Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**

1. Board of Trustees Report 4 – AMA 2019 Dues
2. Board of Trustees Report 35 – Model Hospital Medical Staff Bylaws
3. Board of Trustees Report 43 – American Podiatric Medical Association Request for Official Observer Status in the House of Delegates
4. Report of the House of Delegates Committee on the Compensation of the Officers
5. Resolution 601 – Creation of LGBTQ Health Specialty Section Council

**RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

6. Board of Trustees Report 20 – Anti-Harassment Policy
7. Board of Trustees Report 33 – Plan for Continued Progress toward Health Equity
8. Board of Trustees Report 34 – AMA to Protect Human Health from the Effects of Climate Change by Ending its Investments in Fossil Fuel Companies
   Resolution 608 – Divestment from Companies Whose Primary Business is Fossil Fuel
9. Resolution 602 – Health Fitness Partnerships
10. Resolution 603 – Eliminating Food Waste Through Recovery

**RECOMMENDED FOR REFERRAL**

11. Resolution 604 – AMA Delegation Entitlements
12. Resolution 606 – Training Physicians in the Art of Public Forum
13. Resolution 607 – Discounted / Waived CPT Fees as an AMA Member Benefit and for Membership Promotion

**RECOMMENDED FOR NOT ADOPTION**

14. Resolution 605 – Practicing Physician Declining Membership Analysis

**RECOMMENDED FOR FILING**

15. Board of Trustees Report 1 – Annual Report
1 (1) BOARD OF TRUSTEES REPORT 4 - AMA 2019 DUES

2 RECOMMENDATION:

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

6 Board of Trustees Report 4 recommends no changes to our AMA membership dues
7 levels for 2019. The Report further notes that our AMA last raised its dues in 1994.

8 Regular Members ....................................................... $420
9 Physicians in Their Second Year of Practice .......... $315
10 Physicians in Military Service ................................. $280
11 Physicians in Their First Year of Practice ............. $210
12 Semi-Retired Physicians ....................................... $210
13 Fully Retired Physicians ................................. $84
14 Physicians in Residency Training ......................... $45
15 Medical Students ........................................... $20

20 No testimony was presented in response to Board of Trustees Report 4. Your Reference
21 Committee wishes to draw attention to the stability of our AMA dues since 1994 when
22 the last increase took place. Most importantly, the close of 2017 reflects the seventh
23 consecutive year of overall membership growth.

26 (2) BOARD OF TRUSTEES REPORT 35 - MODEL
27 HOSPITAL MEDICAL STAFF BYLAWS

29 RECOMMENDATION:

32 Madam Speaker, your Reference Committee recommends
33 that the recommendation in Board of Trustees Report 35
34 be adopted and the remainder of the Report be filed.

36 Board of Trustees Report 35 comes in response to Resolution 609-A-17, which asks our
37 AMA to: (1) develop model hospital medical staff bylaws that incorporate currently
38 believed to be best practices, meet the requirements of the Medicare Conditions of
39 Participation, hospital accreditation organizations with deeming authority, and state laws
40 and regulations, including annotations to show the source of all legal, regulatory, and
41 accreditation requirements; (2) post this resource on the AMA website, continuously
42 updated and available on demand to medical staffs, medical staff offices, and medical
43 society staff, and widely distributed as an adjunct to the next edition of the AMA
44 Physician’s Guide to Medical Staff Bylaws; and (3) ask the legal counsels of State
45 Medical Societies to outline state specific restrictions of medical staff self-governance so
46 that these may be posted on the AMA-OMSS website for use by all AMA members.
In this report, the Board of Trustees recommends that the following be adopted in lieu of Resolution 609-A-17, and the remainder of the report be filed:

1. That our AMA continue to update the Physician’s Guide to Medical Staff Organization Bylaws to address emerging issues in medical staff affairs, including relevant changes to medical staff regulatory and accreditation requirements, such as those outlined in the Medicare Hospital Conditions of Participation and in the accreditation standards of The Joint Commission and other hospital accrediting organizations. (Directive to Take Action)

2. That our AMA develop guidance for physicians on key state-by-state differences in medical staff bylaws requirements and best practices, and work with state medical societies to catalog state-specific medical staff resources available to physicians. (Directive to Take Action)

3. That our AMA pursue opportunities to improve the accessibility and usability of the content contained in the Physician’s Guide to Medical Staff Organization Bylaws, including but not limited to development of supplemental materials such as education modules, checklists, and so forth. (Directive to Take Action)

Your Reference Committee received testimony favoring adoption of the Board of Trustees Report and your Reference Committee is appreciative of the thorough review that was undertaken in response to Resolution 609-A-17.

