DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2017 Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-17)

Report of Reference Committee F

Gary R. Katz, MD, MBA, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 4 – AMA 2018 Dues
2. Board of Trustees Report 10 – Creation of an AMA Fund for Physician Candidates
4. Board of Trustees Report 17 – Equality for Future Meetings Organized or Sponsored by the AMA
5. Board of Trustees Report 23 – Anti-Harassment Policy
6. Report of the House of Delegates Committee on Compensation of the Officers

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

7. Resolution 602 – Studying Healthcare Institutions that Provide Child Care Services
8. Resolution 603 – Sexual Orientation and Gender Identity Demographic Collection by the AMA
9. Resolution 608 – Improving Medical Student, Resident/Fellow and Academic Physician Engagement in Organized Medicine

RECOMMENDED FOR REFERRAL

10. Resolution 601 – Reinstate the AMA Commission to Eliminate Health Care Disparities
11. Resolution 604 – High Cost to Authors for Open Source Peer Reviewed Publications
12. Resolution 607 – AMA to Protect Human Health from the Effects of Climate Change by Ending Its Investments in Fossil Fuel Companies (Divestment)
13. Resolution 609 – Model Hospital Medical Staff Bylaws

**RECOMMENDED FOR NOT ADOPTION**

14. Resolution 605 – Pronunciation of Pharmaceutical Names

15. Resolution 606 – Add Patients to the AMA Mission Statement

**RECOMMENDED FOR FILING**

16. Board of Trustees Report 1 – Annual Report
(1) BOARD OF TRUSTEES REPORT 4 - AMA 2018 DUES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendation in Board of Trustees Report 4 be adopted and the remainder of the Report be filed.

HOD ACTION: Board of Trustees Report 4 adopted and the remainder of the Report filed.

Board of Trustees Report 4 recommends no changes to our AMA membership dues levels for 2018. The Report further notes that our AMA last raised its dues in 1994.

Regular Members ...................................................... $420
Physicians in Their Second Year of Practice ............ $315
Physicians in Military Service ................................. $280
Physicians in Their First Year of Practice ............... $210
Semi-Retired Physicians ....................................... $210
Fully Retired Physicians ....................................... $84
Physicians in Residency Training ......................... $45
Medical Students ......................................................... $20

No testimony was presented in response to Board of Trustees Report 4. Your Reference Committee wishes to draw attention to the stability of our AMA dues since 1994 when the last increase took place. Most importantly, the close of 2016 reflects the sixth consecutive year of overall membership growth and expansion of our AMA’s influence.

(2) BOARD OF TRUSTEES REPORT 10 - CREATION OF AN AMA FUND FOR PHYSICIAN CANDIDATES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendation in Board of Trustees Report 10 be adopted and the remainder of the Report be filed.

HOD ACTION: Board of Trustees Report 10 adopted and the remainder of the Report filed.

Board of Trustees Report 10 is presented as follow-up to Board of Trustees Report 16-A-16, Board of Trustees Report 18-A-15, and Resolution 606-I-14. In this report, the Board of Trustees highlights that testimony presented at the 2016 Annual Meeting reflected a deviation from the intent of the original resolution to request the study of a new proposal to create a fund for physician candidates for the US House of Representatives and Senate.
The Board of Trustees continues to express concerns about expending corporate treasury funds to influence federal elections for reasons that include, but are not limited to:

- there are significant tax implications for our AMA;
- the portion of AMA dues allocated for lobbying and political purposes would become nondeductible for individual physician members;
- there is a potential for negative reaction from AMA members because of personal political and ethical viewpoints; and
- two recent physician polls indicate little support for this concept.

Therefore, the Board of Trustees recommends, in lieu of Resolution 606-I-14, that our American Medical Association not use AMA corporate treasury funds to engage in partisan political activity.

Your Reference Committee has received extensive testimony on this issue over a number of meetings. What remains consistent is that regardless of what the “AMA Fund” may be titled, or what the specific purpose may be, the actual costs for overall expenses, taxes (35% excise tax on political expenditures), and potential loss of members are significant. Furthermore, the return on investment is not guaranteed.

In their role as fiduciary for our AMA, the Board of Trustees has repeatedly advised against this initiative and physician polls do not suggest sufficient support for implementing and sustaining the fund. In addition, the author of Resolution 606-I-14 expressed support for the Board of Trustees’ recommendation at this time, but suggested that our AMA seek additional ways to encourage and support physician candidates for public office.

