomplished; consolidated with G-600.120 and G-605.070 into a single comprehensive policy statement, "Actions and Decisions by the AMA House and Policy Implementation."
G-600.120	Implementation of House Policy	Amended for accuracy. Consolidated with G-600.071 and G-605.070 into a single comprehensive policy statement, "Actions and Decisions by the AMA House and Policy Implementation."
G-605.070	Board Activities and House Policy	Amended for accuracy. Consolidated with G-600.071 and G-605.070 into a single comprehensive policy statement, "Actions and Decisions by the AMA House and Policy Implementation."
G-600.060	Introducing Business to the AMA House	Amended for clarity. Sunset of eight policies that have been accomplished or no longer relevant. Consolidated with G-600.005 into a single comprehensive policy statement, "Introducing Business to the AMA House."
G-600.005	Improving Processes of the House of Delegates	Amended for clarity and to reflect current practice. Consolidated with G-600.060 into a single comprehensive policy statement, "Introducing Business to the AMA House."
G-600.061	Guidelines for Drafting a Resolution	Expanded to provide guidelines for reports; retitled to "Guidelines for Drafting a Resolution or Report."
G-600.062	Guidelines for Drafting a Report	Sunset: Policy duplicative of G-600.061, which has been expanded to also address reports, with elements of this policy specific to reports included in updated G-600.061.

APPENDIX B - Consolidated Statements (as Proposed)

G-600.071 Actions and Decisions by the AMA House and Policy Implementation
AMA policy on House actions and decisions includes the following: (1) Other than CEJA reports and some CSAPH reports, the procedures of our AMA House allow for: (a) correcting factual errors in AMA reports, (b) rewording portions of a report that are objectionable, and (c) rewriting portions that could be misinterpreted or misconstrued, so that the "revised" or "corrected" report can be presented for House action at the same meeting whenever possible. (2) A negative vote by the House of Delegates on resolutions which restate AMA policy does not change the existing policy. AMA policy can only be amended by means of a positive action of the House specifically intended to change that policy. (3) Minor editorial changes to existing policies are allowed for accuracy, so long as such changes are reported to the House of Delegates so as to be transparent. Editorially amended policies, however, do not reset the sunset clock.

AMA policy on implementation of policy includes the following: (1) Our AMA House of Delegates shall be apprised of the status of adopted or referred resolutions and report recommendations and specific actions that have been taken on them over a one-year period. When situations preclude successful implementation of specific resolutions, the House and authors should be advised of such situations so that further or alternative actions can be taken if warranted. (2) Our AMA shall inform and afford an opportunity for each delegation to send a representative for any resolution introduced that is referred to a council or other body to the meeting at which that resolution will be considered. Our AMA shall incur no expense as a result of inviting the sponsors of resolutions to discuss their resolutions. (3) Any resolution which is adopted by our AMA House remains the policy of the Association until amended, rescinded or sunset by the House.

Except as noted herein and consistent with the AMA Bylaws, 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.

G-600.060 Introducing Business to the AMA House
AMA policy on introducing business to our AMA House includes the following: 1. Delegates submitting resolutions have a responsibility to review the Resolution checklist and verify that the resolution is in compliance. The Resolution checklist shall be distributed to all delegates and organizations in the HOD prior to each meeting, as well as be posted on the HOD website. 2. An Information Statement can be used to bring an issue to the awareness of the HOD or the public, draw attention to existing policy for purposes of emphasis, or simply make a statement. Such items will be included in the section of the HOD Handbook for informational items and include appropriate attribution but will not go through the reference committee process, be voted on in the HOD or be incorporated into the Proceedings. If an information statement is extracted, however, it will be managed by the Speaker in an appropriate manner, which may include a simple editorial correction up to and including withdrawal of the information statement. 3. Required information on the budget will be provided to the HOD at a time and format more relevant to the AMA budget process. 4. At the time the resolution is submitted, delegates introducing an item of business for consideration of the House of Delegates must declare any commercial or financial conflict of interest they have as individuals and any such conflict of interest must be noted on the resolution at the time of its distribution. 5. The submission of resolutions calling for similar action to what is already existing AMA policy is discouraged. Organizations represented in the House of Delegates are responsible to search for alternative ways to obtain AMA action on established AMA policy, especially by communicating with the Executive Vice President. The EVP will submit a report to the House detailing the items of business received from organizations represented in the House which he or she considers significant or when requested to do so by the organization, and the actions taken in response to such contacts. 6. Our AMA will continue to safeguard the democratic process in our AMA House of Delegates and ensure that individual delegates are not barred from submitting a resolution directly to the House of Delegates. 7. Our AMA encourages organizations and Sections of the House of Delegates to exercise restraint in submitting items on the day preceding the opening of the House. 8. Resolutions will be placed on the Reaffirmation Consent Calendar when they are identical or substantially identical to existing AMA policy. For resolutions placed on the Reaffirmation Consent Calendar, the pertinent existing policy will be clearly identified by reference to the Policy Database identification number. When practical, the Reaffirmation Consent Calendar should also include a listing of the actions that have been taken on the current AMA policies that are equivalent to the resolutions listed. For resolutions on the Reaffirmation Consent Calendar which are not extracted, the existing, pertinent AMA policy will be deemed to be reaffirmed in lieu of the submitted resolution which resets the sunset clock for ten years. 9. Updates on referred resolutions are included in the chart entitled “Implementation of Resolutions,” which is distributed to the House.

APPENDIX C – ORIGINAL TEXT OF ALL EXISTING POLICIES

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 outmoded and duplicative policies, and (b) combining policies that relate to the same topic. These two steps may be completed in a single report or in two separate reports to the House. (2) 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; Reaffirmed: CC&B Rep. 2, A-11)

G-600.110 Sunset Mechanism for AMA Policy
(1) A sunset mechanism with a ten-year time horizon shall exist for all AMA policy positions established by our AMA House of Delegates. Under this sunset mechanism, a policy will cease to be viable after ten years unless action is taken by the House of Delegates to reestablish it. Any action of our AMA House that reaffirms an existing policy position shall reset the sunset “clock,” making the reaffirmed policy viable for 10 years from the date of its reaffirmation. Further, any action of the House that modifies existing policies shall reset the sunset “clock,” making the modified policy viable for 10 years from the date of its adoption. (2) In the implementation and ongoing operation of our AMA policy sunset mechanism, the following procedures shall be followed: (a) Each year, the Speakers and/or the CLRPD shall provide a list of policies that are subject to review under the policy sunset mechanism; (b) Such policies shall be assigned to the appropriate AMA Councils for review; (c) Each AMA council that has been asked to review policies shall develop and submit a separate report to the House of Delegates that presents recommendations on how the policies assigned to it should be handled. (d) For each policy under review, the reviewing council shall recommend one of the following alternatives: (i) Retain the policy; (ii) Rescind the policy; or (iii) Retain part of the policy. (e) For each recommendation that it makes, the reviewing Council shall provide a succinct, but cogent justification for the recommendation. For recommendations to retain a policy in part, the reviewing council should indicate how the policy should be changed by using strike-through marks to indicate text that should be deleted. (f) The Speakers shall assign the policy sunset reports for consideration by the appropriate Reference Committees. (BOT Rep. PP, I-84; CLRPD Rep. A, A-89; Reaffirmed: CLRPD Rep. 3 - I-94; Reaffirmed: CLRPD Rep. 2 and 5, I-95; Reaffirmed: Sunset Report, A-00; Consolidated: CLRPD Rep. 3, I-01; Modified: CLRPD Rep. 1, A-02; Modified: CLRPD Rep. 5, A-03)

G-600.071 Actions and Decisions by the AMA House
AMA policy on House actions and decisions includes the following: (1) Other than CEJA reports and some CSAPH reports, the procedures of our AMA House allow for: (a) correcting factual errors in AMA reports, (b) rewording portions of a report that are objectionable, and (c) rewriting portions that could be misinterpreted or misconstrued, so that the "revised" or "corrected" report can be presented for House action at the same meeting whenever possible; (2) A negative vote by the House of Delegates on resolutions which restate AMA policy does not change the existing policy. AMA policy can only be changed by means of a positive action of the House specifically intended to change that policy; (3) Our AMA will adopt the electronic method of tabulating voting as soon as technically and economically feasible, not only for the election process, but also for contested or close voting of resolutions; and (4) Our AMA House of Delegates will continue its current method of voting, and not institute proxy or weighted voting. (Res. 45, I-89; Res. 609, I-95; Res. 605, I-98; Reaffirmed: Sunset Report and Modified: BOT Rep. 15, A-00; Consolidated: CLRPD Rep. 3, I-01; Appended: BOT Rep. 19, A-04)

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; Reaffirmed: CC&B Rep. 2, A-11)

G-600.120 Implementation of House Policy
AMA policy on implementation of resolutions includes the following: (1) Our AMA House of Delegates shall be apprised of the status of adopted or referred resolutions and recommendations in reports and what actions have been taken on them over a one-year period. When situations preclude successful implementation of specific resolutions, the House and authors should be advised of such situations so that further or alternative actions can be taken if warranted. (2) Our AMA shall inform and afford an opportunity for each delegation to send a representative for any resolution introduced that is referred to a council or other body to the meeting at which that resolution will be considered. Our AMA shall incur no expense as a result of inviting the sponsors of resolutions to discuss their resolutions. (3) Any resolution which is adopted by our AMA House remains the standing policy of the Association until modified or rescinded by the House. (Res. 52, I-86; Reaffirmed: Sunset Report, I-96; Consolidated: CLRPD Rep. 3, I-01; Modified: CLRPD Rep. 3, A-03)

G-600.060 Introducing Business to the AMA House
AMA policy on introducing business to our AMA House includes the following: (1) At the time the resolution is submitted, delegates introducing an item of business for consideration of the House of Delegates must declare any commercial or financial conflict of interest they have as individuals and any such conflict of interest must be noted on the resolution at the time of its distribution. (2) State and specialty societies have the responsibility to search for ways to obtain AMA action on established AMA policy, especially by communicating with the Executive Vice President. The EVP will submit a report to the House detailing the items of business received from state and specialty societies which he or she considers significant or when requested by the state or specialty society, and the actions taken in response to such contacts. (3) Our AMA will continue to safeguard the democratic process in our AMA House of Delegates and ensure that individual delegates are not barred from submitting a resolution directly to the House of Delegates, especially during its efforts to streamline the business of our AMA. (4) Our AMA encourages organizations and Sections of the House of Delegates to exercise restraint in submitting items on the day preceding the opening of the House. (5) Resolutions will be placed on the Reaffirmation Consent Calendar only if they are identical or substantially identical to existing AMA policy. For resolutions placed on the Reaffirmation Consent Calendar, the pertinent existing policy will be clearly identified by reference to the Policy Database identification number. When practical, the Reaffirmation Consent Calendar should also include a listing of the actions that have been taken on the current AMA policies that are equivalent to the resolutions listed. For resolutions on the Reaffirmation Consent Calendar which are not extracted, the existing, pertinent AMA policy will be deemed to be reaffirmed in lieu of the submitted resolution which resets the sunset clock for ten years. (6) The practice of submitting status reports for House action on referred resolutions is discontinued; this information will be included in the chart entitled "Implementation of Resolutions." (Sub. Res. 120, A-84; BOT Rep. D and CLRPD Rep. C, I-91; CLRPD Rep. 3 - I-94; CLRPD Rep. 5, I-95; Res. 614, and Special Advisory Committee to the Speaker of the House of Delegates, I-99; Res. 604, I-00; Consolidated: CLRPD Rep. 3, I-01; Modified: CLRPD Rep. 2, A-03; Reaffirmed: BOT Rep. 19, A-04; CC&B Rep. 3, I-08)

G-600.005 Improving Processes of the House of Delegates
1. A resolution format and a format for "information statements" (see #2) will be designed that will make them easier to prepare (e.g., a checklist approach). This new format will also provide a more specific explanation of the intended impact and rationale

for resolutions that call for action in a resolved clause. 2. A new type of business item will be established, called an "information statement," to bring an issue to the awareness of the HOD or the public, draw attention to existing policy for purposes of emphasis, or simply make a statement. Such items of business will be included in the section of the HOD Handbook for informational items and include appropriate attribution but will not go through the reference committee process, be voted on in the HOD or be incorporated into the Proceedings. An information statement is intended to require no action and will simply be brought to the attention of the HOD. If an information statement is extracted, however, it will be managed by the Speaker in an appropriate manner, which may include a simple editorial correction up to and including withdrawal of the information statement. 3. Virtual reference committees will be pilot tested in the House of Delegates. 4. All AMA sections are encouraged to explore and/or pilot the use of virtual reference committees. 5. Required information on the budget will be provided to the HOD at a time and format more relevant to the AMA budget process. 6. The Speaker will appoint a task force regarding the Interim Meeting to address the following items, and report back to the House of Delegates at the 2009 Interim Meeting: (a) The structure and function of a replacement meeting to the Interim Meeting as currently structured (b) The role and function of the members of the HOD at the replacement meeting (c) The timing and location of the replacement meeting (d) The timing of the Annual Meeting (e) How and when the AMA should transition to the replacement meeting (f) How to maximize the value and minimize the cost of the replacement meeting (g) How to address the concerns of the various AMA Councils, Sections, and Special Groups regarding how the timing and nature of the replacement meeting will affect their work 7. A broad-based virtual forum for HOD members and other AMA members will be created, to be convened and moderated by the Speakers of the HOD, for the purpose of discussing issues of importance to physicians and the health of the public. 8. Our AMA will provide infrastructure and support for setting up virtual communities within and between HOD participants that can be used to comment on issues, form coalitions, conduct caucuses, or address other needs that groups might have. 9. Our AMA will continue to monitor the needs of the Community-Based, Private Practice Physicians and other caucuses of individual physicians who meet during the HOD meetings. 10. As an alternative to the formal Proceedings of the HOD, a searchable database of the original items of business, annotated reference committee reports, and the policy database (and transcripts if necessary) will be used as "collective documentation" of HOD meetings. (Rep. of the Speakers Special Advisory Committee on the House of Delegates, A-09; Appended: CLRPD Rep. 1, I-10)

G-600.061 Guidelines for Drafting a Resolution

Resolutions to the AMA House of Delegates shall meet the following guidelines: (1) When proposing new AMA policy or modification of existing policy, the resolution should meet the following criteria: (a) The proposed policy should be stated as a broad guiding principle that sets forth the general philosophy of the Association on specific issues of concern to the medical profession; (b) The proposed policy should be clearly identified at the end of the resolution; (c) Recommendations for new or modified policy should include existing policy related to the subject as an appendix provided by the sponsor and supplemented as necessary by AMA Staff. If a modification of existing policy is being proposed, the resolution should set out the pertinent text of the existing policy, citing the policy number from the AMA Policy Database, and clearly identify the proposed modification. Modifications should be indicated by underlining proposed new text and lining through any proposed text deletions. If adoption of the new or modified policy would render obsolete or supersede one or more existing policies, those existing policies as set out in the AMA Policy Database should be identified and recommended for rescission. Reminders of this requirement should be sent by the AMA to the state, county, and specialty societies represented in the House prior to the resolution submission deadline; (d) A fiscal note setting forth the estimated resource implications (expense increase, expense reduction, or change in revenue) of the proposed policy, program, or action shall be generated by AMA staff in consultation with the sponsor. Estimated changes in expenses will include direct outlays by the AMA as well as the value of the time of AMA's elected leaders and staff. A succinct description of the assumptions used to estimate the resource implications must be included in each fiscal note. When the resolution is estimated to have a resource implication of $50,000 or more, the AMA shall publish and distribute a document explaining the major financial components or cost centers (such as travel, consulting fees, meeting costs, or mailing). No resolution that proposes policies, programs, or actions that require financial support by the AMA shall be considered without a fiscal note that meets the criteria set forth in this policy. (2) When proposing to reaffirm existing policy, the resolution should contain a clear restatement of existing policy, citing the policy number from the AMA Policy Database. (3) When proposing to establish a directive, the resolution should include all elements required for establishing new policy as well as a clear statement of existing policy, citing the policy number from the AMA Policy Database, underlying the directive. (4) All resolutions will be written to include both "MD and DO," unless specifically applicable to one or the other. (5) House of Delegates resolutions should include, whenever possible or applicable, appropriate reference citations to facilitate independent review by delegates prior to policy development. (6) Each resolve clause in a recommendation must be followed by a phrase, in parentheses, that indicates the nature and purpose of the resolve. These phrases are the following: (a) New HOD Policy; (b) Modify Current HOD Policy; (c) Modify Bylaws; (d) Rescind HOD Policy; (e) Reaffirm HOD Policy; or (f) Directive to Take Action. (7) Our AMA's Board of Trustees, AMA councils, House of Delegates reference committees, and sponsors of resolutions will carefully consider Policies G-600.061, "Guidelines for Drafting a Resolution," and G-600.062, "Guidelines for Drafting a Report," and try, whenever possible, to make adjustments, additions, or elaborations of AMA policy positions by recommending modifications to existing AMA policy statements rather than creating new policy. (CLRPD Rep. 4, A-99; Modified by BOT Rep. 15, A-00; Consolidated: CLRPD Rep. 3, I-01; Modified: CLRPD Rep. 2, A-02; Modified: CLRPD Rep. 6, A-03; Reaffirmed: BOT Rep. 19, A-04; Appended: Res. 606, A-05; Appended: Res. 611, A-07)

G-600.062 Guidelines for Drafting a Report

Reports to our AMA House of Delegates shall meet the following guidelines: (1) When a report to the House is responding to a referred resolution, the resolves of that resolution should be included in the report in the original form or last amended form prior

to the referral; (2) Policy statements in reports should be written as broad guiding principles that set forth the general philosophy of the Association on specific issues of concern to the medical profession; (3) When the report is proposing new or modified policy, it should include existing policy related to the subject as an appendix. Reports should clearly indicate whether the recommendations would result in modification of existing policy or in an addition of new policy to our AMA policy base. If a modification of existing policy is being proposed, the report shall set out the pertinent text of the existing policy, citing the policy number from our AMA Policy Database, and clearly identify the proposed modification. This should be done by underlining proposed new text and lining through any proposed text deletions. If adoption of the new or modified policy would render obsolete or supersede one or more existing policies, those existing policies as set out in our AMA Policy Database should be identified and recommended for rescission; (4) When a report contains a recommendation that present AMA policy should be reaffirmed, there should be a clear restatement of existing policy; (5) Where the recommendation in a report is in the nature of a directive, there should be a clear statement of existing or proposed policy underlying the directive; (6) Proposed statements of AMA policy should be clearly identified as policy recommendations at the end of report. The House's action is limited to recommendations, conclusions, and policy statements at the end of report. While the supporting text of reports is filed and does not become policy, the House may correct factual errors in AMA reports, reword portions of a report that are objectionable, and rewrite portions that could be misinterpreted or misconstrued, so that the "revised" or "corrected" report can be presented for House action at the same meeting whenever possible. The supporting texts of reports are filed; (7) Each recommendation in a Board or Council report must be followed by a phrase, in parentheses, that indicates the nature and purpose of the recommendation. These phrases include the following:(a) New House Policy; (b) Modify Current House Policy; (c) Modify Bylaws; (d) Rescind House Policy; (e) Reaffirm House Policy; or (f) Directive to Take Action; (8) Reports exceeding six pages shall be preceded by an Executive Summary; and (9) Every report to the House that contains recommendations shall include a fiscal note that provides an estimate of the resource implications (expense increase, expense reduction, or change in revenue) of the proposed policy, program, or action. Estimated changes in expenses will include direct outlays by the AMA as well as the value of the time of AMA's elected leaders and staff. A succinct description of the assumptions used to estimate the resource implications must be included in each fiscal note. When the recommendations in the report are estimated to have a resource implication of $50,000 or more, the AMA shall publish and distribute a document explaining the major financial components or cost centers (such as travel, consulting fees, meeting costs, or mailing). No report that proposes policies, programs, or actions that require financial support by the AMA shall be considered without a fiscal note that meets the criteria set forth in this policy. (10) Our AMA's Board of Trustees, AMA councils, House of Delegates reference committees, and sponsors of resolutions will carefully consider Policies H-600.061, "Guidelines for Drafting a Resolution," and H-600.062, "Guidelines for Drafting a Report," and try, whenever possible, to make adjustments, additions, or elaborations of AMA policy positions by recommending modifications to existing AMA policy statements rather than creating new policy. (CLRPD Rep. 4, A-99; CLRPD Rep. 6, A-00; Consolidated: CLRPD Rep. 3, I-01; Modified: CLRPD Rep. 6, A-03; Reaffirmed: BOT Rep. 19, A-04)

2. RECONCILIATION PROCESS FOR AMA POLICIES

Reference committee hearing: see report of Reference Committee F.

HOUSE ACTION: RECOMMENDATIONS ADOPTED AND REMAINDER OF REPORT FILED
See Policy G-600.111

As reported in Council on Constitution and Bylaws (CCB) Report 3-I-11, "AMA Policy Development, Reconciliation, Consolidation, Revision, Implementation, and Sunset," which was adopted at the 2011 Interim Meeting of the American Medical Association (AMA) House of Delegates (HOD), the Council on Constitution and Bylaws (CCB) and the Council on Long Range Planning and Development (CLRPD) are developing a methodology to consolidate AMA policies and to devise new mechanisms to guide the development of future policies.

Joint CCB/CLRPD Report 1-A-12 proposes recommendations to strengthen the existing policy sunset and consolidation processes. This second in a series of joint council reports at the 2012 Annual Meeting focuses on another aspect of the joint council project, that of reconciling disparate policies particularly those that are adopted from this point forward.

BACKGROUND

AMA PolicyFinder contains 4,647 policies, directives, and ethical opinions. Over the past five years, HOD actions have resulted in an average of 197 new policies stemming from each meeting, not including sunset recommendations, which are handled separately. Discussion about proposed policy often takes place in a vacuum or without consideration as to the impact of the proposed policy on existing policy. The House often adopts numerous separate and disparate policies on the same issue, either at consecutive HOD meetings or even at the same meeting. The addition of these policies to the AMA's database results in duplicative, inconsistent and even contradictory

policies, thus making it difficult to discern AMA's current cogent stance on any single issue. This ultimately detracts from the AMA's ability to communicate and advocate its policy in a clear, concise and effective manner.

While consolidating similar policies is important, equally important is reconciling disparate policies. A reconciliation process, whereby existing policies are made consistent with the newly adopted policy, does not now exist. In proposing recommendations to establish such a policy reconciliation process, the councils observed the following:

- With rare exceptions, few resolutions focus on a topic where policy does not already exist.
- The resolution checklist (included in the Appendix) urges resolution authors to do a policy search before submitting resolutions.
- Virtual reference committee comments could be a place to alert the HOD of a resolution that touches on an existing policy or that if adopted should cause an existing policy to be reconciled with the more recent policy.
- Some reference committees have been successful in encouraging modification of existing policy rather than creating a new HOD policy.
- The AMA should not have redundant, conflicting and inconsistent policies.

Policy sunset aims to rescind policies once they are no longer relevant or have been accomplished. Policy consolidation seeks to combine similar policies into a single comprehensive policy. The councils believe that a policy reconciliation process is needed, one that compares newly adopted policy with existing policy and proposes action to bring them into conformity. It is conceivable that the policy database, if policy sunset, policy consolidation and policy reconciliation were actively practiced, could be streamlined considerably, resulting in clearer and more concise policy. As policy drives AMA's advocacy and legislative actions and consequently its communications, physicians, the public, and the media would know exactly where the AMA stands on an issue.

The councils discussed how the Speakers can be change agents in working with the HOD to emphasize the need for clear, concise policy and in implementing processes to ensure the existence of such. To implement the new reconciliation process, the councils envision the Speakers, in concert with the councils, reference committees, and the HOD, playing a major role in ensuring that AMA policy is clear. The councils believe that if the HOD adopts this proposed policy, the Speakers, in conjunction with the Board of Trustees (BOT), should have some latitude to determine how best to implement the process. For example, for some HOD actions that caused one or more previous policies to be redundant and/or obsolete, a report in a consent calendar format for ratification by the HOD may be sufficient. On other topics, the Speakers may need to assign a council a reconciliation report(s) on a specific topic area(s). Also, the HOD may identify areas where policy reconciliation is appropriate, and the Speakers and/or the BOT would determine how best to manage such a request. The Speakers will need to work closely with the councils to develop policy reconciliation reports for presentation to the HOD. As with policy development, policy reconciliation should be transparent to all.

The councils hope that between policy sunset, policy consolidation and policy reconciliation, the existing 4,647 policies can be considerably reduced with a goal of having fewer and clearer policies that can be more effectively advocated and communicated to physicians, the public and other organizations.

RECOMMENDATIONS

The Council on Constitution and Bylaws and Council on Long Range Planning and Development recommend that the following policy be adopted, and that the remainder of this report be filed.

> Policy Reconciliation. The AMA's policy database should not include duplicative, conflicting or inconsistent AMA policies. 1) If a new or modified policy supersedes or renders obsolete one or more existing AMA policies, those existing policies should be identified and presented to the AMA House of Delegates with a recommendation for rescission. The AMA Councils, with the input of appropriate AMA sections and Board advisory committees, have a role to play in reconciling existing policies by presenting reports with recommendations for policy reconciliation. Any organization that has representation in the AMA House of Delegates is encouraged to identify to the Speakers inconsistent or obsolete policies. The Speakers should then decide whether a policy reconciliation report is in order and which council or other entity should most appropriately be asked to develop the consolidation report. 2) At each meeting, the Speaker will present one or more reconciliation reports for action by the House of Delegates relating to newly passed policies from recent

meetings that caused one or more existing policies to be redundant and/or obsolete. Where a report is needed to reconcile disparate policies, the Speakers will identify the appropriate council or group responsible for the reconciliation report on a specific topic.

APPENDIX

RESOLUTION SUBMISSION CHECKLIST

☐ Resolution† submitted by: _____
(name of state, specialty, section or individual delegate)

☐ Subject: _____
(the title of the resolution should appropriately and concisely reflect the action for which it calls)

☐ Whereas statement(s) is (are) included - or- ☐ Whereas statements not necessary

Whereas statements support / provide background to substantiate the intent of the RESOLVEDS. You may include as many whereas statements as necessary to provide the foundation for the intent(s) of the RESOLVED statements.

☐ RESOLVED statement(s) is (are) included

RESOLVED statements are requests for the AMA to take a specific position or course of action to address the concern(s) expressed in the whereas statement(s). The House acts only the RESOLVED portions of resolutions. Each RESOLVED statement must be accompanied by one of the following identifiers indicating the nature and purpose of the proposed RESOLVED:

- New HOD Policy[1]
- Rescind HOD Policy
- Modify Current HOD Policy[2]
- Reaffirm HOD Policy[3]
- Modify Bylaws
- Directive to Take Action[4]

☐ Each RESOLVED statement is focused, stands alone (without reference to whereas statements or other resolves), and provides a specific, clear direction or action required by the AMA should it be adopted.

☐ Resolution includes a list of existing policy related to the subject. (The latest edition of PolicyFinder is available online or for download at *www.ama-assn.org/go/policyfinder*.)

☐ To the extent possible, each RESOLVED makes adjustments, additions or elaborations to existing policy rather than creating new, possibly redundant policy.

☐ Existing policy statements that would be superseded or deemed contrary to newly proposed policy are proposed for rescission.

☐ Information contained in the resolution has been checked for accuracy and, if applicable, includes appropriate reference citations to facilitate independent review.

☐ This item is an "information statement." An information statement may be submitted to bring an issue to the attention of the HOD. The item will be included as an informational item but will not go to a reference committee or be acted upon in any way by the House, unless extracted.

Notes:

† AMA staff will develop fiscal notes for all resolutions. If a fiscal note is estimated to be over $5000, staff will notify sponsor of estimate. Sponsors of resolutions must declare any commercial or financial conflict of interest at the time the resolution is submitted.

1 New policy should be stated as a broad guiding principle that sets forth the general philosophy of the Association on specific issues of concern to the medical profession. If adoption of the new policy could render obsolete or supersede one or more existing policies, those policies should be identified by number and recommended for rescission or revision.

2 This designation is intended for resolutions that call for specific amendments or modifications to existing policy. Please set out the pertinent text of the existing policy, citing the policy number, and clearly identify the proposed modifications. If adoption of modified policy could render obsolete or supersede one or more existing policies, those policies should be identified by number and recommended for rescission.

3 Reaffirmation of existing policy should contain a clear restatement of the existing policy, citing the policy number.

4 This designation is for use if the intent of the resolution is to have the AMA take a specific action (conduct a study, lobby Congress, etc.) Directives to take action should include all elements required for establishing a new policy as well as a clear statement of existing policy, citing the policy number underlying the directive.

Please email items of business to the Office of House of Delegates Affairs. The receipt of items will be confirmed via return email. This checklist may be, but need not be, returned with your resolution.

3. JOINT COUNCIL REVIEW OF ALL HOUSE GOVERNANCE POLICIES

Reference committee hearing: see report of Reference Committee F.

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

As reported in CCB Report 3-I-11 (AMA Policy Development, Reconciliation, Consolidation, Revision, Implementation, and Sunset), which was adopted at the 2011 Interim Meeting of the AMA House of Delegates, the Council on Constitution and Bylaws (CCB) and the Council on Long Range Planning and Development (CLRPD) have committed to developing a methodology to consolidate AMA policies and to devise new mechanisms to guide the development of future policies and directives.

CCB and CLRPD have issued several joint reports at this Annual meeting, one proposing changes in existing policy that guides the sunset and consolidation processes, and another urging that a policy reconciliation process be established. As another component of this project, the Councils reviewed all existing governance policies and directives with an eye toward proposing recommendations for those that should be sunset, amended and/or consolidated, with an overarching goal of making the policy database more accurate, concise and streamlined. This report also serves to operationalize the councils' recommendations embodied in CCB/CLRPD Report 1-A-12.

In this report, the Council on Constitution and Bylaws (CCB) and the Council on Long Range Planning and Development present their recommendations on the disposition of the AMA governance policies and directives[1]. The Councils' rationale for their recommendations are presented in Appendix A. Appendix B presents the original text of all policies. Where consolidation of like policies is being recommended, Appendix C presents the new consolidated policy.

RECOMMENDATIONS

The Council on Constitution and Bylaws and Council on Long Range Planning and Development recommend that the policies listed in the Appendix be acted upon in the manner indicated and that the remainder of this report be filed.

APPENDIX A - Recommended Actions on Governance Policies and Directives

Policy Number	Title	Recommended Action & Rationale
G-600.010	Role of the AMA House of Delegates	Sunset. Duplicative of G-600.011 and others which speak to the need for delegates to represent our AMA throughout the year.
G-600.011	Function and Role of the House of Delegates	1) Modify as follows: The function and role of the House of Delegates ~~shall continue to~~ include<u>s</u> setting policy on health, medical, professional, and governance matters, as well as the broad principles within which AMA's business activities are conducted. The Board of Trustees ~~shall be~~ <u>is</u> vested with the responsibility for the AMA's business strategy and the conduct of AMA affairs. 2) Retitle, Function<u>,</u> ~~and~~ Role<u>, and Procedures</u> of the House of Delegates 3) Consolidate with G-600.012 into a single comprehensive policy.
G-600.012	AMA House of Delegates Reference Manual: Procedures, Policies, and Practices	Consolidate with G-600.011 into a single comprehensive policy.

