## Young Physicians Section (YPS)

### 2017 Interim Business Meeting

**Hawaii Convention Center**  
**Nov. 9 – 13**

**House of Delegates Meeting (HOD)**  
**Nov. 11 – 14**

**H = Hilton Hawaiian Village Hotel**  
**CC = Hawaii Convention Center**

### Thursday, November 9

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30 a.m. – 8 p.m.</td>
<td>Registration at Convention Center</td>
<td>Kamehameha Exhibit Hall</td>
</tr>
</tbody>
</table>
| 8:30 – 9:30 p.m. | Oceanside chat with AMA-CXO  
 Descriptor: A warm welcome to MSS leaders, RFS and YPS members with Todd Unger, Chief Experience Officer and SVP of Physician Engagement. Hear about upcoming membership initiatives while enjoying tropical cocktails, hors d'oeuvres and leis! | Hilton – Tapa I                    |
| 9:30 – 10:30 p.m. | Informal Social with Governing Council                                 | The Barefoot Bar at the Hale Koa Hotel (2055 Kalia Road) |

### Friday, November 10

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 a.m. – 6 p.m.</td>
<td>Registration at Convention Center</td>
<td>CC</td>
</tr>
<tr>
<td>7:15 – 8 a.m.</td>
<td>ACS YPS Surgical caucus</td>
<td>CC</td>
</tr>
<tr>
<td>7:30 – 8:15 a.m.</td>
<td>YPS Innovation committee meeting</td>
<td>Room 307B (CC)</td>
</tr>
<tr>
<td>7:30 – 8:15 a.m.</td>
<td>YPS MOC/MOL committee meeting</td>
<td>Room 307A (CC)</td>
</tr>
<tr>
<td>7:30 – 8:15 a.m.</td>
<td>YPS Special Committee on Media, Marketing, and Membership meeting</td>
<td>Room 305A (CC)</td>
</tr>
<tr>
<td>7:30 – 8:15 a.m.</td>
<td>YPS Strategy/Leadership committee meeting</td>
<td>Room 308B (CC)</td>
</tr>
<tr>
<td>7:30 – 8 a.m.</td>
<td>YPS New member orientation</td>
<td>Room 303B (CC)</td>
</tr>
<tr>
<td>8 – 8:30 a.m.</td>
<td>Parliamentary procedure training</td>
<td>Room 303B (CC)</td>
</tr>
<tr>
<td>8:30 – 10 a.m.</td>
<td>YPS Credentialing</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td>8:30 – 9 a.m.</td>
<td>YPS Assembly breakfast</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td></td>
<td>• Complimentary full hot breakfast served</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td>9 – 9:25 a.m.</td>
<td>Opening of the YPS Assembly</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td></td>
<td>• Call to Order and Opening Remarks</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td></td>
<td>• Brandi Ring, MD, Chair</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td></td>
<td>• Distribution of Reference Committee Report</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td></td>
<td>• Distribution of HOD Handbook Review Grids</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td></td>
<td>• Review YPS Items of Business, Reference Committee Recommendations, and HOD Business</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td></td>
<td>• Presentation and Ratification of the Rules of Order</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td>9:25 – 9:30 a.m.</td>
<td>Internal Operating Procedures Committee Update</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td>9:30 – 10 a.m.</td>
<td>YPS Business meeting</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td></td>
<td>• Presentation and Ratification of the Rules of Order</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td></td>
<td>• AMA-YPS Debate of Reference Committee recommendations followed by voting</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td>10 – 11:30 a.m.</td>
<td>YPS HOD Handbook review</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td>11:30 – 11:40 a.m.</td>
<td>Updates:</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td></td>
<td>• Minority Affairs Section</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td></td>
<td>• Advisory Committee on Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Issues</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td></td>
<td>• Women Physicians Section</td>
<td>Room 312 (CC)</td>
</tr>
</tbody>
</table>
### Friday, November 10 (Continued)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noon – 1:30 p.m.</td>
<td>C. Clayton Griffin, MD, Memorial YPS Assembly luncheon &lt;br&gt;“Implicit Bias in Health Care”</td>
<td>Room 316B (CC)</td>
</tr>
<tr>
<td>1:45 – 2 p.m.</td>
<td>YPS Assembly &lt;br&gt;• Innovation, MOC/MOL, and Strategy/Leadership committees updates</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td>2 – 3 p.m.</td>
<td>YPS HOD Handbook review (continued)</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td>3 – 3:15 p.m.</td>
<td>Break</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td>3:15 – 3:30 p.m.</td>
<td>YPS Assembly &lt;br&gt;• AMPAC update &lt;br&gt;o Brooke Buckley, MD &lt;br&gt;• AMA Foundation update &lt;br&gt;o Tamaan Osbourne-Roberts, MD &lt;br&gt;• Scope of Practice update &lt;br&gt;o Michaela Sternstein, AMA Vice President, Advocacy Resource Center</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td>3:30 – 4:15 p.m.</td>
<td>YPS HOD Handbook review (continued, if necessary)</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td>4:15 – 5 p.m.</td>
<td>YPS HOD Caucus/Reference Committee testimony coordination &lt;br&gt;• Kavita Arora, MD, MBE, AMA-YPS Alternate Delegate &lt;br&gt;• Henry Lin, MD, AMA-YPS Immediate Past Chair</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td>5 p.m.</td>
<td>Adjournment of AMA-YPS Business Meeting</td>
<td>Room 312 (CC)</td>
</tr>
<tr>
<td>4 – 6 p.m.</td>
<td>AMA Research symposium</td>
<td>Kamehameha Exhibit Hall 1st Floor (CC)</td>
</tr>
<tr>
<td>4:30 – 6 p.m.</td>
<td>MAS Business meeting and reception</td>
<td>Rainbow 3 - H</td>
</tr>
<tr>
<td>5:30 – 7 p.m.</td>
<td>LGBTQ &amp; Allies caucus and reception</td>
<td>Tapa 1 - H</td>
</tr>
<tr>
<td>9 – 11 p.m.</td>
<td>YPS Dessert Reception</td>
<td>Tommy Bahama 298 Beachwalk Drive</td>
</tr>
</tbody>
</table>

### Saturday, November 11

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a.m. – 1:30 p.m.</td>
<td>YPS participation in AMA House of Delegates State, Regional, and Specialty Caucuses</td>
<td>Varies – Check schedule</td>
</tr>
<tr>
<td>9 a.m. – 12:20 p.m.</td>
<td>AMA Sections and Special Group Educational Programming</td>
<td>Varies – Check schedule</td>
</tr>
<tr>
<td>2 – 6 p.m.</td>
<td>HOD Opening Session (Ceremonial – Speeches, Award Presentations; Business – Rules of Order)</td>
<td>Kalakaua Ballroom (CC)</td>
</tr>
<tr>
<td>5:30 – 7 p.m.</td>
<td>WPS Reception and business meeting</td>
<td>Hilton-Tapa Tower Honolulu Suites</td>
</tr>
<tr>
<td>5:30 – 7:30 p.m.</td>
<td>IMGS Congress Meeting</td>
<td>Room 316B (CC)</td>
</tr>
</tbody>
</table>

### Sunday, November 12

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 – 8:30 a.m.</td>
<td>HOD Second Opening Session (Business – Introduction of Reports and Resolutions, Extraction of Informational Reports, Supplementary Report of Committee on Rules &amp; Credentials)</td>
<td>Kalakaua Ballroom (CC)</td>
</tr>
<tr>
<td>8:30 a.m. – Noon</td>
<td>Reference committee hearings are all at the Convention Center &lt;br&gt;• Reference Committee on Amendments to Constitution &amp; Bylaws &lt;br&gt;• Reference Committee B (legislation) &lt;br&gt;• Reference Committee F (AMA governance and finance) &lt;br&gt;• Reference Committee J (medical service, medical practice, insurance) &lt;br&gt;• Reference Committee K (science and public health)</td>
<td>Room 312 (CC) Room 313C (CC) Kalakaua Ballroom (CC) Room 313A (CC) Room 311 (CC)</td>
</tr>
<tr>
<td>12:30 – 1:45 p.m.</td>
<td>WPS Associates lunch meeting</td>
<td>Room 318B (CC)</td>
</tr>
<tr>
<td>1 – 2 p.m.</td>
<td>YPS caucus and debriefing</td>
<td>Room 319B (CC)</td>
</tr>
<tr>
<td>2:30 – 3:30 p.m.</td>
<td>IMGS Busharat Ahmad, MD leadership development program</td>
<td>Room 317A (CC)</td>
</tr>
<tr>
<td>3 – 5 p.m.</td>
<td>Education sessions</td>
<td>Varies – Check schedule</td>
</tr>
</tbody>
</table>

### Monday, November 13

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 – 11 a.m.</td>
<td>Education sessions</td>
<td>Varies – Check schedule</td>
</tr>
<tr>
<td>9:30 – 11 a.m.</td>
<td>MSS, RFS, YPS joint caucus hosted by the MSS</td>
<td>Room 311 (CC)</td>
</tr>
<tr>
<td>11 a.m. – 1:45 p.m.</td>
<td>Caucuses</td>
<td>Varies – Check schedule</td>
</tr>
<tr>
<td>2 – 6 p.m.</td>
<td>HOD Business Session</td>
<td>Kalakaua Ballroom (CC)</td>
</tr>
</tbody>
</table>

### Tuesday, November 14

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 a.m. – Noon</td>
<td>HOD Business Session</td>
<td>Kalakaua Ballroom (CC)</td>
</tr>
</tbody>
</table>

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Page 2 of 2
AMA-YPS Rules of Order: Business Meeting

- The Assembly of the AMA-YPS is composed of designated delegates representing their respective constituent state medical societies, specialty societies, or branches of the uniformed services. Representatives must be under the age of 40 or within the first eight (8) years of professional practice after residency and fellowship training programs (if over the age of 40). They must be members of the AMA. Only certified representatives that are credentialed may vote. Only certified AMA-YPS representatives may make motions or propose amendments. Observers and others are welcome, but can participate in debate only with permission of the Chair.

- The Chair and the Speaker will preside over the Business Meeting.

- Resolutions to the AMA-YPS Assembly must propose new policy positions for the AMA, directives for action to the AMA-YPS Governing Council, and directives for advocacy by the AMA-YPS Delegate and Alternate Delegate within the AMA House of Delegates. The AMA-YPS does not accept resolutions to develop YPS policy only.

- Resolutions must be received in writing by the AMA-YPS office by a specific time determined by the Chair (resolution due dates: April 30 for the Annual Assembly Meeting and August 30 for the Interim Assembly Meeting). Resolutions submitted after the deadline date and within a week of the meeting will be deemed "late." Instructions for commenting on these resolutions will be posted on the AMA-YPS Web site where possible and referred to the Reference Committee for its recommendation to accept or not. The Reference Committee will consider the timeliness/urgency of late resolutions, coupled with the reason(s) for lateness. If the Assembly votes by a 2/3 affirmative vote to accept, the Reference Committee then issues a written recommendation for disposition of the resolution.

- Resolutions received after the "late resolutions deadline" and through the AMA-YPS Assembly meeting will be considered "emergency resolutions." A 3/4 Assembly vote is required for acceptance.

- Copies of all on-time, late and emergency resolutions will be distributed to the Assembly.

- A representative must wear his/her badge at all times while on the floor of the Assembly.

- A representative wishing to obtain the floor shall approach the nearest microphone, wait to be recognized, address the Chair, and give his/her name and affiliation before speaking on the issue. Observers and others may participate in the discussion with permission of the Chair.
• No one will speak more than once on any issue or separate motion until all who wish to speak have been heard. No one will speak more than twice, without permission of the Chair or upon approval by a majority of the Assembly.

• So as not to hinder debate, time limits for discussion on any single issue shall not be imposed. Should discussion become lengthy, a representative to the Assembly may make a motion to the Assembly to limit debate. Such motion would need a 2/3 vote to be passed. Ample time should be allowed for any member to be heard on an issue before debate is closed.

• Any major amendments will be presented to the Chair in writing before they are placed on the floor for discussion and action.

• Voting will be by voice, that is, the “ayes” and “nays,” except where the Chair or a representative calls for a division of the Assembly, in which case a standing vote will be taken.

• Smoking will be prohibited at all official business meetings of the AMA-YPS including the Assembly, reference committees, and workshops.

• Thirty voting representatives shall constitute a quorum for the business meeting of the AMA Young Physicians Section.
<table>
<thead>
<tr>
<th>Order of Rank/Precedence¹</th>
<th>Interrupt</th>
<th>Second</th>
<th>Debate</th>
<th>Amend</th>
<th>Vote</th>
<th>Applies to what other motions?</th>
<th>Can have other motions applied?²</th>
<th>Renewable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privileged Motions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Adjourn</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majority</td>
<td>None</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Recess</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majority</td>
<td>None</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes⁵</td>
</tr>
<tr>
<td>3. Question of Privilege</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Subsidiary Motions</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4. Table</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Main Motion</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>5. Close Debate</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Main Motion</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Limit Debate</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>2/3</td>
<td>Main Motion</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes⁶</td>
</tr>
<tr>
<td>7. Postpone to a Certain Time</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majority</td>
<td>Main Motion</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes⁶</td>
</tr>
<tr>
<td>8. Refer to Committee (or Board)</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majority</td>
<td>Main Motion</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes⁶</td>
</tr>
<tr>
<td>9. Amend</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majority</td>
<td>None</td>
<td>Main Motion</td>
<td>No</td>
</tr>
<tr>
<td>10. Specific Main Motions</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Adopt in-lieu-of</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes²</td>
<td>Majority</td>
<td>None</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>Amend a Previous Action</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majority</td>
<td>None</td>
<td>Adopted MM</td>
<td>No</td>
</tr>
<tr>
<td>Ratify</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majority</td>
<td>None</td>
<td>Adopted MM</td>
<td>No</td>
</tr>
<tr>
<td>Recall from Committee</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majority</td>
<td>None</td>
<td>Referred MM</td>
<td>No</td>
</tr>
<tr>
<td>Reconsider</td>
<td>Yes⁴</td>
<td>Yes</td>
<td>Yes²</td>
<td>No</td>
<td>Majority</td>
<td>None</td>
<td>Vote on MM</td>
<td>No</td>
</tr>
<tr>
<td>Rescind</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Same Vote</td>
<td>None</td>
<td>Adopted MM</td>
<td>No</td>
</tr>
</tbody>
</table>

¹ The order of rank or precedence is determined by the rules of the legislative body or organization.
² The 'Amend' column refers to whether the motion can be amended.
³ The 'Debate' column indicates whether the motion is debatable.
⁴ The 'Vote' column specifies the type of vote required for approval.
⁵ The 'None' column indicates that the motion cannot be amended.
⁶ The 'None' column indicates that the motion cannot be debated.

American Institute of Parliamentarians Standard Code of Parliamentary Procedure Motions Table
### Incidental Motions (non-ranking within the classification)

<table>
<thead>
<tr>
<th>Motions</th>
<th>No order of Rank/Precedence</th>
<th>Interrupt</th>
<th>Second</th>
<th>Debate</th>
<th>Amend</th>
<th>Vote</th>
<th>Applies to what other motions?</th>
<th>Can have other motions applied?</th>
<th>Renewable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
<td>Ruling of Chair</td>
<td>Close/limit debate</td>
<td>No</td>
</tr>
<tr>
<td>Suspend the Rules</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Procedural Rules</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Consider Informally</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
<td>Main Motion or Subject</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Point of Order</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>Procedural error</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>Inquiries</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>All motions</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>Withdraw a Motion</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None&lt;sup&gt;3&lt;/sup&gt;</td>
<td>All motions</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>Division of a Question</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Main Motion</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>Division of Assembly</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None&lt;sup&gt;5&lt;/sup&gt;</td>
<td>Indecisive Vote</td>
<td>None</td>
<td>No</td>
</tr>
</tbody>
</table>

**MM = Main Motion**

1. Motions are in order only if no motion higher on the list is pending.
2. Restricted
3. Not debatable when applied to undebatable motion
4. Member may interrupt proceedings, but not a speaker
5. Withdraw may be applied to all motions
6. Renewable at discretion of presiding officer (chair)
7. Tie or majority vote sustains the ruling of the presiding officer; majority vote in negative reverses the ruling
8. If decided by assembly (by motion), requires a majority vote to adopt

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American Institute of Parliamentarians  
(888) 664-0428  
www.aipparl.org  
aip@aipparl.org

*American Institute of Parliamentarians Standard Code of Parliamentary Procedure Motion Table*
Parliamentary Procedure “Cheat Sheet”

- Start by stating who you are (name and who you are representing)
  - “Shane Hopkins on behalf of the American Society for Radiation Oncology” or “Shane Hopkins speaking only on behalf of myself”
  - If you haven’t discussed the issue with your supporting society and they don’t have policy on the topic, you should typically only say you are representing yourself, even if you are “the delegation”. It’s not a bad thing but then requires a “second” if you are making a motion.
- Then make a motion or state whether you are speaking for or against the current motion already under consideration
  - “… and I would like to propose an amendment to change…”
  - “… and I speak in opposition to the motion to refer…”
- Try not to repeat previous testimony. Keep it brief. Be diplomatic (we’re all on the same team). Provide examples and data if you have it. Feel free to ask questions of the Speaker if you are confused about a procedural issue.
- The parli pro is to facilitate fairness, not make things incomprehensible or intimidate people away from participation. If it is doing those things, speak up.

Available typical motions for different parts of our business:

<table>
<thead>
<tr>
<th>YPS Reference Committee Items</th>
<th>House of Delegates Handbook Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extract from Consent Calendar (only at start of business)</td>
<td>Extract from Handbook Committee Grid (only at start of each committee’s discussion)</td>
</tr>
<tr>
<td>Amend item</td>
<td>Amend Committee recommended position</td>
</tr>
<tr>
<td>Second order amendment to item</td>
<td>Second order amendment</td>
</tr>
<tr>
<td>Limit or extend debate</td>
<td>Limit or extend debate</td>
</tr>
<tr>
<td>Postpone to a certain time</td>
<td>Postpone to a certain time during this meeting</td>
</tr>
<tr>
<td>Refer to Governing Council for report</td>
<td>Reconsider item already voted on</td>
</tr>
<tr>
<td>Reconsider item already voted on</td>
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</tbody>
</table>

Most of these are “debatable” and would be discussed prior to voting them up or down.

Additional procedural motions are available in the manual but are used less frequently and would probably slow down the process.
Definition of AMA-YPS Actions

For the AMA-YPS Governing Council to act in accordance with the wishes of the AMA-YPS Assembly, the actions of the assembly must be definitive. To avoid any misunderstanding, the Governing Council uses the following definitions for Assembly actions:

- **ADOPT**: Approve report or resolution as policy to be implemented through Governing Council and/or entered into AMA House of Delegates.

- **FILE**: Accept report for information only.

- **REFER FOR REPORT**: Send report or resolution back to Governing Council for further consideration AND A REPORT BACK TO THE ASSEMBLY AT A LATER DATE.

- **REFER FOR DECISION**: Delegate to the AMA-YPS Governing Council the decision as to what action is appropriate.

- **NOT ADOPT**: Defeat report or resolution.

*Note*: A substitute resolution replaces the original resolution and is treated like any other resolution. An amendment adds or deletes a section of a report or resolution.
Developing Sound AMA-YPS Positions

If sound positions are to be formulated, the issues will be decided on the basis of three criteria:

- Is the proposed matter feasible? (Can it be done?)
- Is it advisable? (Should it be done?)
- Is it efficient? (What is the best cost-benefit ratio?)

AMA-YPS positions will be sound if those questions are answered affirmatively or if a satisfactory compromise based on the criteria is made.

Creating or changing AMA policy generally is initiated when an inequity is perceived, a problem is recognized, or a potential problem is identified (e.g., credentialing problems unique to young physicians, inequitable reimbursement, late payment, decrease in graduate medical education funding). Those who frame resolutions for consideration first find the underlying problem and then identify specific objectives that will resolve the issue.

While experienced representatives may find the process of evaluating issues easy, the novice may find it long and arduous. However complex, the process produces sound policy and helps those who frame resolutions produce a sound defense of their proposals.

Steps to Consider when Evaluating Pending Resolutions

- **What can be done?** Is more information needed that will narrow or broaden choices? Have similar policies been presented and rejected? If so, why? Look at alternative ways to accomplish the same outcome.
- **Ask:** What mechanisms are in place to help execute the policies? Can the AMA-YPS or the AMA actually do what it is being asked to do? Can/should some other organization take on the issue? Can/should some other organization align with this issue to give added support?
- **Ask:** What are the consequences of each of the outcomes? What are some relevant techniques for predicting the consequences? Who will be helped; who will be hurt? What systems will be affected? Is it consistent with the current policy? What are the social costs, program costs and governmental costs? How will the policy’s success be measured in solving the identified problem?
- **Consider the value of the actions.** Depending on the environment, each criterion may be easily ranked. If money is not a problem, efficiency may be ranked last; if there is little money, efficiency may be the controlling factor. If all criteria are ranked equally, or nearly so, the decision may be more difficult in evaluating the outcome. The method of ranking choices is very individualized but must have some sort of logical foundation to be credible and marketable.

Making a final choice draws upon all aspects of the analysis and comes up with the preferred course of action. The most desirable is not always the best, but it may be the best for the time and environment. Goals may have to be lowered when dealing with complex or evolving issues.
The House of Delegates approved using the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure* (2012) at A-15. This is a brief summary of the changes from our previous parliamentary authority.

**PRIVILEGED MOTIONS**

<table>
<thead>
<tr>
<th>PRIVILEGED MOTIONS</th>
<th>STURGIS</th>
<th>NEW AIPSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adjourn</td>
<td>---</td>
<td>No change ---</td>
</tr>
<tr>
<td>2 Recess</td>
<td>---</td>
<td>No change ---</td>
</tr>
<tr>
<td>3 Question of privilege</td>
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<td>No change ---</td>
</tr>
</tbody>
</table>

**SUBSIDIARY MOTIONS**

<table>
<thead>
<tr>
<th>SUBSIDIARY MOTIONS</th>
<th>STURGIS</th>
<th>NEW AIPSC</th>
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<tbody>
<tr>
<td>4 Table</td>
<td></td>
<td>Removes item from consideration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not debatable or amendable; ⅔ vote</td>
</tr>
<tr>
<td>5 Close debate</td>
<td>---</td>
<td>No change ---</td>
</tr>
<tr>
<td>6 Limit or extend debate</td>
<td>---</td>
<td>No change ---</td>
</tr>
<tr>
<td>7 Postpone to certain time</td>
<td>---</td>
<td>No change ---</td>
</tr>
<tr>
<td>8 Refer to committee</td>
<td>---</td>
<td>No change ---</td>
</tr>
<tr>
<td>9 Amend</td>
<td>---</td>
<td>No change ---</td>
</tr>
</tbody>
</table>

**MAIN MOTIONS**

10 Main Motion --- No change ---

Specific main motions:

- **Adopt-in-lieu-of** Not present

- Amend a previous action --- No change ---

- **Ratify** --- No change ---

- **Recall from committee** Not present

- Reconsider --- No change ---

- Rescind --- No change ---

**Resume consideration** Not present
7.0.1 **Mission of the Sections.** A Section is a formal group of physicians or medical students directly involved in policymaking through a Section delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Sections shall be established by the House of Delegates for the following purposes:

7.0.1.1 **Involvement.** To provide a direct means for membership segments represented in the Sections to participate in the activities, including policy-making, of the AMA.

7.0.1.2 **Outreach.** To enhance AMA outreach, communication, and interchange with the membership segments represented in the Sections.

7.0.1.3 **Communication.** To maintain effective communications and working relationships between the AMA and organizational entities that are relevant to the activities of each Section.

7.0.1.4 **Membership.** To promote AMA membership growth.

7.0.1.5 **Representation.** To enhance the ability of membership segments represented in the Sections to provide their perspective to the AMA and the House of Delegates.

7.0.1.6 **Education.** To facilitate the development of information and educational activities on topics of interest to the membership segments represented in the Sections.

7.0.2 **Informational Reports.** Each Section may submit at the Annual Meeting an informational report detailing the activities and programs of the Section during the previous year. The report(s) shall be submitted to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the report(s) to the Sections as it deems appropriate, prior to transmitting the report(s) to the House of Delegates without delay or modification by the Board. The Board may also submit written recommendations regarding the report(s) to the House of Delegates.

7.0.3 **Governing Council.** There shall be a Governing Council for each Section to direct the programs and the activities of the Section. The programs and activities shall be subject to the approval of the Board of Trustees or the House of Delegates.

7.0.3.1 **Qualifications.** Members of each Section Governing Council must be members of the AMA and of the Section.

7.0.3.2 **Voting.** Members of each Section Governing Council shall be elected by the voting members of the Section present at the business meeting of the Section, unless otherwise provided in this Bylaw.

7.0.3.3 **Additional Requirements.** Each Section shall adopt rules governing the composition, election, term, and tenure of its Governing Council.
7.0.4 **Officers.** Each Section shall select a Chair and Vice Chair or Chair-Elect and other necessary and appropriate officers.

7.0.4.1 **Qualifications.** Officers of each Section must be members of the AMA and of the Section.

7.0.4.2 **Voting.** Officers of each Section shall be elected by the voting members of the Section, unless otherwise provided in this Bylaw.

7.0.4.3 **Additional Requirements.** Each Section shall adopt rules governing the titles, duties, election, term, and tenure of its officers.

7.0.5 **Delegate and Alternate Delegate.** Each Section shall elect a Delegate and Alternate Delegate to represent the Section in the House of Delegates.

7.0.6 **Business Meeting.** There shall be a Business Meeting of members of each Section. The Business Meeting shall be held on a day prior to each Annual and Interim Meeting of the House of Delegates.

7.0.6.1 **Purpose.** The purposes of the Business Meeting shall be:

7.0.6.1.1 To hear such reports as may be appropriate.

7.0.6.1.2 To consider other business and vote upon such matters as may properly come before the meeting.

7.0.6.1.3 To adopt resolutions for submission by the Section to the House of Delegates.

7.0.6.1.4 To hold elections.

7.0.6.2 **Meeting Procedure.**

7.0.6.2.1 The Business Meeting shall be open to all members of the AMA.

7.0.6.2.2 Only duly selected representatives who are AMA members shall have the right to vote at the Business Meeting.

7.0.6.2.3 The Business Meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council. The rules of procedure may specify the rights and privileges of Section members, including any limitations on participation or vote.