(3) BOARD OF TRUSTEES REPORT 16 - OPPOSE PHYSICIAN GUN GAG RULE POLICY BY TAKING OUR AMA BUSINESS ELSEWHERE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendation in Board of Trustees Report 16 be adopted and the remainder of the Report be filed.

HOD ACTION: Board of Trustees Report 16 adopted and the remainder of the Report filed.

Board of Trustees Report 16 comes in response to Resolution 604-I-16, which called upon our AMA to adopt policy that bars our AMA from holding House of Delegates meetings in states that enact physician gun gag laws.

Resolution 604-I-16 further called upon our AMA to contact governors and convention bureaus of states that have enacted physician gun gag rules to inform them that our AMA will no longer hold House of Delegates meetings in their state, until the restrictive physician gun gag rule is repealed or struck down by the courts.

In this report, the Board of Trustees highlights that AMA management considers multiple factors when selecting AMA meeting venues, including the directives of the House of Delegates. Venue selection occurs years in advance and includes cancellation policies. State and local
jurisdictions may at any time adopt or eliminate laws or rules that are not aligned with AMA policy. Therefore, the Board of Trustees recommends, in lieu of adopting Resolution 604-I-16, that our AMA remain alert to gun gag laws and similar types of laws when selecting future meeting venues without adopting specific policy.

No testimony was presented in response to Board of Trustees Report 16. Your Reference Committee is supportive of our AMA Board of Trustees recommendation to remain vigilant of all gag laws affecting the practice of medicine when selecting meeting venues without the need for specific directives from the House of Delegates to do so.

Your Reference Committee was reminded of the fact that our AMA meetings are complex events, which are contracted approximately five years in advance. The variability in state and local laws has the potential to limit venue selections as laws can change during the time between contracting for a venue and the actual event.

(4) BOARD OF TRUSTEES REPORT 17 - EQUALITY FOR FUTURE MEETINGS ORGANIZED OR SPONSORED BY THE AMA

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendation in Board of Trustees Report 17 be adopted and the remainder of the Report be filed.

HOD ACTION: Board of Trustees Report 17 adopted and the remainder of the Report filed.

Board of Trustees Report 17 comes in response to Resolution 602-I-16, which called for all future meetings and conferences organized and/or sponsored by our AMA and not yet contracted to be held in towns, cities, counties, and states that do not have discriminatory policies based on race, color, religion, ethnic origin, national origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age.

In this report, the Board of Trustees highlights that our AMA already has strong policies against discrimination in all forms, but the policies do not specifically address towns, cities, counties, and states. Therefore, the Board of Trustees recommends, in lieu of adopting Resolution 602-I-16, that our AMA Policy G-630.140 be amended by addition to read as follows:

AMA policy on lodging and accommodations includes the following:  (1) Our AMA supports choosing hotels for its meetings, conferences, and conventions based on size, service, location, cost, and similar factors.  (2) Our AMA shall attempt, when allocating meeting space, to locate the Section Assembly Meeting in the House of Delegates Meeting hotel or in a hotel in close proximity.  (3) 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 our AMA encourages state and local medical societies, national medical specialty societies, and other health organizations to adopt a similar policy.  (4) It is the policy of our AMA not to hold meetings organized and/or primarily sponsored by
our AMA, in cities, counties, or states, or pay member, officer or employee dues in any club, restaurant, or other institution, that has exclusionary policies, including, but not limited to, policies based on, race, color, religion, national origin, ethnic origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age unless intended or existing contracts or special circumstances justify an exception to this policy. (5)

Our AMA staff will work with facilities where AMA meetings are held to designate an area for breastfeeding and breast pumping.

Having received only supportive testimony in response to Board of Trustees Report 17, your Reference Committee favors adoption of the Board of Trustees recommendation to expand current AMA Policy G-630.140 to include consideration of the anti-discrimination policies of towns, cities, counties, and states when selecting meeting venues. In addition, your Reference Committee appreciates the Board of Trustees efforts to incorporate into AMA policy a more inclusive list of discriminatory forms.

(5) BOARD OF TRUSTEES REPORT 23 - ANTI-HARASSMENT POLICY

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Board of Trustees Report 23 be adopted and the remainder of the Report be filed.

HOD ACTION: Board of Trustees Report 23 adopted and the remainder of the Report filed.

Board of Trustees Report 23 raises awareness of the fact that while our AMA has a comprehensive anti-harassment policy in place for employees, there is no such policy for our AMA House of Delegates, sections, councils, or other governance entities. Therefore, the Board of Trustees recommends that our AMA adopt the thorough “Anti-Harassment Policy Applicable to AMA Entities,” as outlined in the body of the report.