[1] Policies reviewed by CCB during the 2011 sunset review process have been excluded from this report, unless the joint councils proposed alternative action to what the HOD adopted in 2011. Similarly, actions taken by the House of Delegates during 2011 also have been excluded unless the joint councils are recommending that the directive or policy be sunset or consolidated

Policy Number	Title	Recommended Action & Rationale
G-600.014	Guidelines for Admission of Constituent Associations to our AMA House of Delegates	Retain. Still relevant and necessary.
G-600.015	State Delegations to our AMA	1) Retitle, AMA ~~State~~ Delegations ~~to our AMA~~ 2) Consolidate #1, along G-600.030 #2, into a single comprehensive policy 3) Consolidate #2-3, along with G-610.040 1st sentence and G-620.050 #4, into a single comprehensive policy G-600.030 on the diversity of AMA delegations.
G-600.019	Specialty Society Representation Requirement	1) Retitle, Probationary Period for Specialty Societies~~y Representation Requirement~~ 2) Modify as follows: The specialty organizations placed on one year probation ~~in the future~~ are expected to work with AMA membership to develop a plan to increase their AMA membership and meet the responsibilities of National Medical Specialty Organizations as provided in Section 8.20 of the Bylaws…. 3) Retain updated policy. It is still relevant.
G-600.020	Admission of Specialty Organizations to our AMA House	1) Modify Recommendation #10 as follows to delete obsolete language: (10) If international, the organization must have a US branch or chapter, and this chapter must be reviewed in terms of all of the above guidelines. ~~Until the year 2003, an organization which is already seated in the House of Delegates as a specialty society shall be considered to re-qualify for representation in our AMA House if the organization can meet the criteria for specialty society representation that existed at the time of the 1997 Annual Meeting of our AMA House of Delegates.~~ 2) Retain balance of policy. This policy sets out the criteria for specialty society participation in the AMA-HOD.
G-600.021	The Size of Specialty Society Delegations in our AMA House	1) Retitle, ~~The Size of~~ Specialty Society ~~Delegations~~ Representation in our AMA House. 2) Sunset #1-4. The online specialty society ballot encompasses these elements. 3) Retain #5-7. These policies are still relevant.
G-600.026	Delegate Allocation Formula	Sunset. The Bylaws specify the delegate allocation formula.
G-600.030	Characteristics of AMA Delegates and Alternate Delegates	1) Sunset #1, 3-4: The AMA Constitution and Bylaws embodies these elements. Also, #1 is duplicative of G-600.031 and there is no enforcement mechanism governing how delegates are selected/elected. Policy G-600.015 also includes recommendations for election of delegates. 2) Retitle, Diversity ~~Characteristics~~ of AMA ~~Delegates and Alternate Delegates~~ Delegations 3) Consolidate #2 with Policy G-600.015 and G-620.050 #4 into a single comprehensive policy on AMA Delegations.
G-600.031	Roles and Responsibilities of AMA Delegates and Alternate Delegates	Retain. This policy is still relevant.
G-600.035	House of Delegates Demographic Report	1) Retitle, The Demographics of the House of Delegates ~~Demographic Report~~. 2) Retain, but consolidate with G-610.040 #2 into a single policy on the demographics of the HOD.
G-600.040	Reference Committees of the AMA House	Sunset. All elements of this policy are embodied in the Reference Manual to the AMA House of Delegates: Procedures, Policies and Practices.
G-600.050	Format and Procedures of the AMA House	Sunset. All are established practices referenced in the Reference Manual to the AMA House of Delegates: Procedures, Policies and Practices, and adopted by the HOD at each meeting as part of the Rules Report.
G-600.051	Conduct of Business by the AMA House of Delegates	Sunset. Wording to this effect is included in the Reference Manual to the AMA House of Delegates: Procedures, Policies and Practices and in the Speaker remarks at each meeting.

Policy Number	Title	Recommended Action & Rationale
G-600.053	Prioritization of House Actions	Sunset. It is the Board's responsibility to prioritize.
G-600.063	Information about Items Submitted for Consideration by the House	Sunset. #1 is established practice; #2 is duplicative of Policy G-605.050.
G-600.064	AMA Endorsement of Screening Tests or Standards	Retain. Still relevant.
G-600.065	Paperwork Reduction	Sunset. This policy is contrary to existing practice which requires opt-in for paper copies.
G-600.070	Support for Decision-making by the AMA House	1) Retitle, Legal Support for Decision-making by the AMA House 2) Retain policy. It is still relevant.
G-600.072	Participation of Individual Members in the Activities of the AMA	1) Modify #1 as follows: AMA members are encouraged to participate in the activities of the AMA, particularly in the following ways: (1) Though the AMA ~~W~~web ~~-~~site or other communications conduits, provide comments and suggestions to the AMA Board and the AMA Council~~'~~s on their policy development projects and on other AMA products and services…. 2) Retain, but consolidate with G-635.011 into a single comprehensive policy that addresses the participation of individual members in our AMA.
G-600.100	AMA Programs for Delegates and Alternate Delegates	Retain. Still relevant.
G-600.130	Meeting Calendar and Locations	1) Retain #1-3, 6. They are still relevant. 2) Retain #4-5 but recategorize as a new G-630.xxx policy (AMA Administration and Programs), titled AMA National Advocacy Conference. These recommendations do not pertain to the HOD but rather to the NAC.
D-600.960	Ronald M. Davis Memorial Run	Sunset. The Ronald M. Davis Run is an annual event (and will continue to be implemented) with details posted in the Speakers Letter. Its existence also is referenced in the Reference Manual to the AMA House of Delegates: Procedures, Policies and Practices.
D-600.961	Specialty Society Delegate Representation in the House of Delegates	1) Modify #1 to read as follows: Our AMA will ~~immediately undertake~~ continue efforts …. 2) Retain, but recategorize as a policy in G-600.xxx, House of Delegates, rather than a directive.
D-600.963	Membership Rules	Sunset. This policy is obsolete and was superseded by D-600.964, which is also now obsolete.
D-600.964	Moratorium on Five-Year Review Percentage Guideline	Sunset. No longer relevant as the freeze referenced in the directive expired in January 2012.
D-600.965	Resident and Fellow Representation in the AMA House of Delegates	Sunset. The actions requested in #1-4 have been accomplished and are embodied in the AMA Constitution and Bylaws and the Internal Operating Procedures of the RFS. BOT Rep. 24-A-12 responds to Recommendation #5.
D-600.966	Professional Interest Medical Association Representation in the House of Delegates	1) Modify title, Professional Interest Medical Associations ~~Representation in the House of Delegates~~ 2) Retain. Still relevant.
D-600.967	Notice Requirement for Changes in Delegate Allocation to AMA House of Delegates	Sunset. Current practice is to distribute the delegate allocation electronically to the specified audience listed in this directive. Allocations are also posted online at the HOD website
D-600.968	Representation of Specialty Societies in the AMA House of Delegates	Sunset. Obsolete.

Policy Number	Title	Recommended Action & Rationale
D-600.970	Report on the Request to Consider Freezing the Size of the HOD	Sunset. The HOD accepted informational BOT Rep. 12-A-04, Specialty Society Ballot Mechanism, prepared in response to this directive.
D-600.971	House Ad Hoc Committee on Governance	Sunset. The Ad Hoc Committee concluded its work in 2003 as noted in this directive.
D-600.973	Unified Voice	Sunset. The recommendation emanated from a committee that has concluded its work. Our AMA continues to strive to search for ways to build consensus on policy issues.
D-600.974	Litigation Center Cases to Combat Automatic Downcoding and/or Recoding	Sunset. No longer necessary. Details on the open meetings of the Litigation Center are promoted to members of the House of Delegates via the Speakers Letter. Also, the title does not accurately reflect the directive.
D-600.975	AMA Assembly Meeting Space	Refer together with G-630.130, G-630.140 and G-630.141 for a single, comprehensive policy.
D-600.976	AMA National Leadership Conference	Sunset. No longer accurate or relevant. There is no longer a National Leadership Conference.
D-600.992	Improving the Functioning of the House of Delegates	Sunset. The actions requested have been accomplished and/or are a matter of practice.
G-605.010	Board Planning	Retain. Still relevant.
G-605.025	Compilation of the AMA President's and Board Chair's Written and Recorded Materials	Sunset. Selected speeches of the AMA President, Board Chair and EVP are now available online.
G-605.030	Board Development and Evaluation	Sunset. The HOD accepted BOT Rep. 23-A-04 which provided updated information about the Board's self-evaluation process, and reported that a self-evaluation process was a regular part of the Board's activities and guided by the Audit Committee. Current BOT Operational Standing Rules[2] [Rule 3 (G), states, "On an annual basis, the Board of Trustees shall discuss its own performance with specific attention to its efficiency, effectiveness, transparency, and equity among its members…."
G-605.035	Endorsements for Public Office	Retain. Still relevant.
G-605.041	AMA President as Spokesperson	Sunset. Current BOT Operational Standing Rules[3] [Rule 3 (D), states, "The President shall have discretion in accepting speaking engagements and official visits in consultation with the Board Chair."
G-605.050	Annual Reporting Responsibilities of the AMA Board of Trustees	1) Editorially update Rec. 4 for accuracy: AMA ~~W~~web~~-~~site 2) Delete Rec. 3 as it has been superseded by G-600.005 3) Retain balance of policy as it is still relevant.
G-605.051	Situational Reporting Responsibilities of the AMA Board of Trustees	1) Modify #1 as follows, to eliminate reference to G-605.070, which no longer exists: The Board of Trustees provides reports to the House when the following situations occur: (1) ~~consistent with Policy G-605.070 (Board Activities and House Policy),~~…. 2) Modify #2 and #3 as follows to eliminate reference to specify section of the Bylaws: consistent with ~~Sections 5.403 and 5.431 of the~~ AMA Bylaws, the Board submits a report to the House when the Board determines that the expenditures associated with recommendations and resolves that were adopted by the House would be inadvisable; (3) consistent with ~~Sections 8.40, 8.50, and 8.90 of the~~ AMA Bylaws, the Board transmits reports of the SSS to the House and informs the House of important developments with regard to Federation organizations;…. 3) Update #4 for accuracy: AMA ~~W~~web~~-~~site. 4) Retain modified policy.

[2] The Operational Standing Rules of the AMA Board of Trustees were revised in April 2012 and will take effect July 2012. Until that time, the Rules cannot be made available online.
[3] The Operational Standing Rules of the AMA Board of Trustees were revised in April 2012 and will take effect July 2012. Until that time, the Rules cannot be made available online.

Policy Number	Title	Recommended Action & Rationale
G-605.052	Other Reporting Responsibilities of the AMA Board of Trustees	Sunset. This is now practice, and the minutes of Board meetings are posted online.
G-605.090	Board Committee on Membership	Sunset. Action requested was accomplished. The advisory committee was established as requested in 2000, reported regularly to the HOD, and reconstituted in 2003. When its term expired, the Board of Trustees Membership Committee assumed responsibility for the work of the advisory committee.
D-605.987	Public Member on AMA Board of Trustees	Sunset. No longer relevant.
D-605.989	BOT Audit Committee and Governance Recommendations	Sunset. No longer relevant. The Board completed its reports on these governance recommendations [Report of the House Ad Hoc Committee on Governance, A-03].
D-605.991	Governance Report	Sunset. The recommendations are either embodied in the Board's Standing Rules or have been superseded by practices that have been modified to fit current prerogatives.
G-610.010	Nominations	Retain, and Consolidate with G-615.004 and G-610.040 #2 into a single comprehensive policy on nominations.
G-610.040	Promoting Diversity	1) Consolidate Rec. #1 (1st sentence), into G-600.030, so there is a single comprehensive policy on the diversity of AMA delegations. 2) Modify Rec. #1 (2nd sentence) by deleting "beginning in the year 2003", and consolidate into single comprehensive policy, on various demographic reports to the HOD. 3) Consolidate Rec. #2 with G-610.010 and G-615.004 into a single comprehensive policy, on nominations.
G-610.050	Selecting an EVP	Retain, but consolidate with G-610.051 and move both to G-630.xxx (AMA Administration and Programs) into a single comprehensive policy.
G-610.051	Employment Contract for the Executive Vice President	Retain, but consolidate with G-610.050 and move both to G-630.xxx (AMA Administration and Programs) into a single comprehensive policy.
G-615.004	Council Nominations	Retain, but consolidate with G-610.010 and G-610.040 #2 into a single comprehensive policy, on nominations.
G-615.006	AMA and AMA-YPS Bylaws Change Regarding AMA-YPS Delegate Allocation and Probationary Year for States	Sunset. This policy more appropriately is included in the Internal Operating Procedures of the Young Physicians Section.
G-615.030	Council Activities	1) Delete #3 as it is obsolete. 2) Modify #4 to read as follows: (~~4~~3) Online tools and the AMA ~~W~~web~~-~~site will be used to provide ways for members of the HOD, other AMA parties (~~i.e.~~eg, councils, sections, etc.) 3) Retain policy as it is still relevant.
G-615.071	Changes to Activities of the Council on Legislation	1) Retitle, ~~Changes to~~ Activities of the Council on Legislation. 2) Retain. This policy is still relevant.
G-615.100	Organized Medical Staff Section (OMSS)	1) Sunset # 2-3. #2 is embodied in the AMA Constitution and Bylaws [§7.43]; #3 is reflected in the section's Internal Operating Procedures. 2) Modify #4 to read as follows: (~~4~~2) Our AMA will continue to (a) communicate ~~explain~~ to the chiefs of staff of hospitals and executive directors of organized medical groups the significance of medical staff participation in organized medicine; and (b) ~~seriously~~ encourage ~~the chiefs of staff of hospitals and executive directors of organized medical groups~~ them to appoint a representative (~~by election or selection,~~ according to their by-laws)~~-~~to attend the AMA-OMSS~~-AMA Annual Meeting~~ meetings and then communicate information back to members of their medical staff. 3) Retain policy as it is still relevant.
G-615.110	Resident and Fellow Section (RFS)	Sunset. Definition of Resident is embodied in the AMA Constitution and Bylaws [§7.11] and expanded upon in the glossary. Only physicians who meet the definition of a resident can pay resident dues.

Policy Number	Title	Recommended Action & Rationale
D-615.981	AMA Support for Medical Students	Retain. Not yet accomplished.
D-615.983	Changes to Activities of the Council on Legislation	Sunset. The HOD adopted BOT Rep. 12-A-07, Changes to Activities of the Council on Legislation, embodied in G-615.071.
D-615.984	Promoting IMG Physicians into Leadership Positions	Sunset. The HOD accepted informational CLRPD Rep. 2-A-11, International Medical Graduate Leadership Report.
D-615.986	IMG Section Bylaws	Sunset. The AMA Constitution and Bylaws [§7.63] embodies these rules governing IMG Governing Council Elections.
D-615.987	International Medical Graduates on Accreditation Council for Graduate Medical Education	1) Retitle, Nomination of International Medical Graduates ~~on Accreditation Council for Graduate Medical Education~~ to Medical Education Leadership Positions. 2) Retain but recategorize as a policy [G-610.xxx] to more appropriately reflect this policy pertains to nominations.
D-615.988	The AMA and the Relative Value Update Committee	Sunset. Action requested was accomplished: the HOD accepted informational BOT Rep. 5-I-11, The AMA And The Relative Value Update Committee, prepared in response to this directive.
G-620.019	Organizations Inaccurately Claiming to Represent Physicians	Retain. Still relevant.
G-620.021	Prescribing by Allied Health Practitioners	1) Retitle, Communications and Collaboration with the Federation, which more accurately describes the policy. 2) Retain policy, as it is still relevant. 3) Consolidate with G-630.024 into a single comprehensive policy.
G-620.022	Advocacy Coordination Forum	Sunset. The action requested has been accomplished. The HOD adopted BOT Report 21-A-03, Status Update - Advocacy Coordinating Forum Planning Meeting, recommending against the creation of an Advocacy Coordinating Forum.
G-620.023	Two-Way Communication	Sunset. Superseded by G.620.020 and G-620.042.
G-620.030	Statement of Collaborative Intent	1) Modify as follows: ~~The statement of collaborative intent is as follows:~~ (1) The AMA House of Delegates endorses the following preamble of a Statement of Collaborative Intent:…. 2) Retain policy, as it is still relevant.
G-620.031	National Collaboration Council	Sunset. Superseded by Policy G-620.032.
G-620.032	AMA Dispute Resolution Activities	1) Modify as follows: ~~Our American Medical Association will not establish a permanent mechanism or process through which inter-specialty disputes are resolved directly or indirectly by our AMA.~~ Requests to the AMA for assistance in inter-specialty dispute resolution shall be considered on a case-by-case basis. 2) Retain policy, as it is still relevant.
G-620.039	Designation of Specialty Societies for Representation in the House of Delegates	Sunset. This policy has been superseded by Policy G-600.021.
G-620.040	Strengthening the Federation	Sunset. Policy is no longer relevant as it pertains to the Commission on Unity, which completed its work in 2002.
G-620.042	Guidelines for Enhancing the Functionality of the Federation	1) Modify #9 as follows: A rapid-response mechanism should be developed ~~by the Federation Advisory Committee (FAC)~~ to bring items of vital interest to the attention of the designated leaders from each Federation component with expectations of timely response. 2) Sunset #12 and 14. The Federation Advisory Committee completed its mission and no longer exists. 3) Retitle, ~~Guidelines for~~ Enhancing the Functionality of the Federation. 4) Retain balance of policy, and consolidate with D-620.998 into a single comprehensive policy on enhancing the functionality of the Federation.

Policy Number	Title	Recommended Action & Rationale
G-620.050	Structure and Governance of Federation Organizations	1) Sunset #1. Action requested was accomplished. 2) Move #4, along with G-600.015 #2-3, G-610.040 1st sentence, and G-600.030, into a single comprehensive policy on the diversity of AMA delegations. 3) Retain #5 and #6, and consolidate with #2 of D-635.985, into single comprehensive policy discussing ways to facilitate medical student involvement in the Federation. 4) Retitle, Greater Involvement of Medical Students in ~~Structure and Governance of~~ Federation Organizations.
G-620.080	Federation Organizations and Organized Medical Staff	1) Modify as follows: Our AMA ~~policy on Federation Organizations and Organized Medical Staffs include the following:~~ supports (1) ~~Support~~ efforts to foster more effective liaison between state and local medical societies and 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 organized medical staffs. 2) Retain modified policy as it is still relevant.
D-620.993	AMA Dispute Resolution Activities	Sunset. Action requested was accomplished via BOT 7, 7-I-06, AMA Dispute Resolution Activities, which the House of Delegates adopted.
D-620.994	Increased Collaboration Between the AMA and Osteopathic Association	Sunset. Title does not accurately reflect directive. As the AMA continues to collaborate with the AOA, this directive is no longer necessary.
D-620.998	Definition of the Federation of Medicine	Retain, but consolidate with G-620.042 into a single comprehensive policy.
G-625.011	AMA Goals, Roles, and Obligations	Retain. Still relevant.
G-625.012	Betterment of Public Health	Retain. Still relevant.
G-625.030	Committee on Organization of Organizations	Sunset. The referenced body—the Committee on Organization of Organizations—completed its work and was disbanded.
D-625.984	Friends of American Medicine	Sunset, as the action requested has been accomplished. The Council on Long Range Planning and Development issued CLRPD 2-04, Friends of American Medicine.
D-625.985	AMA Vision Statement	Sunset. The directive is obsolete.
D-625.986	Focusing the AMA	Sunset. Action requested was accomplished. The Board at I-03 reported back on multiple aspects of the COO recommendations.
D-625.988	Implementation of AMA Policy	Sunset. #1 is no longer relevant as the specific action requested was completed; #2 was accomplished.
D-625.989	AMA Strategic Direction for 2003 and Beyond	Sunset. The task requested was completed.
G-630.011	Deputy Executive Vice President	Sunset. Policy is obsolete: AMA no longer has a deputy EVP.
G-630.024	AMA Communication with State Medical Association Leadership	1) Retain. Still relevant. 2) Consolidate with G-620.021 into a single comprehensive policy on AMA/Federation communication and collaboration.
G-630.040	Principles on Corporate Relationships	1) Modify #1 as follows Minor edits were also adopted in 2002. The following principles are based on the premise that in certain circumstances, our AMA should participate in corporate arrangements when guidelines are met, which can further our AMA's core ~~purpose~~ strategic focus, retain AMA's independence, avoid conflicts of interest, and guard our professional values. 2) Modify #2 as follows: The AMA's principles to guide corporate relationships have been organized into the following categories: General Principles that apply to most situations; Special Guidelines that deal with specific issues and concerns; Organizational Review that outlines the roles and responsibilities of the Board of Trustees, ~~Executive Vice President, the Corporate Review Team~~ AMA Management, and other staff units~~; and Operational Issues that outline the annual~~

Policy Number	Title	Recommended Action & Rationale
		~~reports to the Board of Trustees (Board) and House of Delegates (House)~~. 3) Modify #3 as follows: Our AMA's vision and values statement and strategic focus should provide guidance for externally funded relationships. Relations that are not motivated by the association's mission threaten our AMA's ability to provide representation and leadership for the profession. (a) ~~Our AMA's vision and values must drive the proposed activity.~~ Our AMA's vision and values and strategic focus ultimately must determine whether a proposed relationship is appropriate for our AMA. 4) Modify #4(e) as follows: Our AMA's name and logo should not be used in a manner that would express or imply an AMA endorsement of the corporation, ~~or~~ its policies and/or its products 5) Modify #5 as follows: Every proposal for an AMA corporate relationship must be thoroughly screened prior to staff implementation. ~~Currently, all proposed corporate arrangements are reviewed by a cross-disciplinary group of senior managers called the Corporate Review Team (CRT). CRT recommendations~~ AMA activities that meet certain criteria requiring further review are forwarded to a committee of the Board of Trustees~~. The full Board reviews any proposals that meet defined criteria~~ for a heightened level of scrutiny. (a) As part of its annual report on the AMA's performance, activities, and status, the Board of Trustees will present a summary of the AMA's corporate arrangements to the House of Delegates at each Annual Meeting.~~ Detailed information on the AMA's corporate arrangements should be made available to members of the House through the AMA Web site.~~ (b) Every new AMA Corporate relationship must be approved by the Board of Trustees, or through a procedure adopted by the Board. Specific procedures and policies regarding Board review are as follows: (i) The Board routinely should be informed of all AMA corporate relationships; (ii) ~~The Board should perform an annual audit of an appropriate sample of AMA corporate relations activities; (iii)~~ *[subsequent sections to be renumbered]*….(d) The Corporate Review Team reviews corporate arrangements to ensure consistency with the principles and guidelines. (i) The Corporate Review Team is the internal, cross-organizational ~~staff~~ group that is charged with the review of all activities that associate the AMA's name and logo with that of another entity and/or with external funding ~~to assure adherence to the guidelines.~~ (ii) ~~The Corporate Review Team is chaired by the Senior Vice President, Governance and Operations and is composed of senior managers from Ethics Standards; Legal; Finance; Communications; Publishing; AMA Press; Membership; Advocacy and Science. (iii)~~ The ~~r~~Review process is structured to specifically address issues pertaining to AMA's policy, ethics, business practices, corporate identity, ~~and~~ reputation, and due diligence. *[subsequent sections to be renumbered accordingly]* 6) Modify #6c as follows: (c) Every staff member in the association must be accountable to explicit ethical standards that are derived from the vision, ~~and~~ values, and focus areas of the Association. 7) Retain modified policy. Still relevant.
G-630.090	AMA Publications	1) Sunset #3. It is obsolete, as AMA has no consumer magazines or newsletters. 2) Sunset #2 and 4. They have been accomplished. 3) Retain 1, 5-8. They are still relevant.
G-630.100	Conservation and Recycling	Retain, but consolidate with G-630.105, into a single comprehensive policy on AMA's conservation, recycling and other "green" initiatives.

Policy Number	Title	Recommended Action & Rationale
G-630.105	Environmental and Green Initiatives	Retain, but consolidate with G-630.100, into a single comprehensive policy on AMA's conservation, recycling and other "green" initiatives.
G-630.121	The National Health Museum	1) Modify for accuracy: Our AMA ~~will~~ formally endorses the National Health Museum project ~~and will report to the House of Delegates that the AMA will work to see that medicine and physicians are prominently featured in the final museum plan~~. 2) Retain. Additional information about the National Health Museum is available online.
G-630.130	Discrimination	Refer together with D-600.975, G-630.140 and G-630.141 for a single, comprehensive policy.
G-630.140	Lodging and Accommodations	Refer together with D-600.975, G-630.130 and G-630.141 for a single, comprehensive policy.
G-630.141	Future AMA Meetings in Smoke-Free Facilities/Hotels	Refer together with D-600.975, G-630.130 and G-630.140 for a single, comprehensive policy.
D-630.970	Transfer Programs and the AMA Physician Profile	Sunset. Actions requested were completed in 2011.
D-630.971	Assessing the Role of the AMA and the Implementation of the Patient Safety and Quality Improvement Act of 2005	Sunset. The HOD accepted informational BOT Report 29-A-09, AMA Performance, Activities, and Status in 2008.
D-630.972	Progress Report on Res. 606-A-06 Improving Collection of AMA Race/Ethnicity Data	1) Sunset #2-5: #2-4 were accomplished; #5 is obsolete. 2) Retain #1 as it is still relevant. 3) Retitle, ~~Progress Report on Res. 606-A-06 Improving Collection of~~ AMA Race/Ethnicity Data
D-630.973	Improving Collection of AMA Race/Ethnicity Data	Sunset. Action requested was accomplished via BOT Report 24-I-06, Progress Report on Resolution 606.
D-630.974	Health Care Recovery Fund	Retain. Still relevant.
D-630.975	E-mail Forwarding Account as a Benefit of Membership	Sunset. The HOD adopted BOT Report 28-A-06, E-Mail Forwarding Account as a Benefit of Membership.
D-630.976	Medical Staff Educational Resources	Sunset. Requested action has been accomplished. The OMSS website offers CME webcasts.
D-630.977	Media Campaign to Help Physicians Preserve Self-Governing Medical Staffs	Sunset. Requested action was accomplished.
D-630.979	AMA Use of Social Security Numbers	Sunset. The HOD accepted informational BOT Report 6-I-06, AMA Use of Social Security Numbers, which reported on implementation of this directive.
D-630.980	Health Insurance for Medical Students	Sunset. Action requested was accomplished via BOT Report 4-I-05, Health Insurance for Medical Students.
D-630.981	Restriction of Pharmaceutical Advertising on the AMA Web Site	Sunset. Action requested has been accomplished: AMA's Principles for Advertising clearly state that "No pharmaceutical advertisements directed to patients will be accepted on the AMA website."
D-630.982	Change *JAMA's* Editorial Policies	Sunset. Action requested was accomplished. The HOD accepted informational BOT Report 10-I-04, Use of Disclaimers in JAMA and the Archives Journals.
D-630.984	Enhancing Operational Efficiency	Sunset. Action requested was accomplished and directive is no longer relevant.
D-630.985	Cost of Governance	Sunset. Action requested was accomplished, and directive is no longer relevant.
D-630.986	Increasing AMA Presence in Washington, DC	Sunset. Action requested was accomplished.

Policy Number	Title	Recommended Action & Rationale
D-630.988	Outside Legal Counsel	1) Retain, but consolidate with D-630.990 into a single comprehensive policy. 2) Recategorize as a policy [G-630.xxx, AMA Administration and Programs].
D-630.990	General Counsel	1) Retain, but consolidate with D-630.988 into a single comprehensive policy. 2) Recategorize as a policy [G-630.xxx, AMA Administration and Programs].
D-630.992	AMA Distribution of its Membership List	Sunset. The AMA proactively communicates the information requested. Various details, including opt-out mechanisms, appear on the AMA website and in print material.
G-635.005	Membership and Governance	Retain. Still relevant.
G-635.011	Two-Way Electronic Communication	1) Modify as follows: Our AMA supports ~~establish~~ individual member, two-way electronic communications ~~vehicles~~ that promote active grassroots discussion of timely issues; regular feedback for AMA leadership; and a needed voice for diverse ideas and initiatives from throughout the Federation. 2) Retitle, Participation of Individual Members in our AMA 3) Consolidate, with G-600.072, into single comprehensive policy that addresses individual member participation in our AMA.
G-635.053	AMA Membership Strategy: Osteopathic Medicine	1) Retain. Still relevant. 2) Modify for accuracy as follows: (3) encourages that DO members of our AMA continue to participate in the ~~Member-Get-a-Member~~ Membership Outreach program;
G-635.120	Dues Strategies	1) Modify # 3 as follows: AMA's dues strategies include the following: …. (3) ~~For participation in activities related to AMA membership in the year 2002 and beyond~~, A~~a~~ny Federation component choosing to continue to bill and collect AMA dues shall have signed a binding primary partnership agreement with our AMA. A binding primary partnership agreement for AMA membership billing and dues collection shall include the following elements…. 2) Modify #11 as follows: The House of Delegates approves the Partnership for Growth's Direct Program marketing entry date of February 1~~, beginning with the 2003 membership year.~~ 3) Retain modified policy. It is still relevant.
G-635.125	AMA Membership Demographics	Retain. Still relevant.
D-635.981	Help With State Society Membership Recruiting	1) Retain. Policy is still relevant. 2) Recategorize as a policy [G.635.xxx] rather than a directive.
D-635.982	Resident and Fellow Section Recruitment Funding Initiative	Sunset. Directive is no longer relevant.
D-635.983	Mentoring Medical Students, Residents and Young Physicians for Membership	Sunset. Mentoring Programs for Young Physicians and Medical Students identifies programs for pre-med students, medical students, residents/fellows, young physicians, medical school faculty and telementoring programs. Also duplicative of G-600.030, Recommendation #6.
D-635.984	Promotion of Individual AMA Membership	Sunset. Action requested was accomplished via Informational BOT Report 7-I-04. Promotion of Individual Membership.
D-635.985	Extending AMA Membership Opportunities to Students Enrolled In Programs Longer than Four Years	Sunset #1. Directive has been accomplished. Retain #2, but consolidate with G-620.050 #5-6 into a single comprehensive policy supporting greater involvement of medical students in the Federation.
D-635.989	Communications	Sunset. #1 was accomplished; #2 is obsolete. The Advisory Committee on Membership to the Board of Trustees no longer exists.

Policy Number	Title	Recommended Action & Rationale
D-635.998	AMA Membership Communication Vehicle	Sunset. No longer relevant. #2 has been superseded by other policy, including G-630.090.
D-640.992	AMPAC Council	Sunset. AMPAC has presented several updates to the HOD since 2009 on results of its surveys and meetings with the Federation on the proposal, and will present a final report at A-12.
D-640.993	AMPAC Board of Directors	Sunset. Actions requested have been accomplished.
D-640.994	Updating the AMA Government Relations Internship Program	1) Retitle, ~~Updating the~~ AMA Government Relations ~~Internship Program~~ Advocacy Fellowship 2) Modify as follows: ~~Our AMA, in collaboration with the MSS Governing Council, will evaluate modifying and expanding the existing AMA Government Relations Internship Program based in the AMA Washington, DC office, with report back at the 2003 Interim Meeting.~~ Our AMA will maintain ~~establish~~ a yearlong medical student ~~fellowship program~~ Government Relations Advocacy Fellowship, with appropriate stipend, based in the Washington, DC office. The program's ~~is to be modeled after the existing Government Relations Internship Program positions, with the~~ primary goal is to enhance ~~of enhancing~~ advocacy for AMA priorities and engage~~ing~~ the younger AMA members. (Res. 615, A-03; Appended: BOT Rep. 8, I-03) 3) Recategorize as a policy [G-630.xxx, AMA Programs and Administration] rather than a directive.
D-640.995	Building AMA-MSS Membership through Promotion of AMPAC and State Medical PACs	Sunset. Directive is obsolete. Physicians and medical students who do not belong to either the AMA or their state society cannot legally be asked to contribute to AMPAC. Superseded by G-640.020.
D-640.996	AMPAC Activities	Sunset. #1 is a matter of practice. The AMPAC chair presents a report at every HOD meeting, and that report becomes a part of the HOD Proceedings. #2 has been accomplished.
D-640.997	Advocacy Training	Sunset. Action requested has been accomplished. AMPAC offers several types of political education programs and offers a variety of ways in which physicians can get involved.
D-640.998	Preserving The AMA's Grassroots Legislative and Political Mission	Retain, but recategorize as a policy [G-640.xxx] rather than a directive.