7.0.7 **Rules.** All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees.

7.0.8 **Establishment of New Sections.** A member component group seeking Section status may submit an application to the Council on Long Range Planning and Development, which will make its recommendation to the House of Delegates through the Board of Trustees, or a resolution may be submitted for Section status.
7.0.9 **Section Status.** Sections shall either be fixed or delineated, as determined by the House of Delegates upon recommendation of the Council on Long Range Planning and Development based on criteria adopted by the House of Delegates. A delineated Section must reconfirm its qualifications for continued delineated Section status and associated representation in the House of Delegates by demonstrating at least every 5 years that it continues to meet the criteria adopted by the House of Delegates.

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7.5 **Young Physicians Section.** The Young Physicians Section is a fixed Section.

7.5.1 **Membership.** All active physician members of the AMA who are not resident/fellow physicians, but who are under 40 years of age or are within the first 8 years of professional practice after residency and fellowship training programs, shall be members of the Young Physicians Section.

7.5.2 **Cessation of Eligibility.** If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.5.1 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant. If any officer’s or member’s term would terminate prior to the conclusion of an Annual Meeting, such officer or member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which such officer or member ceases to meet the membership requirements of Bylaw 7.5.1, as long as the officer or member remains an active physician member of the AMA. The preceding provision shall not apply to the Chair-Elect. Notwithstanding the immediately preceding provision of this section, the Immediate Past Chair shall be permitted to complete the term of office even if the Immediate Past Chair is unable to continue to meet all of the membership requirements of Bylaw 7.5.1, as long as the officer remains an active physician member of the AMA.

7.5.3 **Representatives to the Business Meeting.** The Business Meeting shall consist of representatives from constituent associations, Federal Services, and national medical specialty societies represented in the House of Delegates. There shall be no alternate representatives.

7.5.3.1 **Constituent Associations, National Medical Specialty Societies, and Federal Services.** Each constituent association and Federal Service shall be entitled to representation based on the number of seats allocated to it by apportionment. Each national medical specialty society granted representation in the House of Delegates shall be entitled to representation based on the number of seats allocated to it by apportionment. In addition, unified constituent associations and specialty societies that are entitled to additional representation pursuant to Bylaw 2.1.1.2 or Bylaw 2.2.1 shall be entitled to 2 additional representatives.

7.5.3.1.1 **Apportionment.** The apportionment for each constituent association, Federal Service, and national medical specialty society is 2 representatives for each 1,000, or fraction thereof, members of the Young Physicians Section who are members of the constituent association, Federal Service, or specialty society, as recorded by the AMA as of December 31 of each year. Each constituent association, Federal Service, and specialty society shall automatically be entitled to
2 representatives, who may be selected in any manner. Those constituent associations, Federal Services, or specialty societies who are eligible for more than 2 representatives, shall select the additional representatives according to rules and criteria developed by the Governing Council to ensure that they are selected in a fair and equitable manner allowing open representation.

7.5.3.1.2 Effective Date. Such apportionment shall take effect on the following January 1 and shall remain effective for one year. In January of each year, the AMA shall notify each constituent association and Federal Service of the number of seats to which it is entitled during the current year. All specialty societies seeking additional representative seats beyond the first two are required to submit evidence documenting the number of their AMA young physician members.

7.5.3.1.2.1 Retention of Representative. If the membership information as recorded by the AMA as of December 31 warrants a decrease in the number of representatives representing a constituent association, Federal Service, or national medical specialty society, that entity shall be permitted to retain the same number of representatives, without decrease, for one additional year, if it promptly files with the AMA a written plan of intensified AMA membership development activities among its young physician members.

7.5.3.2 Qualifications. Each representative to the Business Meeting must be a member of the AMA who meets the requirement for membership in the Young Physicians Section as set forth in Bylaw 7.5.1. However, a representative who becomes ineligible for membership in the Section shall be permitted to continue service until the end of the calendar year in which ineligibility occurs, as long as active membership in the AMA is maintained. If a representative is elected to the Governing Council, that representative shall be required to resign as a representative to the Business Meeting. The representative’s constituent association, Federal Service, or specialty society may fill the vacancy so created, consistent with the rules and criteria that are developed by the Governing Council.
The mission of the AMA Young Physicians Section (YPS) is to strengthen the value of AMA membership for young physicians while maximizing young physicians’ contributions to the AMA’s brand vision through involvement, advocacy and communications. In accordance with YPS Report G-A-16, AMA-YPS Strategic Plan, the section objectives for 2016-2021 fall into four main categories:

Focus:
- Clarify and communicate a clear membership value proposition to young physicians;
- Raise awareness of the challenges facing young physicians in the House of Delegates (HOD) and to AMA leadership; and
- Organize and lead efforts to expand involvement and representation of early career physicians within the HOD and among leadership roles across the organization.

Communications:
- Provide regular updates on AMA initiatives and other topics of interest to young physicians;
- Identify opportunities to promote dialogue among Section members and YPS Governing Council (GC) during and between meetings; and
- Actively engage AMA physician and staff leadership to ensure that the young physician perspective is represented in AMA communications (e.g., Advantage, Wire, Advocacy Updates) and in the AMA’s social media outlets as appropriate.

Leadership development:
- Promote available leadership development seminars, workshops, and other relevant activities or resources to young physicians;
- Offer opportunities for young physician members to connect with established AMA leaders;
- Encourage young physicians to seek leadership positions in the AMA; and
- Endorse young physician candidates for AMA leadership positions.

Membership and involvement:
- Develop relevant educational sessions and provide policy-making support before and during AMA-YPS meetings;
- Continue to recruit AMA-YPS members to join the AMA Outreach Program;
- Identify other opportunities for AMA-YPS members to work with AMA Membership to recruit young physician members
- Increase representation of diverse physicians in the AMA-YPS Assembly; and
- Support transition of late stage residents to the AMA-YPS.

To further the Section’s mission, the GC has accomplished the following activities since the 2017 AMA-YPS Annual Assembly meeting.
FOCUS

YPS COMMITTEES

YPS Committee on Innovation
The Committee on Innovation seeks to develop a repository of topics for future resolutions and identify opportunities to contribute to and support the AMA direction. The committee is chaired by Jake Behrens, MD and current members include Arif Ali, MD; Ricardo Correa, MD; Kyle P. Edmonds, MD; Erick Eiting, MD; Julie Joseph, MD; Nikan Khatibi, MD; Rachelle Klammer, MD; Anita Ravi, MD; Steve Sherick, MD; Heather Smith, MD; and John Vasudevan, MD. Christie Morgan, MD, serves as the GC liaison to the committee. The committee has established the following goals for 2017-2018:

- Develop a communication platform for members to discuss their ventures, interests, and needs. In addition, the platform will allow for event advertisements.

- Establish communication channels within select county, state, and specialty societies for distributing ideas and best practices for bringing physician input into local health technology sectors and communities.

In addition, the YPS Committee on Innovation continues to seek to be a collective resource for YPS members interested in physician entrepreneurship and the emerging healthcare technology space through collaboration with fellow members and the broader offerings of the AMA. The committee has several ongoing projects and collaborations with the AMA Portfolio Management team, including:

- Offering insights on products at various stages of development as well as review ideas about how to best package and market these products.

- Working with AMA and Matter staff to develop events at the shared Matter/AMA space in Chicago.

- Collaborating with AMA staff to develop content and presentations for YPS members to introduce and connect their local county and state medical societies to potential health technology companies in their communities to foster partnership and to include physician input in early stage companies.

- Supporting the AMA Physician Innovation Network, an online networking site that connects and matches physicians with health technology entrepreneurs and companies to collaborate on developing improved solutions in health care.

Task Force on Maintenance of Certification (MOC) & Maintenance of Licensure (MOL)
The Task Force on Maintenance of Certification (MOC) & Maintenance of Licensure (MOL) is chaired by Brian Wolk, MD and includes the following members: Rania Agha, MD; Lase Ajayi, MD; Christine Bishof, MD; Kathleen Figaro, MD; and Shaheen E. Lakhan, MD. Nicole Riddle, MD serves as the GC liaison for this committee. In addition to serving on the task force, Dr. Ajayi serves as the YPS representative on the AMA Council on Medical Education Committee on Continuing Medical Education (CME) and MOC/MOL.

Overall, the YPS remains committed to identifying alternatives to the high-stakes examination for the Knowledge Assessment portion of maintenance of certification. Immediate goals for this committee include:

- Advocate for young physician representation on American Board of Medical Specialties (ABMS) member boards.

This document does not represent official policy of the American Medical Association (AMA). Refer to AMA PolicyFinder (https://policysearch.ama-assn.org/policyfinder) for official policy of the Association.
Develop subject matter expertise on the impact of state legislation on MOC and MOL; MOC
delay reforms by ABMS member boards; and the effects of MOC on physicians. This expertise
will be used to inform discussions within the YPS Assembly through reports and resolutions
related to CME and MOC/MOL.

Strategy and Leadership Committee
The Strategy and Leadership Committee (SLC) is chaired by Henry Lin, MD, YPS Immediate Past
Chair, and includes the following members: Ankush Bansal, MD; Lindsay Botsford, MD; Ricardo
Correa, MD; Alex Ding, MD; Michael Hanak, MD; Myo Thwin Myint, MD; Keshni Ramnanan, MD;
Vani Sabesan, MD; Khuloud Shukha, MD; Yassir Sirajeldin, MD; and Krystal Tomei, MD.

The immediate goals of the SLC are to:

• Discuss the most efficient and effective methods to increase YPS leadership opportunities,
  including networking with larger delegations to help advance YPS candidates, assisting the
campaigns of current YPS nominees, and identifying potential YPS members for future
  candidacies.

• Review all endorsement requests received by the YPS in order to make endorsement
  recommendations to the Governing Council.

Ad Hoc Committee on the YPS IOP
The Ad Hoc Committee on the YPS Internal Operating Procedures was convened to review and
make recommendations for updates to the YPS IOP. Michael Hanak, MD, serves as the chair of
this committee. Current members of the committee include Kyle Edmonds, MD; Krystal Tomei, MD;
and L. Carlos Zapata, MD. The GC Liaison this year is Kavita Arora, MD.

The Ad Hoc Committee has conducted an extensive review of the entire YPS IOP and made
additional recommendations for updates. Key changes to the YPS IOP include modifying duties for
the YPS Delegate and Member At-Large; filling temporary vacancies on the YPS Governing
Council; absentee voting for YPS elections; and candidate endorsements and nominations. In
addition, editorial changes have been proposed so that the YPS IOP will be internally consistent
and consistent with the IOPs of the other AMA sections. Proposed changes to the IOP have been
presented in YPS Report C-I-17, AMA-YPS Internal Operating Procedures.

Reports adopted by the AMA-YPS
The following reports were adopted by the YPS Assembly during the 2017 Annual Meeting:

• Report A, Governing Council Activities/Action Plan Update, contained a compilation of activities
  accomplished by the AMA-YPS since the 2016 Interim Meeting. Updates on AMA-YPS
  objectives were organized under four main categories: focus; communications; leadership
development; and membership and involvement.

• Report B, State Medical Society Representation in the AMA-YPS Assembly, presented AMA
  Bylaws language related to the apportionment of state medical society representation in the
  AMA-YPS. The 2017 allocations for state medical society representatives in the AMA-YPS
  Assembly were provided in Report B. Further, Report B discussed strategies for increasing
  representation and promoting active participation among state medical societies.

Report B included the following recommendations:

1. The YPS Governing Council will connect with AMA members that are part of the state
medical societies not represented in the AMA-YPS and encourage them to serve as a
liaison to the young physicians in their society or identify someone in their society for
further outreach.
2. The YPS Governing Council will continue to reach out to societies that are eligible for representation in the AMA-YPS Assembly that have not sent a representative in the past two years.

3. The YPS Governing Council will reach out to societies that are eligible for representation in the AMA-YPS Assembly that have sent less than the allotted number of representatives.

4. The YPS Governing Council will communicate with societies currently represented in the AMA-YPS Assembly to highlight the work accomplished during the Assembly meetings and facilitate dialogue about increasing representation in the AMA-YPS where appropriate.

- Report C, Specialty Society Representation and Outreach, presented the criteria for specialty society representation in the AMA-YPS Assembly, gave an update on the level of specialty society representation, and discussed strategies to gain new specialty society representation.

Report C included the following recommendations:

1. The YPS Governing Council will continue to engage with AMA members that are part of specialty societies not represented in the AMA-YPS and encourage them to serve as a liaison to the young physicians in their society or identify someone in their society for further outreach.

2. The YPS Governing Council will continue to connect with societies that are eligible for representation in the AMA-YPS Assembly that have not sent a representative in the past two years.

3. The YPS Governing Council will continue to reach out to societies that are eligible for representation in the AMA-YPS Assembly that have sent less than the allotted number of representatives.

4. The YPS Governing Council will communicate with societies currently represented in the AMA-YPS Assembly to share highlights from the work accomplished during the Assembly meetings and facilitate dialogue about increasing representation in the AMA-YPS where appropriate.


Resolutions adopted by the AMA-YPS

The following resolutions were adopted by the YPS Assembly during the 2017 Annual Meeting:

- YPS Resolution 1, Consideration of the Health and Welfare of U.S. Minor Children in Deportation Proceedings against Their Undocumented Parents, asked the AMA to support efforts to ensure that the mental health, physical well-being, and welfare of U.S. citizen minors are considered when determining whether undocumented parents of U.S. citizen minors may be detained or deported. This resolution also called for the AMA to work with local and state medical societies and other relevant stakeholders to address the importance of considering the health and welfare of U.S. citizen minors in cases where the parents of those minors are in danger of detention or deportation. This resolution was considered at the 2017 Annual Meeting of the AMA House of Delegates as Resolution 016, which was subsequently adopted.

- YPS Resolution 2, Supporting International Medical Graduates and Students, asked the AMA to oppose laws and regulations that would broadly deny entry or re-entry to the U.S. by persons based on their country of origin and/or religion who currently have legal visas, including permanent resident status and student visas. This resolution also asked the AMA to oppose policies that would broadly deny issuance of legal visas to persons based on their country of origin and/or religion. Further, this resolution considered as Resolution 326 at the
2017 Annual Meeting of the AMA House of Delegates. Resolution 326 was considered along with multiple resolutions (308, 311, 312, 317, 321, and 325). Substitute Resolution, Impact of Immigration Barriers on the Nation’s Health, was adopted in lieu of the aforementioned resolutions.

- YPS Resolution 3, Sale of Health Insurance across State Lines, asked the AMA to oppose federal and state legislative proposals that would permit the sale of health insurance products in a state that does not comply with that State’s law and regulations. YPS Resolution 3 was not adopted. An identical item of business – Resolution 211, Sale of Health Insurance across State Lines – was considered at the 2017 Annual Meeting of the AMA House of Delegates. The YPS Assembly agreed to provide active support for Resolution 211. A substitute resolution was adopted in lieu of Resolutions 211 and 240.

- Emergency Resolution 1, Protecting Patients’ Access to Emergency Services, asked the AMA to work with state insurance regulators, insurance companies and other stakeholders to immediately take action to halt the implementation of policies that violate the “prudent layperson” standard of determining when to seek emergency care. This resolution was considered at the 2017 Annual Meeting of the AMA HOD as Resolution 128, which was subsequently adopted.

Full details on the disposition of the YPS Reports and Resolutions can be found in the AMA-YPS Delegates Report.

Testifying in the HOD
The YPS was again an active part of the HOD Interim Meeting in Chicago, Illinois. Testimony on behalf of the YPS was offered in the HOD reference committees based on the Assembly’s direction to actively support or actively oppose relevant reports and resolutions. A team approach allowed more young physicians to speak on behalf of the YPS in their state and specialty caucuses, as well as in reference committees. An action document with talking points for all YPS active positions was created for members to use throughout the meeting. As directed by the YPS Assembly, the section also testified on several other important items of business, including:

Reference Committee on Constitution and Bylaws
- Resolution 002: Care of Women and Children in Family Immigration Detention (Active Support, Adopted as Amended)
- Resolution 008: Promoting the Use of Appropriate LGBTQIA Language in Medical Documentation (Active Support, Policy H-315.967 reaffirmed in lieu of Resolution 008)
- Resolution 010: Access to Basic Human Services for Transgender Individuals (Active Support, Adopted)
- Resolution 012: Promoting the AMA Model Medical Staff Code of Conduct and its Application to Employed Physicians (Active Support, Adopted as Amended)
- Resolution 013: Gender Identity Inclusion and Accountability in REMS (Active Support, Adopted)
- Resolution 016: Consideration of the Health and Welfare of U.S. Minor Children in Deportation Proceedings Against Their Undocumented Parents (Active Support, Adopted)

Reference Committee A: Medical Service
- CMS Report 9: Capping Federal Medicaid Funding (Active Oppose, Recommendations A and C adopted as new HOD Policy, with the adopted title change applicable to the categorization and inclusion of these policies in PolicyFinder. Recommendation 1 in Council on Medical Service Report 9 referred. The body of Council on Medical Service Report 9 referred. The title of Council on Medical Service Report 9 has been changed to read as follows: “Federal Medicaid Funding”)
- Resolution 101: Eliminating Financial Barriers for Evidence-Based HIV Pre-Exposure Prophylaxis (Active Support, Resolution 101 adopted as amended with a change in title to read as follows: “Eliminating Barriers For Evidence-Based HIV Pre-Exposure Prophylaxis”)

This document does not represent official policy of the American Medical Association (AMA). Refer to AMA PolicyFinder (https://policysearch.ama-assn.org/policyfinder) for official policy of the Association.
• Resolution 110: Over-the-Counter Contraceptive Drug Access (Active Support with Amendment, Referred)
• Resolution 113: The AMA Will Support Payment Parity at Medicare Levels for All Medicaid Service (Active Support, Existing Policy Reaffirmed)
• Resolution 115: Out-of-Network Care (Active Support, Substitute Resolution adopted in lieu of Resolutions 108, 115, 118 and 127)
• Resolution 128: Protecting Patients’ Access to Emergency Services (Active Support, Adopted)

Reference Committee B: Legislation
• Resolution 211/240: Sale of Health Insurance Across State Lines (Active Support with Amendment, Substitute Resolution adopted in lieu of Resolutions 211 and 240)
• Resolution 215: Revisiting Exemptions for Reporting Peer-Reviewed Journal Articles and Medical Textbooks per the Sunshine Act (Active Support, Policy D-140.958 reaffirmed in lieu of Resolution 215)
• Resolution 218: Licensing of Electronic Health Records (Active Support with Amendment, Referred)
• Resolution 222: Response to Burdensome Governmental Mandate (Active Support with Amendment, Substitute Resolution adopted in lieu of Resolutions 210, 209, and 222)
• Resolution 225: Truth in Advertising (Active Oppose, Policy H-405.969 reaffirmed in lieu of Resolution 225)
• Resolution 233: Regulation of Physician Assistants (Active Support, Resolution 233 adopted, Amendment B-3 referred for decision)
• Resolution 234: Protections for Patients with Genetic Conditions (Active Support with Amendment, Existing Policy Reaffirmed)
• Late Resolution 1001: Barriers to Price Transparency (Active Support, Not Accepted as Business)

Reference Committee C: Medical Education
• Resolution 301: Mental Health Disclosures on Physician Licensing Applications (Active Support with Amendment, Recommendation B Referred, and the remainder of Resolution 301 adopted as amended)
• Resolution 305: Reduction of Caregiver Burnout (Active Support with Amendment, Adopted as Amended)
• Resolution 310: Breast Pump Accommodations During Medical Licensing Exams (Active Support with Amendment, Policy H-295.861 adopted as amended in lieu of Resolution 310)
• Resolution 312/326: Supporting International Medical Graduates and Students (Active Support, Substitute Resolution adopted in lieu of Resolutions 308, 311, 312, 317, 321, 325, and 326)
• Resolution 324: Improve HRSA Projections of the Physician Workforce (Active Support, Adopted as Amended)

Reference Committee D: Public Health
• Resolution 404: Support for Standardized Diagnosis and Treatment of Hepatitis C Virus in the Population of Incarcerated Persons (Active Support with Amendment, Policy H-440.902 adopted as amended)
• Resolution 411: Preserving Vaccine Policy in the United States (Active Support, Substitute Resolution adopted in lieu of Resolutions 411 and 420)
• Resolution 414: Imposing Taxes on Sugar-Sweetened Beverages (Active Support with Amendment, Resolution 414 adopted as amended with a change in title to read as follows: “Supporting Taxes on Sugar-Sweetened Beverages”)
• Resolution 416: Policy and Economic Support for Early Child Care (Active Support, Referred)
Reference Committee E: Science and Technology
• Resolution 503: Women and Mental Health (Active Support, Adopted as Amended)
• Resolution 512: Advertising Restrictions and Limited Use of Dietary Supplements (Active Support, Existing Policy Reaffirmed)
• Resolution 518: Recognition of Infertility as a Disease (Active Support, Adopted as Amended)

Reference Committee F: AMA Governance and Finance
• BOT Report 17: Equality for Future Meetings Organized or Sponsored by the AMA (Written in response to Resolution 602-I-16, introduced by the Young Physicians Section) (Active Support, Adopted)
• Resolution 602: Studying Healthcare Institutions that Provide Child Care Services (Active Support, Adopted as Amended)

Reference Committee G: Medical Practice
• Resolution 706: Concurrent and Overlapping Surgery (Active Support with Amendment, Substitute Resolution adopted in lieu of Resolution 706)
• Resolution 711: Expanding Access to Screening Tools for Social Determinants of Health (Active Support, Referred with report back)

Complete final actions on each of these can be found on the AMA HOD website at: https://www.ama-assn.org/about-us/business-ama-house-delegates-2017-annual-meeting.

COMMUNICATIONS

The AMA-YPS Governing Council contributes to two-way communications between the AMA and our young physician members during and between meetings. In addition, the AMA-YPS Governing Council contributes to regular updates on AMA initiatives and other topics of interest to young physicians. The Governing Council works to ensure that the young physician perspective is represented in AMA communications (e.g., Wire) and in the AMA’s social media outlets as appropriate. For several years, the section has hosted an online forum in advance of annual and interim meetings.

Assembly members are encouraged to sign up for the AMA Morning Rounds Weekend Edition, a weekly e-newsletter that highlights the latest top-of-the-page news and information for physicians, including young physicians. When registering for AMA Morning Rounds, select the option to receive news for young physicians.

Young physician members can also learn about AMA and AMA-YPS opportunities by subscribing to AMA Member and Special Group News. These monthly newsletters provide updates on advocacy issues, vacancies on AMA councils and committees, and news about AMA-YPS Assembly meeting deadlines. When subscribing to AMA Member and Special Group News, visit the AMA email preference center and select the option to receive news for young physicians.

LEADERSHIP DEVELOPMENT

YPS members can now explore ways to get involved and become active leaders in organized medicine by browsing a list of leadership opportunities on an AMA-YPS Web page devoted to physician leadership and involvement opportunities. Your Governing Council encourages all members to bookmark this page and contact us if you are interested in a particular leadership opportunity.

In addition, physicians interested in volunteering or working outside of their normal practice setting can obtain a list of volunteer and paid, short-term opportunities in medicine by visiting the AMA Physician Opportunities Portal.
MEMBERSHIP AND INVOLVEMENT

The AMA-YPS is devoted to providing relevant educational sessions and policymaking support before and during AMA-YPS meetings. Discussions on HOD Handbook Review Committee positions and parliamentary procedure training are among different actions taken by the section to facilitate the policymaking process. The 2017 Annual C. Clayton Griffin, MD, Memorial Luncheon featured a talk on how to be a leader in various practice settings. The luncheon featured presentations by J. James Rohack, MD; Willarda V. Edwards, MD, MBA; and Michael Kitchell, MD. This interactive session provided attendees with an opportunity to learn how physicians can use leadership skills in academic, private practice, and multi-specialty practice settings.

One of the goals of the AMA-YPS Governing Council is to create an AMA that is more appealing for young physician members. The YPS Governing Council will continue its efforts to increase representation in the AMA-YPS Assembly, particularly among diverse physicians. In addition, the Governing Council will continue to work with the Resident and Fellow Section to identify opportunities that will support the transition of late stage residents to the AMA-YPS.

Young physicians can become AMA recruiters using Outreach Dashboard, a Web-based tool to manage recruitment efforts. Through this initiative, young physicians can help strengthen the organization by adding new members to the section as well as receive rewards through the Physician Outreach Program.

CONCLUSION

Your Governing Council believes this report demonstrates its commitment to represent and advocate for young physicians, enhance membership value and communications, and promote leadership development. The Governing Council appreciates the Assembly’s continued support of its projects and activities, and the Assembly’s overall dedication to young physician issues. The Governing Council encourages Assembly members to share AMA-YPS accomplishments with their colleagues and contact the Governing Council directly with ideas and comments.
Subject: AMA Advocacy Efforts

Presented by: Brandi Ring, MD, Chair

Referred to: AMA-YPS Reference Committee

At the 2005 Annual Meeting of the AMA Young Physicians Section (YPS) Assembly, the AMA-YPS Governing Council (GC) was directed to report annually on the section’s advocacy efforts. As the leading voice for America’s physicians in Washington, DC, the AMA is aggressively involved in advocacy efforts related to the most vital issues in medicine today. Some of the specific issues the AMA is tackling this year through federal, state and private sector advocacy include:

- Health System Reform;
- Medicare Physician Payment Reform;
- Regulatory Relief;
- Health Insurer Mergers;
- Cybersecurity;
- Reversing the Nation’s Opioid Epidemic;
- Drug-Pricing Transparency;
- Prior Authorization; and
- Provider Networks and Meaningful Coverage.

See Appendix A for more information on current topics in advocacy.

FEDERAL ADVOCACY

The principles of pluralism, freedom of choice, freedom of practice and universal access for patients contribute to the AMA’s advocacy work for health insurance coverage for all Americans. The AMA’s mission, which is to promote the art and science of medicine and the betterment of public health, serves as the foundation for advocacy on health reform. In addition, medical ethics, scientific evidence and long-standing policies adopted by representative physician organizations all play a role in the AMA’s advocacy efforts.

Key elements of the AMA’s health system reform objectives include:

- Individuals who are currently insured must not lose access to high-quality, affordable coverage.
- Key insurance market reforms must be maintained, including affordable coverage for pre-existing conditions, guaranteed issue and no annual or lifetime coverage limits.
- Medicaid, Children’s Health Insurance Program (CHIP), and other safety net programs must be adequately funded.

