AGENDA

5:30 p.m.  Networking Reception

6:00 p.m.  Welcome / Program Overview / Advisory Committee Introductions
  • Carl Streed, Jr., MD, Chair
  • Matthew Brooker, DO, Vice Chair

6:10 pm  AMA Foundation Board Report
  • Erick Eiting, MD, MPH, MMM, AMA Foundation Board of Directors

6:15 pm  Handbook Highlights – LGBTQ health-related resolutions
  • Jeremy Toler, MD, GLMA Delegate
  • Nicolas Scanlon, MSS Representative
  NOTE: GLMA will host a full Handbook review Sat., June 10 at 12:15pm in Randolph 2.

6:25 p.m.  Keynote: “Transgender health and social justice”
  • Magda Houlberg, MD, Chief Clinical Officer, Howard Brown Health

6:55 p.m.  Closing remarks / announcements

Educational sessions

“The Gender Revolution: Caring for the Transgender Patient”
Saturday, June 10, 8:30-9:30am (Room: Hong Kong)
Speaker: Jesse M. Ehrenfeld, MD, MPH, Member, Board of Trustees, AMA; Associate Professor of Anesthesiology, Surgery, Biomedical Informatics & Health Policy, Vanderbilt University School of Medicine

“Health Equity: The Intersectionality of LGBTQ and Minority Health”
Saturday, June 10, 10am – noon (Room: Randolph 3)
Co-Sponsors: MAS / LGBTQ / MSS-MIC
Panelists will include local health professionals engaged with minority and LGBTQ patient populations. They will represent the following organizations: AIDS Foundation of Chicago; Chicago Commission on Human Relations; Chicago Department of Public Health; Howard Brown Health; Pride Action Tank; and University of Illinois at Chicago.

7:00 p.m.  Adjournment
In January, the Advisory Committee to the Board on LGBTQ Issues and the Association of American Medical Colleges (AAMC) co-hosted, “The Contemporary Context of Family Building: What Providers Need to Know.” After a brief historical overview, presenters discussed adoption, assisted reproductive technologies (i.e., intrauterine insemination (IUI) and in vitro fertilization (IVF), as well as personal experiences from LGBT parents. This was the second LGBTQ health-focused webinar co-hosted by the two groups within the last year.

In March, the LGBTQ Advisory Committee wrote to the Council on Science and Public Health regarding the health and well-being of transgender youth. This issue has become a national topic over the preceding years and most recently involved a decision by the Trump administration to withdraw Obama-era federal guidance regarding transgender student issues, including access to facilities consistent with their gender identity. The Advisory Committee also wrote to AMA senior management to share best business practices regarding LGBTQ employees and staff to ensure that our AMA is a welcoming and supportive work environment. Two resources offered are tools developed by the Human Rights Campaign: Corporate Equality Index and Transgender Inclusion in the Workplace Toolkit.

The LGBTQ Advisory Committee presented the predictable harms to the health and well-being of transgender youth when they are excluded from facilities (e.g. restrooms, locker rooms) that match their gender identity. They also highlighted where our AMA policy provides protections for transgender youth and adolescents and where our AMA policy could be strengthened.

At the June 2017 AMA Annual Meeting, the Advisory Committee will host its LGBTQ and Allies Caucus and Reception on Friday, June 9 at 5:30 p.m. in Plaza B at the Hyatt Regency Chicago. Transgender health and social justice will be the focus of keynote remarks by Magda Houlberg, who is the chief clinical officer at Howard Brown Health. All are welcome.

Meeting attendees are also invited to attend “Health equity: The intersectionality of LGBTQ and minority health” two-hour educational forum, which begins Saturday morning, June 10 at 10 a.m. The Advisory Committee to the Board on LGBTQ Issues (AMA-LGBTQ) will partner with the Minority Affairs Section and the MSS Minority Issues Committee to co-host the forum that will feature health professionals from Chicago. The first hour will include panelists David E. Munar, president/CEO Howard Brown Health; Abbas Hyderi, MD, MPH, associate dean for curriculum and associate professor of clinical family medicine at the University of Illinois - Chicago College of Medicine; and Kim Hunt, executive director of Pride Action Tank. Panelists during the second hour will include Maxx Boykin, community advocacy and social justice manager with the AIDS Foundation of Chicago; Mona Noriega, Commissioner for Human Relations, City of Chicago; and Julie Morita, MD, MPH, Commissioner for the Chicago Department of Public Health.

Following the forum on Saturday morning, members of the LGBTQ Advisory Committee will join members of GLMA: Health Professionals for LGBT Equality to review the House of Delegates Handbook and discuss other items of interest at noon in Randolph 2. All Annual Meeting attendees (physicians, medical students, delegates, staff, and their guests) who are concerned about improving LGBT health and eliminating disparities among sexual and gender minorities are encouraged to attend.
Magda joined Howard Brown Health in 2008 as its Director of Geriatric Medicine and became Chief Clinical Officer in 2011. Her medical practice focus includes LGBTQ aging, HIV medicine, health promotion and interdisciplinary medical care for populations at risk. Magda has been the driving force behind the expansion of HBHC’s medical and social services for older LGBTQ adults, especially those aging with HIV. In particular, Magda has served as a medical provider and core staff member for the Chicago Elder Services Community Initiative, a collaborative project between Howard Brown Health Center, Rush University Medical Center, CJE-Senior Life, Heartland Alliance and Midwest Palliative & Hospice Care Center. As part of an interdisciplinary team, Magda provides medical care to LGBTQ older adults, training to local health care and social service providers to improve their competencies in working with LGBTQ seniors, and where appropriate, in-home care. An Internal Medicine Physician and Geriatrician, Magda graduated from Antioch College with a major in Biology. In 2004, she graduated from Rush University Medical College and went on to complete a residency there in internal medicine. She has completed a Fellowship in geriatric medicine and served as an assistant professor in the geriatric medicine section at Rush University Medical Center.
2017 AMA ANNUAL MEETING
REFERENCE COMMITTEE HEARINGS
Sunday, June 11, 2017, 8:30 a.m. – 5 p.m. | Hyatt Regency Chicago