APPENDIX B: Current Policies and Directives

House of Delegates [G-600.010 and D-600.010]–AMA PolicyFinder Category

G-600.010 Role of the AMA House of Delegates
Our House reaffirms its position as the primary policymaking body for our American medical profession and urges its members to recognize a responsibility to represent our AMA throughout the year. (Spec. Advis. Comm. Rep., I-82; Reaffirmed: CLRPD Rep. A, I-92; Consolidated: CLRPD Rep. 3, I-01; Reaffirmed: BOT Rep. 23, A-02)

G-600.011 Function and Role of the House of Delegates
The function and role of the House of Delegates shall continue to include setting policy on health, medical, professional, and governance matters, as well as the broad principles within which AMA's business activities are conducted. The Board of Trustees shall be vested with the responsibility for the AMA's business strategy and the conduct of AMA affairs. (Report of the Committee on Organization of Organizations, A-03)

G-600.012 AMA House of Delegates Reference Manual: Procedures, Policies, and Practices
Our AMA adopts the AMA House of Delegates Reference Manual: Procedures, Policies and Practices as the official method of procedure in handling and conducting the business before the AMA House of Delegates. (CC&B Rep. 6, I-08)

G-600.014 Guidelines for Admission of Constituent Associations to our AMA House of Delegates
1. Constituent associations are medical associations of states, commonwealths, districts, territories, or possessions of the United States. The Board of Trustees will review applications from new constituent associations seeking representation, and recommend a course of action to the House of Delegates. The following guidelines shall be utilized in evaluating constituent association applications for representation in our American Medical Association House of Delegates: a. The organization must not be in

conflict with the Constitution and Bylaws of our AMA with regard to discrimination in membership; b. The organization must identify the type of organization that it is (e.g., not-for-profit corporation, LLC, unincorporated association, etc.), and submit evidence that it is in good standing as that type of entity in its geographical area; c. The leadership of the organization must have been specifically directed by its members to take action to seek representation in the AMA House of Delegates; d. The organization must be the predominant representational organization of physicians in a state, commonwealth, district, territory or possession of the United States; e. Physicians should comprise the majority of the voting membership of the organization; f. The organization must identify the number of members in each of the following categories: medical students, resident/fellow physicians, practicing physicians, inactive physicians (e.g., retired), non-physician members, and provide a roster of its members who are current in payment of dues and eligible to hold office; and g. The organization must be established and stable. 2. Only one constituent association from each state, commonwealth, district, territory or possession of the United States shall be recognized by the House of Delegates for purposes of representation in the House of Delegates; and 3. Each constituent association seeking representation in the House of Delegates must agree to abide by Policy G-620.030, "Statement of Collaborative Intent." (CCB/CEJA Joint Rep., A-09)

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: CLRPD Rep. 3, I-01; Reaffirmed: CC&B Rep. 2, A-11)

G-600.019 Specialty Society Representation Requirement
The specialty organizations placed on one year probation in the future are expected to work with AMA membership to develop a plan to increase their AMA membership and meet the responsibilities of National Medical Specialty Organizations as provided in Section 8.20 of the Bylaws. Our AMA will work towards implementation of data licensing agreements with the specialty organizations seated in the House of Delegates that will provide them with the ability to view a portion of the AMA eprofile application for the sole purpose of AMA membership verification. (BOT Rep. 6, I-08)

G-600.020 Admission of Specialty Organizations to our AMA House
The following guidelines shall be utilized in evaluating specialty society applications for representation in our AMA House of Delegates (new specialty organization applications will be considered only at Annual Meetings of the House of Delegates): (1) The organization must not be in conflict with the Constitution and Bylaws of our AMA with regard to discrimination in membership; (2) The organization must: (a) represent a field of medicine that has recognized scientific validity; (b) not have board certification as its primary focus; and (c) not require membership in the specialty organization as a requisite for board certification; (3) The organization must meet one of the following criteria: (a) a specialty organization must demonstrate that it has 1,000 or more AMA members; or (b) a specialty organization must demonstrate that it has a minimum of 100 AMA members and that twenty-five percent (25%) of its physician members who are eligible for AMA membership are members of the AMA; or (c) a specialty organization must demonstrate that it was represented in the House of Delegates at the 1990 Annual Meeting and that twenty-five percent (25%) of its physician members who are eligible for AMA membership are members of the AMA; (4) The organization must be established and stable; therefore it must have been in existence for at least five years prior to submitting its application; (5) Physicians should comprise the majority of the voting membership of the organization. (6) The organization must have a voluntary membership and must report as members only those who are current in payment of dues, have full voting privileges, and are eligible to hold office; (7) The organization must be active within its field of medicine and hold at least one meeting of its members per year; (8) The organization must be national in scope. It must not restrict its membership geographically and must have members from a majority of the states; (9) The organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization; (10) If international, the organization must have a US branch or chapter, and this chapter must be reviewed in terms of all of the above guidelines. Until the year 2003, an organization which is already seated in the House of Delegates as a specialty society shall be considered to re-qualify for representation in our AMA House if the organization can meet the criteria for specialty society representation that existed at the time of the 1997 Annual Meeting of our AMA House of Delegates. (CLRPD Rep. A, A-87; CLRPD Rep. D, I-90; CLRPD Rep. B, I-91; Modified: CLRPD Rep. 2, I-97; Modified: CLRPD Rep. 3, A-00; Consolidated: CLRPD Rep. 3, I-01; Reaffirmed: CLRPD Rep. 2, A-05; BOT Rep. 6, I-08)

G-600.021 The Size of Specialty Society Delegations Representation in our AMA House
The number of AMA delegate positions allocated to the specialty societies in our AMA/Federation House will be determined in the following manner: (1) Our AMA will send a specialty-representation "ballot" to each AMA physician member, plus fourth-year medical student members, asking each member to identify on the ballot one specialty society to represent him or her in our AMA/Federation House of Delegates; (2) The ballots cast for specialty society representation by AMA members will be carried over automatically from year to year unless our AMA is otherwise notified; (3) Members may change their specialty society designation at any time they wish and should be given the ability to change their specialty society representation votes throughout the year by multiple communication modalities; (4) The specialty-representation ballot will indicate that physicians should be members of the specialty society which they select on the ballot to represent them in our AMA/Federation House of Delegates;

(5) The number of delegates and alternate delegates allocated to a specialty society will be on the basis of one delegate and one alternate delegate for each 1000 AMA members, or portion of 1000 AMA members, who select that a particular specialty society on the annual ballot and return the ballot to our AMA; and (6) Each specialty society that meets the eligibility criteria and is represented in our AMA/Federation House will be assured of at least one delegate and alternate delegate position regardless of the number of AMA members who select the society on the ballot and return the ballot to the AMA. (7) Our AMA will: (a) continue to include the ballot postcard in the Member Welcome Kit; (b) continue to promote the online ballot application to increase specialty society designations; (c) work with all willing specialty societies to solicit additional specialty society designations, using both printed ballots and electronic communications vehicles; and (d) continue to send email ballot solicitations to members who have not yet cast a ballot. (BOT Rep. 2, A-96; Modified: Res. 612, I-97; Consolidated: CLRPD Rep. 3, I-01; BOT Rep. 5, A-09)

G-600.026 Delegate Allocation Formula
Our House of Delegates retain the delegate allocation of 1:1,000 for the present time and reconsider the ratio at appropriate intervals as the AMA evolves. (BOT Rep. 23, A-02)

G-600.030 Characteristics of AMA Delegates and Alternate Delegates
Our AMA: (1) Requires that delegates be AMA members and be selected by the principal governing body or the membership of the sponsoring organization; (2) Encourages medical societies to develop methods for selecting AMA delegates that provide an exclusive role for AMA members and suggests that each delegation have at least one member involved in the governance of the sponsoring organization; (3) Acknowledges that the representational role of our AMA delegates is multi-dimensional and includes: (a) advocacy for patients to improve the health of the public and the health care system; (b) representation of the perspectives of the delegate's sponsoring organization to our AMA House of Delegates; (c) representation of the delegate's physician constituents in the decision-making processes of the House of Delegates; and (d) representation of our AMA and the House of Delegates to physicians, medical associations, and others; (4) Urges delegates to take into consideration a variety of perspectives including those of patients, their sponsoring organizations, and their physician constituents but that, in voting on matters before our AMA House of Delegates, AMA delegates should vote on the basis of what is best for patients and American medicine; and (5) Encourages AMA delegates and alternates who may be entitled to a dues exemption, because of age and retirement status, to demonstrate their full commitment to our AMA through payment of dues. (6) Encourages specialty and state societies to develop training and/or mentorship programs for their student, resident and fellow and young physician section representatives, and current HOD delegates for their future activities and representation of the delegation. (7) Encourages specialty and state societies to include in their delegations physicians who meet the criteria for membership in the Young Physicians Section. (CLRPD Rep. C, A-87; CLRPD Rep. 3, A-98; Reaffirmed: Sunset Report, I-97; Consolidated: CLRPD Rep. 3, I-01; Reaffirmed: COO Rep., A-03; Appended: Res. 609, A-11)

G-600.031 Roles and Responsibilities of AMA Delegates and Alternate Delegates
(1) Members of the AMA House of Delegates serve as an important communications, policy, and membership link between the AMA and grassroots physicians. The delegate/alternate delegate is a key source of information on activities, programs, and policies of the AMA. The delegate/alternate delegate is also a direct contact for the individual member to communicate with and contribute to the formulation of AMA policy positions, the identification of situations that might be addressed through policy implementation efforts, and the implementation of AMA policies. Delegates and alternate delegates to the AMA are expected to foster a positive and useful two-way relationship between grassroots physicians and the AMA leadership. To fulfill these roles, AMA delegates and alternate delegates are expected to make themselves readily accessible to individual members by providing the AMA with their addresses, telephone numbers, and email addresses so that the AMA can make the information accessible to individual members through the AMA Web site and through other communication mechanisms. (2) The roles and responsibilities of delegates and alternate delegates are as follows: (a) regularly communicate AMA policy, information, activities, and programs to constituents so he/she will be recognized as the representative of the AMA; (b) relate constituent views and suggestions, particularly those related to implementation of AMA policy positions, to the appropriate AMA leadership, governing body, or executive staff; (c) advocate constituent views within the House of Delegates or other governance unit, including the executive staff; (d) attend and report highlights of House of Delegates meetings to constituents, for example, at hospital medical staff, county, state, and specialty society meetings; (e) serve as an advocate for patients to improve the health of the public and the health care system; (f) cultivate promising leaders for all levels of organized medicine and help them gain leadership positions; (g) actively recruit new AMA members and help retain current members; and (h) participate in the AMA Membership Outreach Program. (Special Advisory Committee to the Speaker of the House of Delegates, I-99; Consolidated: CLRPD Rep. 3, I-01; Modified: Jt. Rep. of the BOT and CLRPD, A-02)

G-600.035 House of Delegates Demographic Report
A report on the demographics of our AMA House of Delegates will be issued annually and include information regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty. (Sub. Res. 607, A-10)

G-600.040 Reference Committees of the AMA House
AMA policy on Reference Committees of the AMA House includes the following: (1) The AMA will provide background material gleaned from previous House of Delegates and Board of Trustees reports, medical journals, and analysis, where possible, on each House of Delegates resolution referred to a reference committee and that this information will be presented to each member of the committee prior to the committee's first meeting. (2) Members of Reference Committee F shall serve for

terms of two years, on a staggered basis, to provide for improved continuity regarding fiscal issues. (Res. 602, I-98); (3) The Speaker and Vice Speaker of the House of Delegates are encouraged to refer items of business among the Reference Committees as evenly as possible. (4) As a means of broadening opportunities for service on House of Delegates reference committees and convention committees, the Speakers are encouraged to avoid, whenever possible, the appointment of physicians who are currently serving on one of the AMA Councils. (5) Legal counsel opinion should be immediately available to all reference committee deliberations. (6) When a reference committee recommends adoption of a modified recommendation or resolve or when a reference committee recommends adoption of a substitute recommendation or resolve, the proposed recommendation or resolve should be followed by a phrase, in parentheses, that indicates its nature and purpose. These phrases are the following: (a) New HOD Policy; (b) Modify Current HOD Policy; (c) Modify Bylaws; (d) Rescind HOD Policy; (e) Reaffirm HOD Policy; or (f) Directive to Take Action. (7) All reference committees will amend the language of any resolution that reads either "MD" or "DO" to read "MD and DO," unless specifically applicable to one or the other, prior to publication of reference committee reports. (Spec. Advis. Comm. Rep., I-82; Sub. Res. 18, A-83; CLRPD Rep. A, I-92; Reaffirmed: CLRPD Rep. 2, I-95; Res. 608, A-96; Res. 602, I-98; Consolidated: CLRPD Rep. 3, I-01; Modified: CLRPD Rep. 2, A-02; Appended: Res. 606, A-05)

G-600.050 Format and Procedures of the AMA House
AMA policy on format and procedures of House meetings includes the following: (1) House Security Maximum security shall be maintained at all times to prevent disruptions of the House, and only those individuals who have been properly badged will be permitted to attend; (2) Credentials - The registration record of the Convention Committee on Credentials shall constitute the official roll call at each meeting of the House; and (3) Limitation on Debate - There shall be a three-minute limitation on debate per presentation subject to the discretion of the Speaker, who may waive the rule for just cause. (Con. Comm. on Rules and Order of Business, I-91; Consolidated: CLRPD Rep. 3, I-01; CC&B Rep. 3, I-08)

G-600.051 Conduct of Business by the AMA House of Delegates
Each member of the House of Delegates, the American Medical Association Officers and the AMA Board of Trustees shall resolutely affirm a commitment to be courteous, respectful and collegial in the conduct of House of Delegate actions, characteristics which should exemplify the members of our respected and learned profession. (Res. 619, A-02)

G-600.053 Prioritization of House Actions
As a guide to the AMA Board of Trustees in determining how to follow through on the actions of the House and how to allocate the Association's resources, the House of Delegates will prioritize its actions using a system that the Speaker and Vice Speaker of the House deem to be appropriate. (CLRPD Rep. 6, A-03)

G-600.063 Information about Items Submitted for Consideration by the House
Our AMA shall provide information about items submitted for consideration by the House: (1) the AMA will make available by electronic means, with appropriate security precautions and disclaimers, all resolutions and reports as soon as they are accepted for distribution to the members of the House of Delegates; and (2) the AMA shall support efforts to ensure that accurate, comprehensive, current information on the contents of legislative proposals is available to the House of Delegates. (Sub. Res. 44, I-83; Reaffirmed: CLRPD Rep. 2, I-95; Res. 606, A-96; Consolidated: CLRPD Rep. 3, I-01; CC&B Rep. 3, I-08)

G-600.064 AMA Endorsement of Screening Tests or Standards
(1) Delegates, state, or specialty societies submitting a resolution seeking endorsement or AMA adoption of specific screening tests must also submit an evidence-based review that determines the strength or quality of the evidence supporting their request, and that evaluates the degree to which the test satisfies the minimal criteria for validating the appropriateness of the screening test, which are: (a) the test must be able to detect the target condition earlier than without screening and with sufficient accuracy to avoid producing large numbers of false-positive and false-negative results; and (b) screening for and treating persons with early disease should improve the likelihood of favorable health outcomes compared with treating patients when they present with signs or symptoms of disease. (2) This review will be made available to the reference committee, which will either recommend to the House of Delegates that the resolution be referred or not be adopted. (CSA Rep. 7, A-02; CC&B Rep. 3, I-08)

G-600.065 Paperwork Reduction
Our AMA allows members who download House of Delegates information from the web site the ability to opt out of receiving paper copies. (BOT Rep. 16, A-02)

G-600.070 Support for Decision-making by the AMA House
The following procedure for providing legal advice on issues before the House shall be followed: (1) All resolutions received by the AMA Office of House of Delegates Affairs also will be reviewed by the Office of the General Counsel. When a resolution poses serious legal problems, the Speaker, legal counsel, or other AMA staff will communicate with the sponsor or medical association; (2) If the text of the proposed resolution that poses serious legal problems is not changed or if the resolution is not withdrawn, the Chair or another member of the Board will be available to speak to the legal objections in open or executive sessions of the reference committee or before the House of Delegates; (3) In the case of late resolutions that pose serious legal problems, the Chair or another member of the Board will inform the House of Delegates of the legal objections prior to a vote to accept or reject the resolution; (4) In accordance with the current procedures, any reference committee may request the Office of the General Counsel to provide additional legal advice and other information during the committee's executive session; and (5) During HOD meetings, delegates may also seek legal advice regarding proposed resolutions and amendments on an individual

basis from the Office of the General Counsel. (BOT Rep. Q, A-80; Reaffirmed: Rep. B, I-90; Reaffirmed: Sunset Report, I-00; Consolidated: CLRPD Rep. 3, I-01; CC&B Rep. 3, I-08)

G-600.072 Participation of Individual Members in the Activities of the AMA
AMA members are encouraged to participate in the activities of the AMA, particularly in the following ways: (1) Though the AMA Website or other communications conduits, provide comments and suggestions to the AMA Board and the AMA Council's on their policy development projects and on other AMA products and services; (2) Participate in the on-line discussion groups on the items of business included in the Handbook of the House of Delegates; (3) Communicate their views on the items of business in the House's Handbook to their AMA delegates and alternate delegates; (4) Inform the AMA, directly or through their AMA delegates, of situations that may represent opportunities to implement the Association's policy positions; (5) Help the AMA promote its policy positions; (6) When opportunities present themselves, explain the value of the AMA and the importance of belonging to the AMA to physicians; and (7) Work to help the AMA increase its membership level. (Jt. Rep. of the BOT and CLRPD, A-02)

G-600.100 AMA Programs for Delegates and Alternate Delegates
AMA policy on programs for Delegates and Alternate Delegates includes the following: (1) the Speaker of the House of Delegates shall solicit proposals from various AMA departments to hold programs for AMA Delegates; (2) these programs should be held at our AMA Meetings at times that minimize scheduling conflicts with House of Delegates or Reference Committee meetings, and (3) materials from such programs shall be made available to those who are unable to attend. (Res. 609, I-97; Consolidated: CLRPD Rep. 3, I-01; CC&B Rep. 3, I-08)

G-600.130 Meeting Calendar and Locations
AMA policy on the meeting calendar for the House includes the following: (1) Our AMA should make reasonable efforts to avoid scheduling future Annual Meetings that conflict with Father's Day weekend; (2) The Interim Meeting of the House of Delegates will be held in the second or third week in November; (3) Our AMA supports scheduling more meetings in Washington, DC, specifically including Interim Meetings of the House on a rotating schedule as frequently as practicable. Our AMA believes, however, that it would not be financially prudent to hold all Interim Meetings in Washington, DC, nor would such a decision be equitable for other regions of the country; and (4) The National Advocacy Conference will remain separate from the Interim Meeting. (5) Unless special circumstances arise, our American Medical Association National Advocacy Conference shall be scheduled annually in the nation's capital, Washington, DC, in order to maximize the continuity and impact of the voice of medicine in visits with the members of the United States Congress. (6) Our AMA will reaffirm its well-established practice of returning to Hawaii every four to five years for the AMA House of Delegates Interim Meeting. (BOT Rep. I, I-90; BOT Rep. 36, A-94; BOT Report 1, I-98; Modified: Speakers Advisory Committee Rep., A-99; Reaffirmed: Sunset Report, I-00; Resolution 609, A-01; Consolidated: CLRPD Rep. 3, I-01; Appended: Res. 610, A-02; Appended: Res. 609, A-04; Reaffirmed in lieu of Res. 609, A-06; CC&B Rep. 3, I-08)

D-600.960 Ronald M. Davis Memorial Run
Our AMA honors Ronald M. Davis, MD, with an annual Ronald M. Davis 5K Run/Walk at its annual meetings in Chicago on a date determined by the AMA Speaker of the House. (Res. 608, A-09)

D-600.961 Specialty Society Delegate Representation in the House of Delegates
1. Our AMA will immediately undertake efforts to expand awareness and use of the designation mechanism for specialty society representation, working wherever possible with relevant members of the Federation. 2. The system of apportioning delegates to specialty societies be enhanced by a systematic allocation of delegates to specialty societies by extrapolating from the current process in which members designate a specialty society for representation. The recommended model will: (a) establish annual targets for the overall proportion of AMA members from whom designations should have been received; (b) adjust actual designations by increasing them proportionately to achieve the overall target level of designations; (c) limit the number of delegates a society can acquire to the number that would be obtained if all the society's AMA members designated it for representation; (d) be initiated with delegate allocations for 2008, following the expiration of the freeze, which ends December 31, 2007; and (e) be implemented over five years because this will result in the least disruption to the House of Delegates and allow the process to unfold naturally. 3. The Board of Trustees will prepare annual reports to the House describing efforts undertaken to solicit designations from members, characterizing progress in collecting designations, and recommending changes in strategies that might be required to implement existing policy on representation of specialty societies. In addition, the Board should, in these or other reports: (a) develop a system for use among direct members to solicit their designations of specialty societies for representation, with an eye on how that system might be expanded or adapted for use among other members; and (b) engage in discussions with specialty societies that will lead to enhanced data sharing so that delegate allocations for both state and specialty societies can be handled in parallel fashion. 4. Our AMA will include in the specialty designation system an option to permit those members who wish to opt out of representation by a specialty society to do so when any automatic allocation system is used to provide representation for specialty societies that are represented in the House of Delegates. 5. If any specialty society loses delegates as a result of the apportionment process, the specialty society shall have a one-year grace period commencing January 1, 2008. At the expiration of this one-year grace period, a phase-in period shall be implemented such that the number of delegate seats lost will be limited to one seat per year for the succeeding three years. In the fourth year, any remaining reduction of seats will be implemented. 6. AMA Bylaw 2.11111 grants state societies a one-year grace period following the freeze expiring December 31, 2007 (per Bylaw 2.121). At the end of the grace period, a phase-in period will be

implemented such that the number of delegate seats lost will be limited to one seat per year for the succeeding three years. In the fourth year, any remaining reduction of seats will be implemented. (BOT Rep. 17, A-07)

D-600.963 Membership Rules
1. Our AMA will place a moratorium on the loss of current representation in the House of Delegates for any society that does not meet the current AMA guidelines for representation requirements as it pertains to the minimum number of AMA members. 2. This moratorium shall remain in place through December 31, 2007. 3. When this moratorium is lifted, any organization that does not meet the required number of AMA members will have a one-year grace period to meet the requirements for House of Delegates representation. (Res. 602, I-06)

D-600.964 Moratorium on Five-Year Review Percentage Guideline
Our AMA will place a moratorium on the loss of any organization's current representation in the House of Delegates for any society which does not meet the current AMA guidelines for representation requirements as it pertains to the percentage of AMA members, with this moratorium to remain in place through December 31, 2007; and when this moratorium is lifted, any organization which does not meet the required percentage of AMA members will have a one-year grace period to meet the requirements for House of Delegates representation. (Res. 603, A-06)

D-600.965 Resident and Fellow Representation in the AMA House of Delegates
Our American Medical Association will establish a mechanism for additional delegate representation of residents and fellows in the House of Delegates as follows: (1) The Resident and Fellow Section will be awarded one resident delegate and corresponding alternate delegate for every 2,000 resident members. (2) A resident or fellow candidate for each of these seats will be required to receive written endorsement from their state or specialty society, and elected residents shall sit with their endorsing society. (3) Endorsed candidates shall be elected by the RFS in a manner prescribed by their Internal Operating Procedures. (4) The endorsing society is strongly encouraged to provide full financial support to its resident and fellow delegate(s); however, if the endorsing society is unable to fund the resident or fellow, it is ultimately the responsibility of the delegate to obtain funding. (5) Resident and fellow proportional representation shall be reviewed at the end of the fifth year of implementation. (BOT Rep. 20, A-06)

D-600.966 Professional Interest Medical Association Representation in the House of Delegates
Profession Interest Medical Associations granted representation in our AMA House since June 2006 include: The American Association of Physicians of Indian Origin and the Korean American Medical Association are granted representation in the AMA House of Delegates. (June 2006) (BOT Rep. 18, A-06)

D-600.967 Notice Requirement for Changes in Delegate Allocation to AMA House of Delegates
The AMA will: 1. Ensure that the distribution list for delegate allocation reports continue to include AMA state field representatives, AMA membership account executives, and state society presidents, the delegation chairs, and each member of the states' delegation in the House of Delegates. 2. Explore the possibility of developing a system to distribute the delegate allocation reports in electronic format, either by e-mail, web page or both. (BOT Action in response to referred for decision Res. 607, I-00; Modified: CLRPD Rep. 1, A-10)

D-600.968 Representation of Specialty Societies in the AMA House of Delegates
Federation organizations, delegates, alternate delegates, and other interested parties will be encouraged to review the delegate allocation system for specialty societies that has been proposed by the Advisory Committee on Specialty Society Representation and provide the AMA Board of Trustees with comments by March 1, 2005. (BOT Rep. 1, I-04)

D-600.970 Report on the Request to Consider Freezing the Size of the HOD
Our AMA will develop a mechanism to facilitate the method by which members select the specialty society that represents them and report back to the House of Delegates at the 2004 Annual Meeting. (BOT Rep. 5, I-03)

D-600.971 House Ad Hoc Committee on Governance
The Ad Hoc Committee (on Governance) be permitted to conclude its work with the current report. (A-03) (Rep. of the House Ad Hoc Committee on Governance, A-03)

D-600.973 Unified Voice
The House of Delegates affirms the importance of our AMA speaking with a unified voice on behalf of American medicine. The House of Delegates asks the Board of Trustees and Speakers to continue to search for ways to build the necessary consensus on policy issues to maximize our AMA's effectiveness in representing physicians and their patients. (Report of the Committee on Organization of Organizations, A-03)

D-600.974 Litigation Center Cases to Combat Automatic Downcoding and/or Recoding
Delegates and alternate delegates should attend the open meetings of the Litigation Center. (BOT Rep. 31, A-02)

D-600.975 AMA Assembly Meeting Space
Our AMA shall attempt, when allocating meeting space, to locate the Section Assembly Meetings in the House of Delegates Meeting hotel or in a hotel in close proximity. (Res. 612, A-02)

D-600.976 AMA National Leadership Conference
Our AMA, during the National Leadership Conference, shall provide assistance to members of the Federation in the form of briefings and scheduling of meetings on Capitol Hill. (Res. 610, A-02)

D-600.992 Improving the Functioning of the House of Delegates
(1) To streamline and shorten the meetings of the House of Delegates, (a) All awards will be presented at the Interim Meeting during the Opening Session. Award recipients should be strongly encouraged to keep their remarks to two minutes, and notified that written comments can be submitted and will be distributed to the House of Delegates. (b) Speeches will be limited to: (i) AMA President; (ii) AMA Executive Vice President (only if necessary to present key internal initiatives and activities, and to be accompanied by a full written report); (iii) The presentation by the AMA Foundation should be given annually; (iv) The AMA Alliance should continue to have the opportunity to make a presentation at both the Annual and Interim HOD meetings; (v) Other individuals will be given the opportunity to speak at the Speakers' discretion. (c) The Membership Outreach Program should continue to be recognized at House of Delegates as a valuable outreach tool. (d) Recognition of the Board and Council chairs for further reports should be done in a more expedited fashion, whereby the Speaker will ask only whether the Board or any Council has late reports, rather than recognizing the chairs one-by-one. (2) The Speakers should ensure that all Board of Trustees and Council reports, except those to be published in peer-reviewed journals, and resolutions, should be placed on the AMA web site for review by all physicians. Items of business should be posted on the site as soon as they are available (resolutions as soon as they are received and legally reviewed, and Board and Council reports as soon as they are approved by the appropriate bodies). (3) Council secretaries and Board of Trustees staff will carefully review resolutions, and note those on topics under active study by the Board or Council. Resolutions on such topics will be grouped together in each reference committee with such notation. (4) Sponsors of resolutions to the AMA HOD are encouraged to post draft resolutions on the AMA Web site prior to official submission in order to allow members of the HOD, other AMA parties (i.e., councils, sections, etc.), AMA members, and other invited parties to provide input. Based on feedback received, sponsors could choose to consolidate or otherwise revise resolutions. (5) The opening session of the HOD will be used as an opportunity for substantive discussion, which serves to get the HOD meeting off to a content-related start. One possibility is to have the Board present and discuss the AMA strategic plan and talk about strategy from the Board's perspective. (6) All or most awards presentations will be moved to more appropriate venues than the opening session of the HOD. (Special Advisory Committee to the Speaker of the House of Delegates, I-99; Modified: BOT Rep. 19, A-04; CC&B Rep. 3, I-08; Rep. of the Speakers Special Advisory Committee on the House of Delegates, A-09)

Board of Trustees [G-605.010 and D-605.010]– AMA PolicyFinder Category

G-605.010 Board Planning
The Board develops its own annual plan to guide its agenda-setting process to include the following key elements: (1) The agenda should span multiple meetings to ensure that the various phases of planning, implementation, and mid-course correction receive appropriate attention for those initiatives considered vital to the Board's strategic priorities. (2) The Board should actively seek input from AMA internal stakeholders, such as other medical organizations considered part of the federation of medicine, in defining the Board's longer-range agenda. (3) The Board should develop its own annual work plan during its yearly planning retreat and should consider revisions to that plan during each subsequent Board meeting. (4) All Board members should have the opportunity to participate in the agenda-setting process. (5) The material supplied to the Board during meetings must explicitly show how these matters relate to the strategic imperatives of our AMA. (6) Each standing committee of the Board should develop its annual plan with progress presentations as standard items for the Board agenda/meetings. (7) Input from members of the HOD, including views about top priority issues, will be solicited by the Board in support of the strategic planning process, along with other sources of input such as surveys of members and CLRPD's stakeholder analysis. (Consolidated: CLRPD Rep. 3, I-01; Modified CLRPD Rep. 1, A-03; Rep. of the Speakers Special Advisory Committee on the House of Delegates, A-09)

G-605.025 Compilation of the AMA President's and Board Chair's Written and Recorded Materials
Our AMA will compile in electronic and/or recorded format, pertinent materials authored by our AMA President and Board Chair during their respective terms of office, starting with the 2007-2008 terms. (Res. 601, A-08)

G-605.030 Board Development and Evaluation
The policy on Board development and evaluation is as follows. The Board should: (1) Evaluate the roles of its elected officers and the Executive Vice President with regard to delineation of duties, functions, obligations and responsibilities; (2) Commit itself to an ongoing Board Development Program, specifically tailored to our AMA's needs, to provide continuing education in the skills and knowledge essential for successfully meeting its fiduciary responsibilities; and (3) Obtain external expert advice and input from others within our AMA to assist in the design of a self-evaluation instrument to annually measure the Board's effectiveness and to encourage more accountability. Recognizing that the primary purpose of these evaluations is to help the Board and its members improve their performance, this self-evaluation instrument should include but not be limited to the following elements: (a) Self-evaluations should be for the Board as a whole and then individually for each Trustee; (b) To maintain control and confidentiality, the Audit Committee of the Board should conduct the evaluations; (c) An assessment of how well the Board and its members accomplished the initiatives should be stated in their own annual work plan; (d) An

assessment of the extent to which the Board and its members exerted a positive influence on the key measures of success should be defined in our AMA's strategic plan; (e) An assessment should be made of the effectiveness of the Board and its members' approach to governance and decision making; (f) The design of the self-evaluation should be approved by the House; (g) In conducting these self-evaluations the Board should seek feedback from our AMA's internal stakeholders and other elements of the organization, including staff; and (h) Where the evaluation identifies individual performance deficits, the Board should initiate follow-up training tailored to specific needs. (Consolidated: CLRPD Rep. 3, I-01; Modified CLRPD Rep. 1, A-03)

G-605.035 Endorsements for Public Office
Our AMA requires that all of its endorsements of nominations of appointed officials for public office be considered and voted upon by our Board of Trustees prior to any public pronouncements of support. (Rep. of the Task Force on Recording and Reporting of Trustees' Votes, A-11)

G-605.041 AMA President as Spokesperson
Our AMA President shall: (1) assume the responsibility of controlling his or her own calendar for the purpose of speaking engagements and other official visits; and (2) seek the advice and counsel of the Chair of the Board of Trustees in evaluating speaking and travel invitations, but that the final decision regarding these commitments shall be that of the President. (Res. 608, A-02)