The AMA launched an interactive website, patientsbeforepolitics.org, to encourage physicians and patients to advocate for affordable, meaningful coverage for all Americans. This site provides updates on health system reform legislation being considered by Congress and the AMA’s response.

In addition to health system reform, the AMA will continue to lobby Congress on a wide range of issues that affect the practice of medicine. Learn more about other AMA legislative priorities.
ADVOCACY RESOURCE CENTER

The AMA Advocacy Resource Center (ARC) advances state legislative and regulatory issues that affect the practice of medicine, including:

- Medicaid reform: Nearly every state is working to implement changes to Medicaid. Examples of such changes include aligning Medicaid with the private market, providing health savings accounts to beneficiaries, and transitioning Medicaid from its traditional fee-for-service delivery system into new delivery models like collaborative and regional care organizations.

- Medical liability reform: Numerous states considered legislation that promoted reforms such as expert witness guidelines, affidavit of merit requirements, collateral source reform and bills to establish pretrial screening panels or health court systems.

- Private payer reform: The ARC worked with several state and national medical specialty societies to enact state legislation that helps support physicians and patients in all aspects of their relationships with health insurers and other third party payers. Significant activity included working through legislative proposals to address anticipated out-of-network or “surprise” bills; network adequacy; prior authorization and step therapy; and pharmacy benefit managers.

- Public health: Legislative efforts impacted women’s health, firearms, tobacco, public safety, and LGBTQ and transgendered patients.

- Telemedicine: The AMA model state Telemedicine Act addressed key issues such as reimbursement, licensure, and practice standards. Accordingly, many states drafted or amended laws and regulations on issues such as Medicaid coverage parity; prescribing of controlled substances; and guidance on establishing the patient-physician relationship. In addition, the Interstate Medical Licensure Compact was launched in 2017 and currently has a total of 22 participating states.

Learn more about the efforts of Advocacy Resource Center by visiting their webpage.

AMA NATIONAL ADVOCACY CONFERENCE

The AMA National Advocacy Conference (NAC) provides an opportunity to hear from political insiders, industry experts and members of Congress on current efforts being made in health system reform refinement and implementation, and take part in discussions that will help shape the future of the AMA’s advocacy efforts. This year’s NAC featured presentations on MACRA, Medicaid and the Children’s Health Insurance Program (CHIP), and drug pricing. An overview of the 2017 National Advocacy Conference can be found here.

Next year’s AMA NAC is scheduled for February 12-14, 2018, in Washington, D.C.

AMPAC POLITICAL EDUCATION PROGRAMS

Your Governing Council encourages young physicians to consider attending an AMPAC political education program. The annual AMPAC Campaign School is an intensive training program for physicians and friends of medicine who want to become more effective campaigning for physician-friendly candidates. The curriculum is centered on a simulated campaign for public office featuring a Republican and Democratic candidate. Each program participant is assigned to a team of “staffers” who attend lectures each day and hone their skills through exercises in vote targeting, recording a radio ad, asking for campaign contributions and giving a surrogate speech. Materials are provided in advance to allow participants to acquire grounding in fundamental concepts of strategy, targeting and message. The Candidate Workshop prepares physicians to make their own run for public office.

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physicians and friends of medicine who want to become more effective campaigners for physician-friendly candidates. The curriculum is centered on a simulated campaign for public office featuring a Republican and Democratic candidate. Each program participant is assigned to a team of “staffers” who attend lectures each day and hone their skills through exercises in vote targeting, recording a radio ad, asking for campaign contributions and giving a surrogate speech. Materials are provided in advance to allow participants to acquire grounding in fundamental concepts of strategy, targeting and message. The Candidate Workshop prepares physicians to make their own run for public office.

For AMA members and spouses who are first-time participants, AMPAC offers a discounted registration fee and covers meals during the program, materials and faculty. Participants are responsible for their travel to and from Washington, DC as well as hotel accommodations. At the time of this report, the 2018 dates for the Candidate Workshop and Campaign School have not been announced. More information on the AMPAC Political Education Programs may be obtained by visiting http://www.ampaconline.org/get-involved/political-education or sending an email to politicaleducation@ama-assn.org.
APPENDIX A – CURRENT TOPICS IN ADVOCACY

In addition to health system reform, the AMA is actively involved in advocacy efforts related to vital issues in medicine today, including: Medicare physician payment reform, regulatory relief, health insurer mergers, cybersecurity, reversing the nation’s opioid epidemic, drug-pricing transparency, prior authorization, and provider networks and meaningful coverage. Excerpts from the AMA's 2017 Legislative and Regulatory Priorities are provided below. Visit the 2017 AMA legislative and regulatory dashboard to learn more.

Medicare Physician Payment Reform
The final rule issued in 2016 to implement the Medicare Access and CHIP Reauthorization Act’s (MACRA) Quality Payment Program (QPP) for physician services presented improvements over past fee-for-service reporting requirements. The AMA continues to make recommendations for additional improvements to the QPP, including: 1) further simplification of the Merit-based Incentive Payment System (MIPS); 2) additional relief for small physician practices; 3) progress on expanding alternative payment models; 4) a performance threshold setting methodology that minimizes penalty risk; and 5) another transitional performance period for 2018.

Regulatory Relief
Administrative tasks, often resulting from government regulations, cost two hours of physician time for every hour spent in patient care. These administrative burdens impede productivity and lead to professional dissatisfaction. The AMA has developed a regulatory relief agenda to address issues such as: 1) improving usability of electronic health records, easing regulatory use requirements and eliminating data blocking; 2) providing transparency of coverage determinations; 3) reforming the Recovery Audit Contractor system and easing regulations that restrict innovative payment and delivery models; 4) encouraging the interoperability of prescription drug monitoring program databases; and 5) ensuring that the Food and Drug Administration does not overregulate laboratory-developed tests or the appropriate practice of drug compounding in physician offices.

Health Insurer Mergers
Through a comprehensive AMA advocacy campaign, two proposed mega-mergers between Anthem-Cigna and Aetna-Humana each were defeated. It was noted that the Anthem-Cigna merger alone would have cut provider payments by $2.4 billion, which would have included at least a $500 million reduction in physician payments annually. The AMA plans to continue to oppose anticompetitive mergers through state legislative efforts.

Cybersecurity
The AMA has taken several steps to increase awareness and understanding of sound cybersecurity practices including, but not limited to: 1) developing resources to help physicians conduct a checkup of their systems, and to secure their networks and office computers; 2) proposing a new improvement activity under MIPS that give credit to physicians who adopt a cybersecurity framework; 3) urging the development of tools to help small practices implement best practices and adopt cybersecurity frameworks; and 4) engaging with the administration to monitor and disseminate information to physicians about ransomware and cyberattack threats.

Reversing The Nation’s Opioid Epidemic
Through the AMA Opioid Task Force, the AMA and medical societies have urged all physicians to take steps to help reverse the opioid epidemic. To address this epidemic, the AMA continues to engage the administration, Congress and key stakeholders and to advocate for a long-term focus on overdose prevention as well as comprehensive treatment for pain care and for substance use disorders.

Drug-Pricing Transparency
The AMA’s grassroots campaign and interactive website, TruthinRx.org, seeks to encourage prescription drug-pricing transparency among pharmaceutical companies, pharmacy benefit

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managers and health plans. Also, a new model state bill developed by the AMA offers state medical
societies the opportunity to take the lead in advocating greater transparency for patients. This
model state bill also requests accountability from pharmaceutical companies, pharmacy benefit
managers and health plans.

Prior Authorization
The AMA convened a coalition of 17 organizations consisting of Federation members, provider
associations and patient groups to create the “Prior Authorization and Utilization Management
Reform Principles.” These principles are intended to ensure that patients have timely access to
treatment and to reduce administrative costs. The coalition is working to reduce prior authorization
through the adoption of these principles by insurers, benefit managers, accrediting organizations,
and policymakers.

Provider Networks and Meaningful Coverage
The AMA is promoting health plan accountability for fair coverage and value for premiums paid by:
1) urging state and federal action to strengthen network adequacy rules; 2) working with
stakeholders to promote solutions to balance-billing problems; 3) advocating for policies to stop
benefit manager practices that shift drug costs to consumers and interfere with the physicians’ to
make clinical decisions; and 4) advocating for stronger transparency and accuracy requirements in
provider directories.

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Refer to AMA PolicyFinder (https://policysearch.ama-assn.org/policyfinder) for official policy of the Association.
The Ad Hoc Committee on the YPS Internal Operating Procedures (IOP) (“IOP Committee”) has completed a tremendous amount of work in reviewing our IOP in detail and making suggested changes to update and clarify our IOP.

Report C, AMA-YPS Internal Operating Procedures, includes a brief report from the IOP Committee explaining its work, a copy of our current IOP, a tracked changes version from the Committee with recommended changes, and a copy of what the new IOP would look like with the suggested updates accepted.

RECOMMENDATION

Your Governing Council recommends:

1. That the changes put forth by the Internal Operating Procedures Committee in Report C be adopted.

Fiscal Note: Less than $500 to implement.
REPORT OF THE AMA YOUNG PHYSICIANS SECTION IOP AD HOC COMMITTEE

Subject: AMA-YPS Internal Operating Procedures

Presented by: Michael Hanak, MD, Chair, AMA-YPS IOP Ad Hoc Committee

Referred to: AMA-YPS Reference Committee

Introduction
The Ad Hoc Committee on Internal Operating Procedures (IOP) submitted recommendations for updates and revisions to the YPS IOP at our Assembly meeting this past June. While the majority of the committee’s recommendations were accepted, the assembly discussion produced further revisions and suggested additional areas for consideration. The IOP Committee was asked to revisit Assembly concerns and report back at I-17 prior to submission of IOP revisions to CC&B and the AMA BOT. Your Governing Council therefore asked the IOP committee to review the entire IOP again prior to our interim assembly meeting.

Committee Members and Process
The current members of the Ad Hoc Committee on Internal Operating Procedures (IOP include:
Michael Hanak, MD (Chair); Kyle Edmonds, MD; Kavita Shah Arora, MD; Krystal Tomei, MD; Carlos Zapata, MD. The YPS IOP Ad Hoc Committee met by conference call on three occasions and communicated via email.

Committee Recommendations
The Ad Hoc Committee on Internal Operating Procedures (IOP makes the following recommendations:

Governing Council Duties
1) The Delegate duties have been modified to add serving as liaison between the YPS and other Sections on policymaking activities.
2) The Member At-Large duties have been modified to add identifying recruitment and retention opportunities for the Section, serving as liaison between the YPS and other Sections on efforts outside of policymaking activities, and distributing information on advocacy activities of the AMA and partner organizations.

Chairperson Authority
1) The Chairperson has been authorized to fill temporarily two types of vacancies on the Governing Council:
   a. Vacancies covering a single Assembly meeting or a defined period of temporary absence between Assembly meetings.
   b. Vacancies occurring between Assembly meetings in which an appointee will serve until an open election can take place at the next Assembly meeting.

Absentee Ballots for Section Elections
1) Absentee voting will be permitted for properly credentialed YPS representatives who are absent due to official AMA House of Delegates business.
2) Absences should be reported to the Speaker and the Chair of the Credentials Committee on the day of the election, and paper absentee ballots will be provided. These must be delivered in-person to a member of the Credentials Committee on the day of the election.

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Awards
1) Language regarding Section awards was removed in accordance with the sunset of the Young at Heart and Community Service Awards.

Candidate Endorsements (Board of Trustees and Elected Councils)
1) Endorsement requests from YPS candidates will be considered preferentially with a submission deadlines of October 15 of the year prior to the election. A second endorsement process will take place for all other requests with a deadline of January 31 of the year the election takes place.
2) Endorsement requests will be initially reviewed by committee before being voted upon by the YPS Governing Council.
3) In races involving a candidate nominated by the YPS, deliberation and decision of endorsement requests will take place after the YPS Assembly has determined whether to singularly endorse their nominated candidate.

Candidate Endorsements (President-Elect)
1) Endorsement requests (due by October 15 of the year prior to the election) will be initially reviewed by committee before being voted upon by the YPS Assembly at the Interim meeting of the House of Delegates.
2) The YPS Assembly will only endorse one candidate for AMA President-Elect, but may also choose not to make any endorsement.
3) Should an endorsed candidate withdraw from a President-Elect race, the Governing Council retains the authority to make a subsequent endorsement.
4) Successful candidates must achieve a 2/3 majority vote of the YPS Assembly.

Candidate Nominations (Elected Councils)
1) Only available to current YPS members, and no financial support is provided to successful nominees.
2) Requests are due by October 15 of the year prior to the election.
3) Nomination requests will be initially reviewed by committee and require Governing Council approval before being voted upon by the YPS Assembly at the Interim meeting of the House of Delegates.
4) Successful candidates must achieve a 2/3 majority vote of the YPS Assembly.
5) No further endorsements will be made in races where the YPS Assembly has put forth a nominee.
6) In races with multiple vacancies, exceptions for making additional endorsements may be made by the YPS Governing Council.

The Governing Council may open a late nomination process subsequent to the established deadline in cases where a YPS nominee exits a race or there is an unexpected vacancy. The Governing Council has authority to make such nominations without a vote of the YPS Assembly if occurring after the Interim meeting.
Other Changes
Numerous grammatical and other small language changes were made to more accurately reflect the current practice of the Section and House of Delegates meetings. This includes the requirement of a 2/3 majority vote to ratify IOP changes.

Conclusion
The YPS IOP Ad Hoc Committee submits this report with a copy of the IOP with track changes in an effort to provide transparency and clarity in this process.
American Medical Association Young Physicians Section

Internal Operating Procedures

I. Name

The name of this organization shall be the Young Physicians Section of the American Medical Association (AMA-YPS). This is a special section for young physician members of the AMA as set forth in AMA Bylaw 7.5.

II. Mission and Vision Statement

The Assembly of the American Medical Association (AMA) Young Physicians Section (YPS) voted that the YPS’ mission and vision statement shall be as follows:

A. Vision Statement. The YPS, the recognized advocate and voice for young physicians and their patients, strives to achieve proportional representation for young physicians and to advocate effectively for their issues within our AMA and the Federation of medicine.

B. Mission Statement. The mission of the YPS is to strengthen the value of AMA membership for young physicians while maximizing young physicians’ contributions to the AMA’s brand vision through:

1. Involvement. Promoting young physician leadership, bilateral mentorship, and membership within the AMA and throughout the Federation.

2. Advocacy. Serving as the voice of young physicians by influencing policy development and advocacy priorities within our AMA.

3. Communications.

   a. Providing young physicians with timely, focused updates on the AMA’s progress and impact on core issues.

   b. Communicating ways the AMA can help young physicians help their patients now and in the future.

   c. Giving young physician members the ability to connect directly to YPS leadership.
III. Membership

Membership shall be limited to young physician members of the AMA as defined in AMA Bylaw 7.5.1.

IV. Officers/Governing Council

A. Designations. The officers of the YPS shall be 7 Governing Council members: Chair; Chair-Elect; Immediate Past Chair; Delegate; Alternate Delegate; Speaker; and Member At-Large.

B. Authority. The Governing Council shall direct the programs and activities of the YPS. During the interval between meetings of the House of Delegates and the YPS, the Governing Council shall act on behalf of the YPS in formulating decisions related to the development, administration, and implementation of YPS activities, programs, goals, and objectives. The Governing Council shall be guided by directives adopted by the YPS Assembly. The YPS shall be notified of actions taken by the Governing Council on its behalf.

C. Eligibility. AMA Bylaw 7.5.2 defines eligibility and cessation of eligibility for those elected to the YPS Governing Council.

D. Duties and Privileges. The Governing Council, with membership as delineated below, shall direct the programs and activities of the YPS including the creation of YPS committees, subject to the approval of such programs and activities, when required, by the Board of Trustees or House of Delegates of the AMA.

1. Chair. The Chair shall:

   a. Serve as the spokesperson for the YPS and its policy, except on matters pending before the House of Delegates.

   b. Have primary responsibility for setting the agendas for all YPS meetings.

   c. Preside over all Governing Council meetings and portions of the YPS Assembly Meetings.

   d. Have primary responsibility for appointing the Convention Committees. The Convention Committees consist of the Credentials Committee, the Reference Committee, the HOD Handbook Review Committee, the Parliamentary Procedure Committee, and the House Coordination Committee.
In the absence of the Speaker or at the request of the Speaker, preside or appoint a designee to preside at all meetings of the YPS Assembly and transact business in accordance with the current parliamentary authority as chosen by the AMA House of Delegates.

Seek to recruit and maintain AMA members.

Immediate Past Chair. The Immediate Past Chair shall:

a. Assist and advise the Chair.

b. Attend all meetings of the YPS and the YPS Governing Council.

c. Seek to recruit and maintain AMA members.

Chair-Elect. The Chair-Elect shall:

a. Assist the Chair and preside at Governing Council meetings in the absence of the Chair or at the Chair's request.

b. Serve as the spokesperson for the YPS, and its policy if the Chair is not available, except on matters pending before the House of Delegates.

c. Seek to recruit and maintain AMA members.

d. Organize, with the assistance of the Member At-Large, an orientation for new YPS representatives at each Assembly Meeting.

Delegate. The Delegate shall:

a. Represent the YPS in the House of Delegates (HOD) meeting. The Delegate has voting privileges in the HOD.

b. Be responsible for organizing the HOD Handbook Review sessions for members of the YPS. This shall include coordinating discussion of the HOD Handbook by the Handbook Review Committee prior to the Assembly Meeting, as well as working with the Speaker to coordinate the Handbook review at the Assembly Meeting.

c. The Delegate shall observe deliberations during the Assembly HOD Handbook Review. At the discretion of the Speaker, the Delegate may ask questions or suggest potential courses of action.
during the discussion so as to best elicit the will of the Assembly. However, the Speaker shall be primarily responsible for conducting deliberations during the HOD Handbook Review.

d. Be responsible for reviewing all resolutions in the HOD with emphasis on those resolutions forwarded from the YPS, present HOD Reference Committee testimony on resolutions submitted to the HOD, summarize the actions of the HOD as they pertain to the YPS, and compile a summary of pertinent HOD actions for distribution to all YPS members.

e. Coordinate HOD Reference Committee testimony and monitor other issues under consideration by the HOD, but not directly being commented on by the YPS Assembly, and have responsibility for articulating a YPS position on HOD resolutions that he or she believes merit YPS testimony or a young physician voice. The Delegate shall vote consistent with YPS actions whenever possible, and shall use his or her own best judgment to vote on matters before the HOD in the absence of specific direction from the YPS Assembly or Governing Council.

f.g. Serve as liaison between the YPS and other Sections on policymaking issues.

f.g. Seek to recruit and maintain AMA members.

5. Alternate Delegate. The Alternate Delegate shall:

a. Assist the YPS Delegate in his or her Delegate duties described above.

b. Seek to recruit and maintain AMA members.

6. Member At-Large. The Member At-Large shall:

a. Assist the Speaker during the YPS Assembly Meeting.

b. Organize, with the assistance of the Chair-Elect, an orientation for new YPS representatives at each Assembly Meeting.

c. Assist the Delegate and Alternate Delegate during HOD meetings.

d. **Assist the Chair during Governing Council meetings; identify recruitment and retention opportunities for the Section.**
e. Serve as liaison between the YPS and other Sections in collaborative efforts outside of policymaking activities.

d. Distribute information on advocacy activities of the AMA and partner organizations to the YPS membership.

g. Seek to recruit and maintain AMA members.
7. Speaker. The Speaker shall:

a. Preside over deliberations, including the HOD Handbook Review and elections in the YPS Assembly and shall perform such duties as custom and parliamentary procedures require.

b. Implement the agenda for the YPS Assembly Meetings.

c. Provide for oversight and enforcement of the YPS Campaign Rules as specified in YPS Internal Operating Procedures Section V, Subsection D.

d. Assist the Chair in appointing the Convention Committees and instructing the committees regarding their duties prior to each Assembly Meeting.

e. Refer resolutions and reports submitted for consideration at YPS Assembly business meetings to Reference Committees.

f. Prepare a document, to be published in the YPS agenda book, summarizing parliamentary procedure used in Assembly business meetings.

g. Review the YPS Digest of Actions for consistency with Assembly action prior to its update and distribution.

E. Terms.

1. Individuals elected as Chair-Elect shall serve a three-year term, which will include one year as Chair-Elect, one year as Chair, and one year as Immediate Past Chair, beginning at the conclusion of the Annual Meeting at which he or she was elected.

2. The remaining officers (Delegate, Alternate Delegate, Speaker and the Member At-Large) shall serve two-year terms, beginning at the conclusion of the Annual Meeting at which they were elected and ending at the conclusion of the Annual Meeting two years later.

3. Individuals may run for partial terms, so long as they disclose that information when they announce their candidacy.

F. Term Limits.

1. An individual shall serve no more than one term as Chair, Chair-Elect, or Immediate Past Chair. No number of years of prior Governing Council service shall disqualify an individual from being elected Chair-Elect.
2. The Delegate, Alternate Delegate, Speaker and Member At-Large shall serve in each representative office for no more than two terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless such member has served one full year or more.

G. Vacancies.

1. Chair: In the event that the office of Chair shall become vacant, the Chair-Elect will assume the Chair position immediately. That individual will not move into the Immediate Past Chair position at the Annual Meeting, but thereafter will serve his or her regularly scheduled term as Chair.

2. Immediate Past Chair: If the office of Immediate Past Chair becomes vacant for any reason, at the next YPS Assembly Meeting there will be an election for a special additional Member At-Large position to replace the Immediate Past Chair on the Governing Council during the remainder of the unexpired term.

3. Other Members of the Governing Council: In the event of a vacancy in the office of Chair-Elect, Delegate, Alternate Delegate, Member At-Large or Speaker, a successor shall be appointed by the Chair to serve a term that expires at the end of the next House of Delegates meeting. An open election will be held at the Assembly meeting to determine who will serve the unexpired term following the House of Delegates meeting to the next regularly scheduled election for that position, elected at the next YPS Assembly Meeting to serve the remainder of the unexpired term.

4. In the event of a temporary absence in the positions of the Governing Council either the Delegate or the Alternate Delegate, the Chair or a designee of the Chair may appoint a replacement to serve a defined term accounting for the temporary absence through the next House of Delegates meeting, until such time as an election can occur. The Chair shall inform YPS Assembly members of the vacancy with instructions for application. The individual filling this temporary appointment must have been certified as a representative to the YPS Assembly as specified in YPS Internal Operating Procedures Section VI, Sub-section F.

V. Elections

Members of the YPS Governing Council shall be elected by voting members of the YPS present at the YPS Assembly Meeting.

A. Time of Election. All elections for YPS Governing Council positions are held at the Annual Meetings of the YPS Assembly immediately prior to the Annual Meeting of the HOD, unless there is a vacancy that needs to be filled at the
Interim Meeting. The Chair-Elect shall be elected at every Annual Meeting. The Delegate shall be elected in even numbered years. The Speaker and Alternate Delegate shall be elected in odd numbered years. The Member At-Large shall be elected to a two-year term in even numbered years with the exception of the 2013 elections when the position will be a one-year term. The Speaker shall set the day and hour of such elections and shall give the members of the YPS ample notification.

B. Eligibility.

1. To be eligible for election to the Governing Council, one must meet the criteria of AMA Bylaw 7.5.1.

2. Each candidate for a position on the Governing Council shall be eligible to offer his or her name for only one position per ballot.

3. Members of the Governing Council, except for the Chair, Chair-Elect, or Immediate Past Chair, are eligible to run for reelection to their own position or for election to another position. All Governing Council members are eligible to run for another position on the Council.

C. Nominations. Nominations for the Governing Council positions may be received in advance of the Annual Meeting, or from the floor at the YPS Assembly Meeting. All candidates must complete a YPS Nomination Form. All nominations shall close simultaneously at a specific time designated by the Speaker.

D. Campaigns.

1. Campaigning for positions is limited to campaign speeches, other "conversational" campaigning, and printed material which delineates the candidate's experience and expertise. Other campaign promotional material (including but not limited to buttons, flags, pins, leaflets, posters, etc.) is discouraged.

2. Candidates who declare their candidacy in advance shall be encouraged to submit materials that can be included in the YPS Handbook and posted online at the YPS website.

3. Candidates who declare their candidacy in advance of the meeting and who choose to campaign in advance by phone or letter, shall be given contact information for registered YPS Assembly members.

4. Each candidate shall be given an opportunity to present a campaign speech. The Speaker shall notify each candidate in advance of the
Assembly Meeting as to the number of minutes available, as well as the
scheduled time.

5. In contested elections, the Speaker will organize a question and answer
session for all candidates during the YPS Assembly Meeting. Candidates
will be given a specific time and rules for the question and answer session
in advance of the YPS Assembly.

E. Voter Eligibility. Only Governing Council members and credentialed YPS
Assembly representatives shall be eligible to vote. Ballots shall be distributed by
the Credentials Committee.

F. Method of Election.

1. Where there is no contest, the election shall be by acclamation. All other
elections shall be by ballot.

2. In even numbered years, the Chair-Elect shall be elected first, followed by
the Delegate, and then the Member At-Large.

3. In odd numbered years, the Chair-Elect shall be elected first, followed by
the Speaker, and then the Alternate Delegate.

4. A Credentials Committee shall distribute the ballots. Credentialing badges
must be clearly visible during this process verified to receive a ballot. The
number of ballots issued shall be monitored.

4.5. Absentee ballots shall be accepted by the Credentials Committee only in
circumstances where an eligible and properly credentialed YPS
representative is unable to vote in person due to obligations involving
official AMA House of Delegates business. This may include service on
AMA Councils, Board of Trustees, Section Governing Councils, or other
exceptions as approved by the Credentials Committee. Designated
absentee ballots must be delivered to a member of the Credentials
Committee. Paper ballots must be delivered in person on the day of the
election. Representatives who anticipate absence from the election
process of the Section should notify the YPS Speaker and the Chair of the
Credentials Committee as early as possible on the day of the Assembly
meeting such that appropriate accommodations can be made.

6. Each voter must mark the ballot exactly as directed by the printed
instructions on the ballot. Verbal instructions also shall be given by the
Speaker.

7. All nominees for an open or vacant Governing Council position shall be
listed alphabetically on a single ballot. Each elector shall have as many
votes as the number of candidates to be elected to each position, and each
vote must be cast for a different nominee. A nominee shall be elected if he
or she has received a majority vote of the legal ballots cast. (If no nominee
receives a majority of the legal ballots cast, there shall be a subsequent
ballot.)