Testimony on Board of Trustees Report 23 was supportive of the Board of Trustees’ efforts to establish a comprehensive anti-harassment policy for our AMA governance entities. Your Reference Committee believes that adoption of the report will contribute to the ongoing collegiality and professionalism that already exists at our AMA-sponsored meetings and events.

(6) REPORT OF THE HOUSE OF DELEGATES COMMITTEE ON COMPENSATION OF THE OFFICERS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in the Report of the House of Delegates Committee on Compensation of the Officers be adopted and the remainder of the Report be filed.

The Report of the House of Delegates Committee on Compensation of the Officers addresses the variability in the number of Internal Representation days by Officers and offers the following recommendations:

1. That the proposed changes, as annotated in the report, to the current definitions appearing in the Travel and Expenses Standing Rules for AMA Officers for the Governance Honorarium, Per Diem for External Representation, and Telephonic Per Diem for External Representation become effective July 1, 2017.

2. That except as noted above, there be no other changes to the Officers’ compensation for the period beginning July 1, 2017.

Your Reference Committee heard limited but supportive testimony in response to the Report of the House of Delegates Committee on Compensation of the Officers.

Your Reference Committee wishes to extend its appreciation to the Committee for its thorough report and ongoing oversight of the compensation of our AMA Officers.

(7) RESOLUTION 602 - STUDYING HEALTHCARE INSTITUTIONS THAT PROVIDE CHILD CARE SERVICES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 602 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association (AMA) work with relevant entities to study which healthcare institutions currently provide accessible, affordable childcare services, including Survey elements should include the size of the institutions (in terms of the number of physicians, physicians-in-training, and medical students,) providing these services, the impact of these services on residents and faculty (especially in terms of decreasing stress and increasing retention) how these services are organized, and the various funding models mechanisms used for these (Directive to Take Action); and be it further

RESOLVED, That our AMA report back to the House of Delegates at the 2018 Annual Meeting the results of its study on models used to provide which healthcare institutions are providing accessible and affordable childcare care services, how these services are organized, and the various funding models mechanisms that are utilized. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 602 be adopted as amended.

HOD ACTION: Resolution 602 adopted as amended.
Resolution 602 calls upon our AMA to survey healthcare institutions to identify all healthcare institutions that provide accessible, affordable childcare services, including details regarding:

- institution size, in terms of the number of physicians;
- impact on reducing stress on residents/faculty, thereby improving staff retention rates; and
- funding models used to provide childcare services.

Resolution 602 further calls upon our AMA to report to the House of Delegates on the results of the study at the 2018 Annual Meeting.

Your Reference Committee received considerable testimony identifying the importance of childcare services that meet the unique utilization needs of physicians who often work extended and non-traditional hours.

Your Reference Committee believes the proffered language included in the amendments establishes parameters for the study that will aid in containing the survey costs while allowing our AMA to identify best practices of healthcare institutions that have implemented successful childcare programs for physician and medical student parents.

(8) RESOLUTION 603 - SEXUAL ORIENTATION AND GENDER IDENTITY DEMOGRAPHIC COLLECTION BY THE AMA

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 603 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA develop and implement a plan with input from the Advisory Committee on LGBTQ Issues to expand demographics we collected about our members to include both sexual orientation and gender identity information, which may be given voluntarily by members and will be handled in a confidential manner. (New HOD Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 603 be adopted as amended.

HOD ACTION: Resolution 603 adopted as amended.

Resolution 603 calls upon our AMA to develop a plan, with input from the Advisory Committee on LGBTQ Issues, to expand voluntary and confidential collection of AMA membership demographics, including both sexual orientation and gender identity information.

Your Reference Committee heard supportive testimony for this resolution. Sponsors of the resolution emphasized to the Reference Committee that gender identity demographic information would be provided only on a voluntary basis. While concerns were expressed that such data may be subject to data breaches, this could also happen to any other AMA-owned
data elements that are collected online. The Council on Long Range Planning and Development, which issues reports on the demographic composition of the House of Delegates, expressed its support for collecting this data but warned that if given on a voluntary basis, it is unlikely to be complete. Your Reference Committee believes that these limitations and concerns are outweighed by the potential usefulness to our AMA’s understanding of its membership.