G-605.050 Annual Reporting Responsibilities of the AMA Board of Trustees
The AMA Board provides the following four items to the AMA House: (1) At each Annual Meeting of the House, the Board submits a report to the House that provides highlights on the AMA's performance, activities, and status in the previous calendar year as well as a recommendation for the Association's dues levels for the next year. The report should include information on topics such as: (a) AMA's performance relative to its strategic plan; (b) key indicators of the AMA's financial performance and, if not provided through other communication vehicles, information on the compensation of Board members, elected Officers, the Executive Vice President, and the expenses associated with the AMA Councils, Sections, Special Groups, and AMA's participation in the World Medical Association; (c) an assessment of the performance, accomplishments, and activities of the Board, including the AMA appearance program and the results of the work of the Board's Audit Committee; (d) AMA's membership situation, including an assessment of the membership communication and promotion activities; (e) highlights of the activities and accomplishments of the Association's major programs, including legislative and private sector advocacy; (f) a description and assessment of efforts to address high priority issues; and (g) the AMA's relationships and work with other organizations, including Federation organizations, other health related organizations, non-health related organizations, and international organizations. The Board may include any other topics in this report that it deems important to communicate to the House about the performance, activities, and status of the AMA and the health of the public. (2) As the principal planning agent for the AMA, the Board provides a report at each Interim Meeting of the House that recommends the AMA's strategic directions and plan for the next year and beyond. The report should include a discussion of the AMA's membership strategy. (3) At each Interim Meeting of the House, the Board presents the Association's preliminary or final budget for the upcoming year. If a preliminary budget is provided at the Interim Meeting, the final budget must be distributed to the House as soon as it is available. (4) At each Interim Meeting, the Board provides an informational report on the AMA's legislative and regulatory activities, including the Association's accomplishments in the previous 12 months and a forecast of the legislative and regulatory issues that are likely to occupy the Council on Legislation and other components of the AMA's for the next year. In fulfilling its responsibilities to report to the House on topics and situations, the Board should provide succinct reports to the House. When detailed information on topics is warranted, the Board should provide the information to interested members of the House through reports that can be downloaded from the AMA Web site. Nothing in this policy precludes the House from requesting that the Board report back to the House on any topic. Further, nothing in this policy should be construed as limiting the number or size of reports that the Board can send to the House. (Sub. Res. 52, A-74; Res. 57, A-81; Reaffirmed: CLRPD Rep. C, A-89; Sub. Res. 83 and 125, A-90; Reaffirmed: CLRPD Rep. F, I-91; Modified by Res. 609; Reaffirmed by 610 and 611, I-94; Res. 622, I-97; Appended by Rep. of the Ad Hoc Cmte. to Study the Sunbeam Matter and Res. 617, A-98; Res. 609, I-99; Reaffirmed: Sunset Report, I-00; Consolidated: CLRPD Rep. 3, I-01; Appended: Rep. of the Ad Hoc Cmte. on Governance and Res. 618, A-02; Modified: CLRPD Rep. 1, A-03; Modified: BOT Rep. 1, I-03)

G-605.051 Situational Reporting Responsibilities of the AMA Board of Trustees
The Board of Trustees provides reports to the House when the following situations occur: (1) consistent with Policy G-605.070 (Board Activities and House Policy), the Board submits a report to the House when the Board takes actions that differ from current AMA policy; (2) consistent with Sections 5.403 and 5.431 of the AMA Bylaws, the Board submits a report to the House when the Board determines that the expenditures associated with recommendations and resolves that were adopted by the House would be inadvisable; (3) consistent with Sections 8.40, 8.50, and 8.90 of the AMA Bylaws, the Board transmits reports of the SSS to the House and informs the House of important developments with regard to Federation organizations; and (4) consistent with Policy G-630.040, the Board reports to the House when the Board's review of the AMA's Principles on Corporate Relationships results in recommendations for changes in the Principles. In fulfilling its responsibilities to report to the House when certain specified situations develop, the Board should provide succinct reports to the House and, if additional detail is needed, use the AMA Web site to provide the additional information to interested members of the House. (CLRPD Rep. 1, A-03)

G-605.052 Other Reporting Responsibilities of the AMA Board of Trustees
The Board of Trustees provides summaries of each of its meetings to AMA members, members of the House, and Federation organizations through the AMA Web site. The reports should be made available as soon as practical. (CLRPD Rep. 1, A-03)

G-605.090 Board Committee on Membership
(1) The House urges the Board to create and maintain an ad hoc Advisory Committee on Membership to the Board of Trustees with the following composition: (a) Five members of the House of Delegates appointed by the Speaker of the House of Delegates (initial appointment will give special consideration to retention of members of the Task Force on Membership), two for one-year terms, two for two-year terms and one for a three-year term; (b) Three Board members appointed by the Board of Trustees Chair, one for a one-year term, one for a two-year term and one for a three-year term; (c) One member of CLRPD, appointed by the Chair of CLRPD for a two-year term. Subsequent appointments for all positions will be for three years and the Chair of the Board of Trustees shall annually appoint the Chair of this committee from among the Advisory Committee's nine members. (2) The ad hoc Advisory Committee will assist the Board of Trustees in coordinating the membership activities of the Association. (Jt. Report of the Task Force on Membership and CLRPD, A-00; Consolidated: CLRPD Rep. 3, I-01; Modified CLRPD Rep. 1, A-03)

D-605.987 Public Member on AMA Board of Trustees
Our AMA will not add a second public member position to the Board of Trustees. (BOT Rep. 14, A-07)

D-605.989 BOT Audit Committee and Governance Recommendations
The Board of Trustees' Audit Committee will monitor the implementation status of the governance recommendations that are still in-progress and include their assessment, until they are fully implemented, in the Board's annual report to the HOD on its accomplishments (Rep. of the HOD Ad Hoc Committee on Governance, A-03)

D-605.991 Governance Report
(1) The Executive Vice President shall invite the Presidents to join in the weekly conference calls with the Chair and Chair-Elect. (2) The Board of Trustees will provide to new Trustees an abbreviated version of the prior Board development presentations. (3) The Board of Trustees shall evaluate the benefits of membership in a national organization of non-profit governing boards to determine if their products, programs, and services would augment the Board's development program and assist the Board in meeting the diversity and scope of its responsibilities. (4) The Board of Trustees shall consider having the Chair-Elect participate in an educational program for newly elected chairs of non-profit organizations or institute a process to have each Chair-Elect tailor a development program to address his or her unique needs. (5) The Board of Trustees shall incorporate into its Standing Rules that the President's message be selected from one of the AMA's top strategic priorities, as defined by the strategic planning process, and that it be approved by the Board. (6) The Chair shall assign "open" invitations to the Presidents, whenever possible, unless there is a Trustee with special expertise or who has a special relationship with the requesting organization. (7) The Board of Trustees shall develop more explicit criteria to guide the Chair and staff in accepting invitations for meetings and appearances, making assignments, and evaluating the effectiveness of the Representation Program. (8) The Board of Trustees and EVP shall consider expanding the Board Representation Program by using Council, Section and Special Group members, and staff for the Representation Program and, to the extent possible, incorporate information on their involvement in the Board's annual report to the HOD on the Representation Program. (9) The Board of Trustees shall expand the definition of the Representation Program to include any Officer or Trustee interaction with an external organization, including the media, on behalf of the AMA. (10) The EVP shall review the current systems and procedures to ensure that the Presidents, Chair and Chair-Elect are aware of press releases and other significant external communications. (11) The Speakers shall initiate a special program to recognize delegations, individual Delegates and Alternate Delegates who have developed mechanisms for sharing information and soliciting input on important issues. (12) The Board of Trustees shall continue using its existing Intra-Board Committees to provide oversight of AMA activities in lieu of Select Committee Recommendation 10. (13) Future reports of the Ad Hoc Committee shall not include those governance recommendations that have been completed or rescinded. (Rep. Of the Ad Hoc Cmte. On Governance, A-02)

Nominations, Elections and Appointments [G-610.000]–AMA PolicyFinder Category

G-610.010 Nominations
Guidelines for nominations for AMA elected offices include the following: (1) Every effort should be made to nominate two or more eligible members for each Council vacancy; (2) The announcement of the Council nominations and the official ballot should list candidates in alphabetical order by name only, and (3) Nominating speeches for unopposed candidates for office, except for President-elect, should be eliminated. (C&B Rep. B, I-91; Res. 616, I-95; Consolidated: CLRPD Rep. 3, I-01; CC&B Rep. 3, I-08)

G-610.040 Promoting Diversity
Our AMA encourages: (1) state medical associations and national medical specialty societies to review the composition of their AMA delegations with regard to enhancing diversity. As one means of encouraging greater awareness and responsiveness to diversity, our AMA will prepare and distribute a state-by-state demographic analysis of the House of Delegates, with comparisons to the physician population and to our AMA physician membership every other year starting in 2003; and (2) the Federation (in nominating or sponsoring candidates for leadership positions), the House of Delegates (in electing Council and

Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions) to consider the need to enhance and promote diversity. (CLRPD Rep. A, A-92; Reaffirmed: CLRPD Rep. 5, I-96; Modified: CLRPD Rep. 2, I-00 ; Consolidated: CLRPD Rep. 3, I-01; Amended: CLRPD Rep. 3, A-02)

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; Reaffirmed: CC&B Rep. 2, A-11)

G-610.051 Employment Contract for the Executive Vice President
Outside legal counsel shall be retained 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; Reaffirmed: CC&B Rep. 2, A-11)

Councils, Sections and Committees [G-615.000 and D-615.000]–AMA PolicyFinder Category

G-615.004 Council Nominations
The date for submission of nominations to the Council on Legislation, Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, Council on Science and Public Health, Council on Long Range Planning and Development, and Council on Ethical and Judicial Affairs is made uniform to March 15th of each year. (Res. 613, A-08)

G-615.006 AMA and AMA-YPS Bylaws Change Regarding AMA-YPS Delegate Allocation and Probationary Year for States
Our AMA shall communicate any loss of greater than 5% in American Medical Association Young Physicians Section membership from a particular constituent association to the state medical association by December 31st of the calendar year. (Res. 1, A-02)

G-615.030 Council Activities
AMA policy on the activities of its Councils includes the following: (1) The Councils should actively seek stakeholder input into all items of business; (2) Individual AMA Councils are allowed to prioritize tasks assigned to their respective work subject areas taking into consideration established AMA strategic priorities and the external regulatory, business, and legislative environment affecting our AMA membership and the health care system in which we provide care to our patients; (3) Each AMA Council, after each meeting of the House, shall prepare a priority ranking of Council tasks, including assigned reports, for presentation at the next meeting of the House and this priority ranking shall be communicated electronically to the House; and (4) Online tools and the AMA Web site will be used to provide ways for members of the HOD, other AMA parties (i.e., councils, sections, etc.), AMA members, and other invited parties, to provide comments on the activities and work of the AMA councils on a timely basis, and that councils make draft reports available online for comment when time and circumstances permit. (BOT Rep. 15, A-00; Consolidated: CLRPD Rep. 3, I-01; Rep. of the Speakers Special Advisory Committee on the House of Delegates, A-09)

G-615.071 Changes to Activities of the Council on Legislation
1. Our AMA Council on Legislation (COL) will continue to convene forums at AMA meetings to provide members of the Federation an opportunity to hear about and discuss major and emerging legislative and regulatory issues important to physicians and patients. 2. The COL will be represented at AMA-convened meetings focused on advocacy, such as the State Legislative Strategy Conference and National Advocacy Conference. 3. COL members will actively represent, at the discretion of the Chair of the Board of Trustees, our AMA before state and federal government committees and agencies. (BOT Rep. 12, A-07; Reaffirmed: BOT Rep. 4, I-10)

G-615.100 Organized Medical Staff Section (OMSS)
AMA policy on the Organized Medical Staff Section (OMSS) includes the following: (1) Our AMA encourages all U.S. hospitals to support representation of their medical staffs in our AMA Organized Medical Staff Section meetings; (2) All past chairs of the OMSS are ex-officio members of the OMSS Assembly for life, with the right to speak and debate on the floor of the OMSS Assembly, but without the right to introduce business, introduce an amendment, make a motion, or vote; such ex-officio members of the OMSS Assembly are not entitled to any financial support from our AMA in connection with their attendance at OMSS Assembly meetings or functions; (3) Fifty percent of the credentialed, registered representatives at any business meeting of the Organized Medical Staff Section shall constitute a quorum for the conduct of business at that meeting; and (4) Our AMA will (a) explain to the chiefs of staff of hospitals and executive directors of organized medical groups the significance of medical staff participation in organized medicine; and (b) seriously encourage the chiefs of staff of hospitals and executive directors of organized medical groups to appoint a representative (by election or selection, according to their by-laws) to attend the OMSS-AMA Annual Meeting and then communicate information back to members of their medical staff. (BOT Rep. X, A-85; Res. 831, A-93; Sub. Res. 4, I-93; Reaffirmed: CLRPD Rep. 2, I-95; Consolidated: CLRPD Rep. 3, I-01; Res. 609, A-09)

G-615.110 Resident and Fellow Section (RFS)
The term “resident” as applied to qualifications for membership in the Resident and Fellow Section, and eligibility for our AMA Resident dues rate, shall include only: (1) members serving in residencies approved by the ACGME or AOA; (2) members

serving in fellowships approved by the ACGME or AOA; (3) members serving fellowships in subspecialty training when such program is affiliated with and under the supervision of an approved residency training program; (4) members serving fellowships in structured clinical training programs for periods of at least one year, to broaden competency in a specialized field; (5) members serving, as their primary occupation, in a structured educational program to broaden competency in a specialized field, provided it is begun upon completion of medical school, residency, or fellowship training; and (6) members serving as active duty military and public health service residents who are required to provide service after their internship as general medical officers, including dive medical officers, or flight surgeons before their return to complete a residency program and are within the first five years of service after internship. (C&B Rep. B, A-79; Reaffirmed: CLRPD Rep. B, I-89; Amended by BOT Rep. 11, A-98; Consolidated: CLRPD Rep. 3, I-01; Modified: CCB Rep. 2, I-05)

D-615.981 AMA Support for Medical Students
Our AMA will: (1) study the attendance of students in regional and national meetings and the relationship of that attendance with continued participation in the future; and (2) consider the development of a program of travel grants to include considerations of individual need, chapter development and other incentives to encourage student participation in meetings. (Res. 619, A-10)

D-615.983 Changes to Activities of the Council on Legislation
Our AMA will examine how the Council on Legislation can be of greater benefit to the AMA and its lobbying efforts, with a report back by the 2007 Annual Meeting. (Res. 608, A-06)

D-615.984 Promoting IMG Physicians into Leadership Positions
Our AMA will provide the House of Delegates with a status report in five years on the leadership development progress of International Medical Graduates. (Res. 616, A-06)

D-615.986 IMG Section Bylaws
The AMA Bylaws will be amended to provide that all IMG Section members who are AMA members be allowed to vote in the election of members of the IMG Section Governing Council and that, at the IMG Section Annual Meeting, only those IMG Section members who are AMA members and who attend that meeting be allowed to elect Governing Council members to specific offices (Chair, Vice Chair, Secretary, Delegate, Alternate Delegate, At Large Member, Resident Member) and that this election process be reviewed three years after its final approval by the House of Delegates. (BOT Rep. 37, A-05)

D-615.987 International Medical Graduates on Accreditation Council for Graduate Medical Education
Our AMA will (1) encourage the candidacy of well qualified International Medical Graduates for the Council on Medical Education; and (2) strongly consider well qualified IMGs for nomination to the Accreditation Council for Graduate Medical Education Board of Directors. (CME Rep. 5, A-05)

D-615.988 The AMA and the Relative Value Update Committee
Our AMA Board of Trustees will prepare a report for the 2005 Interim Meeting that explains in some detail the history and evolution of the Relative Value Update Committee (RUC), that describes the current composition and operation of the RUC, that explains the relationship of the RUC to our AMA, and that explains the interaction between the RUC and CMS. (Sub. Res. 616, A-05)

Federation of Medicine [G-620.000 and D-620.000]–AMA PolicyFinder Category

G-620.019 Organizations Inaccurately Claiming to Represent Physicians
Our AMA will (1) challenge any organization that falsely claims to represent physicians and (2) formulate an appropriate response to inaccuracies that other organizations portray about the representation of physicians. (Res. 207, A-07)

G-620.021 Prescribing by Allied Health Practitioners
Our AMA: (1) when confronted with attempts by non-physicians to expand scope of practice via state legislation, shall work at the invitation of its component societies to develop strategies to most effectively promote and protect the best interest of our patients; (2) shall continue to work with national medical specialty societies to assist them in working with and coordinating activities with state medical associations and that the AMA, when requested by either a state medical association or a national specialty society, provide a mechanism to attempt to resolve any dispute between such organizations; and (3) shall become actively involved in lobbying and/or communicating with state officials at the request of the state medical associations. (Sub. Res. 203, A-02)

G-620.022 Advocacy Coordination Forum
Our AMA will not convene a separate ACF. (BOT Rep. 21, A-03) Creation of the Advocacy Coordinating Forum: The AMA will convene a meeting of state medical societies, national medical specialty societies, and other appropriate components of the Federation to determine the structure and process for an annual Advocacy Coordinating Forum (ACF). Each participating organization will determine who will participate in the meeting on their behalf. Each organization will be responsible for the expenses of their participants, including a registration fee if needed. The focus of the meeting will be on the advisability of an annual ACF, its implications, and what model/framework should be adopted. It is recommended that Recommendations 6 through 10 of the Board of Trustees Report 23 be utilized as a starting point for these discussions. The organizational meeting

could be held in conjunction with the 2003 National Leadership Conference. The recommendations of the participants of the organizing meeting shall be reported back to the House of Delegates for its consideration and action at the 2003 Annual Meeting. (BOT Rep. 23, A-02)

G-620.023 Two-Way Communication
Our AMA, in cooperation with the Federation, will strengthen two-way communication. (1) Individual meetings between AMA leadership and Federation organization leadership will be a priority. (2) Our AMA and the Federation must strengthen their coordination on issues in order to minimize differences and enhance effectiveness. (3) Our AMA will maintain an "on call" list of key Federation leaders that can be contacted when a rapid response issue arises. (BOT Rep. 23, A-02)

G-620.030 Statement of Collaborative Intent
The statement of collaborative intent is as follows: (1) The AMA House of Delegates endorses the following preamble of a Statement of Collaborative Intent: The Federation of Medicine is a collaborative partnership in medicine. This partnership is comprised of the independent and autonomous medical associations in the AMA House of Delegates and their component and related societies. As the assemblage of the Federation of Medicine, the AMA House of Delegates is the framework for this partnership. The goals of the Federation of Medicine are to: (a) achieve a unified voice for organized medicine; (b) work for the common good of all patients and physicians; (c) promote trust and cooperation among members of the Federation; and (d) advance the image of the medical profession; and (e) increase overall efficiency of organized medicine for the benefit of our member physicians. (2) The AMA House of Delegates endorses the following principles of a Statement of Collaborative Intent: (a) Organizations in the Federation will collaborate in the development of joint programs and services that benefit patients and member physicians. (b) Organizations in the Federation will be supportive of membership at all levels of the Federation. (c) Organizations in the Federation will seek ways to enhance communications among physicians, between physicians and medical associations, and among organizations in the Federation. (d) Each organization in the Federation of Medicine will actively participate in the policy development process of the House of Delegates. (e) Organizations in the Federation have a right to express their policy positions. (f) Organizations in the Federation will support, whenever possible, the policies, advocacy positions, and strategies established by the Federation of Medicine. (g) Organizations in the Federation will support an environment of mutual trust and respect. (h) Organizations in the Federation will inform other organizations in the Federation in a timely manner whenever their major policies, positions, strategies, or public statements may be in conflict. (i) Organizations in the Federation will support the development and use of a mechanism to resolve disputes among member organizations. (j) Organizations in the Federation will actively work toward identification of ways in which participation in the Federation could benefit them. (CLRPD/CEJA/C&B Report, A-97; Consolidated: CLRPD Rep. 3, I-01; Modified: BOT Rep. 23, A-02)

G-620.031 National Collaboration Council
Our AMA Board of Trustees shall establish a National Collaboration Council (NCC) for the purpose of dispute resolution. (BOT Rep. 23, A-02)

G-620.032 AMA Dispute Resolution Activities
Our American Medical Association will not establish a permanent mechanism or process through which inter-specialty disputes are resolved directly or indirectly by our AMA. Requests to the AMA for assistance in dispute resolution shall be considered on a case-by-case basis. (BOT Rep. 7, I-06)

G-620.039 Designation of Specialty Societies for Representation in the House of Delegates
Our AMA will: (1) develop an email-based system to secure designations from members for whom information on a specialty society for representation is lacking; and (2) work with all willing specialty societies to solicit additional specialty society designations, using both printed ballots and electronic communications vehicles. (BOT Rep. 16, A-08)

G-620.040 Strengthening the Federation
AMA policy on strengthening the Federation includes the following: (1) Our AMA House of Delegates recommits itself to achieving a transformation of the current Federation of Medicine into a more effective Federation that can accomplish the goals of the Statement of Collaborative Intent which are to: (a) achieve a unified voice for organized medicine; (b) work for the common good of all patients and physicians; (c) promote trust and cooperation among members of the Federation; (d) advance the image of the medical profession; and (e) increase overall efficiency of organized medicine for the benefit of our member physicians. (2) Our AMA House reaffirms its position that the role of our AMA includes serving as the framework for the Federation of Medicine. (3) If restructuring of organized medicine is accomplished, our AMA is designated as the Core. (4) The Board of Trustees should increase its efforts to work with the medical associations in the House of Delegates to provide the leadership necessary to transform the current Federation of Medicine into a more effective Federation. (5) All of the organizations represented in the House of Delegates should increase their efforts to work cooperatively with the Board of Trustees to transform the current Federation of Medicine into a more effective Federation. Federation organizations will be encouraged to follow "The Statement of Collaborative Intent". (6) Our AMA should work with other Federation elements to identify creative ways (partnering, mergers, joint ventures, etc.) to strengthen Federation organizations. (7) Subject to the availability of resources, our AMA should support the development of an information base on strategies to strengthen Federation organizations and our AMA should develop tools and techniques to address the practical aspects of implementing such strategies. (8) All Federation organizations should analyze their strategic situations and future prospects and identify how best to serve the interests of their members and the profession. Specific consideration should be given to becoming a working partner, merger

candidate, or other creative participant in a transformed Federation. (9) Subject to the availability of AMA resources or financial support from requesting Federation organizations, our AMA should provide assistance and expertise to medical societies in analyzing their strategic situations and their potential roles in a more effective Federation of Medicine. (10) The Commission on Unity's design for strengthening organized medicine shall be a conceptual starting point for transforming the current Federation. (CLRPD Rep. 4, I-98; Rep. of the Commission on Unity, I-00; BOT Rep. 30, A-01; Consolidated: CLRPD Rep. 3, I-01; Reaffirmed and Appended: BOT Rep. 23, A-02)

G-620.042 Guidelines for Enhancing the Functionality of the Federation
(1) A pre-determined level of funding should be established (scaled accordingly to the size of the organization) for any AMA/Federation work groups. (a) Funds requested and received from state, county, and specialty organizations should be placed in a separate bank account; and (b) Our AMA should contribute a pre-determined amount and increase the amount according to the needs of the projects. (2) The governing body of each member of the Federation should endorse the Statement of Collaborative Intent as an important first step toward strengthening the Federation. (3) The needs and demands of physicians and their practices must be the prime objective of organized medicine as it seeks to improve the value of membership for its constituents. (4) Because the governance and function of medical societies are intertwined, the study of each aspect should not occur separately. Members of the Federation must take the Federation-wide perspective and not focus narrowly on their own individual organizations. Components of the Federation should trust and be more willing to collaborate and coordinate with other organizations for the good of the Federation and all physicians in the country. (5) Membership organizations must increasingly work together and share costs for projects and activities that enhance physicians' and patients' needs. (6) For the Federation of Medicine to be effective, all elements of the Federation which have an interest in any given issue must be included in organized activities. The form of the entity developed to address an issue must also be flexible to allow participation by all interested parties. Participation may be at the local, state, or national level, depending on the issue. (7) A collaborative mechanism must be developed that in times of crisis allows Federation component societies to coordinate and focus all available resources to resolve such issues on behalf of physicians. (8) The Federation should encourage interaction between component organizations at the county, state, and national levels, and provide an organizational structure that brings similar types of societies together in working groups to act on issues of importance. (9) A rapid-response mechanism should be developed by the Federation Advisory Committee (FAC) to bring items of vital interest to the attention of the designated leaders from each Federation component with expectations of timely response. (10) The components of the Federation should indicate which person or persons within each organization qualifies as the key leader who can speak for the organization and develop a response mechanism for providing timely input to facilitate decision-making at the Federation level. (11) The Federation must strengthen the effectiveness of each organization's governing body to enhance the inter-workings of the Federation. (12) The FCT's Shared Services Organization Model should be viewed as an example of a strategy that would allow Federation organizations to work cooperatively in business-type ventures. The Federation should pursue this type of venture or a similar type, which would meet the needs of the physician members. (13) The Federation should acknowledge and encourage mergers of like societies to allow them a stronger voice in our AMA House of Delegates for their members. (14) The Federation Advisory Committee (FAC) will operate as a committee of our AMA Board and will work to encourage, facilitate, and document collaborative efforts among all levels of organized medicine. The FAC should: (a) Oversee the development and operation of a Federation conflict resolution mechanism; (b) Oversee a series of Federation-wide roundtable discussions/forums on Federation issues; (c) Oversee a membership committee to focus on all aspects of the membership process; (d) Oversee a committee to promote and share outstanding Federation-developed projects for patients and physicians; (e) Develop a working mechanism to allow ideas for projects such as the Shared Services Organization (SSO) to be identified, tested, and implemented on an on-going basis; (f) Review carefully with our AMA Board of Trustees the work that led to the SSO proposal, monitor the development of and impediments in developing cooperative, collaborative projects in the Federation, and issue a report to the House of Delegates and the Federation in one year to summarize its findings and to make recommendations about facilitating such efforts; (g) Oversee an integrations committee to highlight integration in Federation organizations and serve as a resource to those components considering mergers, develop and maintain surveys of medical societies practices to assist in understanding the medical society industry and its trends; (h) Oversee the development and operation of a cross-organizational committee on professionalism; and (i) Play a crucial role in conducting studies and further refining the roles and responsibilities of the component societies of the Federation. (BOT Rep. 14, I-99; Consolidated: CLRPD Rep. 3, I-01; Modified CLRPD Rep. 1, A-03)

G-620.050 Structure and Governance of Federation Organizations
Our AMA: (1) urges constituent and component medical associations to review and update their bylaw provisions relating to peer-review hearings and to consider and utilize the model bylaws in Constitution and Bylaws (Report B, A-92) in the review of each association's bylaw provisions for peer-review type hearings; (2) encourages every state medical association to establish a statewide Organized Medical Staff Section; (3) strongly encourages and will assist each state society in establishing a state-level Young Physicians Section as a means of strengthening the direct and meaningful participation of young physicians throughout the Federation. Our AMA supports taking the lead through its appointment process and, while doing so, strongly encourages state, county and medical specialty societies to actively seek out and appoint qualified young physicians to appropriate council and committee leadership positions; (4) encourages state medical societies to pursue the possibility of providing delegate status in the state society's House of Delegates to medical school deans who are members of their state societies, either through selection at the local society level or through the provision of slotted delegate status; (5) encourages medical societies to provide mechanisms for more direct involvement of students at the state and local levels; and (6) will work with the Association of American Medical Colleges to promote medical student engagement in professional medical societies, including attendance at local, state, and national professional organization meetings, during the pre-clinical and clinical years. (CLRPD Rep. C, I-80;

Res. 149, A-83; BOT Rep. FF, A-86; Sub. Res. 112, I-87; Reaffirmed: CLRPD Rep. B, I-90; C&B Rep. B, A-92; Reaffirmed: Sunset Report, I-96; Reaffirmed: Sunset Report, I-97; Reaffirmed: Sunset Report, I-98; Reaffirmed: Sunset Report, I-00; Consolidated: CLRPD Rep. 3, I-01; Appended: Res. 604, I-10)

G-620.080 Federation Organizations and Organized Medical Staff
Our AMA policy on Federation Organizations and Organized Medical Staffs include the following: supports (1) Support efforts to foster more effective liaison between state and local medical societies and 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 organized 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; Modified: CC&B Rep. 2, A-11)

D-620.993 AMA Dispute Resolution Activities
Our American Medical Association will (1) provide members of the Federation background information on dispute resolution as well as information on where such services can be obtained; (2) identify processes for interspecialty dispute resolution and encourage disputing parties to use those processes to resolve disputes within the house of medicine; and (3) study the implementation of various options of alternate dispute resolution for interspecialty conflicts and report back to the House at the 2006 Interim Meeting. (BOT Rep. 1, I-05)

D-620.994 Increased Collaboration Between the AMA and Osteopathic Association
Our AMA will continue efforts to collaborate with the American Osteopathic Association. (Res. 611, A-04)

D-620.998 Definition of the Federation of Medicine
The Federation of Medicine includes the AMA, organizations with voting representation in the AMA House of Delegates and their component societies that voluntarily relate to each other in an implied set of working relationships and understandings. (Jt. Rep. of the CC&B and CLRPD, A-00; Reaffirmed: CLRPD Rep. 1, A-10)

Strategic Planning [G-625.000 and D-625.000]–AMA PolicyFinder Category

G-625.011 AMA Goals, Roles, and Obligations
Our AMA: (1) reaffirms its goal to be the unified voice of the medical profession speaking for all physicians, and, (2) above all, affirms its role and obligations as a steward of our professional values, as well as the right and obligation of individual physicians to participate in the process. (Consolidated: CLRPD Rep. 3, I-01; Reaffirmed: BOT Rep. 35, A-08)

G-625.012 Betterment of Public Health
Our AMA reaffirms that the betterment of the public's health is our highest goal, and that our efforts in our House of Delegates, Board of Trustees, external advocacy, and around the world reflect that value. (Res. 437, A-03)

G-625.030 Committee on Organization of Organizations
(1) A Committee on Organization of Organizations (COO) shall be established by our AMA by convening and participating in a meeting(s) of interested state medical societies, national medical specialty societies, and other appropriate components of the federation. The purpose of this Committee is to develop an implementable business plan for the orderly transition of the AMA to an organization of organizations. Each participating organization will determine who will participate in the meeting(s) on their behalf. Each organization will be responsible for the expenses of their participants. If the business plan is adopted by the AMA House of Delegates, the AMA will transition to an organization or organizations. The COO shall include representation from the AMA Medical Student Section, the AMA Resident and Fellow Section, and the AMA Young Physician Section. (2) Elements of the business plan that must be described include, but are not limited to, the following issues: (a) Cost analysis of each participating organization's financial relationship to the Core (AMA). (b) Analysis of membership implications at all levels. (c) The future services, activities, and programs to be provided by a more focused AMA (such as CPT, RUC, advocacy, standard setting, publications, and ethics of the profession). (d) Implications of potential changes in governance within the AMA. (3) The COO shall present its business plan to the House of Delegates at A-03. (BOT Rep. 23, A-02)

D-625.984 Friends of American Medicine
Our American Medical Association will explore the development of a fee-based patient organization, Friends of American Medicine, and report back to the House of Delegates at the 2004 Annual Meeting. (Res. 607, A-03)

D-625.985 AMA Vision Statement
The AMA Vision Statement, as described in Recommendation 1 above (See G-625.010) , and the key strategies described in this report serve as a basis for the development of the AMA Plan for 2004, which will be distributed to the House of Delegates at its Interim 2003 Meeting. (BOT Rep. 1, A-03)

D-625.986 Focusing the AMA
The AMA Board of Trustees and AMA Management consider the priorities assigned to AMA products and services by the Committee on Organization of Organizations and other information developed by the COO to create a more focused and strategic

AMA consistent with its core purpose and values. The BOT should report back at the 2003 Interim Meeting on the actions and plans to achieve the objective of creating a more focused AMA. (Report of the Committee on Organization of Organizations, A-03)