(3) BOARD OF TRUSTEES REPORT 43 – AMERICAN PODIATRIC MEDICAL ASSOCIATION REQUEST FOR OFFICIAL OBSERVER STATUS IN THE HOUSE OF DELEGATES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendation in Board of Trustees Report 43 be adopted and the remainder of the Report be filed.

Board of Trustees Report 43 recommends that the American Podiatric Medical Association be admitted as an Official Observer in the House of Delegates, and that the remainder of the report be filed.

Your Reference Committee received no testimony in response to granting Official Observer status to the American Podiatric Medical Association. Your Reference Committee supports the recommendation proffered by the Board of Trustees.
(4) REPORT OF THE HOUSE OF DELEGATES COMMITTEE
ON COMPENSATION OF THE OFFICERS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that the recommendation in the Report of the House of Delegates Committee on the 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 recommends that the President, President-elect, Immediate Past President, Chair, and Chair-elect honoraria be increased by 4% effective July 1, 2018.

Having received no testimony in response to the introduction of the Report of the House of Delegates Committee on Compensation of the Officers, your Reference Committee extends its appreciation to the Committee for its thorough work on behalf of our House of Delegates, and your Reference Committee supports adoption of the compensation report.

(5) RESOLUTION 601 - CREATION OF LGBTQ HEALTH
SPECIALTY SECTION COUNCIL

RECOMMENDATION:

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

Resolution 601 calls upon our AMA House of Delegates to establish a Specialty Section Council on LGBTQ Health.

Your Reference Committee noted that our AMA Advisory Committee on LGBTQ Issues is not requesting section status by way of this resolution. Rather, the LGBTQ community and their allies who are seated among the various members in our AMA House of Delegates are seeking a forum within which various like-minded entities and individuals can achieve consensus around subjects of mutual interest.

Testimony recognized that this constituency group includes a growing cross-section of medical specialties and is a rapidly evolving field of medicine. Your Reference Committee received overwhelmingly supportive testimony in response to Resolution 601. Thus, your Reference Committee recommends adoption.
RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the recommendation in Board of Trustees Report 20 be amended by addition and deletion to read as follows:

Consistent with approaches taken in the professional community and in keeping with existing AMA policy regarding harassment, the Board of Trustees recommends that Policy H-140.837, “Anti-Harassment Policy,” be amended by deleting Section 2 thereof, in its entirety, that the following be adopted, and that the remainder of this report be filed:

1. Reporting a complaint of harassment

Any persons who believe they have experienced or witnessed conduct in the AMA House of Delegates in violation of Anti-Harassment Policy H-140.837 during any AMA House of Delegates meeting or associated functions should promptly notify the Speaker or Vice Speaker of the House or the AMA Office of General Counsel.

Any persons who believe they have experienced or witnessed conduct in other activities associated with the AMA (such as meetings of AMA councils, sections, the RVS Update Committee (RUC), or CPT Editorial Panel) in violation of Anti-Harassment Policy H-140.837 should promptly notify the presiding officer(s) of such AMA-associated meeting or activity or either the Chair of the Board or the AMA Office of General Counsel.

Anyone who prefers to register a complaint to an external vendor may do so using an AMA compliance hotline (telephone and online) maintained on behalf of the AMA. The name of the reporting party will be kept confidential by the vendor and not be released to the AMA. The vendor will advise the AMA of any complaint it receives so that the AMA may investigate.

2. Investigations

Investigations of harassment complaints will be conducted by AMA Human Resources. Each complaint of harassment or retaliation shall be promptly and
thoroughly investigated. Generally, AMA Human Resources will (a) use reasonable efforts to minimize contact between the accuser and the accused during the pendency of an investigation and (b) provide the accused an opportunity to respond to allegations. Based on its investigation, AMA Human Resources will make a determination as to whether a violation of Anti-Harassment Policy H-140.837 has occurred.