8:30am – 12:00pm
Regency Ballroom A Reference Committee A (Medical Service)
Regency Ballroom C Reference Committee C (Medical Education)
Regency Ballroom D Reference Committee E (Science and Technology)
Grand Ballroom Reference Committee F (AMA Finance and Governance)

12:00pm – 1:30pm
Lunch break (on your own)

1:30pm – 5:00pm
Regency Ballroom C Reference Committee on Amendments to Constitution and Bylaws
Regency Ballroom B Reference Committee B (Legislation)
Regency Ballroom D Reference Committee D (Public Health)
Regency Ballroom A Reference Committee G (Medical Practice)

NOTE: Remember, only the resolved clauses from resolutions and the recommendations from councils / committees will be posted in the grid below. To view complete documents (with whereas and resolved clauses) related to the resolutions and reports that follow according to their assigned Reference Committee, go to:
### ABridged Handbook
Note: this table includes only the recommendations from reports and the resolve statements from resolutions. The table can be sorted in Word using either the "committee" column or the "item" column (or both). Alternatively, the table can be copied to a spreadsheet and manipulated there. The table includes all items of business contained in the initial Handbook, excepting informational and sunset reports.

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| .Con  | BOT 15 | No Compromise on Anti-Female Genital Mutilation Policy  
In light of the foregoing analysis, which leads to the conclusion that AMA policy in its present form prohibits the practice of "nicking," the Board of Trustees recommends that Policy H-525.980, "Expansion of AMA Policy on Female Genital Mutilation," be reaffirmed in lieu of Resolution 5-I-16 and the remainder of this report be filed. (Reaffirm HOD Policy) |
| .Con  | Res 003| Medical Spectrum of Gender  
RESOLVED, That our American Medical Association partner with appropriate medical organizations and community based organizations to inform and educate the medical community and the public on the medical spectrum of gender identity as a complex interplay of gene expressions and biologic development. (Directive to Take Action) |
RESOLVED, That our American Medical Association support state, local, and community programs that remove language barriers and promote education about low-cost health-care plans, to minimize gaps in health-care for refugees. (New HOD Policy) |
| .Con  | Res 007| Healthcare as a Human Right  
RESOLVED, That our American Medical Association recognize that a basic level of medical care is a fundamental human right (New HOD Policy); and be it further  
RESOLVED, That our AMA support the United Nations’ Universal Declaration of Human Rights and its encompassing International Bill of Human Rights as guiding principles fundamental to the betterment of public health (New HOD Policy); and be it further  
RESOLVED That our AMA advocate for the United States to remain a member state in the World Health Organization. (New HOD Policy) |
| .Con  | Res 008| Promoting the Use of Appropriate LGBTQIA Language in Medical Documentation  
RESOLVED, That our American Medical Association support the inclusion of a patient’s biological sex, gender identity, sexual orientation, preferred gender pronoun(s), and (if applicable), surrogate identifications in medical documentation and related forms in a culturally-sensitive manner. (New HOD Policy) |
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<td>.Con</td>
<td>Res 009</td>
<td>Commercial Exploitation and Human Trafficking of Minors RESOLVED, That our American Medical Association support the development of laws and policies that utilize a public health framework to address the commercial sexual exploitation and sex trafficking of minors by promoting care and services for victims instead of arrest and prosecution. (New HOD Policy)</td>
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<td>.Con</td>
<td>Res 010</td>
<td>Access to Basic Human Services for Transgender Individuals RESOLVED, That our American Medical Association oppose policies preventing transgender individuals from accessing basic human services and public facilities in line with one's gender identity, including, but not limited to, the use of restrooms (New HOD Policy); and be it further RESOLVED, That our AMA advocate for the creation of policies that promote social equality and safe access to basic human services and public facilities for transgender individuals according to one's gender identity. (Directive to Take Action)</td>
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<td>.Con</td>
<td>Res 013</td>
<td>Gender Identity Inclusion and Accountability in REMS RESOLVED, That our American Medical Association work with the United States Food and Drug Administration to develop a gender-neutral patient categorization model in Risk Evaluation and Mitigation Strategies programs, focusing exclusively on childbearing potential rather than gender identity. (Directive to Take Action)</td>
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<td>.Con</td>
<td>Res 015</td>
<td>Appropriate Placement of Transgender Prisoners RESOLVED That our American Medical Association establish policy supporting the ability of transgender prisoners to be placed in facilities that are reflective of their affirmed gender status regardless of surgical status, if they so choose. (New HOD Policy)</td>
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<td>Joint CMS / CSAPH 1</td>
<td>Value of Preventive Services The Council on Medical Service and the Council on Science and Public Health recommend that the following be adopted, and that the remainder of the report be filed. 1. That our American Medical Association (AMA) reaffirm Policy H-185.939, which supports the use of value-based insurance design in determining patient cost-sharing requirements based on the clinical value of a treatment. (Reaffirm HOD Policy) 2. That our AMA reaffirm Policy H-110.986, which supports the inclusion of the cost of alternatives and cost-effectiveness analysis in comparative effectiveness research. (Reaffirm HOD Policy) 3. That our AMA reaffirm Policy H-410.953, which calls for development processes that result in clinical practice guidelines that are trustworthy, rigorous, transparent, independent, and accountable. (Reaffirm HOD</td>
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<td><strong>4.</strong> That our AMA encourage committees that make preventive services recommendations to:</td>
