Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Report of the House of Delegates Committee on Compensation of the Officers


RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

3. Board of Trustees Report 1 – Data Used to Apportion Delegates

4. Board of Trustees Report 10 – Training Physicians in the Art of Public Forum

5. Resolution 603 – Support of AAIP’s “Desired Qualifications for Indian Health Service Director”

RECOMMENDED FOR REFERRAL

6. Resolution 604 – Physician Health Policy Opportunity

The following resolutions were Recommended Against Consideration:

- Resolution 601 – Creation of an AMA Election Reform Committee
- Resolution 602 – AMA Policy Statement with Editorials
(1) 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 the Compensation of the Officers
be adopted and the remainder of the Report be filed.

HOD ACTION: Report of the House of Delegates
Committee on the Compensation of the Officers adopted
and the remainder of the Report filed.

The Report of the House of Delegates Committee on Compensation of the Officers
recommends the following recommendations be adopted and the remainder of the report
be filed:

1. That there be no change to the current Definitions effective July 1, 2018 as they
appear 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.

2. Annual Health Insurance Stipend (Stipend) – The purpose of this payment is to
provide a Health Insurance Stipend (Stipend) to compensate the President,
President-Elect and Immediate Past President under age 65, when the
President(s) loses his/her employer-provided medical insurance coverage during
his/her term. President(s) who lose his/her employer insurance will substantiate
his/her eligibility for the Stipend by written notice to the Board Chair detailing the
effective date of the loss of coverage and listing covered family members. The
President receiving the Stipend will have the sole discretion to determine the
appropriate health insurance coverage for the himself/herself and the family, and
provide proof of purchasing such coverage to the Board Chair.

The amount of the Stipend will be 70% of the then current Gold Plan premium in
the President(s) state/county of residence for each covered family member. If there
are multiple Gold Plans in the state/county, the Stipend will be based on the
average of the then current Gold Plan premiums. The amount of the Stipend will
be updated January 1 of each Plan year based on then Gold Plan premiums and
covered family members. Should a President reach age 65 during his/her term(s),
the Stipend will end the month Medicare coverage begins. In all cases the Stipend
will end the sooner the President(s) obtains other health insurance coverage,
reaches age 65 or the month following the end of his/her term as Immediate Past
President. The Stipend will be paid monthly. The amount of the Stipend will be
reported as taxable income for the President each calendar year and will be
included in this Committee’s annual report to the House which documents
compensation paid to Officers and the IRS reported taxable value of benefits,
perquisites, services and in-kind payments.
3. Except as noted above, there will be no other changes to the Officers’ compensation for the period beginning January 1, 2019. (Directive to Take Action)

Your Reference Committee noted that the report reflected the level of commitment needed in supporting our AMA may necessitate the President, President-Elect, and Immediate Past President reduce his/her work schedule with his/her employer to a part-time status, which may result in the President, President-Elect, and Immediate Past President losing his/her eligibility for employer’s health insurance coverage. For this reason, the Compensation Committee is recommending that the President, President-Elect, and Immediate Past President, who are not Medicare-eligible, receive a stipend based on 70% of the then current Gold Plan premium in the Presidents’ state/county of residence for each covered family member. The amount of the stipend will be reported as taxable income for the President, President-Elect, and Immediate Past President each calendar year and will be included in the Compensation Committee’s annual report to the House of Delegates.

Your Reference Committee received limited testimony in response to the introduction of the revised Report of the House of Delegates Committee on Compensation of the Officers. However, the testimony did raise a specific concern regarding insurance coverage for our Presidents if the President turns 65 years of age during his/her term and the family is ineligible for Medicare. In turn, a representative of the Compensation Committee responded that the issue was noted and will be addressed in a subsequent report at the 2019 Annual Meeting.

Your Reference Committee extends its appreciation to the Compensation Committee for its thorough work on behalf of our House of Delegates.

(2) COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT REPORT 1 - WOMEN PHYSICIANS
SECTION FIVE-YEAR REVIEW

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendation in Council on Long Range Planning and Development Report 1 be adopted and the remainder of the Report be filed.


Council on Long Range Planning and Development Report 1 recommends that our American Medical Association renew delineated section status for the Women Physicians Section through 2023 with the next review no later than the 2023 Interim Meeting and that the remainder of the report be filed. (Directive to Take Action)

Having received no testimony in opposition to the Council on Long Range Planning and Development Report 1, your Reference Committee wishes to extend its appreciation to
the Council and the Women Physicians Section for their cooperative and collaborative efforts to present a thorough review of the Section.