7. Subsequent Ballots. If no candidate receives a majority of the legal
ballots cast, the two candidates (or more in the case of a tie) who receive
the most votes shall be placed on a subsequent ballot and voting shall
recommence.

9. Handling of Ties. In the event of a tie vote, a run-off election shall be
held.

10. All paper ballots must be returned to the Credentials Committee, whether
or not a vote was cast in every race.
G. Verification/Counting of Ballot.

1. Credentials Committee members shall collect, count and record the total number of ballots received in the presence of YPS staff. If more ballots are received than were distributed, the process shall be halted and the results invalidated. The Credentials Committee Chair shall notify the Speaker of this fact. Staff shall immediately begin to print new ballots.

2. The Credentials Committee shall examine each ballot to determine if there is only one designated candidate for each office. No ballot shall be counted if it contains fewer or more votes than the number of individuals to be elected to any position, or if the ballot contains more than one vote for any nominee. The Credentials Committee will draw a single contrasting-colored line (that does not interfere with the legibility of the voter’s markings) through the area of any ballot marked improperly for a given office indicating a void ballot for that race.

3. The Credentials Committee Chair shall certify the results to the Speaker after all races have been decided. (The sum of all candidates’ votes plus the voided ballots for each race plus other voided ballots must equal the number of ballots received by the Credentials Committee prior to certifying a winner.)

4. Vote totals shall be available on request to individual members of the YPS Assembly.

5. Appeals must be made prior to the conclusion of the Assembly Meeting. Appeals shall be evaluated by the Credentials Committee and resolved by the Speaker.

VI. YPS Assembly Meeting

There shall be an Assembly Meeting of the YPS held on a day prior to each meeting of the AMA House of Delegates.

A. Call to the Meeting. At least 30 days prior to the meeting, notice shall be sent to all YPS members detailing the time, place and other relevant details regarding the meeting.

B. Purpose of the Meeting.

1. To hear such reports as may be appropriate.

2. To consider other business and vote upon such matters as may properly come before the meeting.
3. To adopt resolutions for submission by the Section to the House of Delegates.

4. To hold elections.

C. Duration of the meeting. The meeting shall be a one-day meeting only, so as to minimize days away from work for Assembly and Governing Council members.

D. Participation.

1. Only credentialed Assembly representatives and Governing Council members shall have the right to vote, but the meeting floor and right to testify shall be open to all AMA-YPS members. The Speaker may grant others the privilege of the floor.

2. The YPS Assembly Meeting, where possible, shall be held at the same hotel used for the HOD. YPS representatives, where possible, should be housed in the same hotel used for the HOD meeting.

E. Procedure.

1. Agenda: At least 21 days prior to the Assembly Meeting, the agenda shall be sent to the YPS representatives. The order of business will be set by the Speaker prior to the meeting.

2. Rules of Order: The Assembly Meeting shall be conducted pursuant to the established rules of order submitted by the Speaker and adopted by the Assembly. The parliamentary authority used by the AMA House of Delegates shall govern the Assembly Meeting in all matters not otherwise specified in the adopted rules of order mentioned above.

3. Quorum. Thirty voting representatives shall constitute a quorum for the YPS Assembly.

F. Qualifications for Representatives to the YPS Assembly.

1. Each representative to the YPS Assembly must be a member of the AMA who meets the requirement for membership in the YPS as set forth in AMA Bylaw 7.5.1. However, a representative who becomes ineligible for membership in the YPS shall be permitted to continue service until the end of the calendar year in which ineligibility occurs, as long as active membership in the AMA is maintained.

2. If a representative is elected to the Governing Council, that representative shall be required to resign as a representative at the time that his or her term on the Governing Council commences.
3. State Medical Society Representation. AMA Bylaw 7.5.3 sets forth criteria for representation by constituent associations.

   a. Each constituent (state) medical association automatically is entitled to two voting representatives. Those selected to represent a state medical association in our YPS as representatives must be AMA members in good standing and meet the criteria set forth in AMA Bylaw 7.5.1.

   b. Proportional Representation. In addition to the representative positions discussed above, AMA Bylaw 7.5.3.1 states that constituent medical associations are eligible for additional representatives on the basis of proportional representation (two representatives for every 1,000 AMA young physician members of the constituent medical association).

   c. Additional YPS representative positions shall be filled by one of the following processes.

      i. Open, democratic elections by young physicians during assemblies, forums, caucuses, or other meetings which have elections as part of their announced agendas. Those voting shall meet the definition of young physician set forth in AMA Bylaw 7.5.1.

      ii. Democratic elections by state constituent Governing Councils, or their equivalent, whose members have been elected democratically by young physicians (as defined by AMA Bylaw 7.5.1) during assemblies, forums, caucuses, or other meetings which have elections as part of their announced agendas.

      iii. The YPS Governing Council shall review the process of representative selection for expanded states every 2 years, commencing from the most recent year an additional position is added.

   d. Retention of Representatives. If the membership information as recorded by the AMA as of December 31 warrants a decrease in the number of representatives representing a constituent association, the constituent association shall be permitted to retain the same number of representatives, without decrease, for one year, if it promptly files with the AMA a written plan of intensified AMA membership development activities among its young physician members. If after that year the membership in the constituent association has not recovered to a level sufficient to warrant maintaining the same number of representatives,
then the representation shall be decreased accordingly. Our YPS annually shall obtain AMA young physician membership data and communicate any loss greater than 5% from a particular constituent medical association to that society.

4. National Medical Specialty Society Representation. AMA Bylaw 7.5.3.1 sets forth criteria for representation by national medical specialty societies.

a. Each national medical specialty society granted representation in the AMA House of Delegates is automatically entitled to two voting representatives. Those selected to represent a national medical specialty society in our YPS as representatives must be AMA members in good standing and meet the criteria set forth in AMA Bylaw 7.5.1.

b. Proportional Representation. In addition to the representative positions discussed above, AMA Bylaw 7.5.3.1 states that national medical specialty societies are eligible for additional representatives on the basis of proportional representation (two representatives for every 1,000 AMA young physician members of the national medical specialty society).

c. Additional YPS representatives. Those specialty societies who are eligible for more than two representatives, per Bylaw 7.5.3.1.1, shall select those representatives according to the rules and criteria developed by the Governing Council and approved by the Board of Trustees to ensure that they are selected in a fair and equitable manner allowing open representation.

d. The representative selected to represent a national medical specialty society in the YPS must be an AMA member in good standing and meet the following criteria:

i. Must be a young physician as defined by AMA Bylaw 7.5.1.

ii. Should be chosen in a fair and equitable manner allowing open representation.

iii. Must represent the interests of their particular specialty society young physician constituency.

e. Application for expanded voting status in the YPS Assembly.

i. National medical specialty societies shall submit their requests, along with information to indicate compliance
with the criteria listed above, to the YPS Governing Council.

ii. Each national medical specialty society represented in the YPS Assembly shall be required to submit data to the Governing Council once every five years to reconfirm its qualifications for representation according to the guidelines above. Failure to participate in the review process or to meet these qualifications shall be reported to the YPS Assembly for action.

5. The Federal Services Representation. Each Federal Service (United States Army, United States Navy, United States Air Force, the United States Public Health Service, and the Department of Veterans Affairs) shall be entitled to two voting representatives.

6. Credentialing of YPS Representatives.

a. Constituent societies, Federal Services and national medical specialty societies may designate their representatives as soon as possible in the year. The names of credentialed Assembly representatives from each state, Federal Service and specialty society should be forwarded to the YPS Staff at least 30 days prior to the meeting.

b. The Chair, with the assistance of the Speaker, shall select a Credentials Committee for on-site credentialing verification. Committee members shall be provided at least 30 days in advance of the meeting with instructions for completing their responsibilities. A member of the YPS Governing Council shall meet with the committee members at the meeting.

c. On the day of the opening of the Assembly Meeting, credentialing shall take place, where voting members must officially identify themselves to the Credentials Committee as having been selected to represent their state, specialty society or Federal Services.

d. Every voting representative shall receive a voting badge, which must be worn at all times while on the floor of the Assembly.

G. Rules of Order.

1. The Rules of Order shall be included in all YPS Handbooks, including print and electronic versions.
The Assembly Meeting shall be conducted pursuant to the established rules of order presented by the Speaker and adopted by the Assembly. These include the following procedures:

a. Any AMA-YPS member wishing to obtain the floor shall approach the nearest microphone, wait to be recognized, address the Speaker or Chair, and give his or her name, affiliation, for whom he or she is speaking, and whether he or she speaks for or against the current motion, before speaking on the issue. Observers and others may participate in the discussion with permission of the Speaker or Chair.

b. No one shall speak more than once on any issue or separate motion until all who wish to speak have been heard.

c. So as not to hinder debate, time limits for discussion on any single issue shall not be imposed. Should discussion become lengthy, a representative to the Assembly may make a motion to the Assembly to limit debate. Such motion would need a 2/3 vote to be passed. Ample time should be allowed for any member to be heard on an issue before debate is closed.

d. Any major amendments shall be presented to the Speaker in writing before they are placed on the floor for discussion and action.

e. Voting shall be by voice, that is “yes” and “no,” except where the Speaker, Chair or a representative calls for a division of the Assembly, in which case a standing-counted vote will be taken.

H. Resolutions.

1. YPS representatives may submit resolutions, either on behalf of themselves as individuals or on behalf of their state, Federal Service, specialty society, or some combination thereof.

2. Every resolution submitted shall identify the individual and/or society which is submitting it.

3. Resolutions to the YPS Assembly must propose new policy positions for the AMA, directives for action to the YPS Governing Council, and/or directives for advocacy by the YPS Delegate and Alternate Delegate within the HOD. The YPS does not accept resolutions to develop YPS policy only.
1. Resolutions must be received in writing by the YPS office by a specific day and time determined by the Governing Council. Resolutions submitted after the deadline date and up until 7 days prior to the Assembly Meeting shall be deemed "late" resolutions. These resolutions shall be posted on the YPS website for online comment where possible and referred to the Reference Committee for its recommendation to accept or not. The Reference Committee shall consider the timeliness/urgency of late resolutions, coupled with the reason(s) for lateness. If the Assembly votes by a 2/3 affirmative vote to accept for consideration, the Reference Committee then shall issue a written recommendation for disposition of the resolution.

5. Resolutions received after the "late resolutions deadline" and through the YPS Assembly Meeting shall be considered "emergency resolutions." A 3/4 Assembly vote shall be required for acceptance.

6. All resolutions, including late and emergency resolutions, shall be posted on the YPS meeting website for online comment, where possible.

7. Copies of all late, and emergency resolutions shall be distributed to the Assembly.

8. YPS Assembly members shall be provided with a report detailing the Reference Committee’s recommendations for action on all resolutions prior to the opening of the YPS Assembly Meeting.

9. Unless otherwise specified in an adopted resolution, the YPS Delegate and Alternate Delegate, with input from other Governing Council members, shall determine how best to accomplish a directive. Where a resolution to the HOD is specified (and where there is no time line), the YPS Delegate and Alternate Delegate shall determine the best timing for submission. Each adopted resolution shall be forwarded to the HOD within a year, including the meeting immediately following the YPS meeting at which the resolution was adopted.

I. Reports to the YPS Assembly.

1. The YPS Governing Council shall issue reports responding to referred resolutions. In the case that a report is not finished by the next YPS meeting, a status report on that topic shall be provided to the YPS Assembly.

2. The YPS Governing Council also shall have the ability to issue reports and recommendations addressing topics of interest.
3. The YPS Governing Council also shall issue reports that have been mandated by the YPS Assembly.

J. Online Testimony on Pending Resolutions and Reports.

1. All young physicians shall be encouraged to offer online testimony on pending resolutions and reports in advance of the meeting.

2. The YPS website shall include details regarding how testimony shall be submitted.

3. All online testimony shall be posted online within a specified time.

4. Online testimony shall be made available to Assembly members and the Reference Committee.

5. The online testimony shall serve as the basis for the Reference Committee’s recommendations.

K. Convention Committees.

1. Convention Committees shall be appointed by the Chair, with the assistance of the Speaker, and from Assembly members who volunteer for committee service. The Chair and Speaker shall strive to ensure a mix of representatives from different geographical areas, specialties, and genders. In addition, Convention Committees shall be comprised of new and experienced YPS members.

2. The YPS shall use the following committees to expedite the conduct of business at each meeting of the YPS Assembly.

   a. Credentials Committee. The Credentials Committee shall consist of 4 representatives, one of whom is appointed to chair the committee. Main responsibilities of the Credentials Committee are to:

      i. Check-in and credential representatives.

      ii. Determine the ability of an individual to be credentialed as a voting representative (if not preregistered).

      iii. Take vote counts during the Assembly Meeting when requested by the YPS Speaker.

      iv. Distribute, collect and count election ballots.
iv. Collect meeting evaluation forms.

vi. Issue a verbal report on the number of credentialed representatives in attendance.

b. Reference Committee. The YPS Reference Committee shall be composed of 5 representatives, one of whom is appointed to chair the committee. Major responsibilities are to:

i. Review (in advance of the meeting) online testimony, staff comments and AMA policy.

ii. Produce a report prior to the opening of the Assembly with a consent calendar of recommended actions regarding the submitted reports and resolutions.

iii. Review and propose acceptance (or non-acceptance) of "late" resolutions received after the resolution deadline.

iv. Hear additional testimony during the business meeting of the Assembly.

v. Provide Assembly members, upon request, with a summary of the debate and reasoning for the decision during the Reference Committee proceedings (to be provided by the Reference Committee Chair).

c. HOD Handbook Review Committee. The Handbook Review Committee shall work with the YPS Delegate and Alternate Delegate (in advance of the meeting) to:

i. Review the HOD materials.

ii. Identify resolutions they believe should be discussed at the YPS Handbook Review Session or Assembly Meeting.

iii. Propose an initial course of action for the YPS (active support, support, monitor, oppose, actively oppose), and compile these recommendations into a report for consideration by the Assembly as a consent calendar.

d. Parliamentary Procedure Committee. Committee members shall be available to assist Assembly members with questions as to how best accomplish their intent. The committee shall have no pre-meeting assignments. The number of members shall vary
according to the number of volunteers, the volume of YPS
dusiness, and the size of the YPS Assembly.

e. House Coordination Committee (HCC). These individuals shall
assist the YPS Delegate and Alternate Delegate in executing their
duties.

L. Miscellaneous.

1. Parliamentary Authority. The parliamentary authority of the HOD shall
govern the YPS in all parliamentary situations that are not provided for in
the AMA Bylaws or adopted rules of the YPS.

2. Digest of Actions. A Digest of Actions is the official proceedings from
the YPS Assembly Meetings, and shall include directives for action to the
YPS Governing Council and directives for advocacy by the YPS Delegate
within the HOD. An updated Digest shall be available online following
each YPS Assembly Meeting.

3. Consent calendars. A consent calendar shall be utilized for the
recommendations of the Reference Committee and the YPS HOD
Handbook Review Committee.

4. C. Clayton Griffin, MD, Memorial Luncheon. A luncheon named in
honor of a deceased YPS Governing Council member C. Clayton Griffin,
MD, shall be convened at every YPS Assembly Meeting.

5. Recycling. Provisions for recycling of meeting materials shall be
available at every YPS Assembly Meeting, where possible.

6. Handbooks. In advance of the meeting, the Assembly Handbook shall be
made available in electronic form. A print Handbook shall be made
available at the YPS Assembly Meeting only on request.

7. Awards. At each Annual YPS Assembly Meeting, the YPS Governing
Council may present a Young at Heart Award and one or more
Community Service Awards. The criteria for receipt of these awards and
online nominations shall be available on the YPS website.

VII. Standing or Ad Hoc Committees

A. Standing Committees.

1. The Governing Council may create any number of standing committees to
further the mission of the section.
2. A standing committee will have a duration of up to 4 years. A standing committee can be extended beyond its original charter if the Governing Council deems it appropriate.

3. The Governing Council shall openly solicit the YPS membership for applications to serve on a committee.

4. Members of standing committees shall be appointed for 2 year terms and can be reappointed.

5. The Governing Council shall select a chair of the committee from among its members.

6. All standing committees will have a liaison from the Governing Council who will serve ex-officio without the right to vote.

7. The Governing Council can direct the standing committees to make reports with or without recommendations directly to the Assembly or to the Governing Council.

B. Ad Hoc Committees.

1. In order to perform an assigned task, the Governing Council may create any number of ad hoc committees with a duration ranging from 6 months to 2 years.

2. An ad hoc committee can be extended beyond its original charter if the Governing Council deems it appropriate.

3. Members of ad hoc committees will be appointed for the original duration of the committee. If the duration is extended, the Governing Council can reassess membership.

4. An Ad Hoc Committee on Internal Operating Procedures (IOP) will be constituted to review the IOP every five years. Changes to the IOP require a 2/3 majority vote of the YPS Assembly.

5. The Governing Council can direct the ad hoc committees to make reports with or without recommendations directly to the Assembly or to the Governing Council.
VIII. Liaisons to Other AMA Groups

A. The YPS shall maintain a designated seat for a young physician on the following AMA bodies:

1. Minority Affairs Section. The YPS Governing Council shall solicit for nominations and then choose a representative from among the nominations received.

2. Women Physicians Section. The YPS Governing Council shall solicit for nominations and then shall select 2 potential YPS representatives, who then will be elected according to the procedures of the Women Physicians Section.

3. Advisory Committee on Lesbian, Gay, Lesbian, Bisexual, Transgender and Queer and Transgender Issues. The YPS Governing Council shall solicit for nominations and then select a representative from among the nominations received.

B. The YPS Governing Council will always solicit nominations for vacant positions. New applicants who have not previously served and incumbents will receive equal consideration.

C. All liaisons must meet the YPS definition of young physician, as specified in Bylaw 7.5.1, at the time they take office for these positions.

D. The YPS Governing Council shall, upon request, provide a liaison to other groups. For example, the YPS Governing Council designates a young physician representative to serve on the AMA Surgical Caucus Governing Council.

E. Governing Council members themselves may represent the YPS or young physicians on various internal AMA task forces. The Governing Council also has the option of selecting a non-Council member to represent the YPS on various internal AMA task forces.

IX. Governing Council Rules for Endorsing AMA Board of Trustees and Elected Councils Candidates

A. The Governing Council shall consider endorsements of candidates for AMA Board of Trustees and elected Councils who have been nominated by an organization represented in the AMA House of Delegates. Preference shall be given to current young physician AMA members, however all AMA members (including non-section members) who have demonstrated a clear history of service to the YPS may be considered at the Governing Council’s discretion.
B. Only those candidates who are members of the YPS and who complete a YPS endorsement application shall be considered in the initial endorsement process. Candidates must submit a formal request for YPS endorsement, along with their curriculum vitae, letter of nomination from their sponsoring organization, questionnaire on current YPS issues. Candidates have the option to submit a photo. The questionnaire shall be composed and updated as needed by the Governing Council. All applications for the initial endorsement process must be submitted by October 15 in the year prior to the election for which endorsement is sought. Applications will be reviewed by a committee appointed by the Governing Council, with recommendations forwarded for decision by the Governing Council during their executive session to be held in conjunction with the Interim Meeting of the AMA House of Delegates. Endorsement results in races in which the Governing Council also receives requests for nomination will be delayed until after the YPS Assembly has voted on the nomination request. All applications for the initial endorsement process must be submitted by October 15 in the year prior to the election for which endorsement is sought. Applications will be reviewed by the Governing Council during their executive session to be held in conjunction with the Interim Meeting of the AMA House of Delegates and decisions will be made at that time on endorsement. Candidates endorsed through this process may subsequently include the YPS endorsement on all promotional materials. Candidates endorsed through this process may subsequently include the YPS endorsement on cards and other promotional materials.

If slots remain available following the initial endorsement process, there will be a second opportunity available to all candidates to obtain an endorsement in the year of the election. To apply for this endorsement, all application materials must be received by the Governing Council no later than January 31 the year of the election for which endorsement is sought. Applications will be reviewed by the Governing Council subsequent to January 31 and decisions will be made on endorsement in a timely manner.

C. The Governing Council shall consider all qualified candidates formally requesting an endorsement from the YPS, but shall endorse no more than the available number of positions on the Council or Board. Should an endorsed candidate withdraw from a race, or an additional seat becomes available, the Governing Council reserves the right to make additional endorsements after the defined deadline outlined in the IOP. The Governing Council shall consider only candidates with the following qualifications:

1. Must be an AMA member at the time the endorsement is requested.
2. Should be active in organized medicine or involved in community or national medical entities.
3. Should have experience related to office sought.
4. Should demonstrate knowledge of and commitment to issues pertinent to
the YPS.

D. The YPS Governing Council shall submit an informational report on any
endorsements to the Assembly at the YPS meeting just prior to the House of
Delegates elections.
X. Governing Council Rules for Endorsing AMA President-Elect Candidates

A. The Governing Council shall consider endorsements of candidates for AMA President-Elect who have been nominated by an organization represented in the AMA House of Delegates.

B. Candidates must submit a formal request for YPS endorsement, along with their curriculum vitae, letter of nomination from their sponsoring organization, and a completed questionnaire on current YPS issues. Candidates have the option to submit a photo. The questionnaire shall be composed and updated as needed by the Governing Council. All applications for the initial endorsement process must be submitted by October 15 in the year prior to the election for which endorsement is sought. Applications will be reviewed by a committee appointed by the Governing Council, with recommendations forwarded for review by the AMA-YPS Governing Council and subsequent decision by the AMA-YPS Assembly during the Interim meeting of the AMA House of Delegates. Candidates endorsed through this process may subsequently include the YPS endorsement on all promotional materials.

C. The Governing Council shall consider all qualified candidates formally requesting an endorsement from the YPS, but shall endorse no more than one candidate for the position of AMA President-Elect. Should an endorsed candidate withdraw from a race, the Governing Council reserves the right to make additional endorsements after the defined deadline outlined in the IOP. The Governing Council shall consider only candidates with the following qualifications:

1. Must be an AMA member at the time the endorsement is requested.

2. Should be active in organized medicine or involved in community or national medical entities.

3. Should have experience related to office sought.

4. Should demonstrate knowledge of and commitment to issues pertinent to the YPS.

D. Application materials provided by candidates will be made available to properly credentialed YPS representatives prior to the Interim meeting. Candidates shall be presented on the floor of the YPS Assembly at the Interim meeting. Successful candidates must achieve a 2/3 majority vote (simple majority vote will be used to narrow the field when more than one candidate has requested endorsement). Candidates endorsed through this process may subsequently include the YPS endorsement on any promotional materials.
XI. Governing Council Rules for Nomination of Elected Council Candidates

A. The Governing Council shall consider nomination requests for elected positions in which a YPS member is eligible to be a candidate. The YPS shall consider only individuals who meet the AMA definition of a young physician at the time a position commences. Candidates must submit a formal request for nomination, curriculum vitae, and any other documents requested by the Governing Council for decision. Candidates have the option to submit a photo.

B. The Governing Council shall consider nominating candidates only with the following experience:

1. Must be an AMA member and be a member of the YPS as specified in AMA Bylaw 7.5.1 at the time a position commences.

2. Should be active in organized medicine or involved in community or national medical entities.

3. Should have experience related to the position sought.

4. Should demonstrate knowledge of issues pertinent to the YPS.

C. All applications for nomination must be submitted by October 15 in the year prior to the election for which nomination is sought. Applications will be reviewed by a committee appointed by the Governing Council, with recommendations forwarded for approval by the Governing Council.

Application materials provided by candidates will be made available to properly credentialed YPS representatives prior to the Interim meeting. Candidates shall be presented on the floor of the YPS Assembly at the Interim meeting and be given the opportunity for brief remarks ahead of a house vote. Successful nominees must achieve a 2/3 majority vote (simple majority vote will be used to narrow the field when more than one candidate has requested nomination). Candidates nominated through this process may subsequently include the YPS nomination on cards and other promotional materials.

D. The YPS shall decline to endorse any candidate for a position in which the Section has already provided a nomination. In races with multiple vacancies, exceptions may be made at the discretion of the Governing Council. In cases where a YPS nominee exits a race prior to election, the Governing Council may open a late nomination process, as well as reconsider previous endorsement requests by candidates who had been excluded by the aforementioned rule.

E. In the event of an unexpected vacancy subsequent to the YPS nomination deadline, the Governing Council reserves the right to open a late nomination
process but should attempt to identify such openings ahead of time in order to facilitate a vote of the Assembly.

Neither the Young Physician Section nor its Governing Council shall provide any direct or indirect financial support to nominated candidates at any point during the campaign or election process.

**XII. Governing Council Rules for Endorsements of Appointed AMA Councils/Committees/Residency Review Committees (RRCs)/American Medical Political Action Committee (AMPAC) Board Candidates**

**A.** The Governing Council shall consider only endorsements of candidates for appointed AMA Councils, Committees, RRCs and the AMPAC Board who have been nominated by an organization represented in the AMA House of Delegates. Preference shall be given to current young physicians, however, any candidate alumni of the YPS Assembly who has demonstrated a clear history of service to the YPS may be considered at the Governing Council’s discretion.

**B.** Only those candidates who complete a YPS endorsement application formally asking for an endorsement shall be considered. Endorsement requests must be received by October 15 in the year prior to the appointment for which endorsement is sought. Candidates must submit a formal request for endorsement, along with their curriculum vitae, and the letter of nomination from an organization represented in the AMA House of Delegates to the Governing Council for decision. Candidates have the option to submit a photo.

**C.** The Governing Council shall consider endorsement of all qualified candidates formally requesting an endorsement from the YPS. The Governing Council shall consider only candidates with the following qualifications:

1. Must be an AMA member at the time the endorsement is requested.
2. Should be active in organized medicine or involved in community or national medical entities.
3. Should have experience related to position sought.
4. Should demonstrate knowledge of and commitment to issues pertinent to the YPS.

**D.** Depending on the specific position and the number of vacancies, the Governing Council may consider requests for endorsement as requests are submitted, and candidates shall be notified of a YPS Governing Council endorsement in a timely manner.
XIII. Governing Council Rules for Nominations for Appointed AMA Councils/Committees/RRCs/AMPAC Board Candidate

A. The Governing Council may consider nominating a YPS candidate for appointed AMA councils, committees, RRCs and the AMPAC Board. The YPS shall consider only individuals who meet the AMA definition of a young physician at the time a position commences.