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<td>a. Follow processes that promote transparency, clarity and uniformity among their methods;</td>
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<td>b. Develop evidence reviews and recommendations with enough specificity to inform cost-effectiveness analyses;</td>
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<td>c. Rely on the very best evidence available, with consideration of expert consensus only when other evidence is not available;</td>
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<td>d. Work together to identify preventive services that are not supported by evidence or are not cost-effective, with the goal of prioritizing preventive services; and</td>
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<td>e. Consider the development of recommendations on both primary and secondary prevention. (New HOD Policy)</td>
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<td><strong>5.</strong> That our AMA encourage relevant national medical specialty societies to provide input during the preventive services recommendation development process. (New HOD Policy)</td>
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<td><strong>6.</strong> That our AMA encourage comparative-effectiveness research on secondary prevention to provide data that could support evidence-based decision making. (New HOD Policy)</td>
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<td><strong>7.</strong> That our AMA encourage public and private payers to prioritize coverage of preventive services for which consensus has emerged in the recommendations of multiple guidelines-making groups. (New HOD Policy)</td>
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<td>A</td>
<td>Res 101</td>
<td>Eliminating Financial Barriers for Evidence-Based HIV Pre-Exposure Prophylaxis RESOLVED, That our American Medical Association amend Policy H-20.895 by addition to read as follows:</td>
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<td>2. Our AMA supports the coverage of PrEP in all clinically appropriate circumstances.</td>
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<td>3. Our AMA advocates that individuals not be denied various financial products, including disability insurance, on the basis of HIV pre-exposure prophylaxis (PrEP) use. (Modify Current HOD Policy)</td>
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<td>Res 123*</td>
<td>Improving the Prevention of Colon Cancer by Insuring the Waiver of the Co-Payment in all Cases RESOLVED, That our American Medical Association strongly advocate that</td>
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|       | Res 201 | Improving Drug Affordability  
RESOLVED, That our American Medical Association support drug price transparency legislation that requires pharmaceutical manufacturers to disclose, in a timely fashion, the basis for the prices of all prescription drugs, including but not limited to: (1) research and development costs paid by both the manufacturer and any other entity; (2) manufacturing costs; (3) advertising and marketing costs; (4) total revenues and direct and indirect sales; (5) unit price; (6) financial assistance provided for each drug including any discounts, rebates and/or prescription drug assistance; (7) any offshoring of either jobs or profits; (8) any reverse payment settlements; (9) payments to third parties—such as wholesalers, group purchasing organizations (GPOs), managed care organizations (MCOs), and pharmacy benefit management companies (PBMs) (New HOD Policy); and be it further RESOLVED, That our AMA support legislation that requires pharmaceutical manufacturers to provide public notice before increasing the wholesale price of any brand or specialty drug by 10% or more each year or per course of treatment (New HOD Policy); and be it further RESOLVED, That our AMA support legislation that authorizes the Attorney General and/or the Federal Trade Commission to take legal action to address price gouging by pharmaceutical manufacturers and increase access to affordable drugs for patients (New HOD Policy); and be it further RESOLVED, That our AMA support the expedited review of generic drug applications and prioritize review of such applications when there is a drug shortage, no available comparable generic drug, or a price increase of 10% or more each year or per course of treatment. (New HOD Policy) |       |
|       | Res 203 | AMA to Support Pharmaceutical Pricing Negotiation in US  
RESOLVED, That our American Medical Association prioritize its support for the Centers for Medicare & Medicaid Services (CMS) to negotiate pharmaceutical pricing for all applicable medications covered by CMS. (New HOD Policy) |       |
| B     | Res 207 | Sky Rocketing Drug Prices  
RESOLVED, That our American Medical Association strongly advocate for |       |
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<td>policies, regulations and legislation that protect patients from sky rocketing exorbitant prices for previously affordable drugs (Directive to Take Action); and be it further RESOLVED, That our AMA advocate for an &quot;out of pocket&quot; maximum dollar amount for total drug costs for our patients not to exceed $500 per month. (Directive to Take Action)</td>
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<td>B Res 221</td>
<td>AMA Policy on American Health Care Act RESOLVED, That our American Medical Association engage in negotiations with the current leadership of the United States to craft healthcare policy that is in keeping with AMA values. (Directive to Take Action)</td>
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<td>C Res 314</td>