(9) RESOLUTION 608 - IMPROVING MEDICAL STUDENT, RESIDENT/FELLOW AND ACADEMIC PHYSICIAN ENGAGEMENT IN ORGANIZED MEDICINE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 608 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association study the participation of academic and teaching physicians, residents, fellows, and medical students in organized medicine and legislative advocacy on medical school campuses and in teaching hospitals (Directive to Take Action); and be it further

RESOLVED, That our AMA study the participation of community-based faculty members of medical schools and graduate medical education programs in organized medicine and legislative advocacy (Directive to Take Action); and be it further

RESOLVED, That our AMA identify successful, innovative and best practices to engage academic physicians (including community-based physicians), residents/fellows, and medical students in organized medicine and legislative advocacy at the training sites (Directive to Take Action).

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 608 be adopted as amended.

HOD ACTION: Resolution 608 be adopted as amended with a change in title

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the title of Resolution 608 be changed to read as follows:

IMPROVING MEDICAL STUDENT, RESIDENT/FELLOW AND ACADEMIC PHYSICIAN ENGAGEMENT IN ORGANIZED MEDICINE AND LEGISLATIVE ADVOCACY
Resolution 608 calls upon our AMA to study the participation of academic and teaching physicians, residents, fellows, and medical students in organized medicine on medical school campuses and in teaching hospitals.

Resolution 608 further calls upon our AMA to study the participation of community-based faculty members of medical schools and graduate medical education programs in organized medicine.

Lastly, Resolution 608 calls upon our AMA to identify successful, innovative, and best practices to engage academic physicians (including community-based physicians), residents/fellows, and medical students in organized medicine at the training sites.

Your Reference Committee heard uniformly supportive testimony for this resolution and recognizes that many of the suggestions made in the resolution may already be under consideration by our AMA. Your Reference Committee has incorporated a suggested change to the title and subsequent directives that emphasizes the importance of educating physicians about best practices in legislative advocacy.

(10) RESOLUTION 601 - REINSTATE THE AMA COMMISSION TO ELIMINATE HEALTH CARE DISPARITIES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 601 be referred.

HOD ACTION: Resolution 601 referred.

Resolution 601 calls upon our AMA to reinstate the Commission to Eliminate Health Care Disparities, including goals and objectives that are Specific, Measurable, Agreed Upon, Realistic, and Time Related (SMART) metrics.

Testimony reflected that the original governing members (National Hispanic Medical Association, National Medical Association, and our American Medical Association) of the Commission to Eliminate Health Care Disparities unanimously recommended sunsetting of the Commission in 2016 due to a decrease in financial support, emergence of other organizations’ meetings with similar agendas, and the potential for member organizations to have more impact in other ways. Since that time, our AMA has expanded a number of internal activities with the goal of improving health equity.

Your Reference Committee was influenced by testimony indicating that governing members opted to sunset the Commission and might not rejoin the partnership if the Commission were reinstated by our AMA. Therefore, your Reference Committee welcomed our AMA Board of Trustees request for referral of Resolution 601, which will result in a report back to the House of Delegates with a more comprehensive and sustainable plan for continued progress toward health equity.
RESOLUTION 604 - HIGH COST TO AUTHORS FOR OPEN SOURCE PEER REVIEWED PUBLICATIONS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 604 referred.

HOD ACTION: Resolution 604 be referred.

Resolution 604 calls upon our AMA to investigate the impact of the high costs of open source publication practices on the dissemination of research, especially by less well-funded and/or smaller entities, and to make recommendations to correct the imbalance of knowledge suppression that may occur because of financial limitations.

Although the title in original Resolution 604 refers open source peer reviewed publications, the preferred phrase is Open Access (OA).

Your Reference Committee has learned that many US, and all EU research funders, require that journals offer OA options to authors supported by their grants. OA journals do not sell subscriptions or charge for site licenses, and they do not sell advertising. Their only revenue is from Article Processing Charges (APCs), which help cover costs to review, edit, process, distribute, and host the articles. These fees are typically between $3,000 and $5,000 per article.

Scholarly society journals like JAMA® and the New England Journal of Medicine do not offer or charge APCs in exchange for OA. All original research articles published in JAMA® are made free to everyone after six months. However, with the launch of JAMA Oncology® in 2015, AMA began to offer an OA option to authors whose research funders required that they use OA. The JAMA Network® OA fees are $4500 to $5000 per article. For this reason, JAMA Oncology® is called a “hybrid” journal, as authors may choose either an OA model or a conventional subscription model for their submission. This model recognizes the needs and limited resources of independent researchers and authors but also appears to balance the demands of funders, changing markets, and business practices. The hybrid model was extended to JAMA Cardiology®, which was launched in 2016, and subsequently to all of AMA’s specialty journals across The JAMA Network® on April 1, 2017.