B. Only those candidates formally asking for the YPS nomination shall be considered. Candidates must submit a formal request for nomination, curriculum vitae, letter of support from an organization represented in the AMA House of Delegates, and any other required documents requested by the nomination committee to the Governing Council for decision. Nomination requests must be received by October 15 in the year prior to the appointment for which the nomination is sought. Candidates have the option to submit a photo.

C. The Governing Council shall consider nominating candidates only with the following experience:

1. Must be an AMA member and be a member of the YPS as specified in AMA Bylaw 7.5.1 at the time a position commences.

2. Should be active in organized medicine or involved in community or national medical entities.

3. Should have experience related to position sought.

4. Should demonstrate knowledge of issues pertinent to the YPS.

D. Depending on the specific position and the number of vacancies, the Governing Council may consider requests for nominations as requests are submitted. Candidates shall be notified of a YPS Governing Council nomination in a timely manner.

XIV. Amendments

A. These Internal Operating Procedures may be amended by language proposed by the YPS Governing Council and/or an Ad Hoc Committee on Internal Operating Procedures with the approval of two-thirds of the members of the YPS Assembly present and voting. Since changes to the YPS Internal Operating Procedures must be approved by the AMA Board of Trustees, the YPS Governing Council shall notify the YPS Assembly of any proposed changes that the AMA Board does not approve.
B. Where the YPS Assembly instructs the Governing Council to recommend changes to the AMA Bylaws, the language shall be submitted at the following HOD meeting, unless otherwise specified. The Governing Council shall notify the YPS Assembly of the outcome of the HOD deliberations.

C. Amendments to the YPS Internal Operating Procedures will be contingent upon corresponding changes to the AMA Bylaws. The YPS Governing Council shall notify the Assembly of such changes.
American Medical Association Young Physicians Section

Internal Operating Procedures

I. Name

The name of this organization shall be the Young Physicians Section of the American Medical Association (AMA-YPS). This is a special section for young physician members of the AMA as set forth in AMA Bylaw 7.5.

II. Mission and Vision Statement

The Assembly of the American Medical Association (AMA) Young Physicians Section (YPS) voted that the YPS’ mission and vision statement shall be as follows:

A. Vision Statement. The YPS, the recognized advocate and voice for young physicians and their patients, strives to achieve proportional representation for young physicians and to advocate effectively for their issues within our AMA and the Federation of medicine.

B. Mission Statement. The mission of the YPS is to strengthen the value of AMA membership for young physicians while maximizing young physicians’ contributions to the AMA’s brand vision through:

1. Involvement. Promoting young physician leadership, bilateral mentorship, and membership within the AMA and throughout the Federation.

2. Advocacy. Serving as the voice of young physicians by influencing policy development and advocacy priorities within our AMA.

3. Communications.

   a. Providing young physicians with timely, focused updates on the AMA’s progress and impact on core issues.

   b. Communicating ways the AMA can help young physicians help their patients now and in the future.

   c. Giving young physician members the ability to connect directly to YPS leadership.
III. Membership

Membership shall be limited to young physician members of the AMA as defined in AMA Bylaw 7.5.1.

IV. Officers/Governing Council

A. Designations. The officers of the YPS shall be 7 Governing Council members: Chair; Chair-Elect; Immediate Past Chair; Delegate; Alternate Delegate; Speaker; and Member At-Large.

B. Authority. The Governing Council shall direct the programs and activities of the YPS. During the interval between meetings of the House of Delegates and the YPS, the Governing Council shall act on behalf of the YPS in formulating decisions related to the development, administration, and implementation of YPS activities, programs, goals, and objectives. The Governing Council shall be guided by directives adopted by the YPS Assembly. The YPS shall be notified of actions taken by the Governing Council on its behalf.

C. Eligibility. AMA Bylaw 7.5.2 defines eligibility and cessation of eligibility for those elected to the YPS Governing Council.

D. Duties and Privileges. The Governing Council, with membership as delineated below, shall direct the programs and activities of the YPS including the creation of YPS committees, subject to the approval of such programs and activities, when required, by the Board of Trustees or House of Delegates of the AMA.

1. Chair. The Chair shall:

   a. Serve as the spokesperson for the YPS and its policy, except on matters pending before the House of Delegates.

   b. Have primary responsibility for setting the agendas for all YPS meetings.

   c. Preside over all Governing Council meetings and portions of the YPS Assembly Meetings.

   d. Have primary responsibility for appointing the Convention Committees. The Convention Committees consist of the Credentials Committee, the Reference Committee, the HOD Handbook Review Committee, the Parliamentary Procedure Committee, and the House Coordination Committee.
e. In the absence of the Speaker or at the request of the Speaker, preside or appoint a designee to preside at all meetings of the YPS Assembly and transact business in accordance with the current parliamentary authority as chosen by the AMA House of Delegates.

f. Seek to recruit and maintain AMA members.

2. Immediate Past Chair. The Immediate Past Chair shall:

a. Assist and advise the Chair.

b. Attend all meetings of the YPS and the YPS Governing Council.

c. Seek to recruit and maintain AMA members.

3. Chair-Elect. The Chair-Elect shall:

a. Assist the Chair and preside at Governing Council meetings in the absence of the Chair or at the Chair's request.

b. Serve as the spokesperson for the YPS, and its policy if the Chair is not available, except on matters pending before the House of Delegates.

c. Seek to recruit and maintain AMA members.

d. Organize, with the assistance of the Member At-Large, an orientation for new YPS representatives at each Assembly Meeting.

4. Delegate. The Delegate shall:

a. Represent the YPS in the House of Delegates (HOD) meeting. The Delegate has voting privileges in the HOD.

b. Be responsible for organizing the HOD Handbook Review sessions for members of the YPS. This shall include coordinating discussion of the HOD Handbook by the Handbook Review Committee prior to the Assembly Meeting, as well as working with the Speaker to coordinate the Handbook review at the Assembly Meeting.

c. Observe deliberations during the Assembly HOD Handbook Review. At the discretion of the Speaker, the Delegate may ask questions or suggest potential courses of action during the
discussion so as to best elicit the will of the Assembly. However, the Speaker shall be primarily responsible for conducting deliberations during the HOD Handbook Review. However, the Speaker shall be primarily responsible for conducting deliberations during the HOD Handbook Review.

d. Be responsible for reviewing all resolutions in the HOD with emphasis on those resolutions forwarded from the YPS, present HOD Reference Committee testimony on resolutions submitted to the HOD, summarize the actions of the HOD as they pertain to the YPS, and compile a summary of pertinent HOD actions for distribution to all YPS members.

e. Coordinate HOD Reference Committee testimony and monitor other issues under consideration by the HOD, but not directly being commented on by the YPS Assembly, and have responsibility for articulating a YPS position on HOD resolutions that he or she believes merit YPS testimony or a young physician voice. The Delegate shall vote consistent with YPS actions whenever possible, and shall use his or her own best judgment to vote on matters before the HOD in the absence of specific direction from the YPS Assembly or Governing Council.

f. Serve as liaison between the YPS and other Sections on policymaking issues.

g. Seek to recruit and maintain AMA members.

5. Alternate Delegate. The Alternate Delegate shall:

a. Assist the YPS Delegate in his or her Delegate duties described above.

b. Seek to recruit and maintain AMA members.

6. Member At-Large. The Member At-Large shall:

a. Assist the Speaker during the YPS Assembly Meeting.

b. Organize, with the assistance of the Chair-Elect, an orientation for new YPS representatives at each Assembly Meeting.

c. Assist the Delegate and Alternate Delegate during HOD meetings.

d. Identify recruitment and retention opportunities for the Section.

e. Serve as liaison between the YPS and other Sections in collaborative efforts outside of policymaking activities.
f. Distribute information on advocacy activities of the AMA and partner organizations to the YPS membership.

7. Speaker. The Speaker shall:

a. Preside over deliberations, including the HOD Handbook Review and elections in the YPS Assembly and shall perform such duties as custom and parliamentary procedures require.

b. Implement the agenda for the YPS Assembly Meetings.

c. Provide for oversight and enforcement of the YPS Campaign Rules as specified in YPS Internal Operating Procedures Section V, Sub-section D.

d. Assist-the Chair in appointing the Convention Committees and instructing the committees regarding their duties prior to each Assembly Meeting.

e. Refer resolutions and reports submitted for consideration at YPS Assembly business meetings to Reference Committees.

f. Prepare a document, to be published in the YPS agenda book, summarizing parliamentary procedure used in Assembly business meetings.

g. Review the YPS Digest of Actions for consistency with Assembly action prior to its update and distribution.

E. Terms.

1. Individuals elected as Chair-Elect shall serve a three-year term, which will include one year as Chair-Elect, one year as Chair, and one year as Immediate Past Chair, beginning at the conclusion of the Annual Meeting at which he or she was elected.

2. The remaining officers (Delegate, Alternate Delegate, Speaker and the Member At-Large) shall serve two-year terms, beginning at the conclusion of the Annual Meeting at which they were elected and ending at the conclusion of the Annual Meeting two years later.

3. Individuals may run for partial terms, so long as they disclose that information when they announce their candidacy.
F. Term Limits.

1. An individual shall serve no more than one term as Chair, Chair-Elect, or Immediate Past Chair. No number of years of prior Governing Council service shall disqualify an individual from being elected Chair-Elect.

2. The Delegate, Alternate Delegate, Speaker and Member At-Large shall serve in each representative office for no more than two terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless such member has served one full year or more.

G. Vacancies.

1. Chair: In the event that the office of Chair shall become vacant, the Chair-Elect will assume the Chair position immediately. That individual will not move into the Immediate Past Chair position at the Annual Meeting, but thereafter will serve his or her regularly scheduled term as Chair.

2. Immediate Past Chair: If the office of Immediate Past Chair becomes vacant for any reason, at the next YPS Assembly Meeting there will be an election for a special additional Member At-Large position to replace the Immediate Past Chair on the Governing Council during the remainder of the unexpired term.

3. Other Members of the Governing Council: In the event of a vacancy in the office of Chair-Elect, Delegate, Alternate Delegate, Member At-Large or Speaker, a successor shall be appointed by the Chair to serve a term that expires at the end of the next House of Delegates meeting. An open election will be held at the Assembly meeting to determine who will serve the unexpired term following the House of Delegates meeting to the next regularly scheduled election for that position.

4. In the event of a temporary absence in the positions of the Governing Council, the Chair or a designee of the Chair may appoint a replacement to serve a defined term accounting for the temporary absence. The Chair shall inform YPS Assembly members of the vacancy. The individual filling this temporary appointment must have been certified as a representative to the YPS Assembly as specified in YPS Internal Operating Procedures Section VI, Sub-section F.

V. Elections

Members of the YPS Governing Council shall be elected by voting members of the YPS present at the YPS Assembly Meeting.
A. **Time of Election.** All elections for YPS Governing Council positions are held at the Annual Meetings of the YPS Assembly immediately prior to the Annual Meeting of the HOD, unless there is a vacancy that needs to be filled at the Interim Meeting. The Chair-Elect shall be elected at every Annual Meeting. The Delegate shall be elected in even numbered years. The Speaker and Alternate Delegate shall be elected in odd numbered years. The Member At-Large shall be elected to a two-year term in even numbered years with the exception of the 2013 elections when the position will be a one-year term. The Speaker shall set the day and hour of such elections and shall give the members of the YPS ample notification.

B. **Eligibility.**

1. To be eligible for election to the Governing Council, one must meet the criteria of AMA Bylaw 7.5.1.

2. Each candidate for a position on the Governing Council shall be eligible to offer his or her name for only one position per ballot.

3. Members of the Governing Council, except for the Chair, Chair-Elect, or Immediate Past Chair, are eligible to run for reelection to their own position or for election to another position. All Governing Council members are eligible to run for another position on the Council.

C. **Nominations.** Nominations for the Governing Council positions may be received in advance of the Annual Meeting, or from the floor at the YPS Assembly Meeting. All candidates must complete a YPS Nomination Form. All nominations shall close simultaneously at a specific time designated by the Speaker.

D. **Campaigns.**

1. Campaigning for positions is limited to campaign speeches, other "conversational" campaigning, and printed material which delineates the candidate's experience and expertise. Other campaign promotional material (including but not limited to buttons, flags, pins, leaflets, posters, etc.) is discouraged.

2. Candidates who declare their candidacy in advance shall be encouraged to submit materials that can be included in the YPS Handbook and posted online at the YPS website.

3. Candidates who declare their candidacy in advance of the meeting and who choose to campaign in advance by phone or letter, shall be given contact information for registered YPS Assembly members.
4. Each candidate shall be given an opportunity to present a campaign speech. The Speaker shall notify each candidate in advance of the Assembly Meeting as to the number of minutes available, as well as the scheduled time.

5. In contested elections, the Speaker will organize a question and answer session for all candidates during the YPS Assembly Meeting. Candidates will be given a specific time and rules for the question and answer session in advance of the YPS Assembly.

E. Voter Eligibility. Only Governing Council members and credentialed YPS Assembly representatives shall be eligible to vote. Ballots shall be distributed by the Credentials Committee.

F. Method of Election.

1. Where there is no contest, the election shall be by acclamation. All other elections shall be by ballot.

2. In even numbered years, the Chair-Elect shall be elected first, followed by the Delegate, and then the Member At-Large.

3. In odd numbered years, the Chair-Elect shall be elected first, followed by the Speaker, and then the Alternate Delegate.

4. A Credentials Committee shall distribute the ballots. Credentialing badges must be verified to receive a ballot. The number of ballots issued shall be monitored.

5. Absentee ballots shall be accepted by the Credentials Committee only in circumstances where an eligible and properly credentialed YPS representative is unable to vote in person due to obligations involving official AMA House of Delegates business. This may include service on AMA Councils, Board of Trustees, Section Governing Councils, or other exceptions as approved by the Credentials Committee. Designated absentee ballots must be delivered to a member of the Credentials Committee. Paper ballots must be delivered in person on the day of the election. Representatives who anticipate absence from the election process of the Section should notify the YPS Speaker and the Chair of the Credentials Committee as early as possible on the day of the Assembly meeting such that appropriate accommodations can be made.

6. Each voter must mark the ballot exactly as directed by the instructions on the ballot. Verbal instructions also shall be given by the Speaker.
7. All nominees for an open or vacant Governing Council position shall be listed alphabetically on a single ballot. Each elector shall have as many votes as the number of candidates to be elected to each position, and each vote must be cast for a different nominee. A nominee shall be elected if he or she has received a majority vote of the legal ballots cast. (If no nominee receives a majority of the legal ballots cast, there shall be a subsequent ballot.)

8. Subsequent Ballots. If no candidate receives a majority of the legal ballots cast, the two candidates (or more in the case of a tie) who receive the most votes shall be placed on a subsequent ballot and voting shall recommence.

9. Handling of Ties. In the event of a tie vote, a run-off election shall be held.

10. All paper ballots must be returned to the Credentials Committee, whether or not a vote was cast in every race.

G. Verification/Counting of Ballot.

1. Credentials Committee members shall collect, count and record the total number of ballots received in the presence of YPS staff. If more ballots are received than were distributed, the process shall be halted and the results invalidated. The Credentials Committee Chair shall notify the Speaker of this fact. Staff shall immediately begin to print new ballots.

2. The Credentials Committee shall examine each ballot to determine if there is only one designated candidate for each office. No ballot shall be counted if it contains fewer or more votes than the number of individuals to be elected to any position, or if the ballot contains more than one vote for any nominee. The Credentials Committee will draw a single contrasting-colored line (that does not interfere with the legibility of the voter's markings) through the area of any ballot marked improperly for a given office indicating a void ballot for that race.

3. The Credentials Committee Chair shall certify the results to the Speaker after all races have been decided. (The sum of all candidates’ votes plus the voided ballots for each race plus other voided ballots must equal the number of ballots received by the Credentials Committee prior to certifying a winner.)

4. Vote totals shall be available on request to individual members of the YPS Assembly.
5. Appeals must be made prior to the conclusion of the Assembly Meeting. Appeals shall be evaluated by the Credentials Committee and resolved by the Speaker.

VI. YPS Assembly Meeting

There shall be an Assembly Meeting of the YPS held on a day prior to each meeting of the AMA House of Delegates.

A. Call to the Meeting. At least 30 days prior to the meeting, notice shall be sent to all YPS members detailing the time, place and other relevant details regarding the meeting.

B. Purpose of the Meeting.

1. To hear such reports as may be appropriate.

2. To consider other business and vote upon such matters as may properly come before the meeting.

3. To adopt resolutions for submission by the Section to the House of Delegates.

4. To hold elections.

C. Duration of the meeting. The meeting shall be a one-day meeting only, so as to minimize days away from work for Assembly and Governing Council members.

D. Participation.

1. Only credentialed Assembly representatives and Governing Council members shall have the right to vote, but the meeting floor and right to testify shall be open to all AMA-YPS members. The Speaker may grant others the privilege of the floor.

2. The YPS Assembly Meeting, where possible, shall be held at the same hotel used for the HOD. YPS representatives, where possible, should be housed in the same hotel used for the HOD meeting.

E. Procedure.

1. Agenda: At least 21 days prior to the Assembly Meeting, the agenda shall be sent to the YPS representatives. The order of business will be set by the Speaker prior to the meeting.
2. Rules of Order: The Assembly Meeting shall be conducted pursuant to the established rules of order submitted by the Speaker and adopted by the Assembly. The parliamentary authority used by the AMA House of Delegates shall govern the Assembly Meeting in all matters not otherwise specified in the adopted rules of order mentioned above.

3. Quorum. Thirty voting representatives shall constitute a quorum for the YPS Assembly.

F. Qualifications for Representatives to the YPS Assembly.

1. Each representative to the YPS Assembly must be a member of the AMA who meets the requirement for membership in the YPS as set forth in AMA Bylaw 7.5.1. However, a representative who becomes ineligible for membership in the YPS shall be permitted to continue service until the end of the calendar year in which ineligibility occurs, as long as active membership in the AMA is maintained.

2. If a representative is elected to the Governing Council, that representative shall be required to resign as a representative at the time that his or her term on the Governing Council commences.

3. State Medical Society Representation. AMA Bylaw 7.5.3 sets forth criteria for representation by constituent associations.

   a. Each constituent (state) medical association automatically is entitled to two voting representatives. Those selected to represent a state medical association in our YPS as representatives must be AMA members in good standing and meet the criteria set forth in AMA Bylaw 7.5.1.

   b. Proportional Representation. In addition to the representative positions discussed above, AMA Bylaw 7.5.3.1 states that constituent medical associations are eligible for additional representatives on the basis of proportional representation (two representatives for every 1,000 AMA young physician members of the constituent medical association).

   c. Additional YPS representative positions shall be filled by one of the following processes.

      i. Open, democratic elections by young physicians during assemblies, forums, caucuses, or other meetings which have elections as part of their announced agendas. Those voting shall meet the definition of young physician set forth in AMA Bylaw 7.5.1.
Democratic elections by state constituent Governing Councils, or their equivalent, whose members have been elected democratically by young physicians (as defined by AMA Bylaw 7.5.1) during assemblies, forums, caucuses, or other meetings which have elections as part of their announced agendas.

The YPS Governing Council shall review the process of representative selection for expanded states every 2 years, commencing from the most recent year an additional position is added.

d. Retention of Representatives. If the membership information as recorded by the AMA as of December 31 warrants a decrease in the number of representatives representing a constituent association, the constituent association shall be permitted to retain the same number of representatives, without decrease, for one year, if it promptly files with the AMA a written plan of intensified AMA membership development activities among its young physician members. If after that year the membership in the constituent association has not recovered to a level sufficient to warrant maintaining the same number of representatives, then the representation shall be decreased accordingly. Our YPS annually shall obtain AMA young physician membership data and communicate any loss greater than 5% from a particular constituent medical association to that society.

National Medical Specialty Society Representation. AMA Bylaw 7.5.3.1 sets forth criteria for representation by national medical specialty societies.

a. Each national medical specialty society granted representation in the AMA House of Delegates is automatically entitled to two voting representatives. Those selected to represent a national medical specialty society in our YPS as representatives must be AMA members in good standing and meet the criteria set forth in AMA Bylaw 7.5.1.

b. Proportional Representation. In addition to the representative positions discussed above, AMA Bylaw 7.5.3.1 states that national medical specialty societies are eligible for additional representatives on the basis of proportional representation (two representatives for every 1,000 AMA young physician members of the national medical specialty society).

c. Additional YPS representatives. Those specialty societies who are eligible for more than two representatives, per Bylaw 7.5.3.1.1,
shall select those representatives according to the rules and criteria
developed by the Governing Council and approved by the Board of
Trustees to ensure that they are selected in a fair and equitable
manner allowing open representation.

d. The representative selected to represent a national medical
specialty society in the YPS must be an AMA member in good
standing and meet the following criteria:

i. Must be a young physician as defined by AMA Bylaw
   7.5.1.

ii. Should be chosen in a fair and equitable manner allowing
    open representation.

iii. Must represent the interests of their particular specialty
    society young physician constituency.

5. The Federal Services Representation. Each Federal Service (United States
Army, United States Navy, United States Air Force, the United States
Public Health Service, and the Department of Veterans Affairs) shall be
entitled to two voting representatives.

6. Credentialing of YPS Representatives.

   a. Constituent societies, Federal Services and national medical
specialty societies may designate their representatives as soon as
possible in the year. The names of credentialed Assembly
representatives from each state, Federal Service and specialty
society should be forwarded to the YPS Staff at least 30 days prior
to the meeting.

   b. The Chair, with the assistance of the Speaker, shall select a
Credentials Committee for on-site credentialing verification.
Committee members shall be provided at least 30 days in advance
of the meeting with instructions for completing their
responsibilities. A member of the YPS Governing Council shall
meet with the committee members at the meeting.

   c. On the day of the opening of the Assembly Meeting, credentialing
shall take place, where voting members must officially identify
themselves to the Credentials Committee as having been selected
to represent their state, specialty society or Federal Services.
d. Every voting representative shall receive a voting badge, which must be worn at all times while on the floor of the Assembly.

G. Rules of Order.

1. The Rules of Order shall be included in all YPS Handbooks, including print and electronic versions.

2. The Assembly Meeting shall be conducted pursuant to the established rules of order presented by the Speaker and adopted by the Assembly. These include the following procedures:

   a. Any AMA-YPS member wishing to obtain the floor shall approach the nearest microphone, wait to be recognized, address the Speaker or Chair, and give his or her name, affiliation, for whom he or she is speaking, and whether he or she speaks for or against the current motion, before speaking on the issue. Observers and others may participate in the discussion with permission of the Speaker or Chair.

   b. No one shall speak more than once on any issue or separate motion until all who wish to speak have been heard.

   c. So as not to hinder debate, time limits for discussion on any single issue shall not be imposed. Should discussion become lengthy, a representative to the Assembly may make a motion to the Assembly to limit debate. Such motion would need a 2/3 vote to be passed. Ample time should be allowed for any member to be heard on an issue before debate is closed.

   d. Any major amendments shall be presented to the Speaker in writing before they are placed on the floor for discussion and action.

   e. Voting shall be by voice, that is “yes” and “no,” except where the Speaker, Chair or a representative calls for a division of the Assembly, in which case a counted vote will be taken.

H. Resolutions.

1. YPS representatives may submit resolutions, either on behalf of themselves as individuals or on behalf of their state, Federal Service, specialty society, or some combination thereof.
2. Every resolution submitted shall identify the individual and/or society which is submitting it.

3. Resolutions to the YPS Assembly must propose new policy positions for the AMA, directives for action to the YPS Governing Council, and/or directives for advocacy by the YPS Delegate and Alternate Delegate within the HOD. The YPS does not accept resolutions to develop YPS policy only.

4. Resolutions must be received in writing by the YPS office by a specific day and time determined by the Governing Council. Resolutions submitted after the deadline date and up until 7 days prior to the Assembly Meeting shall be deemed "late" resolutions. These resolutions shall be posted on the YPS website for online comment where possible and referred to the Reference Committee for its recommendation to accept or not. The Reference Committee shall consider the timeliness/urgency of late resolutions, coupled with the reason(s) for lateness. If the Assembly votes by a 2/3 affirmative vote to accept for consideration, the Reference Committee then shall issue a written recommendation for disposition of the resolution.

5. Resolutions received after the "late resolutions deadline" and through the YPS Assembly Meeting shall be considered "emergency resolutions." A 3/4 Assembly vote shall be required for acceptance.

6. All resolutions, including late and emergency resolutions, shall be posted on the YPS meeting website for online comment, where possible.

7. Copies of all late, and emergency resolutions shall be distributed to the Assembly.

8. YPS Assembly members shall be provided with a report detailing the Reference Committee’s recommendations for action on all resolutions prior to the opening of the YPS Assembly Meeting.

9. Unless otherwise specified in an adopted resolution, the YPS Delegate and Alternate Delegate, with input from other Governing Council members, shall determine how best to accomplish a directive. Where a resolution to the HOD is specified (and where there is no time line), the YPS Delegate and Alternate Delegate shall determine the best timing for submission. Each adopted resolution shall be forwarded to the HOD within a year, including the meeting immediately following the YPS meeting at which the resolution was adopted.
I. **Reports to the YPS Assembly.**

1. The YPS Governing Council shall issue reports responding to referred resolutions. In the case that a report is not finished by the next YPS meeting, a status report on that topic shall be provided to the YPS Assembly.

2. The YPS Governing Council also shall have the ability to issue reports and recommendations addressing topics of interest.

3. The YPS Governing Council also shall issue reports that have been mandated by the YPS Assembly.

J. **Online Testimony on Pending Resolutions and Reports.**

1. All young physicians shall be encouraged to offer online testimony on pending resolutions and reports in advance of the meeting.

2. The YPS website shall include details regarding how testimony shall be submitted.

3. All online testimony shall be posted online within a specified time.

4. Online testimony shall be made available to Assembly members and the Reference Committee.

5. The online testimony shall serve as the basis for the Reference Committee’s recommendations.

K. **Convention Committees.**

1. Convention Committees shall be appointed by the Chair, with the assistance of the Speaker, and from Assembly members who volunteer for committee service. The Chair and Speaker shall strive to ensure a mix of representatives from different geographical areas, specialties, and genders. In addition, Convention Committees shall be comprised of new and experienced YPS members.