3. Disciplinary Action

If AMA Human Resources shall determine that a violation of Anti-Harassment Policy H-140.837 has occurred, AMA Human Resources shall (i) notify the Speaker and Vice Speaker of the House or the presiding officer(s) of such other AMA-associated meeting or activity in which such violation occurred, as applicable, of such determination, and (ii) refer the matter to the Council on Ethical and Judicial Affairs (CEJA) a three-member disciplinary committee comprised of the Chair of the Board of Trustees, the Immediate Past President of the AMA and the President-Elect of the AMA, for disciplinary and/or corrective action, which may include but is not limited to expulsion from the relevant AMA-associated meetings or activities, and (iii) provide CEJA with a and/or referral to the Council on Ethical and Judicial Affairs (CEJA) for further review and action.

If a Delegate or Alternate Delegate is determined to have violated Anti-Harassment Policy H-140.837, the disciplinary committee CEJA shall determine disciplinary and/or corrective action in consultation with the Speaker and Vice Speaker of the House.

If a member of an AMA council, section, the RVS Update Committee (RUC), or CPT Editorial Panel is determined to have violated Anti-Harassment Policy H-140.837, the disciplinary committee CEJA shall determine disciplinary and/or corrective action in consultation with the presiding officer(s) of such activities.

If a nonmember or non-AMA party is the accused, AMA Human Resources shall refer the matter to appropriate AMA management, and when appropriate, may suggest that the complainant contact legal authorities.
4. Confidentiality

To the fullest extent possible, the AMA will keep complaints, investigations and resolutions confidential, consistent with usual business practice. (New HOD Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendation in Board of Trustees Report 20 be adopted as amended and the remainder of the Report be filed.

Board of Trustees Report 20 recommends procedures to implement fully Policy H-140.837, “Anti-Harassment Policy,” with respect to conduct during meetings of the House of Delegates, councils, sections, and all other AMA entities, such as the RVS Update Committee (RUC) and CPT Editorial Panel.

Consistent with approaches taken in the professional community and in keeping with existing AMA policy regarding harassment, the Board of Trustees recommends that Policy H-140.837, “Anti-Harassment Policy,” be amended by deleting Section 2 thereof, in its entirety and that revised language be adopted with the remainder of the report being filed.

Testimony on Board of Trustees Report 20 was strongly supportive of the Board of Trustees’ efforts to establish a comprehensive anti-harassment policy and procedures for our AMA’s governance entities. Two amendments were offered and incorporated by your Reference Committee.

With respect to the disciplinary processes outlined in section three of the amended language, your Reference Committee believes that the establishment of a three-member disciplinary committee comprised of the Chair of the Board of Trustees, the Immediate Past President of the AMA, and the President-Elect of the AMA for disciplinary and/or corrective action is inadvisable due to potential conflicts of interest. For that reason, your Reference Committee recommends alternate language to eliminate this Committee and proceed directly to CEJA for final action as necessary. Recognizing that claims of harassment can be complicated and perhaps unfamiliar to CEJA, your Reference Committee has also included language that recommends CEJA receive appropriate training in evaluating harassment claims if necessary.

Your Reference Committee believes that adoption of this report as amended will contribute to the ongoing collegiality and professionalism that already exists at our AMA meetings and events.
Reference Committee F (A-18)
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(7) BOARD OF TRUSTEES REPORT 33 - PLAN FOR
CONTINUED PROGRESS TOWARD HEALTH EQUITY

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends
that the recommendations in Board of Trustees Report 33
be amended by addition and deletion to read as follows:

The Board of Trustees recommends the following be
adopted in lieu of Resolution 601-A-17 and the remainder
of the report be filed:

1. That Health Equity, defined as optimal health for all, is
a goal toward which our AMA will work by advocating
for health care access, research, and data collection;
promoting equity in care; increasing health workforce
diversity; influencing determinants of health; and
voicing and modeling commitment to health equity.
(New HOD Policy)

2. That our AMA develop an organizational unit, e.g., a
Center or its equivalent, to facilitate, coordinate,
initiate, and track AMA health equity activities.
(Directive to Take Action)

3. That the Board provide an annual report to the House
of Delegates regarding AMA’s health equity activities
and achievements. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends
that the recommendations in Board of Trustees Report 33
be adopted as amended and the remainder of the Report
be filed.

Board of Trustees Report 33 comes in response to Resolution 601-A-17, “Reinstate the
AMA Commission to End Health Care Disparities” and provides a series of
recommendations that establishes an internal AMA unit charged with advancing health
equity for all.