Your Reference Committee heard testimony that many medical journals still offer no-fee publication, and many journals, including those of The JAMA Network®, will waive OA fees if authors cannot afford them. Your Reference Committee believes that our AMA is not in a position to direct or recommend that other medical journal publishers reduce or eliminate their OA article fees, nor can our AMA instruct international research funders to abandon their OA requirements and support only subscription-based journals.

Testimony reminded the Reference Committee that our AMA House of Delegates has adopted clear policy on editorial independence, affirming “JAMA® and The JAMA Network® journals shall continue to have full editorial independence as set forth in our AMA Policy G-630.090.

While testimony also expressed concerns about the quality of journal articles being published by some OA journals, and that the lack of peer review for these articles has a negative impact on scientific and medical literature, the resolution does not specifically address issues of quality, peer review, or concerns about predatory journals. However, the resolution raises a need to increase awareness about and address the complexities of current publishing practices.
Your Reference Committee recommends referral of Resolution 604 to allow our AMA Board of Trustees to review OA publication practices and the impact on the availability of new scientific research, as well as the role of predatory journals, which was referenced in the testimony but not addressed by Resolution 604.

(12) RESOLUTION 607 - AMA TO PROTECT HUMAN HEALTH FROM THE EFFECTS OF CLIMATE CHANGE BY ENDING ITS INVESTMENTS IN FOSSIL FUEL COMPANIES (DIVESTMENT)

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 607 be referred.

HOD ACTION: Resolution 607 referred.

Resolution 607 calls upon our AMA, Foundation, and any affiliated corporations to work in a timely and fiscally responsible manner to end all financial investments or relationships (divestment) with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels. Resolution 607 further calls upon our AMA, when fiscally responsible, to choose vendors, suppliers, and corporations that have demonstrated environmental sustainability practices that seek to minimize their fossil fuel consumption.

Lastly, Resolution 607 directs our AMA to support efforts of physicians and other health professional associations to proceed with divestment, including creating policy analyses, to support continuing medical education, and to inform our patients, the public, legislators, and government policy makers.

Your Reference Committee recognizes that the intent of Resolution 607 is to make a strong statement on behalf of our profession and for the benefit of our patients, as well as our environment. The resolution includes a fiscal note that reads, "The potential adverse impact on the AMA’s financial returns cannot be determined with precision at this time."

Your Reference Committee received testimony urging that transitioning away from our nation’s dependence upon fossil fuels is a moral and public health imperative that can be accelerated by eliminating financial investments in and relationships with companies tied to the fossil fuel industry. Testimony pointed out that our AMA has policy preventing investments in the tobacco industry as part of our AMA’s broad strategy to oppose tobacco use. Those in support of the resolution reasoned that the avoidance of tobacco investments has not impaired the Board of Trustees’ ability to exercise its fiduciary duties; therefore, the same should be true of fossil fuel divestment.

Your Reference Committee recognizes that, compared to the tobacco industry, the fossil fuel industry is a much larger segment that broadly supports many aspects of modern society, including raw materials used to manufacture medical devices and machinery. In addition, transaction costs to implement such a divestiture will incur a significant increase in investment management fees and compliance monitoring costs.
Given the complexity of the issues raised by Resolution 607, your Reference Committee believes referral of this item will allow our AMA Board of Trustees, in their role as fiduciaries, to study and explain the potential financial consequences to our AMA.

(13) RESOLUTION 609 - MODEL HOSPITAL MEDICAL STAFF
BYLAWS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 609 be referred.

HOD ACTION: Resolution 609 referred.

Resolution 609 calls upon our AMA to:

1. develop model hospital medical staff bylaws that incorporate currently believed to be best practices, meet the requirements of the Medicare Conditions of Participation, hospital accreditation organizations with deeming authority, and state laws and regulations, including annotations to show the source of all legal, regulatory, and accreditation requirements; and

2. post this resource on the AMA website, continuously updated and available on demand to medical staffs, medical staff offices, and medical society staff, and widely distributed as an adjunct to the next edition of the AMA Physician’s Guide to Medical Staff Bylaws.

Resolution 609 further calls upon our AMA to ask the legal counsels of State Medical Societies to outline state specific restrictions of medical staff self governance so that these may be posted on the AMA-OMSS website for use by all AMA members.