2. The YPS shall use the following committees to expedite the conduct of business at each meeting of the YPS Assembly.

   a. Credentials Committee. The Credentials Committee shall consist of 4 representatives, one of whom is appointed to chair the committee. Main responsibilities of the Credentials Committee are to:
i. Check-in and credential representatives.

ii. Determine the ability of an individual to be credentialed as a voting representative (if not preregistered).

iii. Take vote counts during the Assembly Meeting when requested by the YPS Speaker.

iv. Distribute, collect and count election ballots.

iv. Collect meeting evaluation forms.

vi. Issue a verbal report on the number of credentialed representatives in attendance.

b. Reference Committee. The YPS Reference Committee shall be composed of 5 representatives, one of whom is appointed to chair the committee. Major responsibilities are to:

i. Review (in advance of the meeting) online testimony, staff comments and AMA policy.

ii. Produce a report prior to the opening of the Assembly with a consent calendar of recommended actions regarding the submitted reports and resolutions.

iii. Review and propose acceptance (or non-acceptance) of "late" resolutions received after the resolution deadline.

iv. Hear additional testimony during the business meeting of the Assembly.

v. Provide Assembly members, upon request, with a summary of the debate and reasoning for the decision during the Reference Committee proceedings (to be provided by the Reference Committee Chair).

c. HOD Handbook Review Committee. The Handbook Review Committee shall work with the YPS Delegate and Alternate Delegate (in advance of the meeting) to:

i. Review the HOD materials.

ii. Identify resolutions they believe should be discussed at the YPS Handbook Review Session or Assembly Meeting.
iii. Propose an initial course of action for the YPS (active support, support, monitor, oppose, actively oppose), and compile these recommendations into a report for consideration by the Assembly as a consent calendar.

d. Parliamentary Procedure Committee. Committee members shall be available to assist Assembly members with questions as to how best accomplish their intent. The committee shall have no pre-meeting assignments. The number of members shall vary according to the number of volunteers, the volume of YPS business, and the size of the YPS Assembly.

e. House Coordination Committee (HCC). These individuals shall assist the YPS Delegate and Alternate Delegate in executing their duties.

L. Miscellaneous.

1. Parliamentary Authority. The parliamentary authority of the HOD shall govern the YPS in all parliamentary situations that are not provided for in the AMA Bylaws or adopted rules of the YPS.

2. Digest of Actions. A Digest of Actions is the official proceedings from the YPS Assembly Meetings, and shall include directives for action to the YPS Governing Council and directives for advocacy by the YPS Delegate within the HOD. An updated Digest shall be available online following each YPS Assembly Meeting.


4. C. Clayton Griffin, MD, Memorial Luncheon. A luncheon named in honor of a deceased YPS Governing Council member C. Clayton Griffin, MD, shall be convened at every YPS Assembly Meeting.

5. Recycling. Provisions for recycling of meeting materials shall be available at every YPS Assembly Meeting, where possible.

6. Handbooks. In advance of the meeting, the Assembly Handbook shall be made available in electronic form. A print Handbook shall be made available at the YPS Assembly Meeting only on request.
VII. Standing or Ad Hoc Committees

A. Standing Committees.

1. The Governing Council may create any number of standing committees to further the mission of the section.

2. A standing committee will have a duration of up to 4 years. A standing committee can be extended beyond its original charter if the Governing Council deems it appropriate.

3. The Governing Council shall openly solicit the YPS membership for applications to serve on a committee.

4. Members of standing committees shall be appointed for 2 year terms and can be reappointed.

5. The Governing Council shall select a chair of the committee from among its members.

6. All standing committees will have a liaison from the Governing Council who will serve ex-officio without the right to vote.

7. The Governing Council can direct the standing committees to make reports with or without recommendations directly to the Assembly or to the Governing Council.

B. Ad Hoc Committees.

1. In order to perform an assigned task, the Governing Council may create any number of ad hoc committees with a duration ranging from 6 months to 2 years.

2. An ad hoc committee can be extended beyond its original charter if the Governing Council deems it appropriate.

3. Members of ad hoc committees will be appointed for the original duration of the committee. If the duration is extended, the Governing Council can reassess membership.

4. An Ad Hoc Committee on Internal Operating Procedures (IOP) will be constituted to review the IOP every five years. Changes to the IOP require a 2/3 majority vote of the YPS Assembly.
5. The Governing Council can direct the ad hoc committees to make reports with or without recommendations directly to the Assembly or to the Governing Council.

VIII. Liaisons to Other AMA Groups

A. The YPS shall maintain a designated seat for a young physician on the following AMA bodies:

1. Minority Affairs Section. The YPS Governing Council shall solicit for nominations and then choose a representative from among the nominations received.

2. Women Physicians Section. The YPS Governing Council shall solicit for nominations and then shall select 2 potential YPS representatives, who then will be elected according to the procedures of the Women Physicians Section.

3. Advisory Committee on Lesbian, Gay, Bisexual, Transgender and Queer Issues. The YPS Governing Council shall solicit for nominations and then select a representative from among the nominations received.

B. The YPS Governing Council will always solicit nominations for vacant positions. New applicants who have not previously served and incumbents will receive equal consideration.

C. All liaisons must meet the YPS definition of young physician, as specified in Bylaw 7.5.1, at the time they take office for these positions.

D. The YPS Governing Council shall, upon request, provide a liaison to other groups. For example, the YPS Governing Council designates a young physician representative to serve on the AMA Surgical Caucus Governing Council.

E. Governing Council members themselves may represent the YPS or young physicians on various internal AMA task forces. The Governing Council also has the option of selecting a non-Council member to represent the YPS on various internal AMA task forces.

IX. Governing Council Rules for Endorsing AMA Board of Trustees and Elected Councils Candidates

A. The Governing Council shall consider endorsements of candidates for AMA Board of Trustees and elected Councils who have been nominated by an organization represented in the AMA House of Delegates. Preference shall be given to current young physician AMA members, however all AMA members
(including non-section members) who have demonstrated a clear history of service to the YPS may be considered at the Governing Council’s discretion.

**B.** Only those candidates who are members of the YPS and who complete a YPS endorsement application shall be considered in the initial endorsement process. Candidates must submit a formal request for YPS endorsement, along with their curriculum vitae, letter of nomination from their sponsoring organization, questionnaire on current YPS issues. Candidates have the option to submit a photo. The questionnaire shall be composed and updated as needed by the Governing Council. All applications for the initial endorsement process must be submitted by October 15 in the year prior to the election for which endorsement is sought. Applications will be reviewed by a committee appointed by the Governing Council, with recommendations forwarded for decision by the Governing Council during their executive session to be held in conjunction with the Interim Meeting of the AMA House of Delegates. Endorsement results in races in which the Governing Council also receives requests for nomination will be delayed until after the YPS Assembly has voted on the nomination request. Candidates endorsed through this process may subsequently include the YPS endorsement on all promotional materials.

If slots remain available following the initial endorsement process, there will be a second opportunity available to all candidates to obtain an endorsement in the year of the election. To apply for this endorsement, all application materials must be received by the Governing Council no later than January 31 the year of the election for which endorsement is sought. Applications will be reviewed by the Governing Council subsequent to January 31 and decisions will be made on endorsement in a timely manner.

**C.** The Governing Council shall consider all qualified candidates formally requesting an endorsement from the YPS, but shall endorse no more than the available number of positions on the Council or Board. Should an endorsed candidate withdraw from a race, or an additional seat becomes available, the Governing Council reserves the right to make additional endorsements after the defined deadline outlined in the IOP. The Governing Council shall consider only candidates with the following qualifications:

1. Must be an AMA member at the time the endorsement is requested.

3. Should be active in organized medicine or involved in community or national medical entities.

4. Should have experience related to office sought.

5. Should demonstrate knowledge of and commitment to issues pertinent to the YPS.
D. The YPS Governing Council shall submit an informational report on any endorsements to the Assembly at the YPS meeting just prior to the House of Delegates elections.

X. Governing Council Rules for Endorsing AMA President-Elect Candidates

A. The Governing Council shall consider endorsements of candidates for AMA President-Elect who have been nominated by an organization represented in the AMA House of Delegates.

B. Candidates must submit a formal request for YPS endorsement, along with their curriculum vitae, letter of nomination from their sponsoring organization, and a completed questionnaire on current YPS issues. Candidates have the option to submit a photo. The questionnaire shall be composed and updated as needed by the Governing Council. All applications for the initial endorsement process must be submitted by October 15 in the year prior to the election for which endorsement is sought. Applications will be reviewed by a committee appointed by the Governing Council, with recommendations forwarded for review by the AMA-YPS Governing Council and subsequent decision by the AMA-YPS Assembly during the Interim meeting of the AMA House of Delegates. Candidates endorsed through this process may subsequently include the YPS endorsement on all promotional materials.

C. The Governing Council shall consider all qualified candidates formally requesting an endorsement from the YPS, but shall endorse no more than one candidate for the position of AMA President-Elect. Should an endorsed candidate withdraw from a race, the Governing Council reserves the right to make additional endorsements after the defined deadline outlined in the IOP. The Governing Council shall consider only candidates with the following qualifications:

1. Must be an AMA member at the time the endorsement is requested.

2. Should be active in organized medicine or involved in community or national medical entities.

3. Should have experience related to office sought.

4. Should demonstrate knowledge of and commitment to issues pertinent to the YPS.

D. Application materials provided by candidates will be made available to properly credentialed YPS representatives prior to the Interim meeting. Candidates shall be presented on the floor of the YPS Assembly at the Interim meeting. Successful candidates must achieve a 2/3 majority vote (simple majority vote will be used to narrow the field when more than one candidate has requested endorsement).
XI. **Governing Council Rules for Nomination of Elected Council Candidates**

A. The Governing Council shall consider nomination requests for elected positions in which a YPS member is eligible to be a candidate. The YPS shall consider only individuals who meet the AMA definition of a young physician at the time a position commences. Candidates must submit a formal request for nomination, curriculum vitae, and any other documents requested by the Governing Council for decision. Candidates have the option to submit a photo.

B. The Governing Council shall consider nominating candidates only with the following experience:

1. Must be an AMA member and be a member of the YPS as specified in AMA Bylaw 7.5.1 at the time a position commences.

2. Should be active in organized medicine or involved in community or national medical entities.

3. Should have experience related to the position sought.

4. Should demonstrate knowledge of issues pertinent to the YPS.

C. All applications for nomination must be submitted by October 15 in the year prior to the election for which nomination is sought. Applications will be reviewed by a committee appointed by the Governing Council, with recommendations forwarded for approval by the Governing Council.

Application materials provided by candidates will be made available to properly credentialed YPS representatives prior to the Interim meeting. Candidates shall be presented on the floor of the YPS Assembly at the Interim meeting and be given the opportunity for brief remarks ahead of a house vote. Successful nominees must achieve a 2/3 majority vote (simple majority vote will be used to narrow the field when more than one candidate has requested nomination). Candidates nominated through this process may subsequently include the YPS nomination on cards and other promotional materials.

D. The YPS shall decline to endorse any candidate for a position in which the Section has already provided a nomination. In races with multiple vacancies, exceptions may be made at the discretion of the Governing Council. In cases where a YPS nominee exits a race prior to election, the Governing Council may open a late nomination process, as well as reconsider previous endorsement requests by candidates who had been excluded by the aforementioned rule.
E. In the event of an unexpected vacancy subsequent to the YPS nomination deadline, the Governing Council reserves the right to open a late nomination process but should attempt to identify such openings ahead of time in order to facilitate a vote of the Assembly.

F. Neither the Young Physician Section nor its Governing Council shall provide any direct or indirect financial support to nominated candidates at any point during the campaign or election process.

XII. Governing Council Rules for Endorsements of Appointed AMA Councils/Committees/Residency Review Committees (RRCs)/American Medical Political Action Committee (AMPAC) Board Candidates

A. The Governing Council shall consider only endorsements of candidates for appointed AMA Councils, Committees, RRCs and the AMPAC Board who have been nominated by an organization represented in the AMA House of Delegates. Preference shall be given to current young physicians, however, any candidate who has demonstrated a clear history of service to the YPS may be considered at the Governing Council’s discretion.

B. Only those candidates who complete a YPS endorsement application shall be considered. Endorsement requests must be received by October 15 in the year prior to the appointment for which endorsement is sought. Candidates must submit a formal request for endorsement, along with their curriculum vitae, and the letter of nomination from an organization represented in the AMA House of Delegates to the Governing Council for decision. Candidates have the option to submit a photo.

C. The Governing Council shall consider only candidates with the following qualifications:

1. Must be an AMA member at the time the endorsement is requested.

2. Should be active in organized medicine or involved in community or national medical entities.

3. Should have experience related to position sought.

4. Should demonstrate knowledge of and commitment to issues pertinent to the YPS.

D. Depending on the specific position and the number of vacancies, the Governing Council may consider requests for endorsement as requests are submitted, and candidates shall be notified of a YPS Governing Council endorsement in a timely manner.
XIII. Governing Council Rules for Nominations for Appointed AMA Councils/Committees/RRCs/AMPAC Board Candidate

A. The Governing Council may consider nominating a YPS candidate for appointed AMA councils, committees, RRCs and the AMPAC Board. The YPS shall consider only individuals who meet the AMA definition of a young physician at the time a position commences.

B. Only those candidates formally asking for the YPS nomination shall be considered. Candidates must submit a formal request for nomination, curriculum vitae, and any other documents requested by the Governing Council for decision. Nomination requests must be received by October 15 in the year prior to the appointment for which the nomination is sought. Candidates have the option to submit a photo.

C. The Governing Council shall consider nominating candidates only with the following experience:

   1. Must be an AMA member and be a member of the YPS as specified in AMA Bylaw 7.5.1 at the time a position commences.

   2. Should be active in organized medicine or involved in community or national medical entities.

   3. Should have experience related to position sought.

   4. Should demonstrate knowledge of issues pertinent to the YPS.

D. Depending on the specific position and the number of vacancies, the Governing Council may consider requests for nominations as requests are submitted. Candidates shall be notified of a YPS Governing Council nomination in a timely manner.

XIV. Amendments

A. These Internal Operating Procedures may be amended by language proposed by the YPS Governing Council and/or an Ad Hoc Committee on Internal Operating Procedures with the approval of two-thirds of the members of the YPS Assembly present and voting. Since changes to the YPS Internal Operating Procedures must be approved by the AMA Board of Trustees, the YPS Governing Council shall notify the YPS Assembly of any proposed changes that the AMA Board does not approve.
B. Where the YPS Assembly instructs the Governing Council to recommend changes to the AMA Bylaws, the language shall be submitted at the following HOD meeting, unless otherwise specified. The Governing Council shall notify the YPS Assembly of the outcome of the HOD deliberations.

C. Amendments to the YPS Internal Operating Procedures will be contingent upon corresponding changes to the AMA Bylaws. The YPS Governing Council shall notify the Assembly of such changes.
Whereas, on 2 November 2017, Representative Kevin Brady introduced H.R. 1, the “Tax Cuts and Jobs Act” to the U.S. House of Representatives Committee on Ways and Means; and

Whereas, under subtitle C. “Simplification and Reform of Education Incentives,” section 12.04 “Repeal of other provisions relating to education,” H.R. 1 specifically states that: “the provision provides that an unborn child may be treated as a designated beneficiary or an individual under section 529 plans. An unborn child means a child in utero. A child in utero means a member of the species homo sapiens, at any stage of development, who is carried in the womb;” and

Whereas, such language appears to be ambiguous as to how it may or may not cover:

- Molar pregnancies;
- Cervical ectopic pregnancies;
- Intramural pregnancies (within the uterine wall);
- Cornual pregnancies; and
- Ectopic pregnancies in Cesarean section scars;

all of which are potentially life-threatening conditions, that may also be considered by a layperson to be a pregnancy “in the womb,” and

Whereas, Personhood USA quotes CDC and other reputable sources to support the notion that an ectopic pregnancy can somehow be implanted elsewhere and develop into a viable child; and

Whereas, this kind of misinformation is incredibly dangerous and could lead to patients requesting inappropriate therapy, including possible requests to (a) “reimplant” an ectopic pregnancy or (b) not appropriately treat a molar pregnancy, both of which have the potential to be life-threatening to the patient; and

Whereas, the American Society for Reproductive Medicine (ASRM) Position Statement on Personhood Measures states that “ASRM will oppose any personhood measure that is unclear, confusing, ambiguous, or not based on sound scientific or medical knowledge, and which threatens the safety and effective treatment of patients;” and

Whereas, our American Medical Association does not currently have a similar position statement; therefore, be it;

RESOLVED, that our AMA oppose any policies that may potentially give probate, inheritance, social security, or other rights to ectopic pregnancies (including but not limited to cervical, intramural, cornual, interstitial, ampullary, ovarian, and Cesarean scar ectopic pregnancies) and/or molar pregnancies; and be it further

RESOLVED, that our AMA study the issue of granting “rights” to ectopic pregnancies, with a report back at I-18; and be it further

RESOLVED, that our AMA oppose any imposition on medical decision-making or the physician-patient relationship by changes in tax codes or in the definitions of beneficiaries; and be it further

RESOLVED, that this resolution be forwarded to the AMA-HOD at I-17.

Fiscal Note: TBD

Received: 11/7/17

RELEVANT AMA POLICY

H-160.946 The Criminalization of Health Care Decision Making
The AMA opposes the attempted criminalization of health care decision-making especially as represented by the current trend toward criminalization of malpractice; it interferes with appropriate decision making and is a disservice to the American public; and will develop model state legislation properly defining criminal conduct and prohibiting the criminalization of health care decision-making, including cases involving allegations of medical malpractice, and implement an appropriate action plan for all components of the Federation to educate opinion leaders, elected officials and the media regarding the detrimental effects on health care resulting from the criminalization of health care decision-making.

D-160.999 Opposition to Criminalizing Health Care Decisions
Our AMA will educate physicians regarding the continuing threat posed by the criminalization of healthcare decision-making and the existence of our model legislation “An Act to Prohibit the Criminalization of Healthcare Decision-Making.”
2017 Interim Meeting
The AMA Minority Affairs Section Interim Meeting reception and business meeting will begin at 4:30 p.m. on Friday, Nov. 11 at the Hilton Hawaiian Village in Honolulu. The keynote address, “How Family-Centered Care Helps Hawai‘ian Healthcare Meet the Needs of a Diverse Patient Population,” will be delivered by Maile Taualii, PhD, MPH, assistant professor of native Hawaiian & indigenous health at the University of Hawaii - Mānoa. Dr. Taualii’s presentation will focus on research and recent efforts to develop an “‘Ohana Centered” model for health care delivery that is rooted in Native Hawaiian values. This work focuses on moving from patient centered care to ‘Ohana Centered care with the goal to assist patients in receiving the best individual care and disease prevention, and also receive advice and assistance in keeping their entire ‘ohana healthy, from their kupuna (elders) to their unborn keiki (children) and everyone in between. The goal of this culturally respectful delivery model is to prevent disease, maintain health, prepare for the next generation and help the kupuna ease gracefully into the time of hala, or the passing from this life into the next. Business meeting attendees will also discuss the items of business before the AMA House of Delegates.

Minority health and organized medicine
In August, the Minority Affairs Section (MAS) facilitated AMA’s participation at the National Medical Association’s annual Convention and Scientific and Assembly in Philadelphia. The AMA had an exhibit booth during the conference. AMA President David Barbe, MD participated on a panel during the Edward C. Mazique Symposium on “The Role of Physicians in Serving Minority Patients to Bridge Health Disparities and Build Healthy Families and Communities.” NMA Representative on the MAS Governing Council Edith Mitchell, MD (and past NMA President) served as the moderator. Other panelists included Dr. Eliseo Perez-Stable (NIH); Dr. Elena Rios (National Hispanic Medical Association); and Dr. Andrew Sanderson (US HHS).

Also during the summer, MAS was an exhibitor during the annual meeting of the Association of American Indian Physician’s (AAIP).

MAS Governing Council members Frank Clark, MD (Chair and YPS Representative) and Siobhan Wescott, MD, MPH (AAIP Representative) were appointed by BOT chair Dr. Gerald Harmon to the new Task Force on Health Equity.

Summary of Annual Meeting 2017 in Chicago
As part of MAS’s continued focus on gun violence as a public health crisis, Selwyn Rogers, MD, MPH, delivered keynote remarks. Dr. Rogers is chief of the Section for Trauma & Acute Care Surgery and founding director of the University of Chicago Medicine Trauma Center. MAS also partnered with the LGBTQ Advisory Committee and the MSS Minority Issues Committee to co-host, “Health equity: The intersectionality of LGBTQ and minority health,” a two-hour educational forum that featured six health professionals from Chicago. The first hour will included 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 were 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. AC members also consulted with GLMA and other delegates regarding LGBTQ-related resolutions that were pending before the HOD.

Plans for 2018
Preliminary plans are underway for two annual events in 2018. MAS will continue as a strategic partner in the planning for the next Leadership Summit on Health Disparities, hosted by the National Minority Quality Forum and the Congressional Black Caucus on April 16 – 17 in Washington, DC, immediately followed by a Doctors Back To School Day visit to a local. MAS will also lead the 2018 National Doctors Back To School Day, which is scheduled for Wednesday, May 9. Please watch for information and program details for both events over the coming months.
Legislation affecting the LGBTQ community

The LGBTQ Advisory Committee (AC) monitors federal healthcare reform efforts, as well as other federal and state laws that impact the LGBTQ community. The AC urged the AMA to consider signing onto amicus briefs in cases where the rights and health of sexual and gender minorities were threatened:

- **Doe v. Trump** (AMA declined GLAD’s request to sign onto amicus brief at this stage in the case, Sep. 2017)
  GLBTQ Legal Advocates and Defenders (GLAD) and the National Center for Lesbian Rights (NCLR) filed a federal lawsuit in the U.S. District Court for the District of Columbia challenging President Trump’s directive to reinstate a ban on transgender people serving in the military. The suit, *Doe v. Trump*, was filed on behalf of 5 transgender service members with nearly 60 years of combined military service.

- **Fulcher v. Secretary of Veterans Affairs** (AMA signed onto amicus brief, Aug. 2017)
  Lambda Legal filed an appeal in Fulcher v. Secretary of Veterans’ Affairs, challenging the U.S. Department of Veterans Affairs' refusal to engage in rulemaking to reconsider its ban on providing transition-related surgery to transgender veterans.

- **G.G. v. Gloucester County School Board** (AMA signed onto amicus brief in Jul. 2017)
  The American Civil Liberties Union and the ACLU of Virginia filed a lawsuit against the Gloucester County School Board for adopting a discriminatory bathroom policy that segregates transgender students from their peers. The policy effectively expels transgender students from communal restrooms and requires them to use “alternative private” restroom facilities.

LGBTQ health policy and advocacy in organized medicine

Members of the AC regularly educate the physician workforce, our key stakeholders in health and public education, and LGBTQ patient populations regarding LGBTQ-related or supportive policy adopted by the AMA. This includes sharing a compendium of recent policy passed by the House of Delegates around PrEP as HIV prevention, support for transgender military personnel, opposition to the dismantling of federal protections against discrimination based on sexual orientation and gender identity.

In October, two physician leaders from the American Medical Association presented during the Midwest LGBTQ Health Symposium hosted by Howard Brown Health in Chicago, IL. AMA board secretary Jesse Ehrenfeld, MD, MPH and LGBTQ Advisory Committee chair Scott Chaiet, MD, MBA presented “AMA Advocates: LGBTQ Advocacy and Eliminating Stigma,” during which they discussed the role of organized medicine in advocacy around the health of sexual and gender minorities. Dr. Chaiet also co-presented a session on during which he spoke about facial feminization surgeries, while co-presenter, Alison Shore, MD, addressed breast / chest surgeries. The symposium was attended by close to 400 physicians, healthcare professionals, researchers and community advocates.

During the September 2017 annual conference of GLMA: Health Professionals Advancing LGBT Equality in Philadelphia, PA, BOT secretary Dr. Jesse Ehrenfeld joined a panel of physicians who have dual membership in AMA and GLMA to discuss collaborative advocacy efforts on behalf of LGBTQ patients and highlight the power of their partnership to eliminate disparities. Also on the panel was the GLMA delegate to the HOD Dr. Jeremy Toler, the GLMA representative on the AMA LGBTQ AC Dr. Desi Bailey, and the GLMA president Dr. Gal Mayer. The AMA also hosted an exhibit booth.

Dr. Erick Eiting, YPS representative, was appointed by BOT chair Dr. Gerald Harmon to the new Task Force on Health Equity.
Advisory Committee on LGBTQ Issues
Interim Meeting Report
Updates for June – November, 2017

SOGI data collection at AMA
Representing the AC, immediate-past chair Dr. Carl Streed, Jr. and MSS Representative Collin Shumate joined a staff planning meeting via teleconference to discuss how to implement data collection of sexual orientation and gender identity information from AMA members. AC staff hosted the meeting on behalf of AMA staff from the Health Solutions Group who are charged with implementation of the policy on AMA membership demographics (G-635.125):

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

Topics included technical implementation (e.g., MasterFile data fields, security, costs). AC staff is currently seeking representatives from external sources who can share best practices with AMA staff around SOGI data collection and analysis in their organizations and will convene a follow up meeting after Interim Meeting with external sources and the HSG implementation team in the weeks ahead.

Summary of Annual Meeting 2017 in Chicago
During the LGBTQA caucus meeting, Dr. Magda Houlberg (Howard Brown Health of Chicago) offered keynote remarks on transgender health. The LGBTQA AC partnered with MAS and the MSS Minority Issues Committee to co-host, “Health equity: The intersectionality of LGBTQ and minority health,” a two-hour educational forum that featured six health professionals from Chicago. The first hour will included 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 were 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. AC members also consulted with GLMA and other delegates regarding LGBTQ-related resolutions that were pending before the HOD.

2017 Interim Meeting in Honolulu
The LGBTQ and Allies reception and business meeting in Honolulu will take place at 5:30 p.m. on Friday, Nov. 10 at the Hilton Hawaiian Village. The program will feature a panel discussion, “Walking the walk: How to navigate LGBTQ community engagement and social justice in medicine.” Panelists will share perspectives on medicine and community engagement as a form of social activism to achieve health justice. They will also discuss their decades-long practice of medicine through public health and legal crises (e.g. AIDS epidemic, same-gender marriage) in the Hawaiian LGBTQ community and how it led to improved health and wellness today, as well as for future generations. The moderator will be David McEwan, MD, a family medicine physician in private practice. Panelists will include 3 physicians from the University of Hawai’i – Mānoa, including Robert Bidwell, MD, an associate clinical professor of pediatrics specializing in adolescent medicine who also serves as a consultant to the Hawai’i State Judiciary’s Committee on LGBT Youth in the Juvenile Justice System; Jennifer Frank, MD, a family medicine specialist; and Drew Kovach, MD, M.Div., a clinical professor of family medicine and community health who also serves as an archpriest with the Inclusive Orthodox Church.