Your Reference Committee noted that in an effort to facilitate a response to Resolution
601-A-17, our AMA Board of Trustees appointed a ten member Health Equity Task
Force consisting of those with special interest and expertise in health and health care
disparities and representing multiple AMA constituencies. The objectives of the Task
Force were to adopt a definition of health equity against which proposed actions could
be tested; learn from the contributions of our AMA Commission to End Health Care
Disparities; build on AMA’s leadership, capabilities, and its advocacy and strategic
efforts; and recommend actions that can be undertaken by our AMA to positively contribute to and communicate a commitment to health equity.

The Task Force met over a period of several months in the winter of 2017-2018 to consider reports, articles, and related AMA policy. It also reviewed the history, actions, and achievements of the Commission to End Health Care Disparities and heard a presentation on current AMA work related to health equity. The Task Force also received written input from staff subject matter experts. In addition to the input from staff, a survey of Federation organizations was conducted to gather information about their work on health equity, health disparities, diversity, and inclusion.

The Task Force concluded unequivocally that the AMA must establish a structural or organizational component charged with looking through the health equity lens to facilitate, coordinate, and enhance current streams of work, and to stimulate additional work that would increase the AMA health equity footprint and impact. This recommendation was offered as the top priority of the Task Force. The Board of Trustees’ report outlines features that the proposed organizational component would be expected to have and offers several ideas for future consideration.

Your Reference Committee heard only positive testimony in response to the approach that was taken by our AMA Board of Trustees to identify a replacement entity that will focus on health equity. Additionally, testimony was supportive of the proposed course of action and ongoing commitment by our AMA. An amendment was proposed, and accepted by your Reference Committee, to include advocating for research and data collection on this critical issue. Lastly, your Reference Committee heard testimony calling for a sunset clause due to the anticipated high cost of this initiative. However, your Reference Committee believes an annual report will allow the House of Delegates to remain abreast of our AMA’s progress on health equity.

(8) BOARD OF TRUSTEES REPORT 34 - AMA TO PROTECT HUMAN HEALTH FROM THE EFFECTS OF CLIMATE CHANGE BY ENDING ITS INVESTMENTS IN FOSSIL FUEL COMPANIES

RESOLUTION 608 – DIVESTMENT FROM COMPANIES WHOSE PRIMARY BUSINESS IS FOSSIL FUEL

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the recommendations in Board of Trustees Report 34 be amended by addition to read as follows:

Based on the above analysis, the Board of Trustees recommends:

1. that Resolution 607-A-17 not be adopted;

2. that our American Medical Association, AMA Foundation, and any affiliated corporations work in a
timely, incremental, and fiscally responsible manner, to
the extent allowed by their legal and fiduciary duties, 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;

3. that our AMA choose for its commercial relationships,
when fiscally responsible, vendors, suppliers, and
corporations that have demonstrated environmental
sustainability practices that seek to minimize their fossil
fuels consumption; and

4. that our AMA support efforts of physicians and other
health professional associations to proceed with
divestment, including to create policy analyses, support
continuing medical education, and to inform our
patients, the public, legislators, and government policy
makers, and the remainder of this report be filed.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends
that the recommendations in Board of Trustees Report 34
be adopted as amended in lieu of Resolution 608 and the
remainder of the Report be filed.

Board of Trustees Report 34 comes in response to Resolution 607-A-17, which asked
that: (1) our American Medical Association (AMA), AMA Foundation (Foundation), and
any affiliated corporations, 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; (2) our AMA, when fiscally responsible, choose for its commercial
relationships vendors, suppliers, and corporations that have demonstrated
environmental sustainability practices that seek to minimize their fossil fuels
consumption; and (3) our AMA support efforts of physicians and other health
professional associations to proceed with divestment, including to create policy
analyses, support continuing medical education, and to inform our patients, the public,
legislators and government policymakers.

In response to Resolution 607-A-17, the Board of Trustees engaged an independent
advisor to review the status of fossil fuel divestment for major investment portfolios and
to evaluate the potential impact of implementing the resolution.

Based on the thorough analysis and advice of the independent advisor, the Board of
Trustees recommends that Resolution 607-A-17 not be adopted, and the remainder of
this report be filed.