<td>Educating a Diverse Physician Workforce RESOLVED, That our American Medical Association develop an internal education program for its members on the issues and possibilities involved in creating a diverse physician population (Directive to Take Action); and be it further RESOLVED, That our AMA provide on-line educational materials for its membership that address cultural, racial and religious issues in patient care (Directive to Take Action); and RESOLVED, That our AMA create and support programs that introduce elementary through high school students, especially those from under-represented minority groups, to healthcare careers (Directive to Take Action; and be it further RESOLVED, That our AMA create and support pipeline programs and encourage support services for URM college students that will support them as they move through college, medical school and residency programs (Directive to Take Action); and be it further RESOLVED, That our AMA recommend that medical school admissions committees use holistic evaluation of admission applicants, taking into account the diversity of preparation and the variety of talents that applicants bring to their education (New HOD Policy); and be it further RESOLVED, That our AMA advocate for the tracking and reporting to interested stakeholders of demographic information pertaining to race and ethnicity collected from Electronic Residency Application Service (ERAS) applications through the National Residency Matching Program (NRMP) (New HOD Policy); and be it further RESOLVED, That our AMA continue the research, advocacy, collaborative partnerships and other work that was initiated by the Commission to End Health Care Disparities.3 (Directive to Take Action)</td>
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<td>D Res 401</td>
<td>Use of Phrase &quot;Gun Violence Mitigation&quot; in Lieu of &quot;Gun Control&quot; RESOLVED, That our American Medical Association employ in all official</td>
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<td>AMA actions, policies and public statements, the phrase “gun violence mitigation” in lieu of “gun control” when referencing gun violence reduction laws/legislation and related initiatives. (New HOD Policy)</td>
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| D Res 403 | Tobacco Harm Reduction: A Comprehensive Nicotine Policy to Reduce Death and Disease Caused by Smoking  
RESOLVED, That our American Medical Association advocate for tobacco harm reduction approaches to be added to existing tobacco treatment and control efforts (New HOD Policy); and be it further  
RESOLVED, That our AMA educate physicians and patients on the myriad health effects of different nicotine products and emphasize the critical role of smoke and combustion in causing disease (Directive to Take Action); and be it further  
RESOLVED, That our AMA encourage physicians to adopt patient-specific, individualized approaches to smoking cessation, particularly for patients with disease secondary to smoking and for patients who have otherwise failed traditional methods for smoking cessation (New HOD Policy); and be it further  
RESOLVED, That our AMA continue its focus on research to identify and expand options that may assist patients to transition away from smoking, including nicotine replacement therapies and noncombustible nicotine products (including e-cigarettes) (Directive to Take Action); and be it further  
RESOLVED, That the AMA reaffirm its position on strong enforcement of US Food and Drug Administration and other agency regulations for the prevention of use of all electronic nicotine delivery systems and tobacco products by anyone under the legal minimum purchase age. This shall include marketing to children, direct use or purchasing by children and indirect diversion to children. Further, that our AMA reaffirm physician education of patients to limit these products for children in any and all capacity. (Reaffirm HOD Policy) |       |
| D Res 410 | Improving Access to Direct Acting Antivirals for Hepatitis C-Infected Individuals  
RESOLVED, That our American Medical Association amend current Policy H-440.845 by addition to read as follows:  
H-440.845, Advocacy for Hepatitis C Virus Education, Prevention, Screening and Treatment  
Our AMA will: (1) encourage the adoption of birth year-based screening practices for hepatitis C, in alignment with Centers for Disease Control and Prevention (CDC) recommendations; (2) encourage the CDC and state Departments of Public Health to develop and coordinate Hepatitis C Virus infection educational and prevention efforts; (3) support hepatitis C virus |       |
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<td>(HCV) prevention, screening, and treatment programs that are targeted toward maximum public health benefit; (4) support educational programs aimed at training primary care providers in the treatment and management of patients infected with HCV; (4) (5) support adequate funding by, and negotiation for affordable pricing for HCV antiviral treatments between, the government, insurance companies and other third party payers, so that all Americans for whom HCV treatment would have a substantial proven benefit will be able to receive this treatment; and (5) (6) recognize correctional physicians, and physicians in other public health settings, as key stakeholders in the development of HCV treatment guidelines. (Modify Current HOD Policy)</td>
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<td>D Res 417</td>
<td>Mandatory Public Health Reporting of Law-Enforcement-Related Injuries and Deaths RESOLVED, That our American Medical Association encourage the Centers for Disease Control and Prevention and state departments of health to collect data on serious law-enforcement-related injuries and deaths and make law-enforcement-related deaths a notifiable condition. (New HOD Policy)</td>
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<td>F BOT 04</td>
<td>AMA 2018 Dues The Board of Trustees recommends no change to the dues levels for 2018, that the following be adopted and that the remainder of this report be filed: 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</td>
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<td>F BOT 16</td>
<td>Oppose Physician Gun Gag Rule Policy by Taking our AMA Business Elsewhere Given that the Board and management will be alert to “gun gag” laws and similar types of laws when selecting future meeting sites even without a specific rigid policy, the Board of Trustees recommends that Resolution 602-I-16 not be adopted and the remainder of the report be filed.</td>
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<td>F BOT 17</td>
<td>Equality for Future Meetings Organized or Sponsored by the AMA The Board of Trustees recommends that Policy G-630.140 be amended by addition to read as follows in lieu of Resolution 602-I-16, and that the remainder of this report be filed: AMA policy on lodging and accommodations includes the following: (1) Our</td>
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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 Meetings 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.