(3) BOARD OF TRUSTEES REPORT 1 - DATA USED TO APPOINT DELEGATES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the recommendation in Board of Trustees Report 1 be amended by addition and deletion to read as follows:

1. Our AMA shall issue an annual, mid-year report on or around June 30 to inform each national medical specialty and state medical society of its current AMA membership count status report. (Directive to Take Action)

2. That “pending members” be added to the number of active AMA members in the December 31 count for the purposes of AMA delegate allocations to national medical specialty and state medical societies for the following year. (Directive to Take Action)

3. That our AMA Physician Engagement department develop a mechanism to prevent a second counting of those previous “pending members” at the end of the following year until their membership has been renewed. (Directive to Take Action)

4. For these reasons, the Board of Trustees recommends that Resolution 604-A-18 not be adopted and the remainder of this report be filed.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendations in Board of Trustees Report 1 be adopted as amended and the remainder of the Report be filed.

HOD ACTION: Board of Trustees Report 1 adopted as amended and the remainder of the Report filed.

Board of Trustees Report 1 is presented in response to Resolution 604-A-18, “AMA Delegation Entitlements,” which called upon our American Medical Association to continue to provide a count of AMA members for AMA delegation entitlements to the House of Delegates as of December 31 and also provide a second count of AMA members within the first two weeks of the new year and that the higher of the two counts be used for state
and national specialty society delegation entitlements during the current year. (Directive
to Take Action)

Additionally, Resolution 604 called upon the Council on Constitution and Bylaws to
prepare appropriate language to add a second period of time to determine AMA delegation
entitlements to be considered by the AMA House of Delegates at its earliest opportunity.
(Modify AMA Bylaws)

In their report, the Board of Trustees recommends that Resolution 604-A-18 not be
adopted and the remainder of the report be filed.

Your Reference Committee heard testimony supporting original Resolution 604-A-18. Your Reference Committee also sought further clarification as to how the current apportionment process functions. Each state and specialty society receives delegate apportionment for the HOD based on the prior year’s membership count as of December 31. As an example, a non-member who chooses to pay next year’s dues during the current calendar year is not an actual member of the AMA until January 1 of the ensuing year, although said non-member does receive AMA benefits immediately. If a society wishes to have a new member “count” toward apportionment of delegate seats applied to the immediate following year, it would need the member to pay appropriate current year dues and, thus, be an actual AMA member during the current calendar year. This process is the same for all state and specialty societies.

Your Reference Committee recognizes there may be delegations in our AMA House of Delegates whose AMA membership count places them on the threshold of acquiring an additional Delegate; therefore, your Reference Committee supports the proffered, amendment to the Board of Trustees report, which serves to provide every delegation in our AMA House of Delegates with a mid-year membership status report with which to adjust recruitment efforts during the latter half of the year to achieve the desired year-end goal.

(4) BOARD OF TRUSTEES REPORT 10 - TRAINING
PHYSICIANS IN THE ART OF PUBLIC FORUM

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the recommendation in Board of Trustees Report 10 be amended by addition and deletion to read as follows:

1. Physicians who want to learn more about public speaking can leverage existing resources both within and outside the AMA. AMA can make public speaking tips available through online tools and resources that would be publicized on our website. Physicians and physicians-in-training who want to publicly communicate about the AMA’s ongoing work are invited to learn more through the AMA Ambassador program.
Meanwhile, STEPS Forward provides helpful tips to physicians and physicians-in-training wanting to improve communication within their practice and AMPAC is available for physicians and physicians-in-training who want to advocate and communicate about the needs of patients, physicians, and physicians-in-training in the pursuit of public office. There are also resources provided to physicians and physicians-in-training at various Federation organizations and through the American Association of Physician Leadership (AAPL) to support those who are interested in training of this nature.

Because public speaking is a skill that is best learned through practice and coaching in a small group or one-on-one setting, we also encourage individuals to pursue training through their state or specialty medical society or through a local chapter of Toastmasters International.

The Board of Trustees recommends that the AMA’s Enterprise Communications and Marketing department work to develop online tools and resources that would be published on the AMA website to help physicians and physicians-in-training learn more about public speaking in lieu of Resolution 606-A-18 and the remainder of the report to be filed.

2. That our AMA offer live education sessions at least annually for AMA members to develop their public speaking skills. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendations in Board of Trustees Report 10 be adopted as amended in lieu of Resolution 606-A-18 and the remainder of the Report be filed.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the title of Board of Trustees Report 10 be changed to read as follows:

TRAINING PHYSICIANS AND PHYSICIANS-IN-TRAINING IN THE ART OF PUBLIC SPEAKING

HOD ACTION: Board of Trustees Report 10 be adopted as amended in lieu of Resolution 606-A-18 with a change in title and the remainder of the Report be filed.
Board of Trustees Report 10 is presented in response to Resolution 606-A-18, which called upon our American Medical Association 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. (Directive to Take Action)

In their report, the Board of Trustees recommends that the AMA’s Enterprise Communications and Marketing department work to develop online tools and resources that would be published on the AMA website to help physicians learn more about public speaking in lieu of Resolution 606-A-18 and that the remainder of the report to be filed. (Directive to Take Action)

While your Reference Committee received testimony favoring adoption of Board of Trustees Report 10, there was considerable testimony in support of providing in-person training to enhance public speaking skills. Therefore, your Reference Committee recommends that Board of Trustees Report 10 be amended to include live education sessions in conjunction with meetings that are hosted regularly by our AMA.