D-625.988 Implementation of AMA Policy
(1) Our AMA Board of Trustees and the Council on Long Range Planning and Development, working through the E-Medicine Advisory Committee, shall continue the process of redesigning and expanding the AMA's Web page on policy and advocacy in order to make it more visible on the AMA Web site and more useful in communicating with the public and physicians about AMA policy and policy implementation efforts, identifying advocacy opportunities that the AMA might pursue, and facilitating the participation of individual AMA members in the activities of the AMA. (2) Our AMA Board of Trustees shall continue its efforts to develop additional ways to promote and implement AMA policy in the Federation of Medicine, the health sector, and society. The AMA Board also should continue its efforts to identify and implement mechanisms to enhance unity of voice and action within the Federation of Medicine. (Jt. Rep. of the BOT and CLRPD, A-02)

D-625.989 AMA Strategic Direction for 2003 and Beyond
The modified AMA Vision Statement, as described in Recommendation 1 above, and the key activities described in this report shall serve as a basis for the development of the AMA Plan for 2003, which will be distributed to the House of Delegates at its Interim 2002 Meeting. (BOT Rep. 2, A-02)

AMA Administration and Programs [G-630.000 and D-630.000]–AMA PolicyFinder Category

G-630.011 Deputy Executive Vice President
The AMA should include the position of Deputy Executive Vice President in the management structure on a continuing basis. The job description for that position should be similar to that of a corporate Chief Operating Officer. (Rep. of HOD Ad Hoc Committee on Governance, A-03)

G-630.024 AMA Communication with State Medical Association Leadership
Prior to placing targeted advertising, our AMA will contact the relevant state medical associations and/or specialty societies for the purpose of enhancing communication about AMA's planned activities. (Res. 617, A-10)

G-630.040 Principles on Corporate Relationships
The House of Delegates adopts the following revised principles on Corporate Relationships. The Board will review them annually and, if necessary, make recommendations for revisions to be presented to the House of Delegates. (1) GUIDELINES FOR AMA CORPORATE RELATIONSHIPS. Principles to guide AMA's relationships with corporate America were adopted by our AMA House of Delegates at its December 1997 meeting and slightly modified at the June 1998 meeting. Subsequently, they have been edited to reflect the recommendations from the Task Force on Association/Corporate Relations, including among its members experts external to our AMA. The following principles are based on the premise that in certain circumstances, our AMA should participate in corporate arrangements when guidelines are met, which can further our AMA's core purpose, retain AMA's independence, avoid conflicts of interest, and guard our professional values. (2) OVERVIEW OF PRINCIPLES. The AMA's principles to guide corporate relationships have been organized into the following categories: General Principles that apply to most situations; Special Guidelines that deal with specific issues and concerns; Organizational Review that outlines the roles and responsibilities of the Board of Trustees, Executive Vice President, the Corporate Review Team and other staff units; and Operational Issues that outline the annual reports to the Board of Trustees (Board) and House of Delegates (House). These guidelines should be reviewed over time to assure their continued relevance to the policies and operations of our AMA and to our business environment. The principles should serve as a starting point for anyone reviewing or developing AMA's relationships with outside groups. (3) GENERAL PRINCIPLES. Our AMA's vision and values statement should provide guidance for externally funded relationships. Relations that are not motivated by the association's mission threaten our AMA's ability to provide representation and leadership for the profession. (a) Our AMA's vision and values must drive the proposed activity. Our AMA's vision and values ultimately must determine whether a proposed relationship is appropriate for our AMA. Our AMA should not have relationships with organizations or industries whose principles, policies or actions obviously conflict with our AMA's vision and values. For example, relationships with producers of products that harm the public health (e.g., tobacco) are not appropriate for our AMA. Our AMA will proactively choose its priorities for external relationships and collaborate in those that fulfill these priorities. (b) The relationship must preserve or promote trust in our AMA and the medical profession. To be effective, medical professionalism requires the public's trust. Corporate relationships that could undermine the public's trust in our AMA or the profession are not acceptable. For example, no relationship should raise questions about the scientific content of our AMA's health information publications, AMA's advocacy on public health issues, or the truthfulness of its public statements. (c) The relationship must maintain our AMA's objectivity with respect to health issues. Our AMA accepts funds or royalties from external organizations only if acceptance does not pose a conflict of interest and in no way impacts the objectivity of the association, its members, activities, programs, or employees. For example, exclusive relationships with manufacturers of health-related products marketed to the public could impair our AMA's objectivity in promoting the health of America. Our AMA's objectivity with respect to health issues should not be biased by external relationships. (d) The activity must provide benefit to the public's health, patients' care, or physicians' practice. Public education campaigns and programs for AMA or Federation members are potentially of significant benefit. Corporate-supported programs that provide financial benefits to our AMA but no significant benefit to the public or direct professional benefits to AMA or Federation members are not acceptable. In the case of

member benefits, external relations must not detract from AMA's professionalism. (4) SPECIAL GUIDELINES. The following guidelines address a number of special situations where our AMA cannot utilize external funding. There are specific guidelines already in place regarding advertising in publications. (a) Our AMA will provide health and medical information, but should not involve itself in the production, sale, or marketing to consumers of products that claim a health benefit. Marketing health-related products (e.g., pharmaceuticals, home health care products) undermines our AMA's objectivity and diminishes its role in representing healthcare values and educating the public about their health and healthcare. (b) Activities should be funded from multiple sources whenever possible. Activities funded from a single external source are at greater risk for inappropriate influence from the supporter or the perception of it, which may be equally damaging. For example, funding for a patient education brochure should be done with multiple sponsors if possible. For the purposes of this guideline, funding from several companies, but each from a different and non-competing industry category (e.g., one pharmaceutical manufacturer and one health insurance provider), does not constitute multiple-source funding. Our AMA recognizes that for some activities the benefits may be so great, the harms so minimal, and the prospects for developing multiple sources of funding so unlikely that single-source funding is a reasonable option. Even so, funding exclusivity must be limited to program only (e.g., asthma conference) and shall not extend to a therapeutic category (e.g., asthma). The Board should review single-sponsored activities prior to implementation to ensure that: (i) reasonable attempts have been made to locate additional sources of funds (for example, issuing an open request for proposals to companies in the category); and (ii) the expected benefits of the project merit the additional risk to our AMA of accepting single-source funding. In all cases of single-source funding, our AMA will guard against conflict of interest. (c) The relationship must preserve AMA's control over any projects and products bearing our AMA name or logo. Our AMA retains editorial control over any information produced as part of a corporate/externally funded arrangement. When an AMA program receives external financial support, our AMA must remain in control of its name, logo, and AMA content, and must approve all marketing materials to ensure that the message is congruent with our AMA's vision and values. A statement regarding AMA editorial control as well as the name(s) of the program's supporter(s) must appear in all public materials describing the program and in all educational materials produced by the program. (This principle is intended to apply only to those situations where an outside entity requests our AMA to put its name on products produced by the outside entity, and not to those situations where our AMA only licenses its own products for use in conjunction with another entity's products.) (d) Relationships must not permit or encourage influence by the corporate partner on our AMA. An AMA corporate relationship must not permit influence by the corporate partner on AMA policies, priorities, and actions. For example, agreements stipulating access by corporate partners to the House of Delegates or access to AMA leadership would be of concern. Additionally, relationships that appear to be acceptable when viewed alone may become unacceptable when viewed in light of other existing or proposed activities. (e) Participation in a sponsorship program does not imply AMA's endorsement of an entity or its policies. Participation in sponsorship of an AMA program does not imply AMA approval of that corporation's general policies, nor does it imply that our AMA will exert any influence to advance the corporation's interests outside the substance of the arrangement itself. Our AMA's name and logo should not be used in a manner that would express or imply an AMA endorsement of the corporation or its policies. (f) To remove any appearance of undue influence on the affairs of our AMA, our AMA should not depend on funding from corporate relationships for core governance activities. Funding core governance activities from corporate sponsors, i.e., the financial support for conduct of the House of Delegates, the Board of Trustees and Council meetings could make our AMA become dependent on external funding for its existence or could allow a supporter, or group of supporters, to have undue influence on the affairs of our AMA. (g) Funds from corporate relationships must not be used to support political advocacy activities. A full and effective separation should exist, as it currently does, between political activities and corporate funding. Our AMA should not advocate for a particular issue because it has received funding from an interested corporation. Public concern would be heightened if it appeared that our AMA's advocacy agenda was influenced by corporate funding. (5) ORGANIZATIONAL REVIEW. Every proposal for an AMA corporate relationship must be thoroughly screened prior to staff implementation. Currently, all proposed corporate arrangements are reviewed by a cross-disciplinary group of senior managers called the Corporate Review Team (CRT). CRT recommendations that meet certain criteria requiring further review are forwarded to a committee of the Board of Trustees. The full Board reviews any proposals that meet defined criteria for a heightened level of scrutiny. (a) As part of its annual report on the AMA's performance, activities, and status, the Board of Trustees will present a summary of the AMA's corporate arrangements to the House of Delegates at each Annual Meeting. Detailed information on the AMA's corporate arrangements should be made available to members of the House through the AMA Web site. (b) Every new AMA Corporate relationship must be approved by the Board of Trustees, or through a procedure adopted by the Board. Specific procedures and policies regarding Board review are as follows: (i) The Board routinely should be informed of all AMA corporate relationships; (ii) The Board should perform an annual audit of an appropriate sample of AMA corporate relations activities; (iii) Upon request of two dissenting members of the CRT, any dissenting votes within the CRT, and instances when the CRT and the Board committee differ in the disposition of a proposal, are brought to the attention of the full Board; (iv) All externally supported corporate activities directed to the public should receive Board review and approval; (v) All activities that have support from only one corporation except patient materials linked to CME, within an industry should either be in compliance with ACCME guidelines or receive Board review; and (f) All relationships where our AMA takes on a risk of substantial financial penalties for cancellation should receive Board review prior to enactment. (c) The Executive Vice President is responsible for the review and implementation of each specific arrangement according to the previously described principles. The Executive Vice President is responsible for obtaining the Board of Trustees authorization for externally funded arrangements that have an economic and/or policy impact on our AMA. (d) The Corporate Review Team reviews corporate arrangements to ensure consistency with the principles and guidelines. (i) The Corporate Review Team is the internal, cross-organizational staff group that is charged with the review of all activities with external funding to assure adherence to the guidelines. (ii) The Corporate Review Team is chaired by the Senior Vice President, Governance and Operations and is composed of senior managers from Ethics Standards; Legal; Finance; Communications; Publishing; AMA-Press; Membership; Advocacy and

Science. (iii) The review process is structured to specifically address issues pertaining to AMA's policy, ethics, business practices, corporate identity, and reputation. Written procedures formalize the committee's process for review of corporate arrangements. (iv) All activities placed on the Corporate Review Team agenda have had the senior manager's review and consent, and following CRT approval will continue to require the routine approvals of the Office of Finance and Office of the General Counsel. (v) The Corporate Review Team reports its findings and recommendations directly to a committee of the Board. (e) Our AMA's Office of Risk Management in consultation with the Office of the General Counsel will review and approve all marketing materials that are prepared by others for use in the U.S. and that bear our AMA's name and/or corporate identity. All marketing materials will be reviewed for appropriate use of AMA's logos and trademarks, perception of implied endorsement of the external entity's policies or products, unsubstantiated claims, misleading, exaggerated or false claims, and reference to appropriate documentation when claims are made. In the instance of international publishing of JAMA and the Archives, our AMA will require review and approval of representative marketing materials by the editor of each international edition in compliance with these principles and guidelines. (6) ORGANIZATIONAL CULTURE AND ITS INFLUENCE ON EXTERNALLY FUNDED PROGRAMS. (a) Organizational culture has a profound impact on whether and how AMA corporate relationships are pursued. AMA activities reflect on all physicians. Moreover, all physicians are represented to some extent by AMA actions. Thus, our AMA must act as the professional representative for all physicians, and not merely as an advocacy group or club for AMA members. (b) As a professional organization, our AMA operates with a higher level of purpose representing the ideals of medicine. Nevertheless, non-profit associations today do require the generation of non-dues revenues. Our AMA should set goals that do not create an undue expectation to raise increasing amounts of money. Such financial pressures can provide an incentive to evade, minimize, or overlook guidelines for fundraising through external sources. (c) Every staff member in the association must be accountable to explicit ethical standards that are derived from the vision and values of the Association. In turn, leaders of our AMA must recognize the critical role the organization plays as the sole nationally representative professional association for medicine in America. AMA leaders must make programmatic choices that reflect a commitment to professional values and the core organizational purpose. (BOT Rep. 20, A-99; Consolidated: CLRPD Rep. 3, I-01; Modified: CLRPD Rep. 1, A-03)

G-630.090 AMA Publications
AMA policy on its publications includes the following: (1) JAMA and other AMA scientific journals should display a disclaimer in prominent print that the editorial views are not necessarily AMA policy. (2) Our AMA House of Delegates directs the Board of Trustees to require that AMA communications and public promotional activities with scientific content be reviewed and approved for scientific accuracy and for consistency with AMA policy by appropriate AMA officers, councils and/or committees, staff, or designees who have appropriate scientific knowledge and experience. (3) Our AMA will integrate the communication of positive achievements of American medicine into its consumer magazine and newsletter projects. (4) AMNews will make editorial space available to the Chair of our AMA Board or his/her designee. AMNews will publish the following disclaimer in each issue: "AMNews is published weekly by our AMA and is intended to serve as an impartial forum for information affecting physicians and their practices. Treatment of articles, views and opinions expressed in AMNews are not necessarily endorsed by our AMA." (5) Our AMA continues to support AMNews and a disclaimer in prominent print be displayed that it does not reflect official AMA policy. (6) Our AMA, in all of its publications and correspondence, will use the correct title for the medical specialist. (7) Our AMA recommends that medical journal articles using acronyms should have a small glossary of acronyms and phrases displayed prominently in the article. (8) The House of Delegates affirms that JAMA and the Archives journals shall continue to have full editorial independence as set forth in the AMA Editorial Governance Plan. (Res. 294, A-90; BOT Rep. G, A-91; BOT Rep. VV, I-92; BOT Rep. PP, A-93; Res. 622, I-96; Res. 612, A-97; Reaffirmed: Sunset Report and Appended: BOT Rep. 22, I-00; Consolidated: CLRPD Rep. 3, I-01; Appended: BOT Rep. 32, A-04)

G-630.100 Conservation, Recycling and other 'Green Initiatives'
AMA policy on conservation and recycling include the following: (1) Our AMA directs its offices to implement conservation-minded practices whenever feasible. (2) It is the policy of our AMA to use recycled paper whenever reasonable for its in-house printed matter and publications, including AMNews, JAMA, and materials used by the House of Delegates, and that AMA printed material using recycled paper should be labeled as such. (3) During meetings of the American Medical Association House of Delegates, our AMA Sections, and all other AMA meetings, recycling bins, where and when feasible, for white (and where possible colored) paper will be made prominently available to participants. (Res. 16 and 111, A-91; Res. 616, I-96; Consolidated: CLRPD Rep. 3, I-01; CC&B Rep. 3, I-08)

G-630.105 Environmental and Green Initiatives
Our AMA staff will continue to seek ways to participate in "Green Initiatives." (BOT Rep. 9, A-09)

G-630.121 The National Health Museum
Our AMA will formally endorses the National Health Museum project and will report to the House of Delegates that the AMA will work to see that medicine and physicians are prominently featured in the final museum plan. (BOT Action in response to referred for decision Res. 627, I-97; Reaffirmed: CLRPD Rep. 2, A-07)

G-630.130 Discrimination
It is the policy of our AMA not to hold meetings or pay member, officer or employee dues in any club, restaurant, or other institution that has exclusionary policies based on gender, race, color, religion, national origin, gender identity, or sexual orientation. (Res. 101, I-90; Reaffirmed: Sunset Report, I-00; Consolidated: CLRPD Rep. 3, I-01; Modified: BOT Rep. 11, A-07)

G-630.140 Lodging and Accommodations
AMA policy on lodging and accommodations includes the following: (1) Our AMA supports: (a) choosing hotels for its meetings, conferences, and conventions based on size, service, location, cost, and similar factors; (b) considering a hotel's smoking policy (or lack thereof) as a criterion for selecting hotels for meetings, conferences, and conventions; and (c) encourages national medical specialty societies, state and county medical societies, and other health organizations to adopt a similar policy. (2) Our AMA staff will work with facilities where AMA meetings are held to designate an area for breastfeeding and breast pumping. (Res. 2, I-87; Reaffirmed: Sunset Report, I-97; Res. 512, I-98; Consolidated: CLRPD Rep. 3, I-01; Reaffirmation A-04)

G-630.141 Future AMA Meetings in Smoke-Free Facilities/Hotels
All meetings and conferences organized and/or primarily sponsored by our AMA will be held in a town, city, county, or state that has enacted comprehensive legislation requiring smoke-free worksites and public places (including restaurants and bars), unless intended or existing contracts or special circumstances justify an exception to this policy, and (4) our AMA encourages state and local medical societies, national medical specialty societies, and other health organizations to adopt a similar policy. (Sub. Res. 605, I-06; Reaffirmation A-07; Reaffirmation A-08)

D-630.970 Transfer Programs and the AMA Physician Profile
Our AMA will modify the AMA Physician Profile in the following manner: (1) Profiles with a postgraduate medical training segment that was not completed will include the phrase, “Program reports partial training completed at this institution. Please review final postgraduate training segment(s) to determine completion.” The completed training segment on these specific Profiles will reflect the phrase, “Program reports ACGME specialty requirements completed.” (2) Language on AMA Physician Profiles indicating incomplete postgraduate medical training segments will no longer be bolded or capitalized. (BOT Rep. 25, A-10)

D-630.971 Assessing the Role of the AMA and the Implementation of the Patient Safety and Quality Improvement Act of 2005
1. Our AMA will study and assess the wisdom and feasibility of creating and/or partnering to create a Patient Safety Organization (PSO) under the auspices of the AMA and/or the Physician Consortium for Performance Improvement. 2. Our AMA will continue its inquiry and corresponding due diligence to consider whether the AMA itself should be a Patient Safety Organization and, if so, in what relationship to members of the Federation or other entities. 3. Our AMA Board Task Force on Quality, Safety and E.H.R. will provide timely updates to the AMA Board and a final report with recommendations to the Board at the 2009 Annual Meeting. (BOT action in response to referred for decision Res. 611, A-08)

D-630.972 Progress Report on Res. 606-A-06 Improving Collection of AMA Race/Ethnicity Data
Our American Medical Association will: 1. Continue to work with the Association of American Medical Colleges to collect race/ethnicity information through the student matriculation file and the GME census including automating the integration of this information into the Masterfile. 2. Implement a test reinstating race/ethnicity questions on the annual physician survey. If the results of the test show this to be an effective mechanism for collecting these data elements, reinstate the questions for the entire survey population. 3. Adopt the Centers for Disease Control and Prevention’s minimum recommended list of race/ethnicity categories providing for multiple designations of race and ethnicity. 4. Modify AMA systems that support the data collection and transfer of these data elements as necessary. 5. Revise AMA Policy H-460.924, Race and Ethnicity as Variables in Medical Research, to protect and ensure the appropriate use and/or release of the data collected under these programs. Such language is to be submitted for consideration at the 2007 Annual Meeting. (BOT Rep. 24, I-06)

D-630.973 Improving Collection of AMA Race/Ethnicity Data
Our AMA will: (1) Explore strategies to consistently collect race and ethnicity data on all physicians in its database. (2) Work to standardize race and ethnicity classification codes across all AMA databases and to update incomplete records in its existing databases with race/ethnicity data. (3) Ensure that any use of collected race/ethnicity data shall comply with applicable state and federal restrictions on such use. (4) Conduct a needs assessment to identify, and if appropriate, adopt appropriate technologies and infrastructures to help improve the completeness, consistency, reliability and standardization of our AMA race and ethnicity data collection with a progress report back to the House of Delegates at the 2006 Interim Meeting. (Res. 606, A-06)

D-630.974 Health Care Recovery Fund
Our AMA will: (1) convey to the AMA Foundation its desire that medical students, resident physicians and fellows, and young physicians be given special consideration and priority, along with all other physicians, beyond rebuilding medical practices, based on their degree of need, in distributions from any special disaster recovery funds; and (2) work with interested state and national medical specialty societies to publicize the existence of any special AMA Foundation disaster recovery funds and to identify and encourage applications from deserving recipients, especially among those who are medical students, resident physicians and fellows, and young physicians, and that these names be shared with the AMA Foundation as it considers grants from such funds. (Res. 605, A-06)

D-630.975 E-mail Forwarding Account as a Benefit of Membership
Our AMA will conduct a pilot program to develop and launch a personalized AMA e-mail forwarding account as a benefit of membership. (BOT Rep. 28, A-06)

D-630.976 Medical Staff Educational Resources
Our AMA will (1) incorporate distance education utilizing the AMA web site, in addition to the seminar and lecture education formatted programs, for medical staffs through the AMA Organized Medical Staff Section; and (2) offer distance education to its membership at a cost that does not exceed the cost for the development of the education programs. (BOT Rep. 25, A-06)

D-630.977 Media Campaign to Help Physicians Preserve Self-Governing Medical Staffs
Our AMA will work with Organized Medical Staff Section leadership to develop and place a commentary or viewpoint article highlighting the critical need for organized medical staff involvement in all patient care decisions in the hospital setting. (BOT Action in response to referred for decision Res. 705, A-05)

D-630.979 AMA Use of Social Security Numbers
Our AMA will: (1) change the Student Membership Application to eliminate the Social Security Number requirement, by implementing the appropriate system and process changes to enable this change, with the new application and processes to be put in place for the 2007 membership year; (2) retain the complete SSN as collected through other processing methods including the receipt of the Association of American Medical Colleges file itself in order to maintain the quality and accuracy of the AMA Masterfile; (3) expand the use of the Medical Education number wherever possible in replacement of the use of SSN as a primary matching element; (4) continue to actively evaluate and implement additional measures to further secure the data elements contained within the AMA Masterfile; and (5) prepare a report for the 2006 Interim Meeting on the implementation of the changes to the student membership application and issues related to the security of confidential information. (BOT Rep. 3, I-05)

D-630.980 Health Insurance for Medical Students
Our AMA will work with the AMA Insurance Agency to investigate the feasibility of developing and marketing a health insurance plan that will be tailored to medical students, affordable, continuous, hassle-free, and more comprehensive than a catastrophic (major medical) plan, and report back at the 2005 Interim Meeting. (Res. 617, A-05)

D-630.981 Restriction of Pharmaceutical Advertising on the AMA Web Site
Our AMA will amend its current Advertising Guidelines on web site pharmaceutical advertising to state that: "There will be no pharmaceutical advertisements on the AMA web site which are directed towards patients." (Res. 602, A-04)

D-630.982 Change JAMA's Editorial Policies
The Board of Trustees will: (1) discuss with the editor of JAMA and the Journal Oversight Committee options for how and where to place disclaimers in JAMA and the Archives journals, indicating that editorial content within the journal does not represent official AMA policy; and (2) present a report to the House of Delegates at the 2004 Interim Meeting regarding the outcome of discussions about the use of disclaimers in JAMA and the Archives journals. (BOT Rep. 32, A-04)

D-630.984 Enhancing Operational Efficiency
The AMA Board, using the information derived from the Committee on Organization of Organizations and other sources, shall continue its efforts to streamline the AMA in order to enhance operational efficiency. (Report of the Committee on Organization of Organizations, A-03)

D-630.985 Cost of Governance
The AMA Board will review the costs of AMA governance, using the information derived from the Committee on Organization of Organizations, and develop recommendations on how to decrease these costs without adversely affecting the ability of the Association to achieve its mission. The Board should provide a progress report on this project at the 2003 Interim Meeting. (Report of the Committee on Organization of Organizations, A-03)

D-630.986 Increasing AMA Presence in Washington, DC
Our AMA Board of Trustees shall conduct an operational analysis to determine which functional areas of the AMA could be located in the Washington, DC area while ensuring the most efficient and effective use of our resources. (Sub. Res. 602, A-02)

D-630.988 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; Modified: CC&B Rep. 2, A-11)

D-630.990 General Counsel
The Office of General Counsel shall develop criteria for consulting with outside counsel. (Rep. of the HOD Select Committee, I-01; Modified: CC&B Rep. 2, A-11)

D-630.992 AMA Distribution of its Membership List
Our AMA better communicate: (1) the nature, rationale, and benefits of its list services to members; and (2) the options which members have to exclude their name from lists sold to outside organizations. (Sub. Res. 603, A-99; Reaffirmed: CLRPD Rep. 1, A-09)

Membership [G-635.000 and D-635.000–AMA PolicyFinder Category

G-635.005 Membership and Governance
The House affirms that the AMA shall remain an association of voluntary, individual medical student and physician members and that the Association shall continue to be individually funded and organizationally governed through representation in the HOD. (Report of the Committee on Organization of Organizations, A-03)

G-635.011 Two-Way Electronic Communication
Our AMA establish individual member, two-way electronic communication vehicles that promote active grassroots discussion of timely issues; regular feedback for AMA leadership; and a needed voice for diverse ideas and initiatives from throughout the Federation. (BOT Rep. 23, A-02)

G-635.053 AMA Membership Strategy: Osteopathic Medicine
Our AMA's membership strategy on osteopathic physicians (DOs) includes the following: Our AMA: (1) encourages all state societies to accept DOs as members at every level of the Federation; (2) encourages state societies with schools of osteopathic medicine to support development of Medical Student Sections at those schools; Both the MSS Governing Council and existing MSS chapters in states with osteopathic schools should assist in this effort; (3) encourages that DO members of our AMA continue to participate in the Member-Get-a-Member program; (4) will provide recruiters with targeted lists of DO nonmembers upon request; (5) will include DOs, as appropriate, in direct nonmember mailings; and (6) will expand its database of information on osteopathic students and doctors. (BOT Rep. I-93-11; Consolidated: CLRPD Rep. 3, I-01; Reaffirmed: Res. 809, I-05; Reaffirmed: BOT Rep. 35, A-08)

G-635.120 Dues Strategies
AMA's dues strategies include the following: (1) It is the constitutional duty of our AMA House of Delegates to set the membership dues structure. (a) Any reduction of the level of dues within each category of membership can only be done with the approval of the House of Delegates; and (b) Our AMA Board of Trustees will actively seek to obtain the cooperation of the state and component medical societies before and during any negotiations on reductions in the level of dues for groups. (2) Relying upon survey and other relevant data, our AMA Board of Trustees shall determine the dues and benefits of the International membership category. (3) For participation in activities related to AMA membership in the year 2002 and beyond, any Federation component choosing to continue to bill and collect AMA dues shall have signed a binding primary partnership agreement with our AMA. A binding primary partnership agreement for AMA membership billing and dues collection shall include the following elements: (i) utilization of our AMA standard membership application; (ii) acceptance of credit card payments for AMA dues; and (iii) agreed-upon performance standards and incentives. (4) Our AMA encourages state and local medical societies, and our AMA, to explore new programs, activities and services which can provide meaningful benefits to members, produce additional non-dues income for medical societies, make it possible to hold the line on dues, and provide potentials for increasing physician membership. (5) Our AMA commends those medical societies which are endeavoring to hold the line on dues as a responsive action to the needs of their members. (6) Our AMA and its constituent state and county medical societies should implement a policy whereby, upon written request from a member or appropriate staff member of a medical society, there would be a transfer of prepaid dues to the receiving county or state medical society upon receipt and acceptance of an application for membership transfer, so long as the dues were paid and transfer application received before the calendar/dues year began, or within 31 days thereafter. (7) Our AMA urges all county and state societies to review their dues structure for medical students so that the total dues for county, state, and AMA membership can be held to a realistic figure. (8) Our AMA should develop and implement a dues program specifically designed to bridge the gap caused by the transition from residency into the first years of practice. It should implement multi-year dues options that span the transition periods from student to resident and/or resident to young physician and provide periodic benefits at specific points during the multi-year membership. (9) Our AMA membership dues delinquency date is March 1. Direct membership solicitation of dues-delinquent members is appropriate according to the individual Partnership for Growth agreements with state medical societies. (10) Our AMA will make a major organizational effort to persuade physicians' employers to allocate funds for professional development and Federation dues. (11) The House of Delegates approves the Partnership for Growth's Direct Program marketing entry date of February 1, beginning with the 2003 membership year. (Sub. Res. 91, I-85; Res. 603, A-92; Reaffirmed: CLRPD Rep. 2, I-95; Res. 609 and 620, A-97; Amended: Task Force on Membership Rep. 2, A-98; BOT Rep. 12, I-99; Consolidated: CLRPD Rep. 3, I-01; Appended: BOT Rep. 37, A-02)

G-635.125 AMA Membership Demographics
1. Stratified demographics of our AMA membership will be reported annually and include information regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty. 2. Our AMA will immediately release to each state medical and specialty society, on request, the names, category and demographics of all AMA members of that state and specialty. (BOT Rep. 26, A-10)

D-635.981 Help With State Society Membership Recruiting
Our American Medical Association will: (1) continue to focus its efforts on increasing AMA membership in all states and all specialties by improving the AMA membership value proposition; (2) continue to engage in joint marketing activities with state or specialty medical societies when both the AMA and the state or specialty deem it to be mutually beneficial; and (3) continue to

work to improve the medical practice environment for physicians. (BOT Action in response to referred for decision Res. 619, A-09)

D-635.982 Resident and Fellow Section Recruitment Funding Initiative
Our AMA will explore the enhancement of resident marketing and strategies as the new AMA evolves. (BOT Rep. 30, A-04)

D-635.983 Mentoring Medical Students, Residents and Young Physicians for Membership
Our AMA will: (1) encourage the active participation of Federation members in existing AMA programs with a mentoring focus; (2) establish and maintain an AMA clearinghouse for AMA members-only of mentoring programs across the Federation for physicians and medical students; and (3) continue to explore future mentoring opportunities. (BOT Rep. 8, A-04)

D-635.984 Promotion of Individual AMA Membership
Our AMA will seek cooperative marketing partnerships with each membership organization seated in our AMA House of Delegates, and the Board of Trustees will report back to the House of Delegates at the 2004 Interim Meeting regarding these efforts. (Sub. Res. 605, I-03)

D-635.985 Extending AMA Membership Opportunities to Students Enrolled In Programs Longer than Four Years
Our AMA: (1) shall expand AMA Medical Student Section membership to: (a) Include student membership options longer than four years; (b) Create a simple renewal program for students who have already obtained a multi-year membership, yet will be students for greater than the length of their initial membership; (c) Outline an appropriate fee structure for these options; and (d) Determine the recruiting rebate to be refunded to the chapters for these options; and (2) recommends that state and county medical societies implement membership options for their state's medical students who are enrolled in medical school for longer than four years. (Res. 601. A-02)

D-635.989 Communications
(1) Our AMA and its subsidiaries will develop and implement a comprehensive ongoing strategic membership communication plan for members and prospective members to include at least the following elements: (a) Prompt and specific communications for new members; (b) Customized direct communication means to meet individual member preferences; (c) Effective means of two-way communications; (d) Programmatic reduction or elimination in mailings and other communications that do not serve to promote membership acquisition and retention; and (e) Sufficient resources to implement and sustain this plan. (2) The ad hoc Advisory Committee on Membership to the Board of Trustees will be charged with ongoing evaluation and oversight of this comprehensive strategic membership communication plan. (Task Force on Membership Rep. 2, A-00; Modified CLRPD Rep. 1, A-03)

D-635.998 AMA Membership Communication Vehicle
Our AMA will continue to: (1) develop and implement improved, cost-efficient ways of communicating to members, and that progress in this area be reported to and discussed with the House of Delegates Advisory Committee on Membership on a regular basis; and (2) support AM News and a disclaimer in prominent print be displayed that it does not reflect official AMA policy. (BOT Rep. 22, I-00; Reaffirmed: CLRPD Rep. 1, A-10)

Advocacy and Political Action [G-640.000 and D-640.000]–AMA PolicyFinder Category