F BOT 23* Anti-Harassment Policy

Therefore, the Board of Trustees recommends that the House of Delegates adopt the following recommendations, and that the remainder of this report be filed:

1. That our American Medical Association adopt the following policy: **Anti-Harassment Policy Applicable to AMA Entities**

It is the policy of the American Medical Association that any type of harassment of AMA staff, fellow delegates or others by members of the House of Delegates or other attendees at or in connection with HOD meetings, or otherwise, including but not limited to dinners, receptions and social gatherings held in conjunction with HOD meetings, is prohibited conduct and is not tolerated. The AMA is committed to a zero tolerance for harassing conduct at all locations where AMA delegates and staff are conducting AMA business. This zero tolerance policy also applies to meetings of all AMA sections, councils, committees, task forces, and other leadership entities (each, an “AMA Entity”), as well as other AMA-sponsored events.

**Definition**

Harassment consists of unwelcome conduct whether verbal, physical or visual that denigrates or shows hostility or aversion toward an individual.
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<td>because of his/her race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, marital status, citizenship or other protected group status, and that: (1) has the purpose or effect of creating an intimidating, hostile or offensive environment; (2) has the purpose or effect of unreasonably interfering with an individual’s participation in meetings or proceedings of the HOD or any AMA Entity; or (3) otherwise adversely affects an individual’s participation in such meetings or proceedings or, in the case of AMA staff, such individual’s employment opportunities or tangible job benefits. Harassing conduct includes, but is not limited to: epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written, electronic, or graphic material that denigrates or shows hostility or aversion toward an individual or group and that is placed on walls or elsewhere on the AMA’s premises or at the site of any AMA meeting or circulated in connection with any AMA meeting. <strong>Sexual Harassment</strong> Sexual harassment also constitutes discrimination, and is unlawful and is absolutely prohibited. For the purposes of this policy, sexual harassment includes: - making unwelcome sexual advances or requests for sexual favors or other verbal, physical, or visual conduct of a sexual nature; and - creating an intimidating, hostile or offensive environment or otherwise unreasonably interfering with an individual’s participation in meetings or proceedings of the HOD or any AMA Entity or, in the case of AMA staff, such individual’s work performance, by instances of such conduct. Sexual harassment may include such conduct as explicit sexual propositions, sexual innuendo, suggestive comments or gestures, descriptive comments about an individual’s physical appearance, electronic stalking or lewd messages, displays of foul or obscene printed or visual material, and any unwelcome physical contact. Retaliation against anyone who has reported harassment, submits a complaint, reports an incident witnessed, or participates in any way in the investigation of a harassment claim is forbidden. Each complaint of harassment or retaliation will be promptly and thoroughly investigated. To the fullest extent possible, the AMA will keep complaints and the terms of their resolution confidential. <em>(New HOD Policy)</em> 2. That the Board of Trustees establish a formal process by which any delegate, AMA Entity member or AMA staff member who feels he/she has experienced or witnessed conduct in violation of this policy may report such incident; and consider and prepare for future consideration by the House of</td>
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<td>Delegates, potential corrective action and/or discipline for conduct in violation of this policy, with report back at the 2017 Interim Meeting. (Directive to Take Action)</td>
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<td>F</td>
<td>Res 601</td>
<td>Reinstate the AMA Commission to Eliminate Health Care Disparities</td>
<td>RESOLVED, That our American Medical Association reinstate the Commission to Eliminate Health Care Disparities, including goals and objectives that are Specific, Measurable, Agreed Upon, Realistic and Time Related (SMART) metrics. (Directive to Take Action)</td>
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<td>F</td>
<td>Res 603</td>
<td>Sexual Orientation and Gender Identity Demographic Collection by the AMA</td>
<td>RESOLVED, That our American Medical Association develop a plan with input from the Advisory Committee on LGBTQ Issues to expand the demographics we collect 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)</td>
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<td>F</td>
<td>Res 606</td>
<td>Add Patients to the AMA Mission Statement</td>
<td>RESOLVED, That our American Medical Association modify its mission statement to read &quot;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&quot;. (Directive to Take Action)</td>
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<tr>
<td>G</td>
<td>Res 711</td>
<td>Expanding Access to Screening Tools for Social Determinants of Health</td>
<td>RESOLVED, That our American Medical Association provide access to evidence-based screening tools for evaluating and addressing social determinants of health in their physician resources (Directive to Take Action); and be it further RESOLVED, That our AMA support the continued integration of evidence-based screening tools evaluating social determinants of health into the electronic medical record and electronic health record (New HOD Policy); and be it further RESOLVED, That our AMA support fair compensation for the use of evidence-based social determinants of health screening tools and interventions in clinical settings. (New HOD Policy)</td>
</tr>
</tbody>
</table>
Reference committees of the House of Delegates
Con = Reference Committee on Amendments to Constitution and Bylaws
A = Reference Committee A
B = Reference Committee B
C = Reference Committee C
D = Reference Committee D
E = Reference Committee E
F = Reference Committee F
G = Reference Committee G

AMA councils
CCB = Constitution and Bylaws
CEJA = Ethical and Judicial Affairs
CLRPA = Long Range Planning and Development
CME = Medical Education
CMS = Medical Service
CSAP = Science and Public Health
Numerous educational sessions have been arranged for the 2017 Annual Meeting. All members are welcome to attend any of the educational sessions listed below. For information on Section-sponsored activities, visit https://www.ama-assn.org/about-us/member-sections-group.

Sessions certified by the AMA for CME credit are indicated by an asterisk (*).

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Medical Association designates each live activity for the maximum number of AMA PRA Category 1 Credits™ reflected with each session. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The deadline to claim credit for sessions certified by the AMA is July 31, 2017. The AMA Education Center can be accessed at cme.ama-assn.org/Education.aspx. Click on “Sign In” in the upper right hand corner of the screen, and enter your AMA username and password or create an account. Follow the instructions and complete the evaluation for each activity attended. Physicians will receive a CME certificate; non-physicians will receive a Certificate of Participation. Certificates will be saved in the “My Profile” section.

Attendees who have questions will find the AMA Education Center booth near the Grand Ballroom, where staff can assist learners in claiming credit or printing certificates. You may also contact the AMA Unified Service Center at (800) 262-3211.