Following joint section educational programming scheduled on Saturday, Nov. 11, 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 12:15 p.m. in Room 323A at the
Hawaii Convention Center. All meeting attendees (physicians, medical students, delegates, staff, and their guests) who are concerned about improving LGBTQ health and eliminating disparities among sexual and gender minorities are encouraged to attend.
The Women Physicians Section has had a very exciting past four months. In September, we celebrated Women in Medicine Month. Our theme this year was “Women in Medicine: Born to Lead.”

On September 7, we celebrated our first Women in Medicine Day. The purpose of that day was to bring greater attention to what the AMA is doing to support women physicians. We had two in person events at Rush University Medical Center and at the University of Chicago as well as a huge social media push to promote our activities.

Also on September 12, we hosted a webinar “How to position yourself as a Physician Leader”. Dr. Vineet Arora shared strategies on how women physicians can better position themselves as leaders.

This year the WPS has two resolutions that will be considered at the House of Delegates meeting. They are:

- Resolution 002: Intimate Partner Violence Policy and Immigration;
- Resolution 910: Improving Treatment and Diagnosis of Maternal Depression through Screening and State-Based Care Coordination

During the I-17 meeting, we have our AMA-WPS Business Meeting and Reception from 5:30pm-7:30pm on Saturday, November 11 at the Hilton Tapa Conference Center, Honolulu Suites. Dr. Shobha W. Stack, the 2016 Joan F. Giambalvo Fund for the Advancement of Women winner, will present her findings related to “Child bearing among physicians in training: a cross sectional survey of trends and factors.” Also, on Sunday, November 12 the AMA-WPS will host the WPS Associates lunch meeting from 12:30 – 1:45 p.m. in room 318B of the Convention Center.

Respectfully Submitted by
Kusum Punjabi MD, MBA, FACEP
YPS Representative to the WPS
Sabrina Shizue McKenna, JD

Associate Justice Sabrina Shizue McKenna has served on the Hawaii Supreme Court since 2011.

She studied Japanese-English translation and interpretation as an undergraduate at the University of Hawaii at Manoa ("UHM"), then attended UHM’s William S. Richardson School of Law, where she served as Editor-in-Chief of the Law Review.

She was a civil litigator, in-house counsel, and law professor before becoming a Hawaii state trial judge in 1993. She has chaired the Hawaii Supreme Court Committees on Equality and Access to the Courts and on Court Interpreters and Language Access, and has received various awards, including the University of Hawaii Distinguished Alumnus Award, the National Asian Pacific American Bar Association Daniel K. Inouye Trailblazer Award, and the Hawaii Women Lawyers Outstanding Judicial Achievement Award.
I-17 YPS Innovation Committee Update

The YPS Innovation Committee is a place for YPS members interested or currently involved in the space of Innovation and Healthcare Technology with an overarching goal to aid our members and to increase the physician voice within the ever changing realm of healthcare technology.

This year the Innovation Committee was able to launch the unofficial group platform on Facebook. The group is named and may be searched for at: "AMA YPS Innovation Committee" if interested in joining this committee. The main goals moving forward will be to start with the following areas:

1. Develop communication platform for members to discuss their ventures/interests/needs and advertise events
   https://www.facebook.com/groups/1441233452841851/

2. Use this group to provide feedback for the AMA physician innovation network beta site 2.0 https://innovationmatch.ama-assn.org/; and

3. Develop channels within our given county/state/specialty societies for distributing ideas/best practices for bringing physician input into local health technology sectors/communities.
In the long-term, the YPS remains committed to identifying alternatives to the high-stakes examination for the Knowledge Assessment portion of maintenance of certification. Immediate goals for this committee include:

**Education:**

Physicians have reported concerns that the Maintenance of Certification (MOC) process is onerous, unhelpful, and costly (Drolet, JAMA, August 2017). In response to these concerns, several state medical societies have pursued legislative action.

In April 2016, Oklahoma (SB 1148) became the first state to pass legislation that blocks MOC as a requirement for licensure/hospital privileges. This was followed by Texas (also SB 1148). In addition, Georgia (HB 165), Maine (LD 1200), Maryland (SB 989), Missouri (HB 1816), North Carolina (HB 728), & Tennessee (SB 298) have also passed similar statutes (8 states in total). North Carolina’s bill is particular broad: stating: "The Board shall not deny an application for licensure based solely on the applicant's failure to become board certified." Maryland also prohibits requiring initial board certification. Other states have attempted to pass similar legislation: Alaska (pending), California (pending), Florida (failed), Massachusetts (failed), Michigan (failed), New York (pending), Ohio (pending), Rhode Island (pending).

An editorial by Johnson in JAMA (August 2017) notes that these type of laws may represent a potential threat to self-regulation. Of note, Dr. Johnson was chair of the American Board of Internal Medicine from 2013-2015. Your Task Force on MOC/MOL agrees with the general sentiment of this concern, but also notes a continued need for reform.

AMA CME Reports 2-A-16 & 2-A-17 summarizes prior innovative MOC measures that individual boards have taken to innovate/reform. Recently, the ABMS has announced an initiative named “Continuing Board Certification: Vision for the Future” with the AMA Council on Medical Education as a key member. Your Task Force on MOC/MOL will continue to monitor these developments and work with our liaison to the Council on Medical Education to communicate our concerns.

**Research:**

Data suggest MOC processes may product modest cost savings (Gray, JAMA, December 2014), and increase patient confidence (Morrell, J Patient Exp, 2016); however, significant differences in quality-measure outcomes have not been demonstrated (Hayes, JAMA December 2014). Your Task Force on MOC/MOL will continue to review data regarding the positive and negative effects of MOC processes.

**Advocacy:**

Your Task Force on MOC/MOL notes that several ABMS member boards restrict board participation until diplomates have had at least 10 years of certification. This essentially excludes Young Physicians. Your Task Force is researching the possibility of creating a resolution for A-18 to argue for the inclusion of young physicians in defining the future of board certification. Additional input is welcome.
The Strategy and Leadership Committee continues its mission to support the candidacy of Young Physicians nominated for leadership positions throughout the HOD as well as identifying Young Physicians with the potential to seek candidacy in the future. The YPS Strategy and Leadership Committee continues to develop young physician leaders for future roles within the AMA House of Delegates (HOD) and leadership roles within their home organizations. This Committee extensively reviews all endorsement requests and makes recommendations to the Governing Council for action on these requests.

Based on recently revised YPS-Internal Operating Procedures (IOP), there are now two time periods for consideration of YPS endorsement for election positions. The deadline for submitting applications for consideration of endorsement is October 15 and the deadline for all others candidates is January 31. Based on these IOP changes, the SLC has endorsed the following candidates in their A-18 Elections:

Board of Trustees: Jesse Ehrenfeld

In addition, the Strategy and Leadership Committee continues to work on initiatives including: 1) providing actionable support and campaign assistance to candidates who receive AMA-YPS Section endorsement; 2) Organizing YPS members who concurrently serve as delegates to strengthen the meaning and influence the Section will have on future business of the HOD; and 3) working with the Section’s seated delegate to nominate and endorse AMA-YPS candidates for elected office within the HOD.

Overall, the goal of this committee is to develop and organize YPS members to strengthen the meaning and influence the Section will have on future business of the HOD.
The mission of the AMA’s Litigation Center is to represent the interests of the medical profession in the courts. We have highlighted the following cases, which demonstrate the AMA’s commitment to advocating for both the rights of physicians and their patients and which we think might be of particular interest to the Young Physicians Section:

1. **Abortion Rights**

   a. **Whole Woman’s Health v. Hellerstedt (5th Cir.)**

   The issue in this case is whether a Texas health regulation, T.A.C. Title 25, §§ 1.132-1.137, unconstitutionally burdens a woman’s right to have an abortion. This regulation mandates that aborted embryonic and fetal tissue be disposed of through interment or by cremation or steam disinfection followed by interment, notwithstanding that all other human tissue removed during surgery, autopsy, or biopsy can be disposed of through more convenient and less expensive methods.

   The trial court held the regulation constitutionally defective as an undue burden on the right to an abortion. The Texas Health Commissioner appealed the ruling to the United States Court of Appeals for the Fifth Circuit.

   The AMA, along with two specialty medical societies, filed an *amicus* brief to argue that the regulations are unconstitutional.

2. **State Government Interference with the Patient-Physician Relationship**

   a. **Wollschlaeger v. State of Florida (11th Cir.)**

   The issue in this case was whether the Florida Firearms Owner’s Privacy Act (FOPA) unconstitutionally restricted communications between physicians and their patients.
Florida enacted FOPA to regulate the interactions between health care providers and patients concerning communications regarding firearm ownership. Under the law, health care providers could not (i) intentionally record information concerning firearm ownership in a patient’s medical record if the information is not relevant to the patient’s medical care or safety or the safety of others; (ii) ask a patient whether he or she owns a firearm unless the information is relevant to the patient’s medical care or safety or the safety of others; (iii) discriminate against a patient based solely on firearm ownership; (iv) unnecessarily harass a patient about firearm ownership. A patient could decline to answer questions regarding firearm ownership. Violation of FOPA would constitute grounds for discipline under the Florida licensure statutes.

Several individual physicians and the Florida chapters of the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians sued various Florida government officials to prevent enforcement of FOPA. The suit alleged that FOPA violated the rights of free speech between physician and patient guaranteed under the First and Fourteenth Amendments of the United States Constitution.

The trial court found that portions of FOPA did, indeed, interfere with physicians’ right of free speech. She entered a summary judgment in favor of the plaintiffs and against the defendants, which prohibited the State of Florida from enforcing the invalid portions of FOPA. The defendants appealed to the Eleventh Circuit.

On July 25, 2014, a panel of the Eleventh Circuit, by a split decision, held that physician communications with patients were entitled to only minimal protection under the First Amendment. As a result, physicians can be required to tailor their patient communications to further a state’s political agenda, so long as the state can advance a minimally rational basis for its restrictions on the physicians’ communications. The Eleventh Circuit reversed the trial court and held FOPA facially constitutional. The plaintiffs petitioned for en banc rehearing of that decision. On July 28, 2015, and again on December 14, 2015, the same Eleventh Circuit panel, on its own volition (without being asked to do so) filed lengthy decisions to substitute for its earlier rulings.

On February 3, 2016, the full 11th Circuit allowed rehearing en banc. On February 16, 2017, the Eleventh Circuit ruled, en banc and ten to one, that FOPA provisions which concerned record keeping, inquiry about firearms ownership, and unnecessary harassment violated the First Amendment. However, the anti-discrimination provision was valid. The dissenting judge, the same judge who had authored the earlier Eleventh Circuit decisions, would have found FOPA constitutional in its entirety.

Subsequently, the State of Florida paid $1.1 million to reimburse the plaintiffs’ litigation expenses.

The AMA, along with the American Academy of Pediatrics and numerous other national specialty medical societies, filed several amicus briefs in support of the plaintiffs and against FOPA.
3. **GLBTQ Rights**

   a. **Fulcher v. Secretary of Veterans Affairs (Fed. Cir.)**

   The issue in this case is whether a Veterans Administration regulation, 38 C.F.R. § 17.38(c)(4), which categorically prohibits the VA from paying for sex reassignment surgery, is valid. Following consideration of a request to amend the regulation, the VA sent identical letters to six Congressmen, which indicted: “[the] VA … will continue to explore a regulatory change that would allow [the] VA to perform gender alteration surgery … when appropriate funding is available.”

   The plaintiffs are a transgender veteran of the U.S. Marine Corps and a transgender veteran of the U.S. Army. They were diagnosed with gender dysphoria, and their physicians recommended sex reassignment surgery. On account of the regulation at issue, neither of them was able to obtain the recommended medical care from the VA. They brought suit in the United States Court of Appeals for the Federal Circuit.

   The AMA, along with two other Federation members, filed an *amicus* brief to support the plaintiffs. The brief asserts that gender dysphoria is a recognized medical condition, which commonly lends itself to surgical treatment.

   b. **G.G. v. Gloucester County School Board (4th Cir.)**

   The issue in this case, remanded from the United States Supreme Court to the Fourth Circuit, is whether a public high school should be required to allow transgender students to use the boys’ bathroom, rather than a unisex bathroom.

   Until his recent graduation, Gavin Grimm attended Gloucester High School, in Gloucester County, Virginia. Although he had been born anatomically female, he experienced gender dysphoria and identified as male. He underwent hormone therapy and legally changed his name to Gavin, a more traditionally male name.

   Before his sophomore year, Gavin and his mother, Deirdre Grimm, informed school officials that Gavin was a transgender boy. Upon coming out, he used the boys’ restroom. The high school then constructed three single-stall unisex restrooms (converted from janitors’ closets), which were to be available to all students. Following extensive public debate, the School Board resolved that the high school should provide male and female restrooms, “the use of [which] shall be limited to the corresponding biological genders, and students with gender identity issues shall be provided an alternative appropriate private facility.”

   Notwithstanding the unisex restrooms, Gavin insisted he be allowed to use the boys’ restroom. He said he could not use the girls’ restroom, because the girls perceived him as a boy and reacted negatively to him. Moreover, use of the girls’ restroom would be inconsistent with his gender dysphoria and would cause him distress. He further objected to the use of the separate restrooms, as this would make him feel stigmatized and excluded. He avoided use of any restrooms while at school and as a result developed urinary tract infections.
Gavin, through his mother and with the assistance of the American Civil Liberties Union, sued the School Board for violation of Title IX of the Education Amendments Act of 1972, 20 U.S.C. § 1681(a), and an implementing regulation, 34 CFR § 106.33. The trial court held against Gavin, but, on appeal, the Fourth Circuit reversed. The case was then appealed to the United States Supreme Court. Initially, the Supreme Court accepted jurisdiction, but it then remanded, without a substantive decision, to the Fourth Circuit. The Fourth Circuit has since remanded the case to the district court.

The AMA, along with several specialty medical societies, filed an amicus brief in the Fourth Circuit remand to support Gavin. The brief pointed out the health consequences that transgender people can feel from social stigma.

4. **Pregnant Women’s Rights**

   a.  **Loertscher v. Anderson (7th Cir.)**

   The issue in this case is whether a Wisconsin law, Wis. Stat. § 48.193, which allows government officials to take expectant mothers forcibly into custody if their consumption of drugs or alcohol poses “a substantial risk [to] the physical health of the unborn child,” is constitutional. The AMA believes that criminal or civil sanctions for harmful behavior by a pregnant woman toward her fetus are inappropriate.

   A federal district court found that medical science is unable to ascertain the level of consumption of drugs or alcohol that would pose a substantial risk to the physical health of the unborn child. Accordingly, the court held, the law is, on its face, unconstitutionally vague. The district court decision has been appealed to the United States Court of Appeals for the Seventh Circuit.

The AMA, along with the Wisconsin Medical Society and several specialty medical societies, submitted an amicus brief to the Seventh Circuit. The brief argued that the law is, as the district court held, unconstitutionally vague.

5. **Patient Privacy**

   a.  **Oregon Prescription Drug Monitoring Program v. Drug Enforcement Administration (9th Cir.)**

   The issue in this case was whether, in violation of Oregon law, the Drug Enforcement Administration (DEA), a division of the United States Department of Justice, can access the information in the Oregon Prescription Drug Monitoring Program (Oregon PDMP), an agency of the State of Oregon, through an administrative subpoena, without a showing of probable cause.

   The AMA advocates for strong confidentiality safeguards and protections of state-based PDMPs by limiting database access by non-health care individuals to only those instances in which probable cause exists that an unlawful act or breach of the standard of care may have occurred.
Oregon established a computerized database of controlled substance prescription records, which is to be used primarily as a public health tool by physicians and pharmacists to identify signs of drug addiction and diversion in their patients. It is maintained by the Oregon Health Authority. In recognition of the privacy interest of patients and physicians in prescription records (and the sensitive information about underlying medical conditions and the contents of physician-patient communications that such records can reveal), the Oregon legislature included a set of privacy protections in the law authorizing the PDMP. Although physicians and pharmacists can access PDMP records if they certify that the requested information is pertinent to the treatment of their patients, law enforcement agencies can access Oregon PDMP records only if they obtain a court order based on probable cause.

Notwithstanding the state-law warrant requirement, the DEA attempted to obtain protected health information from the PDMP using administrative subpoenas promulgated pursuant to 21 U.S.C. § 876, a provision of the Federal Controlled Substances Act. The DEA can issue administrative subpoenas unilaterally, without the necessity of judicial authorization or a finding of probable cause. Typically, DEA subpoenas include a gag provision barring the Oregon PDMP from revealing the fact of the search to the affected doctor or patient.

In response, the Oregon PDMP refused to comply with the DEA subpoenas on the basis that doing so would violate state law. Also, the Oregon PDMP sued in federal court for a declaratory judgment as to whether the federal subpoena statute could override the state-law warrant provision.

The American Civil Liberties Union of Oregon intervened in the case, along with one physician and four patients who had confidential prescription records in the Oregon PDMP. The interveners argued that there is a reasonable expectation of privacy in prescription records held in the PDMP. Under the Fourth Amendment to the U.S. Constitution, therefore, the federal government should need a warrant to search those records as part of a criminal investigation. The DEA countered that patients and physicians have no reasonable expectation of privacy in their prescription records.

On February 11, 2014, the district court granted summary judgment in favor of the interveners on Fourth Amendment grounds, without reaching the question of whether federal law conflicted with and overrode state law. The court explained: “it is more than reasonable for patients to believe that law enforcement agencies will not have unfettered access to their records. The prescription information maintained by PDMP is intensely private as it connects a person’s identifying information with the prescription drugs they use.” Noting that prescription records can reveal information about a patient’s underlying medical condition, the court stated: “It is difficult to conceive of information that is more private or more deserving of Fourth Amendment protection.” Therefore, the court concluded, the Fourth Amendment prohibited the DEA from issuing administrative subpoenas for Oregon PDMP records. The DEA was permanently enjoined and required, if it sought prescription records from the Oregon PDMP, to request a judicial warrant, based on probable cause. The DEA appealed to the Ninth Circuit.

On June 26, 2017, the Ninth Circuit reversed. It held that the ACLU lacked standing to intervene in the case, and the federal subpoena statute preempted the state-law warrant provision.
On December 12, 2014, the Litigation Center, along with the medical associations of the states in the Ninth Circuit (Alaska, Arizona, California, Idaho, Montana, Nevada, Oregon, Washington, and Hawaii), filed an \textit{amicus} brief to support the interveners and the Oregon PDMP. The brief advised the Court of Appeals of how unwarranted disclosure of information in the Oregon PDMP could compromise medical care. Patients might be reluctant to fill prescriptions for controlled substances, even when those prescriptions are medically justified, if they fear that the prescription information might be disseminated beyond health care professionals. They might also fear prosecution for abuse or misuse of controlled substances, even though they may have acted in good faith.

6. **Peer Review Confidentiality**


The issue in the case is whether the statutory privilege against legal discovery should apply when an independent contractor of a hospital reviewed the performance of a physician on the hospital’s medical staff. The AMA supports the protection of peer review information from litigation discovery.

Eleanor Reginelli presented to the emergency department at Monongahela Valley Hospital (MVH), complaining of chest and back pains. The emergency room physician, Marcellus Boggs, MD, a member of the MVH medical staff, ordered and interpreted the results of an electrocardiogram and blood work. He diagnosed Reginelli with gastro-esophageal reflux disease and discharged her that day. Five days later, Reginelli again experienced chest and back pains, symptomatic of a heart attack. She subsequently suffered permanent heart damage.

Boggs was an employee of UPMC Emergency Medicine, Inc., d/b/a Emergency Resource Management, Inc. (ERMI), which staffed the MVH emergency department as an independent contractor.

Reginelli and her husband sued Boggs, MVH, and ERMI for medical negligence. As part of discovery, the plaintiffs deposed Brenda Walther, MD, the medical director of the MVH emergency department and also an ERMI employee. Walther disclosed that she maintained a “performance file” on Boggs, which included her evaluation of his performance. She said that ERMI required her to perform and retain these evaluations and she considered her evaluations to be peer review protected. She also testified that, in addition to the ERMI peer review evaluations, MVH has a formal peer review committee, which meets on a monthly basis.

The plaintiffs asked MVH to produce the Walther performance file on Boggs. Based on a claim of peer review privilege, the defendants objected to its production. MVH produced the performance file to the judge for review \textit{in camera}. Following such review, the trial court observed that MVH had possession of the performance file (as it had produced the same \textit{in camera}), but Walther was an agent of ERMI, an agency distinct from MVH. It commented: “it is untenable that [MVH] could claim a privilege for documents that it neither generated nor maintained.” The trial court ordered the performance file to be produced to the plaintiffs’ counsel, who was then to keep the file confidential.
The defendants appealed to the Pennsylvania Superior Court. The Superior Court affirmed, holding that, by sharing the file with MVH, Boggs and ERMI had “destroyed” any privilege they might otherwise have claimed. The defendants are now appealing to the Pennsylvania Supreme Court.

The Litigation Center joined with the Pennsylvania Medical Society to file an amicus brief in the Pennsylvania Supreme Court. The brief, which supported the defendants, argued that the PRPA privilege against legal discovery should apply in this case.

7. Patient Safety and Quality Improvement Acts

    a. Brugaletta v. Garcia (NJ S.Ct.)

The issue in this case is whether the New Jersey Patient Safety Act, N.J.S.A. §§ 26:H-12:23 to -12.25 (NJ PSA), creates a privilege against legal discovery of a hospital’s self-critical report of a patient’s care. The AMA supports the protection of peer review information from litigation discovery.

The plaintiff, Janelle Brugaletta, alleged that she reported to the emergency room at Chilton Medical Center, complaining of persistent abdominal pain and a fever. She had also reported body aches, weakness, and a phlegmatic cough. She was incorrectly diagnosed with pneumonia. In fact, she had appendicitis and pelvic abscess. Brugaletta sued Chilton for medical malpractice. She also sued Calixto Garcia, D.O., Steven D. Richman, M.D., and Patrick J. Hines, M.D., three of the physicians who had allegedly misdiagnosed her.

During pre-trial preparation, Brugaletta learned that Chilton had prepared an analysis of her care, entitled “Event Detail History with all Tasks” (Event Detail). She demanded production of the Event Detail. Chilton, however, refused to produce it, claiming the NJ PSA privileged it from discovery. The trial court ordered production of a redacted version of the Event Detail. It found that Chilton had not reported Brugaletta’s alleged misdiagnosis to the New Jersey Department of Health, and such reporting was a precondition to a claim of privilege under the NJ PSA.

Chilton appealed to the Appellate Division, the intermediate appellate court in New Jersey. The Appellate Division found that the Event Detail included a “self-critical analysis” of Brugaletta’s care. It held that such self-critical analyses are privileged from discovery under the NJ PSA. Further, although the NJ PSA requires that certain patient care events be reported to the New Jersey Department of Health, reporting was not a precondition to a privilege claim. The Appellate Division reversed the trial court production order. Brugaletta is now appealing to the New Jersey Supreme Court.

The Litigation Center and the Medical Society of New Jersey filed an amicus brief in the New Jersey Supreme Court to support Chilton’s privilege claim under the NJ PSA.
The question in this case is whether the Federal Patient Safety and Quality Improvement Act of 2005, 42 USC §§ 299b1-21 et seq. (PSQIA), protects hospital incident reports from discovery in litigation.

Terri Daley is the Independent Administrator of the Estate of Rosalie Jones. Daley alleges that Ms. Jones was admitted to Ingalls Memorial Hospital (Ingalls) for renal failure on November 6, 2013. Ingalls staff, including nurses Kevin Teruel and Victoria Hall, was responsible for monitoring Ms. Jones’ blood glucose levels. On the night of November 17, 2013, her blood glucose level was 203. She was then given insulin.

At 3:32 am on November 18, 2013 a nurse drew Ms. Jones’ blood for a comprehensive test. The results of this test showed a blood glucose level of 16, which generated a “panic low.” However, Ms. Jones’ treatment team was not made aware of this test result. At approximately 6:20-6:30 am on the same day, Ms. Jones was found to be unresponsive. She then suffered irreversible brain damage due to prolonged hypoglycemia (hypoglycemic encephalopathy), and she later died from these injuries.

Ingalls had contracted with the Clarity Patient Safety Organization (Clarity PSO), a federally and state certified PSO, in 2009. Ingalls maintained a patient safety evaluation system—Healthcare SafetyZone Portal—to collect and report information to Clarity PSO. Ingalls personnel submitted incident reports to Clarity PSO through the Healthcare SafetyZone Portal in relation to Ms. Jones’ treatment. Ingalls did not retain copies of these reports.

Daley sued Teruel, Hall, and Ingalls for medical malpractice. As part of discovery, Daley’s attorneys requested the incident reports that had been submitted to Clarity PSO. Ingalls objected to this request, citing PSQIA. After a hearing on Daley’s motion to compel production of the incident reports, the trial judge deemed them discoverable under Illinois law and ordered their production. Ingalls filed a motion to reconsider, which the trial judge denied. Ingalls refused to produce the incident reports and asked to be held in “friendly contempt,” which would allow an interlocutory appeal. The trial court obliged. Ingalls appealed the production and contempt orders to the Illinois Appellate Court, First District. The principal Ingalls brief is due on October 26, 2017.

An amicus brief in support of Ingalls will be filed on October 26, 2017. The brief, in essence, will advise the Appellate Court of the broad purposes behind PSQIA, including its preemption provision, and will urge the Appellate Court to reverse on that basis.

8. **Freedom of Information Act**


   The issue in this case is whether the Connecticut Insurance Department (CID) properly disclosed, under the Connecticut Freedom of Information Act (FOIA), the documents submitted to CID in
connection with the attempt of Aetna, Inc. to acquire Humana, Inc. The AMA opposes consolidations in the health insurance industry that may result in anti-competitive markets.

Aetna, one of the largest health insurance companies in the United States, sought to acquire Humana, also one of the largest insurers in the country. Both companies do business in Connecticut, and in fact Aetna is headquartered in Connecticut.