D-640.992 AMPAC Council
Our American Medical Association will encourage AMPAC to explore the establishment of an AMPAC Council that would meet with the AMPAC Board of Directors at the AMA Annual and Interim Meetings; and that this AMPAC Council be composed of one AMA Delegate or Alternate from each state delegation not represented on the AMPAC Board of Directors and any other representatives to the AMA House of Delegates as desired by the AMPAC Board of Directors; and that each AMPAC Council member shall: (1) be an AMPAC member, (2) agree to assist their assigned AMPAC Board of Directors member in both membership and fundraising activities, (3) actively participate in the AMPAC Council meetings, (4) receive the same degree of training as AMPAC Board members on Federal Election Commission (FEC) regulations regarding fundraising for political action committees, and (5) not be a member of the board of a specialty society political action committee to avoid any risk of an FEC finding of "affiliation" between our AMA and specialty societies under federal election law. (Res. 601, I-09)

D-640.993 AMPAC Board of Directors
1. Our AMA Board of Trustees voted to: AMPAC Image and Messaging Strategy: A. Develop communications to potential donors based on primary issue of Medicare reimbursement; B. Tie issues to messages of inclusion and protection; C. Tie legislative and regulatory information to AMPAC; D. Conduct an AMPAC branding campaign in AMA publications using ads and articles; E. Use a variety of electronic and print communications vehicles F. Communicate with donors and non-donors often and year-round; and G. Target specific physician populations based on other issues of importance. AMPAC Donor Levels and Benefits: A. Increase AMPAC minimum suggested dues levels in collecting agent states; B. Create a variety of major donor levels with appropriate benefits; and C. Include AMPAC dues on AMA direct membership solicitations. AMPAC Communications and Promotions: A. Use special events for communications, fundraising and rewards, especially among major donors, while applying marketing and promotional techniques; B. Conduct qualitative and /or quantitative research annually; C. Use email and AMPAC web site for education and solicitation activities and also for deployment of AMPAC newsletter and

online giving; D. Develop a continual direct mail campaign to donors and prospects; E. Create a more comprehensive AMPAC brochure; F. Develop a peer-to-peer solicitation program; and G. Issue an annual report on AMPAC activities. AMPAC Leadership and Governance: A. Create an ad hoc committee of the Board, with representation from the AMPAC Board, to revise the criteria for selection and performance evaluation for AMPAC Board members to include specific fundraising responsibilities; B. Set minimum giving expectations for AMPAC Board members and leadership of the AMA; and C. Create a fundraising training program and new member orientation for AMPAC Board members. 2. Our AMA Board of Trustees voted that if the ad hoc committee recommendation includes significant new responsibilities and increased time commitment for service on the AMPAC Board, consideration of increasing the size of the AMPAC Board will occur. 3. Our AMA Board of Trustees voted to: AMPAC Contribution/Disbursement Strategy: A. Continue and expand in-state events program; B. Continue and expand Washington, DC, events program and take advantage of Capitol Hill location of new AMA office; C. Create a program for in-kind fundraisers; and D. Continue to support and maintain existing political programs. (BOT Action in response to referred for decision Res. 604, I-06)

D-640.994 Updating the AMA Government Relations Internship Program
Our AMA, in collaboration with the MSS Governing Council, will evaluate modifying and expanding the existing AMA Government Relations Internship Program based in the AMA Washington, DC office, with report back at the 2003 Interim Meeting. Our AMA will establish a yearlong medical student fellowship program, with appropriate stipend, based in the Washington, DC office. The program is to be modeled after the existing Government Relations Internship Program positions, with the primary goal of enhancing advocacy for AMA priorities and engaging the younger AMA members. (Res. 615, A-03; Appended: BOT Rep. 8, I-03)

D-640.995 Building AMA-MSS Membership through Promotion of AMPAC and State Medical PACs
Our AMA will: (1) urge all delegates to annually recruit for American Medical Political Action Committee and state political action committees membership among all medical student members that they are in contact with; (2) where state laws permit, encourage all medical students (regardless of AMA membership) to join state medical society PACs; and (3) recognize the state and the medical student region with the highest percentage membership in AMPAC and/or state PACs at each annual meeting. (Res. 616, A-03)

D-640.996 AMPAC Activities
AMPAC will continue to: (1) provide a report of activities and summary of expenditures at each meeting of the American Medical Association House of Delegates; and (2) study alternative means that will allow physicians to contribute to political campaigns in ways that can favorably influence federal elections. (Sub. Res. 608, I-99; Reaffirmed: BOT Rep. 23, A-09)

D-640.997 Advocacy Training
Our AMA, in collaboration with national medical specialty and state medical societies, will develop programs to enhance physician advocacy skills relating to non-physician legislative and regulatory scope of practice initiatives and quality of patient care concerns. (Res. 612, A-00; Reaffirmed: BOT Rep. 6, A-10)

D-640.998 Preserving The AMA's Grassroots Legislative and Political Mission
Our AMA will ensure that all Washington activities, including lobbying, political education, grassroots communications and membership activities be staffed and funded so that all reasonable legislative missions and requests by AMA members and constituent organizations for political action and training can be met in a timely and effective manner. (Res. 619, A-00; Reaffirmed: BOT Rep. 6, A-10)

APPENDIX C - Consolidated Policies

G-600.011 Function, Role and Procedures of the House of Delegates
The function and role of the House of Delegates includes setting policy on health, medical, professional, and governance matters, as well as the broad principles within which AMA's business activities are conducted. The Board of Trustees is vested with the responsibility for the AMA's business strategy and the conduct of AMA affairs. Our AMA adopts the AMA House of Delegates Reference Manual: Procedures, Policies and Practices as the official method of procedure in handling and conducting the business before the AMA House of Delegates.
[Consolidation of G-600.011 as revised and G-600.012]

G-600.015 AMA Delegations
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. Also, medical societies are encouraged to develop methods for selecting AMA delegates that provide an exclusive role for AMA members. It is also suggested that each delegation have at least one member involved in the governance of the sponsoring organization.
[Consolidation of G-600.015 #1 and G-600.030 #1-2]

G-600.030 Diversity of AMA Delegations
Our AMA encourages: (1) state medical societies to collaborate more closely with state chapters of medical specialty societies, and to include representatives of these organizations in their AMA delegations whenever feasible; (2) state medical associations

and national medical specialty societies to review the composition of their AMA delegations with regard to enhancing diversity. (3) specialty and state societies to develop training and/or mentorship programs for their student, resident and fellow and young physician section representatives, and current HOD delegates for their future activities and representation of the delegation; and (4) specialty and state societies to include in their delegations physicians who meet the criteria for membership in the Young Physicians Section. (5) Delegates and alternates who may be entitled to a dues exemption, because of age and retirement status, to demonstrate their full commitment to our AMA through payment of dues.
[Consolidation of G-600.015 #2 and #3, G-600.030, G-610.040 1st sentence, and G-620.050 #4]

G-600.035, The Demographics of the House of Delegates
(1) A report on the demographics of our AMA House of Delegates will be issued annually and include information regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty.
(2) As one means of encouraging greater awareness and responsiveness to diversity, our AMA will prepare and distribute a state-by-state demographic analysis of the House of Delegates, with comparisons to the physician population and to our AMA physician membership every other year.
[Consolidation of G-600.035 and G-610.040 2nd sentence]

G-610.010 Nominations
Guidelines for nominations for AMA elected offices include the following: (1) Every effort should be made to nominate two or more eligible members for each Council vacancy; (2) the Federation (in nominating or sponsoring candidates for leadership positions), the House of Delegates (in electing Council and Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions) to consider the need to enhance and promote diversity. (3) The date for submission of nominations to the Council on Legislation, Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, Council on Science and Public Health, Council on Long Range Planning and Development, and Council on Ethical and Judicial Affairs is made uniform to March 15th of each year. (4) The announcement of the Council nominations and the official ballot should list candidates in alphabetical order by name only, and (5) Nominating speeches for unopposed candidates for office, except for President-elect, should be eliminated.
[Consolidation of G-610.010, G-615.004 and G-610.040 #2]

G.620.021 Communications and Collaboration with the Federation
Our AMA: (1) when confronted with attempts by non-physicians to expand scope of practice via state legislation, shall work at the invitation of its component societies to develop strategies to most effectively promote and protect the best interest of our patients; (2) shall continue to work with national medical specialty societies to assist them in working with and coordinating activities with state medical associations and that the AMA, when requested by either a state medical association or a national specialty society, provide a mechanism to attempt to resolve any dispute between such organizations; (3) shall become actively involved in lobbying and/or communicating with state officials at the request of the state medical associations. (4) Prior to placing targeted advertising, our AMA will contact the relevant state medical associations and/or specialty societies for the purpose of enhancing communication about AMA's planned activities.
[Consolidation of G-620.021 and G-630.024]

G-620.042 Enhancing the Functionality of the Federation
The Federation of Medicine includes the AMA, organizations with voting representation in the AMA House of Delegates and their component societies that voluntarily relate to each other in an implied set of working relationships and understandings. (1) A pre-determined level of funding should be established (scaled accordingly to the size of the organization) for any AMA/Federation work groups. (a) Funds requested and received from state, county, and specialty organizations should be placed in a separate bank account; and (b) Our AMA should contribute a pre-determined amount and increase the amount according to the needs of the projects. (2) The governing body of each member of the Federation should endorse the Statement of Collaborative Intent as an important first step toward strengthening the Federation. (3) The needs and demands of physicians and their practices must be the prime objective of organized medicine as it seeks to improve the value of membership for its constituents. (4) Because the governance and function of medical societies are intertwined, the study of each aspect should not occur separately. Members of the Federation must take the Federation-wide perspective and not focus narrowly on their own individual organizations. Components of the Federation should trust and be more willing to collaborate and coordinate with other organizations for the good of the Federation and all physicians in the country. (5) Membership organizations must increasingly work together and share costs for projects and activities that enhance physicians' and patients' needs. (6) For the Federation of Medicine to be effective, all elements of the Federation which have an interest in any given issue must be included in organized activities. The form of the entity developed to address an issue must also be flexible to allow participation by all interested parties. Participation may be at the local, state, or national level, depending on the issue. (7) A collaborative mechanism must be developed that in times of crisis allows Federation component societies to coordinate and focus all available resources to resolve such issues on behalf of physicians. (8) The Federation should encourage interaction between component organizations at the county, state, and national levels, and provide an organizational structure that brings similar types of societies together in working groups to act on issues of importance. (9) A rapid-response mechanism should be developed to bring items of vital interest to the attention of the designated leaders from each Federation component with expectations of timely response. (10) The components of the Federation should indicate which person or persons within each organization qualifies as the key leader who can speak for the organization and develop a response mechanism for providing timely input to facilitate decision-making at the Federation level. (11) The Federation must strengthen the effectiveness of each organization's governing body to enhance the

inter-workings of the Federation. (12) The Federation should acknowledge and encourage mergers of like societies to allow them a stronger voice in our AMA House of Delegates for their members.
[Consolidation of G-620.042 and D-620.998]

G-620.050, Greater Involvement of Medical Students in Federation Organizations
Our AMA encourages medical societies to provide mechanisms for more direct involvement of students at the state and local levels, and to implement membership options for their state's medical students who are enrolled in medical school for longer than four years. Our AMA will work with the Association of American Medical Colleges to promote medical student engagement in professional medical societies, including attendance at local, state, and national professional organization meetings, during the pre-clinical and clinical years.
[Consolidation of #5-6 of G-620.050 and #2 of D-635.985]

G-630.xxx Selecting an EVP
(1) 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.
(2) Outside legal counsel shall be retained on behalf of AMA to negotiate and draft the employment contract for the Executive Vice President.
[Consolidation of G-610.050 and G-610.051]

G-630.100 Conservation, Recycling and other "Green" Initiatives
AMA policy on conservation and recycling include the following: (1) Our AMA directs its offices to implement conservation-minded practices whenever feasible and to continue to participate in "green" initiatives". (2) It is the policy of our AMA to use recycled paper whenever reasonable for its in-house printed matter and publications, including AMNews, JAMA, and materials used by the House of Delegates, and that AMA printed material using recycled paper should be labeled as such. (3) During meetings of the American Medical Association House of Delegates, our AMA Sections, and all other AMA meetings, recycling bins, where and when feasible, for white (and where possible colored) paper will be made prominently available to participants.
[Consolidation of G-630.100 and G-630.105]

G-630.xxx Outside Legal Counsel
1) 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.
2) The Office of General Counsel shall develop criteria for consulting with outside counsel.
[Consolidation of D-630.988 and D-630.990]

G-635.011 Participation of Individual Members in our AMA
Our AMA supports individual member, two-way electronic communications that promote active grassroots discussion of timely issues; regular feedback for AMA leadership; and a needed voice for diverse ideas and initiatives from throughout the Federation. AMA members are encouraged to participate in the activities of the AMA, particularly in the following ways: (1) Though the AMA website or other communications conduits, provide comments and suggestions to the AMA Board and the AMA Councils' on their policy development projects and on other AMA products and services; (2) Participate in the on-line discussion groups on the items of business included in the Handbook of the House of Delegates; (3) Communicate their views on the items of business in the House's Handbook to their AMA delegates and alternate delegates; (4) Inform the AMA, directly or through their AMA delegates, of situations that may represent opportunities to implement the Association's policy positions; (5) Help the AMA promote its policy positions; (6) When opportunities present themselves, explain the value of the AMA and the importance of belonging to the AMA to physicians; and (7) Work to help the AMA increase its membership level.
[Consolidation of G-600.072 and G-635.011]

4. JOINT COUNCIL SUNSET REVIEW OF 2002 HOUSE POLICIES

Reference committee hearing: see report of Reference Committee F.

HOUSE ACTION: RECOMMENDATIONS ADOPTED AND REMAINDER OF REPORT FILED

During the 1984 Interim Meeting, the House of Delegates first 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 exist after 10 years unless action is taken by the House to retain it. A pending report from the Council on Constitution and Bylaws and the Council on Long Range Planning and Development (CCB/CLRPD Report 1-A-12) is recommending some modifications to Policy G-600.110 to better guide the policy sunset process.

As reported to the House of Delegates in CCB Report 3-I-11, in 2012 CCB and CLRPD have worked closely with other AMA councils and staff units to review those directives adopted in 2002[4], with a goal of sunsetting those that have been accomplished or are obsolete. Directives that are sunset will be retained in the AMA's historical archives.

Directives are distinct from other types of policy. Most policies provide or characterize our AMA's position on an issue, while directives call for a particular type of activity or activities; both are catalogued in AMA's PolicyFinder. For 2012, each individual council has issued a report proposing recommendations on the 2002 policy position statements assigned to it for sunset review. For the 2002 directives, CCB and CLRPD have compiled all recommendations into this single report, with the help of the relevant councils. The text of these directives and a few related policies is presented in Appendix B, which is organized loosely according to the following topic areas: socioeconomics, science and public health, medical education, legislation, and miscellaneous.

RECOMMENDATIONS

The Council on Constitution and Bylaws and the Council on Long Range Planning and Development recommend that the directives listed in Appendix A be acted upon in the manner indicated and that the remainder of this report be filed.

APPENDIX - CCB/CLRPD Recommendations and Rationale

Socioeconomics

Directive Number	Title	Recommended Action & Rationale
D-70.977	Qualified Support for the HHS Advisory Committee on Regulatory Reform's Recommendation to Eliminate the E&M Guidelines	Sunset. Directive accomplished with the development of a specialty society sign-on letter endorsing the advisory committee's recommendation and advocacy efforts. Also superseded by Policy H-70.952, Medicare Guidelines for Evaluation and Management Codes.
D-165.974	Achieving Health Care Coverage for All	1) Modify as follows: Our American Medical Association joins with interested medical specialty societies and state medical societies to advocate for enactment of a bipartisan resolution in the US Congress establishing the goal of achieving health care coverage through a pluralistic system for all persons in the United States ~~on or before January 1, 2009 that is~~ consistent with relevant AMA policy. 2) Retain. Still relevant.
D-165.975	Health Care for the Economically Disadvantaged	Retain. Still relevant.
D-165.976	Medical Savings Accounts and Health Care Coverage of Dependents and Children	Sunset. No longer relevant. GAO continues to conduct surveys regarding Health Savings Accounts (HSAs), which replaced MSAs by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Also superseded by Policies H-290.97, Health Savings Accounts in the Medicaid Program, and H-165.852, Health Savings Accounts.
D-165.978	Advocating Health Insurance Tax Credits	Sunset. Directive accomplished with Board Report 12-I-03, Advocating Health Insurance Tax Credits. Also superseded by Policies H-165.851, Options for Implementing and Financing Tax Credits for Individually Selected and Owned Health Insurance, H-165.861, Use of Federal Surpluses for Uninsured Americans, and H-165.843, Trends in Employer-Sponsored Health Insurance.
D-180.988	National Regulation of Health Insurance Markets	Sunset. Directive accomplished with CMS Report 7-A-03, Health Insurance Market Regulation, and AMA review of legal opinion. Also, superseded by Policies H-165.856, Health Insurance Market Regulation, and H-180.975, Insurance Industry Antitrust Exemption.

[4] Governance directives adopted in 2002 have been excluded from this report, and are reported to the HOD for action in CCB/CLRPD Rep. 3-A-12.

Directive Number	Title	Recommended Action & Rationale
D-180.989	Study of Administrative Costs of Government and Private Health Insurance Programs	Sunset. Directive accomplished with AMA letter to CAHI encouraging CAHI to undertake a follow-up study on the administrative costs of public programs verses those of private plans. Also superseded by Policies H-155.976, Administrative Costs and Access to Health Care, and H-155.963, Health System Expenditures.
D-180.990	Health Reimbursement Arrangements	Sunset. Directive accomplished with CMS Report 3-I-03, Health Reimbursement Arrangements. Also superseded by Policy H-165.854, Health Reimbursement Arrangements.
D-180.991	Work Plan for Maintaining Privacy of Physician Medical Information	Retain. Still relevant.
D-180.992	Most Favored Nation Clauses	Sunset. Directive accomplished with AMA draft federal legislation and model state legislation "An Action Concerning Most Favored Nation Provisions in Health Care Provider Contracts." Also superseded by Policy H-385.938, Most Favored Nation Clause within Insurance Contracts.
D-190.991	Automatic Crossover of Payment Between Medicare and Medicaid	Sunset. Directive accomplished with 2006 Centers for Medicare and Medicaid Services' action to coordinate the billing process for dual eligibles through its Coordination of Benefits Contractor and ACA development of a Federal Coordinated Care Office within the Center for Medicare and Medicaid Innovation.
D-225.990	Medicare Payment for the Medical Direction and Supervision of Hospital-Based Clinical Laboratories	Retain. Still relevant.
D-225.991	AMA Consultation Service for Medical Staffs	Sunset. The ConsultingLink was disbanded. Also, BOT Rep. 23, AMA Consultation Service for Medical Staffs, was issued in response to Rec. #4.
D-230.991	Inspector General to Rule on Exclusivity Restrictions for Medical Staff Membership	Retain. Still relevant.
D-285.980	Medical Care "Carve-Outs"	Sunset. Directive accomplished with AMA model state legislation "An Act to Eliminate Inappropriate Medical Care Carve-outs." Also superseded by Policy H-285.923, Elimination of Mental Health and Chemical Dependency Carve-Outs.
D-285.981	Continuity of Physicians and Pharmaceuticals	Sunset. Directive accomplished with continuity of care provisions in the Medicare Modernization Act and the ACA. Also superseded by Policies H-120.988, Patient Access to Treatments Prescribed by Their Physicians, H-125.983, Changes in Drug Formularies and Copays, H-125.993, Legislation Prohibiting Therapeutic Substitution, and H-125.991, Drug Formularies and Therapeutic Interchange.
D-290.993	Nationalized Medicaid Study	Sunset. Directive accomplished with CMS Report 8-A-03, Medical Care for Patients with Low Incomes. Also superseded by Policy H-165.855, Medical Care for Patients with Low Incomes.
D-330.968	Payment Adjustments for Government Programs	Sunset. Directive accomplished with AMA advocacy urging Congress to provide for regular annual increases for payments under the Medicare program prior to and throughout the 107th Congress. Also superseded by Policy H-330.932, Cuts in Medicare and Medicaid Reimbursement.
D-330.970	Benefits Improvement and Protection Act 2000 Medicare Coverage	Sunset. Directive accomplished with AMA advocacy to clarify and improve Medicare coverage policies and superseded by Policy H-55.986, Home Chemotherapy and Antibiotic Infusions.
D-330.972	Movement of Services from Medicare Part A to Medicare Part B without Commensurate Movement of Resources	Sunset. Directive accomplished with AMA advocacy urging MedPAC and the Centers for Medicare and Medicaid Services to recommend that Congress repeal the SGR and allocate more funds for Medicare Part B in order to provide annual positive updates and greater stability with regard to physician payments. Also superseded by Policies H-400.957, Medicare Reimbursement of Office-Based Procedures, and D-390.979, Economic Impact of Shifts in Site of Service.

Directive Number	Title	Recommended Action & Rationale
D-335.991	Medicare Review Activities	Sunset. Directive accomplished with AMA advocacy efforts and CMS Report 6-I-03, Status Report on Medicare Review Activities. Also superseded by Policies D-335.992, Medicare Carrier Medical Directors, and D-330.974, Support for Maintaining the Medicare Carrier Advisory Committee and Carrier Medical Director.
D-375.995	Medicare Review Activities	Sunset. Directive accomplished with CMS Report 6-I-03, Status Report on Medicare Review Activities, and superseded by Policies D-340.996, Status Report on Medicare Review Activities, H-375.972, Lack of Federal Peer Review Confidentiality Protection, and H-375.966, Peer Review Protection Under Federal Law.
D-385.982	Tax Relief for Physicians Serving Uninsured and Underinsured Patients	Sunset. Directive accomplished with CMS Report 2-I-11, Physician Tax Credits for Uncompensated Care, and CMS Report 2-I-10, Physician Tax Credits for Uncompensated Care. Also, accomplished with the AMA efforts to expand coverage to the uninsured via the Voice for the Uninsured campaign and advocacy for the ACA.
D-385.986	Payment For Sonography	Retain. Issue is currently under discussion by the RUC and CPT.
D-390.991	Address Congress' Arbitrary Cuts in Medicare	Sunset. Directive accomplished with legislative action resulting in H.R. 4954, which contained positive updates for 3 years.
D-400.990	Uncoupling Commercial Fee Schedules from Medicare Conversion Factors	Retain. Issue is still relevant.
D-435.993	No-Fault Malpractice System	Sunset. Directive accomplished with Board Report 32-A-03, Medical Liability Reform: Report on MICRA Enhancement. Also superseded by Policies H-435.978, Federal Medical Liability Reform, and H-435.972, Report of the Special Task Force on Professional Liability and the Advisory Panel on Professional Liability.
D-435.994	The Rise in Professional Liability Insurance Premiums	Sunset. Directive accomplished. Addressed most recently by the AMA Economic and Health Policy Research, December 2011, "Medical Professional Liability Insurance Premiums: An Overview Of The 2004-2011 Period."
D-450.989	Office-Based Surgery Regulation	Sunset. Directive accomplished with Board Report 23-A-03, Office-Based Surgery Regulation, and superseded by Policy H-475.984, Office-Based Surgery Regulation.
D-460.988	Payment of Routine Care for Clinical Trial Participants	Sunset. Superseded by Policy H-55.983, Reimbursement and Coverage Implications of Clinical Trials in Treatment of Cancer.

Medical Education

Directive Number	Title	Recommended Action & Rationale
D-200.996	Updating Physician Workforce Policies	Sunset. The is already part of the AMA's and the Council's role and function.
D-275.988	USMLE - Feedback On Failing Scores	Sunset. The objectives of this directive have been accomplished.
D-295.965	Clinical Skills Assessment As Part Of Medical School Standards	Sunset. The LCME has a standard (ED-37) that requires observation of core clinical skills.
D-295.966	Pain Management Standards and Performance Measures	Retain. The directive is still relevant.
D-295.967	Improving the Quality of Geriatric Pharmacotherapy	Sunset. Item 2 has been accomplished; item 1 is superseded by H-295.981 Geriatric Medicine.
D-295.968	Proposed Implementation of Clinical Skills Assessment Exam	Sunset. The USMLE Step 2 CS is now in place.
D-295.969	Geriatric and Palliative Care Training For Physicians	Retain. The directive is still relevant.

Directive Number	Title	Recommended Action & Rationale
D-295.970	HIV Postexposure Prophylaxis for Medical Students During Electives Abroad	Retain. The directive is still relevant.
D-295.971	The Effect of the Nursing Shortage on Medical Education	Sunset. The LCME has standards to require adequate resources to support clinical education.
D-295.972	Standardized Advanced Cardiac Life Support (ACLS) Training for Medical Students	Retain. The directive is still relevant.
D-295.973	Establishing Appropriate Medical Student Training Conditions	Sunset. The LCME developed and implemented standards for medical student duty hours.
D-295.974	Loan Repayment Program Database	Sunset. The Association of American Medical Colleges developed the Loan Repayment/Forgiveness Scholarship Programs database.
D-295.975	Comprehensive Reform at the Interface of Medical Education and Health Care	Sunset. This directive resulted in the Initiative to Transform Medical Education (ITME) program.
D-295.976	Education for Practice in Interprofessional Teams	Sunset. This is replicated by D-295.934 Encouragement of Interprofessional Education Among Health Care Professions Students, and H-295.975 Educating Competent and Caring Health Professionals. In addition, CME Report 4-A-12, Update on Interprofessional Education, will supersede this directive.
D-300.980	Opposition to Increased CME Provider Fees	1) Modify as follows: ~~and the American Osteopathic Association.~~ The AOA does not play a role in this issue. 2) Retain.
D-300.993	Category 1 CME Credit for Scientific Review	Sunset. Of the three items listed the first one was accomplished, the second was not (and is not being considered), and the third is currently being explored.
D-305.987	Preserving Medicaid Funding of Graduate Medical Education	Sunset. This directive has been superseded by newer, more relevant policies and directives.
D-305.989	Reauthorization and Reversal of Proposed Funding Cuts to Title VII, Title VIII and the Children's Hospital's GME Programs	Sunset. This directive is outdated and no longer relevant, and the AMA has many policies in support of Title VII and related programs.
D-310.988	Investigation into the Contribution of Medicare+Choice Programs to Graduate Medical Education Funding	Sunset. This directive is outdated and no longer relevant.
D-310.989	Resident Physician Working Conditions	Sunset. The objectives of this directive have been accomplished.
D-360.996	The Effect of the Nursing Shortage on Medical Education	Sunset. Superseded by several policies, including D-360.998, The Growing Nursing Shortage in the United States, D-220.973, Effective AMA Leadership for Patient Safety: Reducing the Hospital Registered Nurse Shortage, and H-360.995, Nursing Education and the Supply of Nursing Personnel in the United States.

Science and Public Health

Directive Number	Title	Recommended Action & Rationale
D-20.994	Preservation of HIV and STD Prevention Programs Involving Safer Sex Strategies and Condom Use	Sunset. Accomplished.
D-50.998	Blood Donor Recruitment	Retain. Still relevant. This issue is currently undergoing FDA review.

Directive Number	Title	Recommended Action & Rationale
D-60.982	Long Term Effects of Early Abuse/Neglect on Brain Development	Sunset. No longer a strategic priority. National Advisory Council is dissolved.
D-60.991	Childhood Asthma: Emerging Patterns and Prospects for Novel Therapies	Sunset. Accomplished and superseded by H-160.932, Asthma Control.
D-60.992	Bullying Behaviors Among Children and Adolescents	Sunset. Accomplished. Directive has been addressed by various educational materials and clinical tools and resources. Current AMA Policy H-60.943, Bullying Behaviors Among Children and Adolescents, also addresses this topic.
D-85.998	Certification of Cause of Death	Sunset. Superseded by H-85.961, Accuracy, Importance, and Application of Data from the US Vital Statistics System.
D-95.993	Safe Disposal of Used Needles and Syringes in the Community: Update on AMA Activities	Retain in part. Delete all but "Our AMA shall continue to support the mission of the Coalition for Safe Community Needle Disposal."
D-100.991	Statutory Authorization of the Pediatric Rule	Sunset. Accomplished.
D-100.992	Drug, Diagnostic Agent, and Vaccine Shortages: An Update	Sunset. Accomplished.
D-120.989	Mandatory Acceptance of the Currently Utilized Physician Prescription Form by Pharmacy Benefit Plan Administration	Sunset. Accomplished.
D-130.983	Notification of Staffed Hospital Bed Shortages	Sunset. Superseded by H-130.942, Development of a Federal Public Health Disaster Intervention Team.
D-220.987	Pain Management Standards and Performance Measures	Sunset. Accomplished.
D-280.992	Hospital Discharge Summaries/Medical Transfer Forms	Sunset. Accomplished.
D-335.993	Funding for the Agency for Healthcare Research and Quality	Sunset. Accomplished.
D-350.996	Strategies for Eliminating Minority Health Care Disparities	1) Sunset #1. Accomplished. 2) Modify #2 to read as follows: Our American Medical Association <u>continue to</u> identify and incorporate strategies specific to the elimination of minority health care disparities in its ongoing advocacy and public health efforts, as appropriate.
D-350.997	Racial and Ethnic Disparities in Health Care	Sunset. Accomplished. Information about AMA activities is online.
D-370.992	Increasing Organ Donation	Sunset. No longer a strategic priority.
D-370.993	Increasing the Number of Donor Organs	Sunset. Accomplished.
D-410.998	Quality Patient Care Measures	Sunset. Superseded by numerous policies, including H-410.965, Clinical Practice Guidelines, Performance Measures, and Outcomes Research Activities, and D-450.983, Expansion of Scope of Activities of AMA Physician Consortium for Performance Improvement.
D-435.991	Bioterrorism – Protection from Liability	Retain. Still relevant.
D-440.982	Smallpox: A Scientific Update	1) Delete #1, 3, 4, 5, 6, 7. 2) Modify #2 as follows: Our AMA will: ~~(2)~~ remain engaged with the CDC, the Advisory Committee on Immunization Practices (ACIP), and the Federation on <u>Smallpox</u> <u>Vaccination</u> ~~this issue~~ and support a commitment to monitor the current status of smallpox and smallpox vaccination in

Directive Number	Title	Recommended Action & Rationale
		the world and in the United States~~,. Data on issues such as medical furlough, vaccination site care, and contraindications to vaccination should be monitored, as Phase I of the 2002-2003 Department of Health and Human Services (HHS) smallpox vaccination program progresses, with particular attention to adverse effects and inadvertent vaccinia transmission~~, and develop appropriate recommendations ~~developed~~ as necessary~~;~~ . 3) Recategorize as an H-440.xxx policy (Public health)
D-440.984	Medical Society Public Health Committees	Sunset. Accomplished.
D-450.990	Crossing the Quality Chasm: A New Health System for the 21st Century—An American Medical Association Response	Sunset. Accomplished.
D-450.992	Institute of Medicine Report on "Crossing the Quality Chasm"	Sunset. Accomplished.
D-450.993	Preventing Needlestick Injuries Among Front Line Health Care Workers	Sunset. Accomplished.
D-460.987	End Stage Renal Disease (ESRD) Networks Quality Improvement Projects	Sunset. Accomplished.
D-505.999	Launching a Multi-State Smokefree Workplaces Campaign in 2003	Sunset. Accomplished.
D-520.998	Homeland and Global Public Health Security	Sunset. Accomplished.
D-525.997	Silicone Breast Implants	Sunset. Covered by Policy H-525.984, Breast Implants.