**Friday, June 9**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
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<tbody>
<tr>
<td>7:45-9:15 a.m.</td>
<td>*Emerging issues in medical staff affairs (1.5 AMA PRA Category 1 Credits™)</td>
<td>Crystal Ballroom B</td>
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<td>Hosted by the AMA Organized Medical Staff Section (AMA-OMSS)</td>
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<td>This session, the second in an ongoing series on current topics in medical staff affairs, will address some of the most pressing issues facing medical staffs today. Presented from the perspectives of a medical staff leader, a medical staff services professional, and a medical staff attorney, the session will provide background information, insight, and practical solutions on common medical staff challenges such as threats to self-governance, National Practitioner Data Bank (NPDB) reporting, telehealth, and assessing senior physician competency.</td>
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<td>9-10 a.m.</td>
<td>*When the dust settles, what’s new and what’s not? (1 AMA PRA Category 1 Credit™)</td>
<td>Crystal Ballroom A</td>
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<td>Hosted by the AMA Integrated Physician Practice Section (AMA-IPPS)</td>
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<td>Speakers Robert Nesse, MD, senior medical advisor, Healthcare Policy and Payment Reform for Mayo Clinic and Richard Deem, senior vice president, AMA Advocacy look beyond the partisan rhetoric and media hype for a candid, enlightening discussion about the current state of health system reform under the current administration. What has changed, what hasn’t, and what are the implications for the future of health care delivery? Dr. Nesse brings his perspective from a distinguished career in leadership at the Mayo Clinic and Mr. Deem draws on his work leading the AMA’s renowned advocacy efforts. Attendees will be encouraged to engage speakers in a dialogue following the presentation.</td>
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<tr>
<td>9-10 a.m.</td>
<td>Achieving health equality for all: Looking back and moving forward with health care reform in America</td>
<td>Regency Ballroom D</td>
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<td>Hosted by the AMA Resident and Fellow Section (AMA-RFS)</td>
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<td>Presented by Daniel E. Dawes, JD, executive director, Government Relations, Policy and External Affairs, Moorehouse School of Medicine.</td>
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<td>9:30-10:30 a.m.</td>
<td>*Emails, texts and social media: What physicians need to know (1 AMA PRA Category 1 Credit™)</td>
<td>Crystal Ballroom B</td>
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<td>Hosted by the AMA Organized Medical Staff Section (AMA-OMSS)</td>
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<td>Using actual cases, this session will explore how physicians’ use of digital communications, such as email, text messaging, and social media, to communicate with and about patients can cause headaches for health care providers, from HIPAA violations to ruined reputations. The session will also present strategies for how you and your practice staff can safely use these tools.</td>
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| 10 a.m.-12:15 p.m. | Where health systems are looking for profitable growth (2.25 AMA PRA Category 1 Credits™) Hosted by the AMA Integrated Physician Practice Section (AMA-IPPS)  
As policy continues to drive and advance value based care, health systems need to effectively develop access points, manage channels and deliver high quality, cost-effective care across diverse care sites. Guest speaker, John Becker, senior vice president at Sg2, encourages system leaders to understand local market demand for services and identify their strengths and gaps across the system of care. Armed with this information, systems can find new potential opportunities with a holistic view of their delivery network. In this program, Mr. Becker will present case studies to illustrate new strategies health systems can use to drive profitable growth to meet better the needs of patients. | Crystal Ballroom A |
| 2-3 p.m. | Negotiating like a boss: Top tips for brokering a contract and pitfalls to avoid Hosted by the AMA Resident and Fellow Section (AMA-RFS) Committee on Business and Economics | Regency Ballroom D |
| 2-3 p.m. | The basics of resolution writing Hosted by the AMA Resident and Fellow Section (AMA-RFS) Committee on Legislative Advocacy | Field |
| 2:30-3:45 p.m. | Health system consolidation: How big is big enough (or too big)? (1.25 AMA PRA Category 1 Credits™) Hosted by the AMA Integrated Physician Practice Section (AMA-IPPS)  
Health systems are on the verge of rapid consolidation because of regulatory changes, technological innovations, financial pressures and market dynamics. In a recent JAMA® Forum on health care marketplace consolidation, Harvard-based Ashish Jha, MD, MPH suggests consolidation is one of the key underlying problems of the dysfunctional health care market. However, he cites evidence that ACOs established under the ACA and run by independent physician-led practices, show potential for cost savings and quality improvement. On the flip side, a recent white paper funded by the American Hospital Association offers evidence that hospital mergers are transforming health care by laying a foundation for value-based care. These are just two of the many conflicting perspectives on health system consolidation that will be represented during the program. | Crystal Ballroom A |