Resolution 608 calls upon our American Medical Association, Foundation, and any
affiliated corporations to work in a timely, and fiscally responsible manner, to the extent
allowed by their legal and fiduciary duties, 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 608 further calls upon our AMA, when fiscally responsible, to:

- choose for its commercial relationships vendors, suppliers, and corporations that have demonstrated environmental sustainability practices that seek to minimize their fossil fuels consumption; and

- support efforts of physicians and other health professional associations to proceed with divestment, including creating policy analyses, supporting continuing medical education, and informing our patients, the public, legislators, and government policy makers.

Your Reference Committee received extensive and passionate testimony calling upon our AMA to lead efforts to mitigate the health effects of climate change in the public health arena. Those who testified in favor of adopting Resolution 608 also believe that as a group of physicians, our AMA has a moral responsibility to put the health of patients before political or financial considerations. Efforts to turn away from investments in corporations who derive most of their revenue from fossil fuels, thereby contributing to climate change and its health consequences, should be encouraged despite operational challenges. Resolution 608 addresses the fiduciary concerns that were raised in Board of Trustees Report 34 and gives the Board the latitude necessary to fulfill its responsibilities.

(9) RESOLUTION 602 - HEALTH FITNESS PARTNERSHIPS

RECOMMENDATION A:

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

RESOLVED, That our American Medical Association promote evidence-based health and wellness programs among AMA members (New HOD Policy); and be it further

RESOLVED, That our AMA further investigate and explore relationships with health and fitness companies to promote evidence-based health and wellness programs among AMA members, including arrangements under which attractive discounts are offered to AMA members.

(Directive to Take Action)
RECOMMENDATION B:

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

Resolution 602 calls upon our AMA to establish new policy that promotes health and wellness among AMA Members. Additionally, Resolution 602 calls upon our AMA to investigate and explore relationships with health and fitness companies, including arrangements under which attractive discounts are offered to AMA members.

Testimony favored adoption of new policy promoting the health and wellness of AMA member physicians and medical students. While there is no national health and fitness company that our AMA can partner with to secure AMA member discounts across the country, your Reference Committee favors exploration of this initiative for the purpose of identifying potential opportunities with prominent vendors. Lastly, your Reference Committee received testimony indicating that policy should indicate clearly that our AMA promotes evidenced-based health and wellness programs.

(10) RESOLUTION 603 - ELIMINATING FOOD WASTE THROUGH RECOVERY

RECOMMENDATION A:

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

RESOLVED, That our American Medical Association prioritize consider sustainability and mitigation of food waste in vendor and venue selection (New HOD Policy); and be it further

RESOLVED, That our AMA encourage vendors and relevant third parties to practice sustainability and mitigate food waste through donations. (New HOD Policy)

RECOMMENDATION B:

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

Resolution 603 calls upon our AMA to establish new policy that prioritizes sustainability and mitigation of food waste in vendor and venue selection. Additionally, Resolution 603 calls upon our AMA to encourage vendors and relevant third parties to practice sustainability and mitigate food waste through donation.

The author of Resolution 603 offered an amendment that will ask our AMA to consider sustainability and mitigation of food waste in its vendor choices and venue selections.
instead of making these considerations a priority. This amendment was accepted by your Reference Committee, and no further testimony on Resolution 603 was given.

(11) RESOLUTION 604 - AMA DELEGATION ENTITLEMENTS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 604 be referred with report back at the 2018 Interim Meeting of the House of Delegates.

Resolution 604 calls upon our AMA to continue providing a year-end count of AMA members and an added count of AMA members within the first two weeks of the subsequent year for the purpose of using the higher of the two counts for state and national specialty society delegation entitlements during the current year.

Resolution 604 also calls upon the Council on Constitution and Bylaws to prepare appropriate language to be considered by the AMA House of Delegates that provides for a second count to determine AMA delegation entitlements.

Your Reference Committee heard supportive testimony for this Resolution. The opportunity to positively affect representation in our AMA House of Delegates is used by many delegations as one element in peer-to-peer recruitment. However, it is discouraging for delegations not to see the immediate results of their membership recruitment efforts reflected in their associated delegate count.

Your Reference Committee recognizes the complexity of the membership delegation apportionment process and timing. After lengthy discussion, your Reference Committee could not determine a uniformly acceptable way to implement the method proposed in the resolution. Therefore, your Reference Committee believes that a comprehensive review should be undertaken that focuses on the impact on our entire House of Delegates. A report back at the 2018 Interim Meeting will allow any solution to be implemented for the 2019 membership year.