Legislation and miscellaneous

Directive Number	Title	Recommended Action & Rationale
D-15.996	Impaired Drivers	Sunset. Accomplished
D-35.997	Nonphysician Scope of Practice	Sunset. Accomplished 2002-03.
D-35.998	New Mexico Psychologist Prescribing Law	Sunset. Accomplished 2002-03.
D-40.994	Financial Security for Reserve Medical Officers in the US Military	Sunset. Accomplished.
D-70.976	Development of Clinical Examples for E&M Services	Sunset. Accomplished via issuance of BOT Report 30-A-03, Process for the Development of Clinical Examples for the Proposed New CPT Evaluation And Management (E&M) Codes.
D-70.978	Conscious Sedation Reimbursement	Sunset. Superseded by D-400.994, Conscious Sedation.
D-140.982	Physician Participation in Execution	Sunset. Superseded by H-140.898, Medical Profession Opposition to Physician Participation in Execution. Reaffirmation A-04.
D-155.998	Meeting with Business Coalitions	Retain. Still relevant.
D-165.977	The Impact of Patient Rights Legislation on Federal Regulations	Sunset. No longer relevant.
D-190.984	HIPAA	Retain. Still relevant.
D-190.985	Standardization of Disability Forms	Sunset. Accomplished via issuance of BOT Report 5-I-02, Standardization of Disability Forms.
D-190.988	HIPAA interference with Peer Review Activities	Retain. Still relevant.
D-190.989	HIPAA Law And Regulations	Retain. Still relevant.

Directive Number	Title	Recommended Action & Rationale
D-220.986	JCAHO Surveys	Sunset. Accomplished.
D-230.991	Inspector General to Rule on Exclusivity Restrictions for Medical Staff Membership	Retain. Still relevant.
D-230.992	Hospital Medical Staff Privileges	Sunset. Accomplished.
D-230.993	Applying Pressure on DHHS Office of Inspector General for Resolution of Economic Credentialing Issue	Sunset. Accomplished. Superseded by H-230.975, Economic Credentialing.
D-245.998	Protecting a Mother's Right to Breastfeed	Sunset. Accomplished 2002-03.
D-245.999	SIDS and Autopsy	Sunset. Accomplished. Superseded by D-245.995, Support of Sudden Infant Death Syndrome (SIDS) Research.
D-265.996	CIGNA Settlement	Sunset. Accomplished.
D-265.997	False Testimony	Sunset. Accomplished.
D-290.992	Establishment of National Medicaid Database	Sunset. Accomplished 2003.
D-290.994	State-Provided Coverage Of Medical Formula for Uninsured People Suffering From Phenylketonuria (PKU) Regardless of Age or Gender	Sunset. Accomplished 2002.
D-295.964	Pharmaceutical Federal Regulations -- Protecting Resident Interests	Retain. Still relevant.
D-315.990	Physician Patient Privilege	Retain. Still relevant.
D-315.991	Medical Records with Bills	Retain. Still relevant.
D-330.966	Medicare Program Safeguard Contractors	Retain. Still relevant.
D-330.967	Medicare Payment for Preventive Examinations	1) Sunset #3 and 5. Accomplished through the Affordable Care Act (ACA) and superseded by D-330.935, Promoting the Utilization of New and Old Medicare Preventive Services Benefits, H-425.992, Coverage of Preventive Medical Services by Medicare, and H-165.840, Preventive Medical Care Coverage for All. 2) Retain #1, 2 and 4. Still relevant.
D-383.991	Continued Support of Physicians for Responsible Negotiation	Sunset. Physicians for Responsible Negotiation was dissolved in 2004.
H-383.995	Physicians for Responsible Negotiation	Sunset. Physicians for Responsible Negotiation was dissolved in 2004.
D-385.983	Pay Disparity For Active Duty Physicians In The United States Military	Sunset. Action requested was accomplished.
D-390.988	Patient Access Jeopardized By Senate Failure to Correct Medicare Payment Error	1) Sunset #1-5, 9. Accomplished through the ACA. 2) Retain #6-8, 10. Still relevant.
D-405.997	Truth in Advertising	Sunset. Accomplished.
H-405.964	Truth in Advertising	Retain. Still relevant.
D-450.991	Quality Improvement Projects and Human Subjects Research	Sunset. Accomplished. Hastings Center Report 2006;36:S1-40 and BOT Report 16-A-09, Office for Human Research Protections Interpretation of 45 CFR Part 46.

Directive Number	Title	Recommended Action & Rationale
D-480.990	Health Plan Liability for Complementary and Alternative Therapy Requests	Sunset. Accomplished 2002.
D-525.998	Mammography Screening for Breast Cancer	Retain. Still relevant.

APPENDIX B - Text of All Directives

Socioeconomics

D-70.977 Qualified Support for the HHS Advisory Committee on Regulatory Reform's Recommendation to Eliminate the E&M Guidelines
The Board of Trustees Ad Hoc Task Force on E&M Documentation Guidelines shall be extended until A-05. (Res. 818, A-02)

D-165.974 Achieving Health Care Coverage for All
Our American Medical Association joins with interested medical specialty societies and state medical societies to advocate for enactment of a bipartisan resolution in the US Congress establishing the goal of achieving health care coverage through a pluralistic system for all persons in the United States on or before January 1, 2009 that is consistent with relevant AMA policy. (Res. 733, I-02)

D-165.975 Health Care for the Economically Disadvantaged
Our AMA shall continue in its efforts to highlight the need for improved access to quality health care for the disadvantaged, working with the private sector and government at all levels to improve access for this population. (BOT Rep. 18, I-02)

D-165.976 Medical Savings Accounts and Health Care Coverage of Dependents and Children
The AMA encourage the General Accounting Office (GAO) to continue its efforts to conduct a comprehensive survey of medical savings account (MSA) enrollees, including the effect of MSAs on utilization of preventive services. (CMS Rep. 3, I-02)

D-165.978 Advocating Health Insurance Tax Credits
(1) Our AMA shall make expanding coverage through the use of refundable and advanceable tax credits a top strategic, communications, and legislative priority for 2003 and the remainder of 2002. (2) Our AMA shall communicate and advocate its proposal for expanding health insurance coverage through the use of refundable and advanceable tax credits to 2002 Congressional candidates. (3) Our AMA shall increase its outreach efforts to the employer and business community regarding the benefits of defined contribution systems for employer cost control and employee choice. (4) The Board of Trustees report back to the House of Delegates regarding AMA Congressional advocacy on the AMA proposal for expanding coverage through the use of refundable and advanceable tax credits and individually owned health insurance. (CMS Rep. 10, A-02)

D-180.988 National Regulation of Health Insurance Markets
Our American Medical Association: (1) study the benefits and risks of national health insurance regulation, and report back to the House of Delegates by the 2003 Interim Meeting; and (2) thoroughly review the McCarran-Ferguson Act and seek a legal opinion whether the scope of the McCarran-Ferguson Act is limited to "risk rating and risk spreading" involving insurance companies and does not protect anti-competitive market dominant behavior by insurance companies and, based on such opinion, consider asking Congress to clarify the limited scope of the McCarran-Ferguson Act. (Res. 725, I-02)

D-180.989 Study of Administrative Costs of Government and Private Health Insurance Programs
Our AMA shall cause that a follow-up study to the 1994 Council on Affordable Health Insurance study covering Medicare and Medicaid be completed expeditiously, and that the completed study be disseminated to state and specialty medical societies and other interested parties. (Res.715, I-02)

D-180.990 Health Reimbursement Arrangements
Our AMA study the possibilities afforded by Health Reimbursement Arrangements to accomplish the objectives of Medical Savings Accounts and report its findings to the House of Delegates at the 2003 Annual Meeting. If our AMA finds that Health Reimbursement Arrangements are a desirable way to promote more individual patient choice and control, it will recommend a strategy to promote the concept among employers. (Res. 807, I-02)

D-180.991 Work Plan for Maintaining Privacy of Physician Medical Information
The AMA shall recommend that medical staffs, managed care organizations and other credentialing and licensing bodies adopt credentialing processes that are compliant with the Americans with Disabilities Act and communicate this recommendation to all appropriate entities. (BOT Rep. 7, I-02)

D-180.992 Most Favored Nation Clauses
Our AMA shall prepare model legislation to eliminate the use of "Most Favored Nation" clauses in insurance contracts as barriers to offering affordable medical care. (Res. 701, A-02)

D-190.991 Automatic Crossover of Payment Between Medicare and Medicaid
Our AMA shall seek changes in federal legislation, to mandate that patients with both Medicare and Medicaid have their claims electronically forwarded from Medicare to Medicaid so that the claims are processed in a prompt and reasonable fashion. (Res. 118, A-02)

D-225.990 Medicare Payment for the Medical Direction and Supervision of Hospital-Based Clinical Laboratories
Our AMA urge the Department of Health and Human Service-Office of Inspector General to revise its Compliance Program Guidance for the Hospital Industry to state that token payment or non-payment for pathologist Part A medical direction and supervision services in exchange for Part B referrals violates the anti-kickback statute. (CMS Rep. 2, I-02)

D-230.991 Inspector General to Rule on Exclusivity Restrictions for Medical Staff Membership
Our AMA will (1) continue its discussions with the Office of Inspector General of Health and Human Services and urge the OIG to issue a fraud alert on the practice of exclusive credentialing; and (2) take other appropriate action, which may include administrative action, litigation, and/or legislation, to protect our patients from being denied quality medical care through exclusive (including economic) credentialing by hospitals. (Res. 714, I-02)

D-285.980 Medical Care "Carve-Outs"
Our AMA shall develop model state legislation consistent with Policy H-285.923, and encourage states to enact such legislation. (CMS Rep. 7, A-02)

D-285.981 Continuity of Physicians and Pharmaceuticals
Our AMA shall: (1) draft federal legislation on patient access to needed health care be modified to reflect AMA policies related to continuity of care, including patient access to medically necessary pharmaceuticals; (2) continue to advocate AMA policies related to continuity of care, including patient access to medically necessary pharmaceuticals, in its ongoing discussions with health plans; and (3) continue to strongly advocate for the enactment of federal legislation consistent with AMA policies related to continuity of care, including patient access to medically necessary pharmaceuticals. (CMS Rep. 8, A-02)

D-290.993 Nationalized Medicaid Study
Our American Medical Association shall study the benefits and risks of a nationalized Medicaid program, and report back to the AMA House of Delegates by the 2003 Interim Meeting. (Res. 722, I-02)

D-330.968 Payment Adjustments for Government Programs
Our AMA shall advocate that these COLA and other increases be passed directly to physicians (see H-330.992). (Res. 113, A-02)

D-330.970 Benefits Improvement and Protection Act 2000 Medicare Coverage
Our AMA shall advocate for implementation of the federal Benefits Improvement and Protection Act 2000 (BIPA 2000) per Congressional intent, supporting coverage based solely on the beneficiaries experience with self-administration and not the availability, ability, or willingness of other family members or caregivers in the beneficiary's home to administer an injection, as deemed appropriate by the physician. (Res. 102, A-02)

D-330.972 Movement of Services from Medicare Part A to Medicare Part B without Commensurate Movement of Resources
Our AMA shall vigorously advocate for appropriate shifts of funds from Medicare Part A to Medicare Part B to finance medical services assigned to Part B in response to more efficient methods of delivery of such services. (Res. 133, A-02)

D-335.991 Medicare Review Activities
The AMA: (1) strongly urge the Centers for Medicare and Medicaid Services to ensure that each state continues to have the benefit of an exclusive, full-time medical director; and (2) urge the Centers for Medicare and Medicaid Services that adequate and reliable funding for physician education and training be provided on an ongoing basis and that such funding should not be used for other Medicare purposes. (CMS Rep. 6, I-02)

D-375.995 Medicare Review Activities
Our AMA immediately work with the Administration and Congress to enact legislation that is consistent with Policy H-375.972 and report back at the 2003 Interim Meeting. (CMS Rep. 6, I-02)

D-385.982 Tax Relief for Physicians Serving Uninsured and Underinsured Patients
The AMA continue to explore alternative methods of compensation for physicians who treat the indigent or uninsured or underinsured. (CMS Rep. 5, I-02)

D-385.986 Payment For Sonography
Our AMA, in collaboration with other specialty societies, shall vigorously advocate with Medicare and other payers that all appropriately trained physicians regardless of specialty be reimbursed for performing diagnostic sonography with appropriate documentation (including sonographically directed biopsy, aspiration, etc.) in situations with defined clinical indications. (Res. 108, A-02)

D-390.991 Address Congress' Arbitrary Cuts in Medicare
Our AMA shall negotiate an immediate resolution of Congress' arbitrary reduction of Medicare physician reimbursement by 17 percent by 2005. (Res. 131, A-02)

D-400.990 Uncoupling Commercial Fee Schedules from Medicare Conversion Factors
Our AMA shall use every means available to convince health insurance companies and managed care organizations to immediately uncouple fee schedules from Medicare conversion factors and to maintain a fair and appropriate level of reimbursement (Res. 137, A-02)

D-435.993 No-Fault Malpractice System
Our AMA shall evaluate the concept of a no-fault medical liability system to help with the malpractice crisis nationally. (Res. 116, A-02)

D-435.994 The Rise in Professional Liability Insurance Premiums
Our AMA shall continue to monitor, analyze, and widely distribute data on professional liability insurance premiums (CMS Rep. 12, A-02)

D-450.989 Office-Based Surgery Regulation
Due to existing urgency, our American Medical Association convene together with the American College of Surgeons, by February 1, 2003, a work group of interested specialty societies and state medical associations, with the input of recognized accrediting bodies, to identify specific requirements for optimal office-based surgery/procedures in those situations where moderate sedation/analgesia, deep sedation/analgesia or general anesthesia (as defined by the American Society of Anesthesiologists) may be administered; and utilize those requirements to develop guidelines and model state legislation for use by state regulatory authorities to assure quality of office-based surgery/procedures, with a report back to the House of Delegates at the 2003 Interim Meeting (Sub. Res. 708, I-02)

D-460.988 Payment of Routine Care for Clinical Trial Participants
Our AMA shall continue to strongly advocate for the enactment of federal legislation consistent with AMA policies related to the payment of clinical trials, including the routine care of trial participants. (CMS Rep. 4, A-02)

Medical Education

D-200.996 Updating Physician Workforce Policies
Our AMA, with direct input from AMA Councils and Sections and Special Groups, shall examine current AMA policy on physician workforce planning, and make new recommendations as necessary. (Res. 306, A-02)

D-275.988 USMLE - Feedback on Failing Scores
(1) The NBME and the FSMB be encouraged to continue the level of individualized feedback currently provided to all candidates for all steps of the USMLE and investigate opportunities to provide more detailed information that would not compromise the integrity of the examinations. (2) The ABMS be encouraged to request its member boards that do not provide "In-Training" examinations to develop such tools independently or in conjunction with an appropriate specialty society so as to maintain a level of consistency in opportunities to prepare for certification examinations. (3) The ABMS be encouraged to request its member boards that do not provide content outlines of examinations to candidates to make such information available. (4) The ABMS be encouraged to investigate the feasibility of providing some level of individualized feedback for less than satisfactory performances on all certification examinations. (CME Rep. 5, A-02)

D-295.965 Clinical Skills Assessment As Part of Medical School Standards
Given the importance of assessing clinical competency, our AMA strongly urge the Liaison Committee on Medical Education and the American Osteopathic Association to modify and enforce uniform accreditation standards as soon as possible to require that all medical schools rigorously and consistently assess clinical skills of all students as a requirement for advancement and graduation. (Sub. Res. 821, I-02)

D-295.966 Pain Management Standards and Performance Measures
Our AMA, through the Council on Medical Education, shall continue to work with relevant medical specialty organizations to improve education in pain management in medical schools, residency programs, and continuing medical education programs. (CSA Rep. 4, A-02)

D-295.967 Improving the Quality of Geriatric Pharmacotherapy
(1) Our AMA shall consider convening a task force of relevant specialty societies and other stakeholders to study ways to improve physicians' understanding of geriatric pharmacology and to educate physicians on the special pharmacological needs of the geriatric population. Physicians must have a readily accessible source of current and complete dose response information to individualize drug therapy and minimize the risks of adverse drug reactions. (2) CSA Rep. 5, A-02 shall be widely distributed to key audiences, including medical schools and residency training programs. (CSA Rep. 5, A-02)

D-295.968 Proposed Implementation of Clinical Skills Assessment Exam
(1) Our AMA shall urgently contact the National Board of Medical Examiners (NBME), all organizations represented on the NBME Governing Board, and the Federation of State Medical Boards to request suspension of the implementation of the proposed Clinical Skills Assessment Examination (CSAE) until such time as: (a) The examination has been demonstrated to be statistically valid, reliable, practical, and evidence-based;(b) Scientific studies have been published in peer review journals validating the examination for US medical students and graduates and demonstrating that the fiscal and societal benefits of the examination justify the costs; and (c) Testing sites are available in more reasonable geographic locations than currently proposed by the NBME. (2) Our AMA and state medical societies shall encourage state medical licensing boards to exclude the CSAE from state medical licensure requirements until the above conditions are met. (3) Our AMA shall continue the dialogue with the NBME and the Federation of State Medical Boards concerning the implementation of the CSAE. (4) Our AMA shall ask its representatives to the Liaison Committee on Medical Education to ensure that medical students' clinical skills are assessed regularly during their clinical training. (Sub. Res. 308, A-02)

D-295.969 Geriatric and Palliative Care Training for Physicians
Our AMA will encourage geriatrics and palliative care training for physicians caring for elderly and terminally ill patients in long-term care facilities. (Res. 305, A-02)

D-295.970 HIV Postexposure Prophylaxis for Medical Students During Electives Abroad
Our AMA: (1) recommends that US medical schools ensure that medical students who engage in clinical rotations abroad have immediate access to HIV prophylaxis; and (2) encourages medical schools to provide information to medical students regarding the potential health risks of completing a medical rotation abroad, and on the appropriate precautions to take to minimize such risks. (Res. 303, A-02)

D-295.971 The Effect of the Nursing Shortage on Medical Education
Our AMA shall encourage accrediting bodies for medical education programs (the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education) to rigorously enforce (or develop and enforce) standards to ensure that the educational experience of trainees is not compromised by inadequate staffing levels of nursing and ancillary personnel in teaching hospitals. (CME Rep. 8, A-02)

D-295.972 Standardized Advanced Cardiac Life Support (ACLS) Training for Medical Students
Our AMA shall: (1) encourage standardized Advanced Cardiac Life Support (ACLS) training for medical students prior to clinical clerkships; and (2) strongly encourage medical schools to fund ACLS training for medical students. (Res. 314, A-02)

D-295.973 Establishing Appropriate Medical Student Training Conditions
Our AMA shall work with the Liaison Committee on Medical Education to develop standards addressing appropriate medical student training hours and training conditions during clinical clerkships. (Res. 304, A-02)

D-295.974 Loan Repayment Program Database
Our AMA shall work with the Association of American Medical Colleges in the expansion of the AAMC's existing web site to include a comprehensive, searchable database of loan repayment programs run by states, counties, hospitals and similar organizations. (Res. 302, A-02)

D-295.975 Comprehensive Reform at the Interface of Medical Education and Health Care
(1) Our AMA shall develop plans for a comprehensive initiative that will address the interface of medical education and health care, including the following goals: (a) A medical education program that equips young physicians with the knowledge, skills, attitudes, and values necessary to provide quality medical care, and the ability to continually update their learning as they move through the educational pipeline and into practice; (b) Appropriate sources and levels of funding to support medical education across the continuum (undergraduate, graduate, and continuing); (c) A decrease in the debt burden of young physicians; (d) Appropriate sources and levels of funding to support the missions of teaching institutions in providing care to the underserved and to other populations; and (e) Appropriate resources (faculty, clinical sites, patients, technology) to ensure the quality of clinical education. (2) Based on the commitment to the above goals, the AMA Board of Trustees convene an internal working group with representation from relevant Councils and Sections to accomplish the following by early 2003: (a) Develop a comprehensive set of issues to be addressed in the initiative, and specific priorities for action; (b) Summarize the current status of each priority area; (c) Define areas for additional data gathering; (d) Identify external groups to include in initial discussions of outcome goals; and (e) Develop and initiate plans for external funding for the initiative. (3) Our AMA shall begin, during 2003, a broad-based, invitational initiative to accomplish the following: (a) Obtain broad-based consensus on the issues needing priority attention; (b) Develop recommendations to appropriate stakeholder groups, including those that regulate, pay for, and deliver

health care and medical education on the priority areas; (c) Develop and disseminate plans to implement the recommendations. (CME Rep. 6, A-02)

D-295.976 Education for Practice in Interprofessional Teams
Our AMA: (1) shall continue to explore whether interprofessional educational experiences, when appropriately structured to recognize different levels of prior education and expertise among learners, can be a useful mechanism to achieve certain desirable educational goals, including understanding of and respect for the roles of the various health professions and understanding of and skills in interprofessional team practice; (2) shall continue to collect data on interprofessional educational experiences involving medical students and resident physicians, and identify and disseminate information on the characteristics of these programs that contribute to successful learner outcomes; and (3) in collaboration with other relevant organizations, shall explore the possibility of developing pilot interprofessional education programs involving medical students and/or resident physicians that are based in the clinical setting and focus on patient safety, communication skills, and elements of systems-based care. (CME Rep. 2, A-02)

D-300.980 Opposition to Increased CME Provider Fees
1. Our AMA will (a) communicate its appreciation to the Accreditation Council for Continuing Medical Education (ACCME) Board of Directors for their responsiveness to AMA's requests this past year; (b) continue to work with the ACCME and the American Osteopathic Association to: (i) reduce the financial burden of institutional accreditation and state recognition; (ii) reduce bureaucracy in these processes, (iii) improve continuing medical education, and (iv) encourage the ACCME to show that the updated accreditation criteria improve patient care; and (c) continue to work with the ACCME to (i) mandate meaningful involvement of state medical societies in the policies that affect recognition and (ii) reconsider the fee increases to be paid by the state-accredited providers to ACCME. 2. Our AMA will continue to work with the ACCME to accomplish the directives in policy D-300.980, "Opposition to Increased Continuing Medical Education (CME) Provider Fees." 3. The Council on Medical Education will monitor the results of the activities addressing policy D-300.980 with a report back to the House of Delegates at its 2012 Annual Meeting as to the status of the costs of CME and what further actions, if any, need to be taken. (CME Rep. 14, A-10; Appended: CME Rep. 9, A-11)

D-300.993 Category 1 CME Credit for Scientific Review
Our AMA shall reconsider authorizing the award of AMA PRA Category 1 credit for prepublication review of articles in peer-reviewed journals, practice guideline development, and grant applications. (Res. 311, A-02)

D-305.987 Preserving Medicaid Funding of Graduate Medical Education
Our AMA: (1) continue to monitor the status of funding for graduate medical education by state Medicaid programs and report back to the House of Delegates at the 2004 Interim Meeting: (2) offer support to state and county medical societies and other groups that are working to sustain state funding for graduate medical education under Medicaid; and (3) work with state and county medical societies to advocate for the direct distribution of Medicaid graduate medical education payments to teaching hospitals and/or medical schools and not to third party payers. (CME Rep. 1, I-02)

D-305.989 Reauthorization and Reversal of Proposed Funding Cuts to Title VII, Title VIII and the Children's Hospital's GME Programs
Our AMA shall reaffirm and support its ongoing efforts to lobby both for the timely reauthorization of the Title VII, Title VIII, and the Children's Hospital's GME Programs and the reversal of funding cuts proposed by the Administration's FY 2003 budget. (Sub. Res. 224, A-02)

D-310.988 Investigation into the Contribution of Medicare+Choice Programs to Graduate Medical Education Funding
Our AMA will take appropriate action to ensure that funding for graduate medical education from Medicare+Choice programs is being distributed as allocated to the nation's teaching hospitals. (Res. 301, A-02)

D-310.989 Resident Physician Working Conditions
(1) As continued evidence is developed and collected regarding resident work hours, patient safety, resident well-being, and resident education, resident physician total duty hours shall be reassessed. (2) Our AMA shall: (a) strongly encourage the Accreditation Council for Graduate Medical Education (ACGME) to vigorously enforce the common accreditation standards adopted by their Board of Directors on June 11, 2002 regarding resident duty hours; and (b) requests that ACGME provide the AMA with a report on the number of programs by specialty that were required to provide immediate progress reports to Residency Review Committees and the Institutional Review Committee as well as the number of programs for which resident surveys and focused follow-up visits were conducted, beginning with the period of July 1, 2001-June 30, 2002 and then on an annual basis. (CME Rep. 9, A-02)

D-360.996 The Effect of the Nursing Shortage on Medical Education
Our AMA: (1) shall encourage accrediting bodies for medical education programs (the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education) to rigorously enforce (or develop and enforce) standards to ensure that the educational experience of trainees is not compromised by inadequate staffing levels of nursing and ancillary personnel in teaching hospitals; (2) using data from internal and external sources, shall monitor the national and regional availability of nursing and ancillary personnel and the mechanisms used by hospitals and other health care institutions to provide staff coverage; (3) through the Medical Schools, Medical Student, and Resident and Fellow Sections, shall collect data on how

the availability of nursing and ancillary personnel is affecting the educational experiences of physicians-in-training; (4) shall support increased funding for basic nursing education. This funding should come from new monies, not from funds currently devoted to medical student or resident physician education; and (5) shall monitor efforts to increase recruitment and retention of individuals in nursing education and practice and the implications of basic nurse staffing levels on patient safety and access to care. (CME Rep. 8, A-02)

Science and Public Health

D-20.994 Preservation of HIV and STD Prevention Programs Involving Safer Sex Strategies and Condom Use
Our AMA: (1) urge the Centers for Disease Control and Prevention to maintain the on-line fact sheet and curriculum on HIV and STD prevention education involving condom use and to continue to augment the fact sheet as new information is developed; and (2) issue a letter to Secretary of the U.S. Department of Health and Human Services to express grave concern that funding, promotion, and institutional support for safer sex programs, including those that involve condom use, not be compromised. (Res. 732-I-02)

D-50.998 Blood Donor Recruitment
Our AMA shall encourage the Food and Drug Administration to continue evaluating and monitoring regulations on blood donation and to consider modifications to the current exclusion policies if sufficient scientific evidence supports such changes. (Sub. Res. 401, A-02)

D-60.982 Long Term Effects of Early Abuse/Neglect on Brain Development
Our AMA will: (1) work with national organizations, e.g., American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, American College of Obstetricians and Gynecologists, and others involved with early brain research, child abuse and neglect and public education to make educational materials available to hospital infant and pediatric personnel, physicians, parents, other child care providers and educators and the public at large; (2) urge state and local medical societies to work with their legislators to put in place educational, and where appropriate, support programs for those involved with infants and young children, i.e., parents, students in junior and senior high school, child care providers, and early childhood educators; and (3) work with the federal government and pertinent agencies to make this issue—prevention of early abuse and brain damage with its devastating long term effects for individuals and society—a priority of our nation. (BoT Action in response to referred for decision Res. 526-A-02)

D-60.991 Childhood Asthma: Emerging Patterns and Prospects for Novel Therapies
Our AMA shall: (1) encourage the Centers for Disease Control and Prevention; the American Lung Association; the National Heart, Lung, and Blood Institute; the American Academy of Pediatrics; the American Academy of Family Physicians; and others to work together to develop a comprehensive and uniform definition of childhood asthma; (2) educate physicians using existing communication channels on the problem of childhood asthma in the United States, including basic epidemiologic patterns underlying much of the recent interest in the environmental and demographic disparities in the prevalence of childhood asthma; (3) encourage the National Center for Health Statistics, the American Lung Association, and others to develop better data on the incidence and prevalence of childhood asthma morbidity and mortality, including complete demographic, environmental, and socioeconomic information; (4) encourage physicians to make use of guidelines for the treatment of childhood asthma, including those contained in Expert Panel Report II: Guidelines for the Diagnosis and Management of Asthma, released by the National Heart, Lung, and Blood Institute, and the Promoting Best Practice Guide for Management of Asthma in Children, released by the American Academy of Allergy, Asthma and Immunology; and (5) shall continue to support the efforts of the Physician Consortium for Performance Improvement (The Consortium) to develop evidence-based performance measures for asthma care. Furthermore, that our AMA encourage The Consortium to explore the feasibility of performance measures for asthma care of children less than 5 years of age. (CSA Rep. 2-A-02)

D-60.992 Bullying Behaviors Among Children and Adolescents
Our AMA shall work with appropriate federal agencies, medical societies, the Alliance, mental health organizations, education organizations, schools, youth organizations, and others in a national campaign to change societal attitudes toward and tolerance of bullying, and advocate for multifaceted age and developmentally appropriate interventions to address bullying in all its forms. (CSA Rep. 1-A-02)

D-85.998 Certification of Cause of Death
Our AMA shall work with the: (1) Centers for Disease Control and Prevention's National Center for Health Statistics and state medical societies in Washington, Montana, and Oregon to resolve the present inconsistencies in these states with respect to national and international protocols for certification to cause of death on the death certificate; and (2) Federation to educate state legislators on the need for uniformity in cause of death statistics and the appropriate role physicians play in the certification of the cause of death. (Sub. Res. 419-A-02)

D-95.993 Safe Disposal of Used Needles and Syringes in the Community: Update on AMA Activities
Our AMA shall: (1) continue to implement the recommendations of Council on Scientific Affairs Report 2 (A-01); (2) support the mission of the newly established Coalition for Safe Community Needle Disposal. The mission statement is: (a) The Coalition for Safe Community Needle Disposal is dedicated to the safe disposal of syringes and needles used by individuals in their homes

and communities. (b) Every year, more than 2 billion needles and syringes are used outside of healthcare settings. Improperly disposed needles and syringes are a hazard to workers and the public. (c) The coalition is a collaboration of businesses, community groups, and government that promotes public awareness and solutions for safe disposal of needles and syringes in the community. (3) support the activities of the newly established Coalition for Safe Community Needle Disposal, which include producing the following materials: (a) Guidelines for successful coalition building; (b) A list of frequently asked questions with appropriate answers for health care professionals regarding community needle and syringe disposal; (c) discussion paper on the potential impact of the Occupational Safety and Health Administration's Bloodborne Pathogens Standard on community safe needle and syringe disposal programs; (d) A list of programs already in existence, with the appropriate contact information; (e) A list of Web sites and listservs that detail and discuss community safe needle and syringe disposal programs; (f) Fifty state-level guides describing and discussing all state legislation and regulations that may affect the implementation of a community safe needle and syringe disposal program; (g) A list of state and regional chapters/associations of the seven organizations working on the problem-identification statement; and (h) A list of peer-reviewed references on safe community needle and syringe disposal. (CSA Rep. 3-A-02)

D-100.991 Statutory Authorization of the Pediatric Rule
Our American Medical Association shall advocate that Congress authorize the Food and Drug Administration to require evaluation by pharmaceutical companies of safety and efficacy of appropriate new and marketed drugs in children. (Res. 724-I-02)

D-100.992 Drug, Diagnostic Agent, and Vaccine Shortages: An Update
Our AMA shall continue to implement the recommendations of Board of Trustees Report 7, Drug, Diagnostic Agent, and Vaccine Shortages (I-01). (BOT Rep. 17-A-02)

D-120.989 Mandatory Acceptance of the Currently Utilized Physician Prescription Form by Pharmacy Benefit Plan Administration
Our AMA shall forward the sentiments articulated in this resolution to pharmacy societies nationwide for their consideration and support. (See policy H-120.951) (Res. 516-A-02)

D-130.983 Notification of Staffed Hospital Bed Shortages
Our AMA join with the American Hospital Association in urging the Department of Homeland Security, Department of Health and Human Services, and other appropriate federal agencies to: (1) assess the ability of the nation's hospitals to respond to a mass casualty emergency or bioterrorist attack; (2) develop a comprehensive strategy to assure adequate surge capacity to address mass casualty care; and (3) institute ongoing monitoring of surge capacity and sharing of information with appropriate local, state, and federal agencies. Our AMA shall provide a progress report to the House of Delegates at the 2003 Interim Meeting regarding strategies to address the issue of surge capacity to address mass casualty care. (BOT Rep. 3-I-02)

D-220.987 Pain Management Standards and Performance Measures
(1) Our AMA shall continue to work with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and encourage continued collaborative efforts between the JCAHO and relevant medical specialty organizations to clarify the JCAHO pain management standards and to identify and clarify sources of information that are contributing to misinterpretation of the standards. (2) Our AMA, with or without partnership with other Joint Commission on Accreditation of Healthcare Organizations (JCAHO) corporate members, shall appoint a committee or task force of regularly practicing health care professionals, including a multi-specialty panel of physicians, nurses and other mid-level practitioners, and administrators to objectively study and evaluate the efficacy to date of the new JCAHO Standard as it is currently being applied and identify who is responsible for its origins. This task force shall be urged to report back to the AMA Board of Trustees at an early date so that the Board can formulate recommendations to the Joint Commission. (3) The JCAHO should be encouraged to disseminate substantial additional clarification for the "examples of implementation" and eliminate them from the accreditation manuals and other publications. (CSA Rep. 4-A-02)