Your Reference Committee heard mostly supportive testimony for this resolution. While some states already provide this resource to their members, need was expressed for a comprehensive up-to-date resource on medical staff self governance that is readily accessible. Understanding the state-specific regulations is critical to the success of both hospital medical staff and the growing employed physician segment.

Your Reference Committee believes that in order to produce the most useful tool, more study is needed to determine the need for such a tool, analyze the complexities of its creation, and address the uncertain financial impact to our AMA and the state medical organizations. In addition, more thought should be given about how such a resource will be best executed, maintained, and accessed. For these reasons, your Reference Committee recommends referral.

(14) RESOLUTION 605 - PRONUNCIATION OF PHARMACEUTICAL NAMES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 605 not be adopted.

HOD ACTION: Resolution 605 not adopted.
Resolution 605 calls upon our AMA to adopt policy that its AMA-sponsored medical journals develop a means to convey the proper pronunciation of all new pharmaceutical names.

Your Reference Committee received testimony indicating that the United States Adopted Names (USAN) Council assigns non-proprietary names to new drugs. When a drug is assigned a name by the Council, an Adoption Statement is issued that includes the proper pronunciation of the non-proprietary name. Testimony also specified that the US Pharmacopeia Convention (USP) Dictionary of USAN and International Drug Names is currently the only source available that includes pronunciation of non-proprietary drug names. Your Reference Committee points out that the resolution asks for a pronunciation guide for “all new pharmaceutical names;” therefore, the USP Dictionary, even if available to our AMA for its use, would not include all desired information requested by this Resolution.

Your Reference Committee was reminded that JAMA® and the JAMA Network® family of specialty journals are independent from our AMA, as established by previously adopted House of Delegates policy. However, your Reference Committee recommends that our AMA Board of Trustees relay the concerns expressed in this resolution to JAMA® and the JAMA Network® family of specialty journals.

(15) RESOLUTION 606 – ADD PATIENTS TO THE AMA MISSION STATEMENT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that
Resolution 606 not be adopted.

HOD ACTION: Resolution 606 not adopted.

Resolution 606 calls upon our AMA to modify its mission statement to read, “The American Medical Association promotes the art and science of medicine, the betterment of public health, and the improvement and accessibility of health care to our patients.”

Your Reference Committee agrees that the improvement and accessibility of health care is at the core of our profession; it is in fact included as one of the principles in our AMA Code of Medical Ethics.

Your Reference Committee received compelling testimony from our AMA Board of Trustees that a mission statement should provide a useful characterization of an organization. The value of a mission statement is often diminished by attempts to include too much information. It should be short enough for people to remember, thereby reinforcing the basic identity of the organization. Strategies, objectives, and values that may change from year to year or are related to implementation should not be included in the mission statement. Furthermore, our AMA vision, “To be an essential part of the professional life of every physician,” provides a goal that encompasses both our membership aspirations and the advocacy and professional standards activities that are the core of what the AMA does on behalf of physicians and patients.

Your Reference Committee agrees with the opinion of our AMA Board of Trustees that the current Mission and Vision, as written, reflect the broader range of AMA activity, advocacy, and House of Delegates’ policy, which reflect our AMA’s long-standing commitment to patients. Therefore, your Reference Committee recommends that Resolution 606 not be adopted.
(16) BOARD OF TRUSTEES REPORT 1 - ANNUAL REPORT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Board of Trustees Report 1 be filed.

HOD ACTION: Board of Trustees Report 1 filed.

Board of Trustees Report 1 introduces our AMA’s 2015 and 2016 Consolidated Financial Statements and an Independent Auditor’s report, which are featured in a separate document titled, “2016 Annual Report” that was made available with the Handbook materials.

On behalf of our entire AMA membership, your Reference Committee extends appreciation to the Board of Trustees for executing sound fiscal responsibility throughout this past year, which was the 16th time in the last 17 years that our AMA has reported positive operating results. Additionally, your Reference Committee wishes to draw attention to the fact that in the 2016 Annual Report, it is noted that our AMA was ranked as The Number 1 most effective professional and trade organization in the United States by a leading public relations firm.
Madam Speaker, this concludes the report of Reference Committee F. I would like to thank David H. Aizuss, MD, Anthony Armstrong, MD, A. Patrice Burgess, MD, Gary Floyd, MD, Julia V. Johnson, MD, Greg Tarasidis, MD, and all those who testified before the Committee.

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<td>Anthony Armstrong, MD</td>
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