(12) RESOLUTION 606 - TRAINING PHYSICIANS IN THE ART OF PUBLIC FORUM

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 606 be referred.

Resolution 606 calls upon our AMA to establish a program for training physicians in the art and science of conducting public forums in order to ensure that the public is well informed on the health care system of our country.

The author of the Resolution proposed an amendment to focus the Resolution specifically on public speaking, and there was considerable supportive testimony for this
change. Several who testified believed that the resources needed to undertake training in public speaking are already available throughout the Federation and could be utilized instead of creating new training materials. However, others believed that developing the ability of physicians to positively present themselves in the public arena is too important to leave to other organizations, and that training in public speaking could be offered as a valuable AMA member benefit.

Your Reference Committee agrees that public speaking is a much-needed skill that would empower physicians to represent their views more widely and with greater effectiveness. However, your Reference Committee believes that the resources and expertise to most effectively provide this training need to be determined.

(13) RESOLUTION 607 - DISCOUNTED / WAIVED CPT FEES
AS AN AMA MEMBER BENEFIT AND FOR
MEMBERSHIP PROMOTION

RECOMMENDATION:

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

Your Reference Committee heard mixed testimony on Resolution 607. Those who testified pointed out that offering a discount for CPT’s use in medical record systems could be an attractive benefit for AMA members. While CPT products are already discounted 20-30% for AMA members who purchase the products directly, most AMA members do not purchase CPT directly, but use it as part of an integrated electronic medical record system, which is purchased for their group practice and they do not benefit directly from any discounts. In addition, some pointed out that the fees associated with CPT are imposed by vendors on physician practices, not by our AMA. Additionally, our AMA cannot guarantee that vendors would pass along a discount to physician members.

Your Reference Committee appreciates that the Resolution aims to reduce physician fees and possibly enhance member benefits but also recognizes that the idea of discounting or waiving CPT fees associated with electronic medical record systems is a complex topic that could have a significant fiscal impact on our AMA. The Board of Trustees testified that they would welcome referral of Resolution 607.

(14) RESOLUTION 605 - PRACTICING PHYSICIAN DECLINING MEMBERSHIP ANALYSIS

RECOMMENDATION:

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

Resolution 605 calls upon our AMA to publish in its Annual Report any and all aggregate data it has pertaining to reasons physicians are either leaving or not joining our AMA,
including but not limited to, survey data, focus group data, and exit interview data, giving specific attention to those physicians in the “Young,” “Mature,” and “Senior” membership categories.

Testimony on Resolution 605 was mixed. Delegates who supported the Resolution believed data our AMA possesses that delineates reasons AMA members discontinue their membership would be very helpful to use in their own organizations’ recruitment and retention efforts. Those who opposed the Resolution agreed that while such data would be helpful, a publicly available annual report is not the best way to share this information.

Your Reference Committee agrees with the author as to the usefulness of AMA data in assisting recruitment and retention efforts. Your Reference Committee also believes that a public document such as an annual report should not be used to publish this data. The Board of Trustees has expressed its willingness to share this data with interested Federation members upon request.

(15) BOARD OF TRUSTEES REPORT 1 - ANNUAL REPORT

RECOMMENDATION:

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

Board of Trustees Report 1 introduces our AMA’s 2016 and 2017 Consolidated Financial Statements and an Independent Auditor’s report, which are included in a separate document titled, “2017 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 17th time in the last 18 years that our AMA has reported positive operating results.
Madam Speaker, this concludes the report of Reference Committee F. I would like to thank Anthony Armstrong, MD, A. Patrice Burgess, MD, Melissa J. Garretson, MD, Jerry L. Halverson, MD, Ann R. Stroink, MD, Greg Tarasidis, MD, and all those who testified before the Committee.

____________________________
Anthony Armstrong, MD
Ohio

____________________________
A. Patrice Burgess, MD
Idaho

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Melissa J. Garretson, MD
American Academy of Pediatrics

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Jerry L. Halverson, MD
American Psychiatric Association

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Ann R. Stroink, MD
Congress of Neurological Surgeons

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Julia V. Johnson, MD
American Society for Reproductive Medicine
Chair