D-280.992 Hospital Discharge Summaries/Medical Transfer Forms
Our AMA, in conjunction with other interested organizations, shall develop a procedure to promote efficient data transfer to accompany discharged patients to acute, long term care and subacute care settings and treating physicians. (Res 802-A-02)

D-335.993 Funding for the Agency for Healthcare Research and Quality
Our AMA shall send a letter to all members of the House and Senate Appropriations Committees urging support for the Agency for Healthcare Research and Quality (AHRQ) in FY2003 appropriations at the level requested by the Friends of AHRQ coalition ($390 million). (Res. 811-A-02)

D-350.996 Strategies for Eliminating Minority Health Care Disparities
Our American Medical Association: (1) commend the Institute of Medicine (IOM) on its report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," and that all applicable AMA Councils be requested to formally review the IOM report and its recommendations and submit reports back to the AMA House of Delegates at the 2003 Interim Meeting from their areas of expertise with specific strategies to move towards the elimination of racial and ethnic health care

disparities; and (2) identify and incorporate strategies specific to the elimination of minority health care disparities in its ongoing advocacy and public health efforts, as appropriate. (Res. 731-I-02)

D-350.997 Racial and Ethnic Disparities in Health Care
Our AMA shall create a program on health disparities using expertise in science, medical education, and ethics to: (1) work with members of the Federation and other relevant medical and nonmedical organizations to make the health care community more aware of health disparities and their effect on health outcomes; (2) identify and help providers implement strategies to reduce disparities in health care; (3) advocate for the appropriate role of the profession in eliminating health care disparities; and (4) work with the US Department of Health and Human Services (DHHS) under the DHHS-AMA Memorandum of Understanding supporting the goals of Healthy People 2010, including the elimination of health disparities. (CSA Rep. 1, I-02)

D-370.992 Increasing Organ Donation
(1) Our AMA shall continue to promote organ donation awareness. (2) Our AMA seek extramural funding to update the Live and Then Give program to increase physician awareness of the need for organ donation and make a Web-based version of this program available for state and specialty societies for adaptation. (3) Our AMA seek extramural funding to convene a workshop with members of the Federation, the transplant community, and the Health Resources and Services Administration, Division of Transplantation, to develop best practices for physician participation in the organ donation process and for the medical management of potential organ donors. (4) Our AMA reaffirm existing AMA policy regarding organ donation and reissue AMA donor cards to all AMA members and their patients to the extent permitted by and consistent with applicable laws. In addition, donor cards should be readily available on our AMA website for downloading. (CSA Rep. 4-I-02)

D-370.993 Increasing the Number of Donor Organs
Our AMA shall: (1) renew and continue to support its national organ donor awareness campaign, Live and Then Give, with a report back to this House of Delegates at its 2002 Interim Meeting on the strategies for the AMA's ongoing support to alleviate the crisis of organ donor shortage in the US; and (2) work with other appropriate organizations such as the United Network of Organ Sharing (UNOS) and the Health Research Services Administration (HRSA), on a nationwide program to educate the public on the need for organ donation. (Res. 512-A-02)

D-410.998 Quality Patient Care Measures
Our AMA: (1) seek adequate expert physician representation, meaningful dialogue and input to all bodies developing measures for quality patient care, safe practice and performance; (2) advocate for wider support and funding for adequate collection of clinical data needed for the development of quality standards; (3) encourage the Physician Consortium for Performance Improvement to move ahead in a proactive and highly visible manner to address these quality and safety concerns; (4) move to gain active involvement by all national specialty societies in the activities of the Physician Consortium for Performance Improvement; and (5) advocate that the measures developed by the Physician Consortium on Performance Improvement be tested in practice via demonstration projects prior to broad implementation. (Res. 811, I-02)

D-435.991 Bioterrorism – Protection from Liability
Our AMA shall continue to work with the Congress to protect physicians from liability arising from providing medical care in an organized governmental response to bioterrorism. (Res. 409-A-02)

D-440.982 Smallpox: A Scientific Update
Our AMA will: (1) continue to collaborate with the Centers for Disease Control and Prevention (CDC) on educational outreach to physicians and the public regarding not only smallpox itself, but also the Investigational New Drug status of the vaccine and the risks and benefits of smallpox vaccination; (2) remain engaged with the CDC, the Advisory Committee on Immunization Practices (ACIP), and the Federation on this issue and support a commitment to monitor the current status of smallpox and smallpox vaccination in the world and in the United States. Data on issues such as medical furlough, vaccination site care, and contraindications to vaccination should be monitored, as Phase I of the 2002-2003 Department of Health and Human Services (HHS) smallpox vaccination program progresses, with particular attention to adverse effects and inadvertent vaccinia transmission, and appropriate recommendations developed as necessary; (3) urge state and county medical associations and medical staffs across the country to take the lead in educating physicians and working with public health officials on the local level to develop and implement the National Smallpox Vaccination Program; (4) work with the DHHS to ensure that vital federal liability protections are in place prior to the initiation of any smallpox vaccination program; (5) work with the appropriate authorities to ensure that as the ACIP recommendations are implemented, appropriate mechanisms to deal with the liability issues associated with the adverse events of smallpox vaccination are developed in the event that a more encompassing vaccination program is required; (6) work with the Department of Health and Human Services as it implements its phase-in plan for pre-event smallpox vaccination to ensure that physicians and the public are informed and educated on the risks and benefits of vaccinia (smallpox) vaccine and that physicians receive the relevant clinical information on the vaccinia (smallpox) vaccine; and (7) continue to monitor issues on liability and compensation as it pertains to the smallpox vaccination program and work to ensure that such protections are addressed. (CSA Rep. 2-I-02; BOT Action in response to referred for decision Recommendation 2 of CSA Rep. 2-I-02)

D-440.984 Medical Society Public Health Committees
Our AMA: (1) in order to foster a greater understanding and collaboration between the practice of public health and the clinical practice of medicine, particularly in this time of national crisis, and to increase awareness of and participation of clinical practitioners in public health issues, encourages local, state and specialty medical societies to form public health committees within their respective societies, when practical; and (2) shall report the number of state, local and specialty societies with active public health committees to the House of Delegates at the 2003 Annual Meeting. (Res. 422-A-02)

D-450.990 Crossing the Quality Chasm: A New Health System for the 21st Century—An American Medical Association Response
Our AMA: (1) work to ensure that physicians take a leadership role in any patient safety initiative; (2) and the Federation participate actively with the Agency for Healthcare Research and Quality (AHRQ) and other Federal agencies and private sector organizations in initiatives that respond to the IOM report, Crossing the Quality Chasm, and its recommendations; and (3) identify a mechanism for informing the public of our role in patient safety. (BOT Rep. 14-I-02)

D-450.992 Institute of Medicine Report on "Crossing the Quality Chasm"
Our AMA shall: (1) develop a position on the impact of the Institute of Medicine report on "Crossing the Quality Chasm" on physicians and health care delivery systems; (2) provide guidance to physicians, subspecialty organizations and health care delivery systems on the response to the IOM report and (3) study the IOM report "Crossing the Quality Chasm," and report back to the House of Delegates at the 2002 Interim Meeting. (Res. 808-A-02)

D-450.993 Preventing Needlestick Injuries Among Front Line Health Care Workers
Our AMA shall: (1) undertake an initiative that health care workers at hospitals, doctor's offices and other facilities be encouraged to use safety-engineered devices and needle-less systems for both injecting drugs and drawing blood, when, in the physician's experience and judgment, it is deemed practicable; (2) communicate a synopsis of the provisions of the Needlestick Safety and Prevention Act to physicians through publication in appropriate AMA communications vehicles; and (3) send a copy of this resolution to the American Hospital Association. (Res. 414-A-02)

D-460.987 End Stage Renal Disease (ESRD) Networks Quality Improvement Projects
(1) Our AMA calls upon: (a) The Office of Human Research Protections to develop clear guidelines to differentiate between quality improvement and human subjects research; (b) The Centers for Medicare & Medicaid Services develop a process to ensure that all Quality Improvement Projects (QIPs) and other studies performed by the End Stage Renal Disease Networks and other CMS contracted Quality Improvement Organizations are reviewed and certified as exempt studies under the federal regulations covering human subjects research protection; and (c) The Centers for Medicare & Medicaid Services to indemnify the volunteer members of the Medical Review Boards from responsibility for having participated in QIPs developed in accordance with CMS instructions that were not in compliance with federal regulations covering human subjects research protection. (2) Our AMA shall study the issue of the relationship between quality improvement projects and human subjects research and the potential impact defining of quality improvement projects as human subjects research on improving the quality of medical care by and within the private sector and issue a report at the 2002 Interim Meeting. (Res. 807-A-02)

D-505.999 Launching a Multi-State Smokefree Workplaces Campaign in 2003
Our AMA encourage individual medical students, residents, and physicians -- as well as medical schools, hospitals, clinics, and physician practices -- to endorse, support, and lobby for local and state legislation where needed to prohibit smoking in public places and businesses. (Sub. Res. 923-I-02)

D-520.998 Homeland and Global Public Health Security
Our American Medical Association will encourage our federal government to involve physicians and organized medicine not only in the preparedness planning to deal with the consequences of weapons of mass destruction but also in the strategic planning of preventing the use of medical knowledge for the development of such weapons. Our AMA, cognizant of the homeland and global public health security interdependence, encourages the World Medical Association, the World Health Organization and other appropriate medical associations to initiate similar actions through the national medical associations of member nations. (Res. 721-I-02)

D-525.997 Silicone Breast Implants
Our AMA shall monitor federal legislation and regulatory activities related to breast implants and advocate for a woman's right to choose silicone or saline breast implants for breast reconstruction or breast augmentation after being fully informed about the risks and benefits and for a registry for all patients with breast implants. (Res. 727-I-02)

Legislation and Miscellaneous

D-15.996 Impaired Drivers
Our AMA shall: (1) draft model state legislation allowing physicians voluntarily to report to the
Department of Motor Vehicles or like agency individuals afflicted with an impairment that may prevent them from safely operating a motor vehicle, and protecting from liability physicians who report, or based on their best medical judgment do not report, such information to the Department in good faith; (2) continue to identify materials that will be beneficial in informing

and educating physicians and patients on motor vehicle operation and impairment, including the development by 2003 of a practical guide for physicians on assessing and counseling drivers; and (3) continue to monitor, collect, and disseminate information on state requirements for reporting of impaired drivers to appropriate regulatory agencies. (BOT Rep. 8, A-02)

D-35.997 Nonphysician Scope of Practice
Our American Medical Association prepare a compendium of AMA policies on non-physician health professional scope of practice legislative and regulatory initiatives for distribution to the Federation of State Medical Boards no later than the 2003 FSMB meeting, and also to state medical societies who are urged to distribute the compendium to state legislative committees with jurisdiction over scope of practice issues, state governors, state attorneys general and state medical boards (Res. 817, I-02)

D-35.998 New Mexico Psychologist Prescribing Law
Our AMA: (1) in concert with the New Mexico Medical Society and American Psychiatric
Association (APA) shall review the circumstances which led to the passage of the clinical psychologist prescribing bill in New Mexico, with the aim of providing the best possible assistance to other states facing similar circumstances; and (2) shall work with the APA to analyze the implications of the clinical psychologist prescribing bill passed in New Mexico on similar initiatives in other states. (Sub. Res. 203, A-02)

D-40.994 Financial Security for Reserve Medical Officers in the US Military
The AMA will: (1) request that the Defense Department conduct a study to determine the shortfall of physicians in reserve components and scope of disincentives and incentives for physicians serving in the military reserves by the Defense Department; (2) ask the military Surgeons General in the House of Delegates to join in this request; and (3) explore the feasibility of suspending dues for current AMA military members who are called to service in Iraq. (BOT Action in response to referred for decision Res. 910, I-02)

D-70.976 Development of Clinical Examples for E&M Services
Our American Medical Association ask the CPT Editorial Panel to proceed with all due haste to complete the process of clinical example development so that revised Evaluation and Management (E&M) codes can be implemented. Our AMA Board of Trustees shall report back to the House of Delegates on progress made by the 2003 Annual Meeting. (Res. 822, I-02)

D-70.978 Conscious Sedation Reimbursement
The Workgroup of the AMA/Specialty Society RVS Update Committee (RUC) and the CPT Editorial Panel shall continue to study and resolve the issue of conscious sedation coding. (BOT Rep. 9, A-02)

D-140.982 Physician Participation in Execution
Our AMA shall expand efforts to educate the medical profession regarding this ethic. (Res. 10, A-02)

D-155.998 Meeting with Business Coalitions
Our AMA: (1) shall continue to monitor the activities of business coalitions and other health care coalitions, including The Leapfrog Group, and keep physicians and the Federation of Medicine informed of the activities and new initiatives of these coalitions; (2) shall continue to meet with and serve with vigilance on appropriate advisory committees to national business and other health care coalitions, including The Leapfrog Group, to establish a dialogue with these coalitions and provide physicians' unique clinical and patient-centered expertise in a manner consistent with AMA policy and sound quality and patient safety principles; (3) shall encourage the other members of the Federation of Medicine to meet with and serve on appropriate advisory committees to business and other health care coalitions in their geographic area or field of medical specialization to establish a dialogue with these coalitions and provide physicians' unique clinical and patient-centered expertise in a manner consistent with sound quality and patient safety principles and keep the AMA informed of the results of these activities; (4) continue to promote its policies regarding the proper collection and use of physician and hospital quality data; (5) shall advocate that business and health care coalitions, and other similar entities be reminded that the JCAHO standards, as well as most state hospital licensure laws, require that the advice and approval of the hospital medical staff or medical groups must be sought before clinical practices are modified; (6) shall actively address with business and health care coalitions, as well as with other similar entities, the problems of delivering quality care that are created by under-reimbursement of health care services by third party payers; and (7) shall exercise extreme caution when meeting with The Leapfrog Group and other business coalitions to avoid implied and unintended concurrence with the recommendations of such groups. (BOT Rep. 22, A-02)

D-165.977 The Impact of Patient Rights Legislation on Federal Regulations
Our AMA shall continue to keep the House of Delegates informed about the impact of any federal regulations which may be promulgated as a result of passage of federal Patient Bill of Rights legislation. (Res. 219, A-02)

D-190.984 HIPAA
Our AMA continue to identify and work toward the repeal of the onerous provisions in the
Health Insurance Portability and Accountability Act legislation and regulations, including its criminal liability provisions, and that our AMA work to redress the breaches of patient confidentiality that the HIPAA regulations have allowed. (Res. 901, I-02)

D-190.985 Standardization of Disability Forms
The AMA approach the Health Insurance Association of America to determine if there is industry interest in the development of a standardized disability claim form and, if a positive response is received, that a detailed proposal for completing such a project – including potential costs - be developed for consideration by the Board of Trustees. (BOT Rep. 5, I-02)

D-190.988 HIPAA interference with Peer Review Activities
Our AMA shall seek immediate clarification from the Department of Health and Human Services of the impact of the Health Insurance Portability and Accountability Act Privacy Rule on the peer review process. (Res. 721, A-02)

D-190.989 HIPAA Law And Regulations
(1) Our AMA shall continue to aggressively pursue modification of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule to remove burdensome regulations that could interfere with efficient patient care. (2) If satisfactory modification to the HIPAA Privacy Rule is not obtained, our AMA shall aggressively pursue appropriate legislative and/or legal relief to prevent implementation of the HIPAA Privacy Rule. (3) Our AMA shall continue to oppose the creation or use of any unique patient identification number, including the Social Security number, as it might permit unfettered access by governmental agencies or other entities to confidential patient information. (4) Our AMA shall immediately begin working with the appropriate parties and trade groups to explore ways to help offset the costs of implementing the changes required by the Health Insurance Portability and Accountability Act so as to reduce the fiscal burden on physicians. (Sub. Res. 207, A-02)

D-220.986 JCAHO Surveys
The AMA Commissioners to the JCAHO work to have the JCAHO oppose the inappropriate use and publication of summary grid scores. (BOT Rep. 2, I-02)

D-225.991 AMA Consultation Service for Medical Staffs
(1) AMA Solutions develop additional criteria for screening attorneys for medical staff expertise to ensure that they have an understanding of medical staff issues and are familiar with AMA policy related to medical staff self-governance. (2) AMA Solutions send AMA ConsultingLink applications to medical staff attorneys recommended to OMSS by state and county medical societies. (3) The OMSS promote the AMA ConsultingLink network to its membership via e-mails and its quarterly newsletters. (4) Our American Medical Association investigate the feasibility of creating a Consultation Service, imbued with AMA principles, policies and procedures that will be proactive in providing guidance, support, and when necessary, legal counsel for medical staffs at an affordable cost, with a report back at the 2003 Annual Meeting. (BOT Rep. 9, I-02)

D-230.991 Inspector General to Rule on Exclusivity Restrictions for Medical Staff Membership
Our AMA will (1) continue its discussions with the Office of Inspector General of Health and Human Services and urge the OIG to issue a fraud alert on the practice of exclusive credentialing; and (2) take other appropriate action, which may include administrative action, litigation, and/or legislation, to protect our patients from being denied quality medical care through exclusive (including economic) credentialing by hospitals. (Res. 714, I-02)

D-230.992 Hospital Medical Staff Privileges
Our AMA shall continue to actively communicate with the American Hospital Association to promote our AMA's current policies concerning hospital privileges. (Res. 813, A-02)

D-230.993 Applying Pressure on DHHS Office of Inspector General for Resolution of Economic Credentialing Issue
(1) Our AMA shall continue to work with OIG to develop a fraud alert on economic credentialing. (2) Our AMA shall continue to provide examples of economic credentialing practices and policies to OIG staff. (3) The Board of Trustees shall report back at the 2002 Interim Meeting on work with the OIG and its review of economic credentialing practices. (BOT Rep. 15, A-02)

D-245.998 Protecting a Mother's Right to Breastfeed
Our AMA shall widely disseminate its model legislation that supports and protects a mother's right to breastfeed in public and encourage all states to pass legislation that clarifies and protects a mother's right to breastfeed in public. (Res. 216, A-02)
D-245.999 SIDS and Autopsy
Our AMA: (1) shall educate all physicians that the diagnosis of Sudden Infant Death Syndrome is a diagnosis of exclusion and should not be made without the assistance of an autopsy; and (2) Council on Legislation shall review the American Academy of Pediatrics model Child Death Investigation Act and, if appropriate, disseminate it to the Federation. (Res. 201, A-02)

D-265.996 CIGNA Settlement
Our American Medical Association state unequivocally and publicize that it has taken no official position in regard to the case entitled Kaiser v. CIGNA et al or in regard to the Settlement Agreement in that case. (Sub. Res. 823, I-02)

D-265.997 False Testimony
Our AMA shall explore the feasibility of all specialty societies establishing a registry for all depositions and testimony given by any one of its members and, if determined to be feasible, encourage all specialty societies to develop such a registry. (BOT Rep. 32, A-02)

D-290.992 Establishment of National Medicaid Database
The AMA support development of draft model state legislation that would establish that each state collect outpatient encounter data into a standardized state database to be used for the monitoring of Medicaid payment policies and utilization of services. (BOT Rep. 13, I-02)

D-290.994 State-Provided Coverage Of Medical Formula for Uninsured People Suffering From Phenylketonuria (PKU) Regardless of Age or Gender
Our AMA shall encourage individual state medical societies to support legislation within their jurisdictions that would provide Medicaid funding and coverage of medical formula and foods for Medicaid patients, regardless of age or gender, suffering from phenylketonuria (PKU). (Res. 415, A-02)

D-295.964 Pharmaceutical Federal Regulations -- Protecting Resident Interests
Our AMA shall continue to evaluate and oppose, as appropriate, federal regulations on the pharmaceutical industry that would curtail educational and/or research opportunities open to residents and fellows that are in compliance with current AMA ethical guidelines. (Res. 921, I-02)

D-315.990 Physician Patient Privilege
Our AMA will: (1) periodically inform its members of their legal responsibilities relating to the confidentiality and release of privileged patient information under applicable federal law; and (2) develop model consent forms to be used by physicians. (Res. 10, A-02)

D-315.991 Medical Records with Bills
Our AMA shall cause to be introduced legislation that would: (1) establish criteria defining when the request for medical records from a third party payer is appropriate, and (2) require insurance companies to pay for copied medical records requested by said insurance company at the rate established by law. (Res. 218, A-02)

D-330.966 Medicare Program Safeguard Contractors
Our AMA, consistent with the principles set forth in its September 2001 letter to the Centers for Medicare and Medicaid Services, shall continue to press for legislative and/or administrative relief from the creation of Program Safeguard Contractors and other abusive contracting authority by CMS. (Res. 709, A-02)

D-330.967 Medicare Payment for Preventive Examinations
Our AMA shall: (1) continue to disseminate evidence-based recommendations regarding the appropriate use of clinical preventive services to physicians, the general public and policy makers; (2) continue to collaborate with national medical specialty societies and interest groups to facilitate implementation of these recommendations by practicing physicians; (3) urge Congress and the Administration to provide coverage for these clinical preventive services by the Medicare program; (4) advocate especially for the provision of these services to populations at high risk for a given condition under guidelines available on the AMA website; and (5) pursue the provision of preventive services with the intent of also pursuing additional funding added to the Medicare program without any reduction in reimbursement for other physician services or Medicare updates. (BOT Rep. 26, A-02)

D-383.991 Continued Support of Physicians for Responsible Negotiation
(1) The Board of Trustees requests from PRN a revised proposal for funding that preserves PRN's ability to bring to conclusion the currently pending litigation before the National Labor Relations Board in which PRN is a party. (2) After review of the revised proposal submitted by PRN, the Board of Trustees shall provide sufficient funding to PRN to obtain final decisions from the National Labor Relation Board in the two appeals currently pending before it, consistent with the Board's prudent exercise of its legal and fiduciary responsibilities to the AMA. (Sub. Res. 609, A-02)

H-383.995 Physicians for Responsible Negotiation
Our AMA will: (1) urge all physician members to become sustaining members of Physicians for Responsible Negotiation (PRN); (2) request that all components of the AMA Federation inform PRN of situations in their home territory where PRN would be of benefit; and (3) consider whatever is legally possible and fiscally responsible to support the continued viability of PRN. (Res. 616, A-01; Reaffirmed: Sub. Res. 609, A-02)

D-385.983 Pay Disparity For Active Duty Physicians In The United States Military
Our AMA: (1) actively lobby Congress to increase the financial compensation of uniformed physicians to make it financially feasible for the long-term retention of qualified physicians; and (2) communicate its support for such increases in uniformed physician compensation directly to the Surgeons General of the three branches of the armed services. (Res. 909, I-02)

D-390.988 Patient Access Jeopardized By Senate Failure to Correct Medicare Payment Error
Our AMA: (1) send a written communication to every United States Senator expressing physician anger and frustration with the Senate's failure to correct documented errors in physician payment. This communication should also reiterate physician concerns that failure to correct documented mistakes is creating serious access problems for Medicare patients; (2) in conjunction with state and national medical specialty societies, immediately distribute materials for display in physician offices alerting patients

and their families to an access meltdown as result of inaction by the U.S. Senate; patients and physicians will be urged to contact their Senators by using the toll-free AMA Grassroots hotline (1-800-833-6354), to produce the greatest possible volume of contacts during Senate business hours in concert with the proposed Washington Fly-In; (3) coordinate a Washington Fly-In in early January 2003 with state and national medical specialty groups, group practices and other health professional groups to urge Congress to immediately enact legislation to avert additional Medicare payment cuts that will further erode patient access to care; state and county societies are also encouraged to host similar events in January 2003 at the local level; (4) assist state and national medical specialty societies and group practices in hosting physician practice days, or "mini-internships," for Members of Congress and their staffs between mid-December, 2002, and January 7, 2003, when Congress reconvenes; inviting Members of Congress and their staff to spend a day in a physician office will enable policymakers to understand the urgency of the physician payment problem; (5) expand communications activities through the use of the House Call program and paid media to educate the public on the need for immediate action by Congress; (6) aggressively promote expanded grassroots participation in the Medicare Update Campaign through the use of blast fax, e-mails and the toll-free grassroots hotline (1-800-833-6354); (7) continue to work with state and national medical specialty societies, as well as group practices, on physician surveys to measure the effect on patient access to care; (8) immediately disseminate the latest information to physicians regarding Medicare participation, non-participation and private contracting arrangements; (9) reiterate our thanks and appreciation to Rep. Bill Thomas, Rep. Billy Tauzin, Rep. Nancy Johnson, Rep. Mike Bilirakis, Sen. Bill Frist and Sen. Jim Jeffords for their leadership in efforts to stop unfair and outrageous Medicare cuts; and (10) concurrent with all of the above legislative, grassroots and targeted political actions, continue to evaluate aggressive, appropriate legal remedies through court action that could serve to rectify physician concerns about Medicare payment cuts and their impact on patient care. (BOT Rep. 24, I-02)

D-405.997 Truth in Advertising
Our AMA shall inform its members and the general public of this policy and published lists of "Best Physicians" should include a full disclosure of the selection criteria, including direct or indirect financial arrangements. (Sub. Res. 9, A-02)

H-405.964 Truth in Advertising
AMA policy is that any published lists of "Best Physicians" should include a full disclosure of the selection criteria, including direct or indirect financial arrangements. (Sub. Res. 9, A-02)

D-450.991 Quality Improvement Projects and Human Subjects Research
(1) Our AMA will seek to ensure an active role in the series of meetings and the deliberate process proposed by The Hastings Center to develop a framework for addressing the quality improvement/research issues. (2) Our AMA will continue to research this topic, particularly by reviewing forthcoming publications, corresponding with experts in the field, and completing a more detailed review of the framework developed by the Oversight Body for the Ethical Force Program, to prepare a supplemental report as relevant information becomes available. (CSA Rep. 3, I-02)

D-480.990 Health Plan Liability for Complementary and Alternative Therapy Requests
(1) Our AMA shall consider legislation requiring health plans to indemnify physicians for plan mandated referrals to Complementary and Alternative Therapy ("CAT") providers. (2) Our AMA shall recommend that physicians include indemnification clauses for CAT referrals in all health plan contracts when such plans require referral for CAT. (3) The CLRPD shall change all references in the AMA policy database from "CAM" to "CAT" and that an appropriate cross-reference be developed in the database. (BOT Rep. 36, A-02)

D-525.998 Mammography Screening for Breast Cancer
In order to assure timely access to breast cancer screening for all women, our AMA shall advocate for legislation that ensures adequate funding for mammography services. (Res. 120, A-02)

JOINT REPORT OF THE COUNCIL ON CONSTITUTION AND BYLAWS AND THE COUNCIL ON MEDICAL EDUCATION

The following report was presented by Michael M. Deren, MD, Chair, Council on Constitution and Bylaws, and David E. Swee, MD, Chair, Council on Medical Education:

SEPARATE ELECTION FOR A PRIVATE PRACTITIONER WHO IS NOT A SALARIED FACULTY MEMBER OF A MEDICAL SCHOOL TO THE COUNCIL ON MEDICAL EDUCATION, AMA BYLAW 6.811

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

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

This joint report of the Council on Constitution and Bylaws and the Council on Medical Education calls for an amendment to the AMA Bylaws. AMA Bylaw 6.22 provides that the Council on Medical Education (CME) is comprised of "twelve active members of the AMA, at least one of whom shall be a private practitioner of medicine who is not a salaried faculty member of a medical school, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student." AMA Bylaw 6.811 then references a "separate election" for the CME's private practitioner of medicine who is not a salaried faculty member of a medical school.

The Bylaw language regarding the need for a separate election for "slotted seats" dates to 1976 when the Council on Constitution and Bylaws issued bylaw amendments in response to Resolution 12-C-76 to provide for the election of Board and Council members by the method of "simultaneous election of candidates to several positions of equal rank." Then, as now, the CME was the only Council to have a designated seat other than that for a resident physician and student member of each Council. A separate election for the specified CME position has not been regularly implemented, as one or more CME members have always fulfilled the membership category of "a private practitioner of medicine who was not a salaried faculty member of a medical school" without a separate election having to be held.

The Councils identified the following options to guide future CME elections:

1) initiate a separate election in 2013 for a private practitioner to serve in a designated seat;
2) remove the requirement that at least one CME member be a private practitioner of medicine who is not a salaried faculty member of a medical school and thus eliminate the need for a separate election; or
3) maintain the requirement that at least one CME member be a private practitioner of medicine who is not a salaried faculty member of a medical school but eliminate the mandate for a separate election.

The option of convening a separate election presents some logistical problems, such as ensuring candidates meet the criteria both at the time of their declaration and at the time of election, and determining whether a "private practitioner of medicine" has the option of running for both the "slotted seat" and in the general CME election, or in the separate election only. These logistics are not insurmountable but will require some decisions on the part of the Board of Trustees and/or the Speakers.

The Councils note that the wisdom of the HOD has always prevailed in electing one or more highly qualified candidates to the CME who meet the definition of a private practitioner of medicine who is not a salaried faculty member of a medical school and has always done so without a special election. The Councils also note that a separate election for a slotted seat has the potential to be unfair to a number of highly qualified candidates in that it may dissuade those who meet the "private practitioner" definition from running in a year other than when a separate election is held, or to those who aspire to CME but who are unable to run because the only open seat is the slotted seat. Also, there are those who perceive a "slotted seat" has less prestige than a "regular seat."

The Councils discussed eliminating the private practitioner requirement, and determined that having regular input from this constituency in CME deliberations, as has occurred over the last thirty-five years, is a sufficient way of

dealing with this need. That is, while both Councils support the inclusion of at least one private practitioner on CME, they believe that experience shows it is likely that one or more such members will continue to be elected in the future, and therefore this portion of the bylaws is no longer needed. In further support of this position, the Councils note that the definition of a "private practitioner of medicine who is not a salaried faculty member of a medical school" has become somewhat arcane. Physicians' practices are changing, and today's physicians are often compensated from multiple sources, including hospitals, and payments from a medical school for limited, part-time affiliations. In addition, there also are faculty members who are not paid directly by a medical school but by other sources. The Councils also note the complications that would arise by changing employment situations, such as a private practitioner who becomes a salaried employee or a physician who no longer has a clinical practice, after being elected to the CME in the slotted position. It also may be difficult to track throughout their tenure how elected members of the CME derive their compensation without invading their privacy.

The Councils, therefore, concur that the requirement for a "private practitioner of medicine who is not a salaried faculty member of a medical school" and the mandate to hold a separate election should be eliminated from the Bylaws. Both Councils support the inclusion of practitioner members on CME, but believe that experience shows it is likely that one or more such members will continue to be elected to the Council in the future. If that does not naturally occur, a clearer definition of a private practitioner of medicine who is not a salaried faculty member of a medical school should be developed and new bylaw language proposed.

RECOMMENDATION

The Council on Constitution and Bylaws and the Council on Medical Education recommend that the following amendments by 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 of Delegates present and voting.

6.00 Councils

***

6.20 Council on Medical Education.

***

6.22 Membership.

6.221 Twelve active members of the AMA, ~~at least one of whom shall be a private practitioner of medicine who is not a salaried faculty member of a medical school,~~ one of whom shall be a resident/fellow physician, and one of whom shall be a medical student.

****

6.80 Election - Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health.

6.81 Nomination and Election. Members of these Councils, except the medical student member, shall be elected by the House of Delegates. Nominations shall be made by the Board of Trustees and may also be made from the floor by a member of the House of Delegates.

6.811 Separate Election. The resident/fellow physician member of these Councils~~, as well as the private practitioner of medicine who is not a salaried faculty member of a medical school on the Council on Medical Education~~ shall ~~each~~ be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominees on subsequent ballots shall be determined by retaining the 2 nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.