**Saturday, June 10**

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<tr>
<th>Time</th>
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<th>Venue</th>
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| 8-9 a.m. | Advancing patient-provider communication: Improving care, decreasing risk, and increasing joy at work (1 AMA PRA Category 1 Credit™) Hosted by the AMA Organized Medical Staff Section (AMA-OMSS)  
This session will present the key evidence that supports an increased institutional focus on patient-provider communication, share proven strategies to improve your practice, and give a brief overview of program designs that you can implement to educate providers within your organization. | Crystal Ballroom B |
| 8:30-10 a.m. | Responding to the impact of the opioid epidemic on women (1.5 AMA PRA Category 1 Credits™) Hosted by the AMA Women Physicians Section (AMA-WPS)  
Deaths from prescription painkiller overdoses among women have increased more than 400% since 1999, compared to 265% among men. Biological differences and social factors may influence susceptibility to substance abuse in women, which could have implications for prevention and treatment. Learning how to recognize these differences will prepare you to identify at-risk patients and implement interventions to address opioid use disorder in women across various age, race, and socioeconomic spectrums.  
Attendees will learn to differentiate between variables that increase the risk of addiction to prescription opioids in women; describe trends related to opioid prescribing, opioid use disorder, and unintentional overdose among adolescent girls and women; identify ways to effectively manage pain and reduce opioid-related harm; and recognize maternal-obstetric complications associated with opiate dependency in pregnancy.  
Featured speakers include Melinda Campopiano, MD, chief medical officer, Substance Abuse and Mental Health Services Administration; Mishka Terplan, MD, MPH, FACOG, FASAM, professor, Virginia Commonwealth University; Mary Anne McCaffree, MD, professor of pediatrics, University of Oklahoma; and Patrice Harris, MD, chair, AMA Board of Trustees. Claudia Reardon, MD, associate professor, University of Wisconsin School of Medicine and Public Health, will moderate the session. | Columbus I-J |
| 9-10 a.m. | Shape your career: Alternative careers in public policy and government Hosted by the AMA Resident and Fellow Section (AMA-RFS)  
Presented by John Whyte, MD, MPH, director, Professional Affairs and Stakeholder Engagement, Food and Drug Administration, Center for Drug Evaluation and Research; and Joseph Hutter, MD, MA, LCDR, US Public Health Service, CMS Center for Clinical Standards and Quality. | Regency Ballroom D |
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<th>Time</th>
<th>Event</th>
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| 9:10:15 a.m. | *Apps for academic physicians: The hows and whys (1.25 AMA PRA Category 1 Credits™)*  
Co-hosted by the AMA Academic Physicians Section (AMA-APS), the AMA International Medical Graduates Section (AMA-IMGS), and the AMA Senior Physicians Section (AMA-SPS)  
Mobile devices have become commonplace in everyday life. The health care setting is no different, with a proliferation of medical software applications (apps) for physicians, patients, and medical students/trainees. This session will consider the development of innovations in medical education as well as apps and tools for academic physicians to help them better prepare students and residents to practice in a changing health care environment. In addition, participants will learn ways to integrate patient apps and data resulting from these apps into their practices and improve patient care, compliance, and communication. This session is aligned with the work of the AMA’s Accelerating Change in Medical Education initiative as well as AMA’s Professional Satisfaction and Practice Sustainability initiative, both of which seek to improve innovation and efficiency in medical education and medical practice, respectively.  
Featured speakers include George Mejicano, MD, APS chair-elect; Michael Hodgkins, MD, MPH, AMA chief medical information officer; A. L. Jones, MD, MS, FACEOM, Young Physicians Section member and AMA HOD delegate, American College of Occupational and Environmental Medicine; and Arjun Gupta, medical student member of the Council on Medical Education, 2017-2018. | Columbus C-D |
| 9:15-11:15 a.m. | *Are you leaving, too? Combating burnout (2 AMA PRA Category 1 Credits™)*  
Hosted by the AMA Organized Medical Staff Section (AMA-OMSS)  
This session will describe the root causes of physician burnout and the prevalence of burnout at different career stages. The session will also examine how burnout may contribute to physician impairment and ultimately affect patient care. Finally, the session will teach you how to create a culture of prevention and wellness within your organization. | Crystal Ballroom B |
| 10 a.m.-Noon | Health equity and the intersectionality of LGBTQ and minority health  
Co-hosted by the AMA Advisory Committee on Lesbian, Gay, Bisexual, Transgender, and Queer Issues (AMA-LGBTQ), the AMA Minority Affairs Section (AMA-MAS), and the AMA Medical Student Section (AMA-MSS) Minority Issues Committee  
This forum will feature health professionals and advocates from Chicago who will discuss the intersectionality of minority and LGBTQ health. Divided into two sessions, the topics will focus on addressing housing, health disparities, and social determinants through public health and advocacy initiatives to achieve health equity.  
Carl Streed, Jr., MD, AMA-LGBTQ chair will moderate the first session. Panelists will include David E. Munar, president and CEO of Howard Brown Health; Abbas Hyderi, MD, MPH, associate dean for curriculum and associate professor of clinical family medicine at the University of Illinois-Chicago College of Medicine; and Mona Noriega, MBA, MPH, commissioner for human relations, City of Chicago.  
The second session will be moderated by Frank Clark, MD, AMA-MAS chair. Panelists will include Kim Hunt, executive director of Pride Action Tank; Maxx Boykin, community advocacy and social justice manager with the AIDS Foundation of Chicago; and Julie Morita, MD, commissioner of the Chicago Department of Public Health. | Randolph 3 |
| 10:30-11:45 a.m. | *Funding for accountability, sustainability and transparency in medical education: A proposed model for meeting physician workforce needs (1.25 AMA PRA Category 1 Credits™)*  
Co-hosted by the AMA Academic Physicians Section (AMA-APS) and the AMA International Medical Graduates Section (AMA-IMGS)  
As policy-makers and educators debate at national and state levels the structure and funding for graduate medical education, a wide-ranging new model for funding for GME holds promise. This all-payer system proposal, developed in Nebraska, encompasses funding for both undergraduate and graduate medical education, while increasing transparency and enhancing accountability, to meet the workforce needs of patients, both now and in the future. This approach provides a potential example for further innovation in GME funding.  
Kelly Caverzagie, MD, associate dean for educational strategy, University of Nebraska College of Medicine, will outline the details of this model and describe its potential implications for availability of GME slots, meeting service needs of current patients, and addressing future workforce needs. | Columbus C-D |
| 11:30 a.m.-1:30 p.m. | AMA Medical Specialty Showcase and Clinical Skills Workshop  
Hosted by the AMA Medical Student Section (AMA-MSS)  
Over 45 of the specialties represented in the AMA House of Delegates will be in attendance to offer medical students an opportunity to speak with residents and physicians about various medical specialties and sub-specialties, and to practice essential medical skills, such as suturing, casting, ultrasound, and airway management. | Riverside Exhibit Hall |
### Noon-1:30 p.m.