(5) RESOLUTION 603 - SUPPORT OF AAIP’S "DESIRED QUALIFICATIONS FOR INDIAN HEALTH SERVICE DIRECTOR"

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 support the “Desired Qualifications for the following qualifications for the Director of the Indian Health Service set forth by the Association of American Indian Physicians:

1. Health profession, preferably an MD or DO, degree and at least five years of clinical experience at an Indian Health Service medical site or facility.

2. Demonstrated long-term interest, commitment, and activity within the field of Indian Health.

3. Lived on tribal lands or rural American Indian or Alaska Native community or has interacted closely with an urban Indian community.

4. Leadership position in American Indian/Alaska Native health care or a leadership position in an academic setting with activity in American Indian/Alaska Native health care.

5. Experience in the Indian Health Service or has worked extensively with Indian Health Service, Tribal, or Urban Indian health programs.
6. Knowledge and understanding of social and cultural issues affecting the health of American Indian and Alaska Native people.

7. Knowledge of health disparities among Native Americans / Alaska Natives, including the pathophysiological basis of the disease process and the social determinants of health that affect disparities.

8. Experience working with Indian Tribes and Nations and an understanding of the Trust Responsibility of the Federal Government for American Indian and Alaska Natives as well as an understanding of the sovereignty of American Indian and Alaska Native Nations.

9. Experience with management, budget, and federal programs.

(New HOD Policy)

RECOMMENDATION B:

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

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the title of Resolution 603 be changed to read as follows:

DESIRED QUALIFICATIONS FOR INDIAN HEALTH SERVICE DIRECTOR

HOD ACTION: Resolution 603 adopted as amended with a change in title.

Resolution 603 calls upon our AMA to support the “Desired Qualifications for the Director of the Indian Health Service” set forth by the Association of American Indian Physicians.

(New HOD Policy)

Having received limited but supportive testimony, your Reference Committee favors our AMA’s support of the Association of American Indian Physicians desired qualifications for the Director of the Indian Health Service. Testimony also indicated the importance of having a Director of the Indian Health Service that possess a comprehensive understanding of the needs of this population and qualifications for this position should be outlined in AMA policy.
(6) RESOLUTION 604 - PHYSICIAN HEALTH POLICY OPPORTUNITY

RECOMMENDATION:

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

HOD ACTION: Resolution 604 referred.

Resolution 604 calls upon our AMA, in collaboration with the state and specialty societies, to make it a priority to give physicians the opportunity to serve in federal and state health care agency positions by providing the training and transitional opportunities to move from clinical practice to health policy. (New HOD Policy)

Additionally, Resolution 604 calls upon our AMA to study and report back to the House of Delegates at the 2019 Interim Meeting with findings and recommendations for action on how best to increase opportunities to train physicians in transitioning from clinical practice to health policy. (Directive to Take Action)

Resolution 604 further calls upon our AMA to explore the creation of an AMA health policy fellowship, or work with the Robert Wood Johnson Foundation to ensure that there are designated physician fellowship positions within their Health Policy Fellowship program to train physicians in transitioning from clinical practice to health policy. (Directive to Take Action)

Your Reference Committee heard testimony that it is critical to have physicians with clinical experience serve in government regulatory agencies to help shape health policy. However, testimony regarding identifying a partnership with the Robert Wood Johnson Foundation was mixed. Testimony indicated that there has been a steady decline in the number of spots for physicians in the Robert Wood Johnson health policy fellowship program and recommended that our AMA consider broadening any potential partnerships. Further, it was noted that developing a health policy fellowship program can be an intricate process that should be carefully evaluated.

Your Reference Committee received testimony favoring our AMA conducting a study to determine how best to increase opportunities to train physicians in transitioning from clinical practice to health policy. For these reasons, your Reference Committee recommends that Resolution 604 be referred to allow our AMA to conduct a study with a report at the 2019 Interim Meeting that details the impact our AMA can have on this issue and to consider potential partnerships.
Madam Speaker, this concludes the report of Reference Committee F. I would like to thank Michael D. Chafty, MD, JD, Melissa J. Garretson, MD, Jerry L. Halverson, MD, Candace E. Keller, MD, MPH, A. Lee Morgan, MD, Ann R. Stroink, MD, and all those who testified before the Committee.

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