*Mindfulness interventions: A workshop to foster resiliency (1.5 AMA PRA Category 1 Credits™)*

Hosted by the AMA Senior Physicians Section (AMA-SPS)

Mindfulness—the process of bringing one’s attention to internal and external experiences occurring in the present moment—can be developed through the practice of meditation. Recent research has indicated a correlation between mindfulness and improved well-being, suggesting mindfulness can even help alleviate many mental and physical conditions. This session will explore how incorporating mindfulness interventions into your daily life can be effective in developing a healthy state of active and open attention to the present.

The featured speaker is Philip Cass, PhD, consultant, TLP Group Inc., Columbus, Ohio. The program will be introduced by Claire V. Wolfe, MD, delegate, AMA-SPS Governing Council, and moderated by Paul H. Wick, MD, chair-elect, AMA-SPS Governing Council.

### 12:30-1:30 p.m.

**Employment contracts: What you need to know**

Co-hosted by the AMA Organized Medical Staff Section (AMA-OMSS) and the AMA Young Physicians Section (AMA-YPS)

Presented by a leading health law attorney, this session will help you understand the most important components of physician employment contracts, including how to structure your contract to maximize your future practice options.

### Monday, June 12

#### 8-9:30 a.m.

**Physician Workforce and Immigration: Educational, Scientific, Institutional, and Patient Access Implications (1.5 AMA PRA Category 1 Credits™)**

Co-hosted by the AMA Council on Medical Education (AMA-CME), AMA Council on Science and Public Health (AMA-CSAPH), the AMA Academic Physicians Section (AMA-APS), the AMA Integrated Physician Practice Section (AMA-IPPS), and the AMA Medical Student Section (AMA-MSS)

The new administration’s recently issued executive orders regarding limitations on immigration have introduced great uncertainty into the lives of physicians in training, physician scientists, and administrators. Furthermore, while public understanding of the implications of these orders is not comprehensive, access to care would also be compromised in the short and long term should the orders be implemented as written. This session aims to educate AMA members and leadership regarding the multiple implications of the proposed executive orders.
2017 AMA Advisory Committee on LGBTQ Issues Annual Meeting

Transgender health and social justice
Room: Plaza B
5:30–7 p.m. | Friday, June 9
Reception and caucus

Magda Houlberg, MD
Howard Brown Health of Chicago

Health equity and the intersectionality of minority and LGBTQ health
Room: Randolph 3
10 a.m.–noon | Saturday, June 10

Session 1 (10–11 a.m.)
Moderator
Carl G. Streed Jr., MD
AMA Advisory Committee on LGBTQ Issues
Panelists
Abbas Hyderi, MD, MPH
University of Illinois at Chicago College of Medicine
David Ernesto Munar
Howard Brown Health
Mona Noriega, MBA, MPA
Chicago Commission on Human Relations

Session 2 (11 a.m.–noon)
Moderator
Frank A. Clark, MD
Governing Council, AMA-MAS
Panelists
Maxx Boykin
AIDS Foundation of Chicago
Kim Hunt
Pride Action Tank
Julie Morita, MD, MPH
Chicago Department of Public Health

Co-sponsors
AMA Advisory Committee on LGBTQ Issues
AMA Medical Student Section Minority Issues Committee
AMA Minority Affairs Section (MAS)
STATEMENT OF NEED

Despite the important strides made in HIV management over the past 2 decades, African-American and Latino men who have sex with men still face a hugely disproportionate risk for HIV infection relative to that of other populations. Unfortunately, uptake of HIV prevention strategies has been relatively low among those most likely to benefit. These patients face a host of challenges to the delivery of effective health care due to variety of social and structural barriers. In light of the recent data on continuing disparities in HIV transmission, overcoming obstacles to accessing prevention strategies is more critical than ever.

TARGET AUDIENCE

Primary care providers (MDs, DOs, PAs, NPs), including those providing care within Federally Qualified Health Centers, inclusive of LGBTQ health centers, who manage the care of individuals at risk for HIV infection.

FACULTY PRESENTERS

Richard A. Elion, MD
Clinical Professor of Medicine
George Washington University
Co-director, HIV/HCV Program
Providence Hospital
Washington, DC

W. David Hardy, MD, AAHIVS
Senior Director, Evidence-based Practices
Whitman-Walker Health
Washington, DC
Adjunct Professor of Medicine
Johns Hopkins University School of Medicine
Baltimore, Maryland

Dates and Times

<table>
<thead>
<tr>
<th>Date</th>
<th>Eastern</th>
<th>Central</th>
<th>Mountain</th>
<th>Pacific</th>
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<tr>
<td>Tuesday, June 6, 2017</td>
<td>8:00 PM</td>
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<tr>
<td>Thursday, June 15, 2017</td>
<td>3:00 PM</td>
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Estimated time to complete this activity is 1 hour.
Welcome to Hyatt Regency Chicago. Meeting rooms, ballrooms, restaurants and guest amenities are listed in alphabetical order and color coded by floor. For help, dial Guest Services at Extension 4460.

Elevators, Escalators and Restrooms are indicated on each floor. Elevators are conveniently located throughout the hotel for guests with disabilities or where no escalator is present.

Crossing Between Towers: Cross between towers via the Blue Level Skybridge or the Concourse on the Bronze Level. You may also cross on the Green Level via the crosswalk on Stetson Drive.