Pursuant to the Connecticut Insurance Code, Conn. Gen. Stats., §§ 38a-129 through 38a-140, Aetna applied to CID for approval of the contemplated merger. CID then approved the request, without a public hearing. Subsequently, as the result of a lawsuit brought by the United States Department of Justice and several state attorneys general, the United States District Court for the District of Columbia found the merger anticompetitive and enjoined it. The insurance companies then abandoned the merger.

The Connecticut State Medical Society (CSMS), which generally opposes consolidation of health insurance companies, submitted a FOIA request to CID, seeking documents associated with the Humana/Aetna merger. The Connecticut Campaign for Consumer Choice (CCCC) joined CSMS in the FOIA request. CID for the most part denied the CCCC/CSMS FOIA request. CCCC/CSMS appealed the CID denial to the Connecticut Freedom of Information Commission (FIC).

After considerable negotiation, CCCC/CSMS and CID reached an agreement regarding the FOIA claim. They then notified FIC of their settlement and sought to terminate the FIC action. However, FIC refused to accept the settlement and ordered the action continued. Following a full hearing, FIC ordered production of the requested documents and fined the Insurance Commissioner $500 for failure to comply with FOIA. CID appealed the FIC production decision to the Connecticut Superior Court.

The Litigation Center is helping to defray the CSMS expenses relating to the FIC proceedings.

9. **Environmental Protection**

   a. **West Virginia v. EPA (1st Cir.)**

The issue in this case is the extent to which the Federal Environment Protection Agency (EPA) can enact regulations which restrict the total carbon dioxide emissions from all power plants within a state. The AMA supports limitations on carbon dioxide emissions from power plants to protect public health.

On October 23, 2015, the EPA promulgated regulations which would restrict carbon dioxide emissions from power plants. On the same day, 12 state governments, led by West Virginia, sued in the United States Court of Appeals for the District of Columbia Circuit to have the regulations declared invalid as exceeding the EPA’s authority under the Clean Air Act (“CAA”). Subsequently, 37 additional appeals were consolidated into this case.

The plaintiffs maintain that the new EPA regulations would establish quotas for the total carbon dioxide emissions from power plants within a state. This would mean that if a state was at or near
its carbon dioxide quota and a utility wished to add to its power generating capacity by the addition of a new plant, the utility would have to either (a) induce an existing power plant within the state to operate more efficiently, (b) induce an existing power plant within the state to shut down, or (c) build a low-polluting or non-polluting power plant by (i) employment of extraordinary anti-pollution technologies for a coal-fired plant or (ii) substituting low or zero-carbon energy generation, such as through the use of a natural gas plant or wind or solar energy sources. Thus, the regulations impose economic pressures to retire pre-existing power plants in favor of “green” energy (wind or solar), even if the pre-existing power plants may individually satisfy environmental standards.

The plaintiffs further argue that the CAA gives the EPA broad authority to regulate emissions from new power plants, but it gives only limited authority to regulate existing power plants. Existing power plants are, to a greater extent, left to state regulation. The new EPA regulations are claimed to be invalid, because they sidestep this statutory limitation on the EPA’s authority through a novel method of economic incentives, which, in practical effect, broadly regulate existing power plants.

The plaintiffs moved to have the regulations stayed (not enforced) pending resolution of the appeals. The Court of Appeals denied the stay motions on January 21, 2016. The plaintiffs appealed this denial to the Supreme Court.

On February 9, 2016, the Supreme Court, by a five to four vote (with Justice Scalia in the majority), stayed enforcement of the EPA regulations until complete resolution of the case. The stay would last until exhaustion of review by the Supreme Court, if such review should be sought. Following the inauguration of President Trump, the EPA sua sponte undertook a review of the contested regulations. That review is ongoing. Accordingly, the Court, pursuant to a motion from the EPA, ordered the consolidated cases held in abeyance, pending the EPA review.

The AMA, along with numerous other health care organizations, led by the American Thoracic Society, filed an amicus brief in the Court of Appeals. The brief supported the EPA regulations, arguing they are an important benefit to public health.

Further information about these cases and about the Litigation Center can be found at: http://www.ama-assn.org/go/litigationcenter.
Brooke M. Buckley, MD, FACS

Member, AMPAC Board of Directors

Brooke Buckley, M.D., FACS, is a board-certified general surgeon raised in Cleveland, Ohio. She completed her undergraduate studies at The Johns Hopkins University and medical school at The Ohio State University College of Medicine and Public Health. Dr. Buckley completed her general surgical internship and residency at Fairview Hospital in the Cleveland Clinic System before taking her first surgical position with Shore Health in Easton, Maryland in 2007. In 2012, she began working for Anne Arundel Medical Center as an Acute Care Surgeon; subsequently she became the Medical Director of that group and the Division Chief of General Surgery.

Dr. Buckley has dedicated a significant portion of her training and professional life to organized medicine and taking a broader look at medical care delivery, with specific interests in emergency surgical care, health-care delivery to rural communities, and physician wellbeing. Through this passion, she has taken on the roll as Chief Medical Officer of CoreLife, a medical weight-loss company. She has served on the Maryland State Medical Society (MedChi) Legislative Council, Political Action Committee, and Board of Trustees. Most recently she served as MedChi President for 2015-2016 and was re-appointed to the American Medical Political Action Committee Board (AMPAC) in 2016. Prior to this, she served through the American Medical Association as both a national officer for the medical student and resident sections as well as on the AMPAC Board as its resident member. She has attended AMPAC’s Campaign and Candidate Schools
as well as completed MedChi’s Physician Leadership Certificate. She was honored as a Top Doc on the Eastern Shore in 2013.

Dr. Buckley is married to Darrin Lowery, PhD, a researcher in geo-
archeology. They have three sons; Jack, born in 2013, and twins Joshua and Jacob, born in 2015.
Looking to pay it forward as a mentor?

As part of the AMA Foundation’s new Leadership Development Institute, we are recruiting physicians who would like to mentor students during their final year of medical school.

Information Sessions @ 2017 Interim Meeting
Stop by for more information and a continental breakfast!
Monday, November 13th 7:00-9:00am in Center Room 318B
Tuesday, November 14th 7:00-8:30am in Center Room 323C

RSVP to emily.demko@ama-assn.org
Kai Sternstein, JD

Kai Sternstein is the Vice President of the American Medical Association’s (AMA) Advocacy Resource Center, the state legislative and regulatory arm of the AMA. In that capacity, Kai oversees Advocacy Resource Center staff attorneys’ development and execution of strategies for achieving AMA goals through state legislation and regulation. To achieve its goals, the Advocacy Resource Center not only develops strategic collaborations aimed at influencing external policy-making organizations (e.g. National Governors Association, National Association of Insurance Commissioners, etc.), but also tailors solutions to the political, economic and health care environments of the individual states - in close consultation and partnership with state and national medical specialty societies. The Advocacy Resource Center’s work is focused on issues such as state level health system reform, ending the opioid epidemic, Medicaid, ensuring fair and transparent insurer practices, advocating for sensible medical liability reforms, physician leadership of health care teams, protecting the patient-physician relationship, public health improvement, growing the business of medicine and more.

Kai received her undergraduate degree at Southern Methodist University in Dallas, TX and her law degree at IIT-Chicago Kent College of Law in Chicago, IL. Prior to coming to the AMA, Kai practiced law for close to six years as a litigator, including over half of that time practicing medical malpractice defense at one of Chicago’s oldest defense law firms.
Numerous educational sessions have been arranged for the 2017 Interim 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/section-interim-overview.

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 December 31, 2017. The AMA Education Center can be accessed at https://www.ama-assn.org/education-center. 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 registration area in the Hawaii Convention Center, 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, November 10

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Hosted By</th>
<th>Room</th>
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<tr>
<td>8:30-11:15 a.m.</td>
<td>*Physician burnout: How integrated systems are addressing the problem (2.75 AMA PRA Category 1 Credits™)&lt;br&gt;Hosted by the AMA Integrated Physician Practice Section (AMA-IPPS)&lt;br&gt;Lotte Drybre, MD, Mayo Clinic, co-author of Mayo's Physician Burnout Index and Michael Tutty, PhD, who leads the AMA's physician satisfaction efforts, will talk about their work and the results they have seen so far. Reaction panelists will discuss their organizations' experience, followed by a roundtable discussion where participants can share and learn from peers.</td>
<td>Room 301A-B Hawaii Convention Center</td>
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<tr>
<td>12:30-1:30 p.m.</td>
<td>*Protecting our patients: What physicians need to know about cybersecurity (1 AMA PRA Category 1 Credit™)&lt;br&gt;Hosted by the AMA Organized Medical Staff Section (AMA-OMSS)&lt;br&gt;Now more than ever you need tools and resources to help protect the medical data of your patients. Join a fellow physician and cybersecurity expert for a review of what you can do to prevent medical data theft and support security efforts at your hospital or in your practice.</td>
<td>Room 314 Hawaii Convention Center</td>
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<td>12:45-1:45 p.m.</td>
<td><strong>Resident and Fellow Section Wellness Session</strong>&lt;br&gt;Hosted by the AMA Resident and Fellow Section (AMA-RFS)&lt;br&gt;Participants in this session will learn techniques in meditation and mindfulness for de-stressing and improving focus. Taylor DesRosiers George, MD, certified yoga instructor, will lead the session.</td>
<td>Room 309 Hawaii Convention Center</td>
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<tr>
<td>12:45-1:45 p.m.</td>
<td>*Opioid safety initiative: The Permanente Medical Group approach (1 AMA PRA Category 1 Credit™)&lt;br&gt;Hosted by the AMA Integrated Physician Practice Section (AMA-IPPS)&lt;br&gt;Patrice Harris, MD, immediate past chair of the AMA Board of Trustees will briefly share the work of the AMA’s Opioid Task Force. Carol Havens, MD, from The Permanente Medical Group (TPMG) will amplify her work to address the opioid epidemic within TPMG’s system, which has received national recognition and media attention.</td>
<td>Room 301A-B Hawaii Convention Center</td>
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1:45-2:45 p.m. *Promoting a culture of safety within your medical staff (1 AMA PRA Category 1 Credit™)*

Hosted by the AMA Organized Medical Staff Section (AMA-OMSS)

As the leaders of hospitals and medical staffs, you play an integral role in cultivating a patient safety culture. This session will provide an overview of the behaviors, attitudes, and beliefs that contribute to a culture of safety within health care environments, discuss how culture changes, and share tactics that you can employ when implementing and sustaining a culture of patient safety with medical staffs.

Room 314 Hawaii Convention Center

2-3 p.m. Research in medicine: Building a career and getting published

Co-hosted by the AMA Medical Student Section (AMA-MSS), the AMA Resident and Fellow Section (AMA-RFS), and the AMA International Medical Graduates Section (AMA-IMGs)

A kick-off event to the 15th Annual AMA Research Symposium, Edward H. Livingston, MD, FACS, AGAF, deputy editor, JAMA will discuss how to shape your career as a scientific researcher in your field and publish your work.

Room 311 Hawaii Convention Center

4-6 p.m. JAMA meet and greet

Co-hosted by the AMA Medical Student Section (AMA-MSS), the AMA Resident and Fellow Section (AMA-RFS), and the AMA International Medical Graduates Section (AMA-IMGs)

Edward H. Livingston, MD, FACS, AGAF, deputy editor, JAMA will be available to meet researchers and answer their questions about the publishing process.

Exhibit Hall III Hawaii Convention Center

4-6 p.m. 15th Annual AMA Research Symposium

Co-hosted by the AMA Medical Student Section (AMA-MSS), the AMA Resident and Fellow Section (AMA-RFS), and the AMA International Medical Graduates Section (AMA-IMGs)

- Podium Presentation and Judging (4-5 p.m.)
  - Medical Students, Room 318A
  - Residents and Fellows, Room 318B
  - International Medical Graduates, Room 319A

- Poster Presentations and Judging (4-6 p.m.)
  Exhibit Hall III

View the original research of students, residents, and international medical graduates. All meeting attendees and physicians in the local area are invited. AMA Research Symposium participants see great value in networking with practicing physicians and AMA leadership.

If you are interested in judging and selecting the best research at the 15th Annual AMA Research Symposium, find out more at ama-assn.org/symposium-judge.

Specific times and locations as shown Hawaii Convention Center

Saturday, November 11

9-10 a.m. *Telemedicine: Improving patient care and health outcomes (1 AMA PRA Category 1 Credit™)*

Hosted by all AMA Sections

Telemedicine technology has the potential to transform health care delivery and ameliorate many care coordination challenges facing the U.S. health care system. It can help improve access to care, care coordination, and quality and, when properly used, has the potential to reduce the rate of growth in health care spending. Implementing telemedicine in your practice can help you reach more patients, provide a better care experience, and improve your patients’ health outcomes.

Room 310 Hawaii Convention Center

9-10 a.m. *Situational leadership for physicians (1 AMA PRA Category 1 Credit™)*

Hosted by all AMA Sections

As leaders in your hospital, medical school, or practice, you need to understand when, and how, to adjust your leadership style to fit the needs and communications style of your team members and staff and to ensure improved patient care and quality outcomes. Join expert faculty for this session to help you develop the required skills to fine-tune your approach to leadership, based on the specific clinical situation, including the number and type of health professionals and the needs of your patients.

Room 315 Hawaii Convention Center
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
<th>Hosted by</th>
<th>Room</th>
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<tbody>
<tr>
<td>9-10 a.m.</td>
<td>*Being present: Physician wellness and mindfulness (1 AMA PRA Category 1 Credit™)</td>
<td>all AMA Sections</td>
<td>Room 320</td>
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<td>Hosted by all AMA Sections</td>
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<td>Hawaii Convention</td>
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<td></td>
<td>Physicians are faced with numerous stressors, including increasing administrative</td>
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<td>responsibilities, regulatory pressures, and evolving payment and care delivery models.</td>
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<td>Professional pressures and stress can lead to physician burnout, which can have</td>
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<td>an impact on organizational productivity, morale, costs, and the quality of care.</td>
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<td>This session will provide an overview of contributing factors associated with</td>
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<td>physician burnout and ways you can address burnout individually and</td>
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<td>organizationally.</td>
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| 10:10-11:10 a.m. | *Advocacy: Tools of the trade (1 AMA PRA Category 1 Credit™) | all AMA Sections          | Room 310            |
|                  | Hosted by all AMA Sections                                                           |                           | Hawaii Convention   |
|                  | Physician advocates play a vital role in educating and influencing policymakers on    |                           | Center              |
|                  | matters that affect patient care and outcomes. Despite the importance of such        |                           |                     |
|                  | advocacy, physicians rarely receive formal training on how to most effectively       |                           |                     |
|                  | undertake advocacy activities on behalf of their patients and the profession.        |                           |                     |
|                  | This program will introduce tools and skills that every physician should employ      |                           |                     |
|                  | when connecting with decision makers, including how to organize your peers, build    |                           |                     |
|                  | relationships with legislators, and effectively communicate an advocacy message.      |                           |                     |

| 10:10-11:10 a.m. | *Generational changes: Managing up, leadership, and followership (1 AMA PRA Category 1 Credit™) | all AMA Sections          | Room 315            |
|                  | Hosted by all AMA Sections                                                           |                           | Hawaii Convention   |
|                  | With new generations entering the health care workforce, what changes can we expect  |                           | Center              |
|                  | to see in organized medicine, health care systems, and physician groups? Younger     |                           |                     |
|                  | generations are increasingly diverse and have different expectations than their      |                           |                     |
|                  | predecessors with regard to work-life balance, lines of authority, technology,       |                           |                     |
|                  | privacy, and social media.  Today’s leaders in medicine need to prepare for the      |                           |                     |
|                  | impacts of this demographic shift for educational and work environment and patient   |                           |                     |
|                  | outcomes. Learn techniques to help you work more effectively with colleagues from     |                           |                     |
|                  | multiple generations and adapt your style to ensure everyone is working in concert    |                           |                     |
|                  | for the benefit of patients.                                                         |                           |                     |

| 10:10-11:10 a.m. | *Trends in Academic Medicine: Community preceptors, innovations in pedagogy, and more (AMA PRA Category 1 Credit™) | all AMA Sections          | Room 320            |
|                  | Hosted by all AMA Sections                                                           |                           | Hawaii Convention   |
|                  | How can you mentor the future generation of physicians? Serving as a preceptor to    |                           | Center              |
|                  | medical students, residents, and fellow is an excellent way for community-based      |                           |                     |
|                  | practicing physicians to mentor others. Learn more about precepting and how to       |                           |                     |
|                  | balance it with clinical and administrative duties. Both the administrative         |                           |                     |
|                  | perspective (i.e., what schools can offer, trends in funding, faculty appointments,  |                           |                     |
|                  | etc.) as well as the preceptor viewpoint will be addressed in this session.         |                           |                     |
|                  | Another key trend in medical education is the information explosion and the need for |                           |                     |
|                  | future physicians to move beyond mere memorization to develop critical thinking       |                           |                     |
|                  | and problem-solving skills. Learn about the many ongoing innovations in medical      |                           |                     |
|                  | education (including those of the AMA’s Accelerating Change in Medical Education      |                           |                     |
|                  | consortium) that can help make learning more readily applicable and relevant to       |                           |                     |
|                  | future physicians. Also, be sure to bring your own ideas to share during the open    |                           |                     |
|                  | forum segment of this session.                                                       |                           |                     |

<p>| 11:20 a.m.-12:20 p.m. | *Advocacy: What roles exist for physicians? (AMA PRA Category 1 Credit™) | all AMA Sections          | Room 310            |
|                      | Hosted by all AMA Sections                                                           |                           | Hawaii Convention   |
|                      | Physicians have an important role to play in health care advocacy. With health care   |                           | Center              |
|                      | accounting for a large (and growing) share of the American economy and with medicine  |                           |                     |
|                      | evolving rapidly, physicians are in a prime position to help navigate and influence   |                           |                     |
|                      | these discussions to benefit physicians and their patients.                          |                           |                     |
|                      | This program will highlight the experiences of a professional lobbyist and physicians  |                           |                     |
|                      | who advocate for their patients and the profession in diverse ways. Panelists include |                           |                     |
|                      | a lobbyist from a state medical association, a physician legislator, and a physician   |                           |                     |
|                      | leader from a large health system. Join us for a discussion about how you can take an |                           |                     |
|                      | active role in advocacy and the political process.                                   |                           |                     |</p>
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<tr>
<td>11:20 a.m.-12:20 p.m.</td>
<td><em>Achieving health equity through organized medicine as physician leaders (1 AMA PRA Category 1 Credit™)</em>&lt;br&gt;Hosted by all AMA Sections&lt;br&gt;The implementation of the ACA has helped close the gap in health equity, but disparities in care and health outcomes continue to persist. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health care based on race, ethnicity, gender, gender identity, socio-economic status, and sexual orientation. A comprehensive, multilevel strategy is needed to eliminate these disparities. Join us to learn how you can integrate effective interventions, new techniques, and patient considerations into your practice to help mitigate and eliminate health disparities.</td>
<td>Room 315 Hawaii Convention Center</td>
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<tr>
<td>11:20 a.m.-12:20 p.m.</td>
<td><em>Outside of the box: Physician innovators and entrepreneurs (1 AMA PRA Category 1 Credit™)</em>&lt;br&gt;Hosted by all AMA Sections&lt;br&gt;As a physician, you can, and should, shape the future of health care. Through lending your expertise to a tech company or pursuing a career as an entrepreneur, you can play a role in supporting and building innovations in medicine and have a lasting impression on the future of medicine. Join fellow physician-entrepreneurs for a discussion about how you can become involved in advances in health care that hold promise for improved health care.</td>
<td>Room 320 Hawaii Convention Center</td>
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<td>Noon-1:30 p.m.</td>
<td><em>Keeping Your Brain Fit (1.5 AMA PRA Category 1 Credits™)</em>&lt;br&gt;Co-hosted by the AMA Senior Physicians Section (AMA-SPS), the AMA Organized Medical Staff Section (AMA-OMSS), and the AMA Academic Physicians Section (AMA-APS)&lt;br&gt;With the aging of our society, we are witnessing an ever-increasing number of individuals who develop mild cognitive impairment and dementia. To date, we have no cure for Alzheimer’s disease with over 100 failed clinical trials of novel medications. The American public often turns to their primary care and specialty physicians for support and education as they navigate advertisements supporting brain training products as well as nutritional and other supplements to improve brain function and memory. It is important for physicians and other clinicians to be more informed about the science behind claims for various products and other treatment options. To date, the best evidence supports lifestyle changes to improve cognitive function and possibly prevent dementia with little data to support other approaches. This presentation will summarize this data and present evidence for physicians to provide to their patients prudent information about ways to “maintain the brain” as their patients age.&lt;br&gt;The featured speaker is Allan A. Anderson, MD, MMM, CMD, assistant professor, Johns Hopkins School of Medicine, vice president, Dementia Care Practice, Integrace, and medical director, Samuel and Alexia Bratton Memory Clinic, The Gardens at Bayleigh Chase, Easton, MD. The reaction panelist will be Jeremy A. Lazarus, MD, AMA past president (2012-2013). The program will be introduced and moderated by Paul H. Wick, MD, chair, AMA-SPS Governing Council.</td>
<td>Room 312 Hawaii Convention Center</td>
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<tr>
<td>Sunday, November 12</td>
<td>Busharat Ahmad, MD leadership development program&lt;br&gt;Hosted by the AMA International Medical Graduates Section (AMA-IMGS)&lt;br&gt;Come and learn how to become a dynamic, effective leader.</td>
<td>Room 317A Hawaii Convention Center</td>
</tr>
</tbody>
</table>
Being present: Physician wellness and mindfulness
9–10 a.m. Saturday, Nov. 11, Room 320
Physicians are faced with numerous stressors including increasing administrative responsibilities, regulatory pressures and evolving payment and care delivery models. Professional pressures and stress can lead to physician burnout, which can have an impact on organizational productivity, morale, costs and the quality of care being delivered. This session will provide you with an overview of contributing factors associated with physician burnout and ways you can address burnout individually and organizationally.

Track: Practice Sustainability and Satisfaction

Telemedicine: Improving patient care and health outcomes
9–10 a.m. Saturday, Nov. 11, Room 310
Telemedicine technology has the potential to transform health care delivery and address many care coordination challenges facing the U.S. health care system. It can facilitate remote, mobile and site-to-site medical care. Telemedicine, a key innovation in support of health care delivery reform, is being used in initiatives to improve access to care, care coordination and quality and when properly used has the potential to reduce the rate of growth in health care spending. Implementing telemedicine in your practice can expand access to care, provide a better patient experience and improve health outcomes when implemented properly.

Track: Advocacy

Situational leadership for physicians
9–10 a.m. Saturday, Nov. 11, Room 315
As leaders in your hospital, medical school or practice, you need to understand when, and how, to adjust your leadership style to fit the needs of your staff and to ensure improved patient care and quality outcomes. Join expert faculty for this session to help you develop the required skills to adjust your leadership style, based on the specific situation, including the number and type of health professionals and the needs of the patient.

Track: Leadership

Advocacy: Tools of the trade
10:10–11:10 a.m. Saturday, Nov. 11, Room 310
Physician advocates play a vital role in influencing policymakers on matters that affect patient care and outcomes. Despite the importance of such advocacy, physicians rarely receive formal training on how to conduct advocacy activities to achieve goals for their patients and the profession.

This program will introduce tools and skills that every physician should employ when connecting with decision makers, including how to organize your peers, how to build relationships with legislators, and how to effectively communicate an advocacy message.

Track: Advocacy
Generational changes: Managing up, leadership and followership
10:10–11:10 a.m. Saturday, Nov. 11, Room 315
Organized medicine, health care systems, and physician groups have evolved and are designed with the current workforce in mind. In contrast, younger generations are increasingly diverse and have different expectations than their predecessors with regard to work-life balance, lines of authority, technology, privacy, and social media. Current systems are not prepared for what these differences will produce with regards to the future workforce, work environment and patient outcomes. You will learn techniques to help you work more effectively with colleagues from multiple generations.

Track: Leadership

Trends in Academic Medicine: Community preceptors, innovations in pedagogy, and more
10:10–11:10 a.m. Saturday, Nov. 11, Room 320
How can you mentor the future generation of physicians? For community-based practicing physicians, serving as a preceptor to medical student and/or resident/fellow trainees is an excellent way to do just that. Learn more about precepting, and how to balance it with clinical and administrative duties. Both the administrative perspective (i.e., what schools can offer, trends in funding, faculty appointments, etc.) as well as the preceptor viewpoint will be addressed in this session.

Another key trend in medical education is the information explosion and the need for future physicians to move beyond mere memorization to develop critical thinking and problem-solving skills. Learn about the many ongoing innovations in medical education (including those of the AMA’s Accelerating Change in Medical Education consortium) that can help make learning more readily applicable and relevant to future physicians. Also, be sure to bring your own ideas to share during the open forum segment of this session.

Track: Practice Sustainability and Satisfaction

Advocacy: What roles exist for physicians?
11:20 a.m.–12:20 p.m. Saturday, Nov. 11, Room 310
Physicians have an important role to play in health care advocacy. With health care accounting for a large share of the American economy and the current evolutionary state of medicine, physicians are in a prime position to help navigate and influence these discussions.

This program will highlight the experiences of a group of physicians who advocate for their patients and the profession in diverse ways, including a physician legislator and a physician leader of a health system with its own lobbying arm. Join us for a discussion about how you can take an active role in advocacy and the political process.

Track: Advocacy

Achieving health equity through organized medicine as physician leaders
11:20 a.m.–12:20 p.m. Saturday, Nov. 11, Room 315
The implementation of the ACA has closed the gap but disparities in care and health outcomes continue to persist. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health care on the basis of their race, ethnicity, gender, gender identity, socio-economic status, and sexual orientation. It has been noted that a comprehensive, multilevel strategy is needed to eliminate these disparities. After participating in this session, you will learn about how you can integrate effective interventions, new techniques and patient considerations in order to mitigate and eliminate health disparities.

Track: Leadership

Outside of the box: Physician innovators and entrepreneurs
11:20 a.m.–12:20 p.m. Saturday, Nov. 11, Room 320
As a physician, you can shape the future of health care. Through lending your expertise to a tech company or pursuing a career as an entrepreneur, you have options to make a lasting impression on the future of medicine. Join fellow physician-entrepreneurs for a discussion about how you can lend your expertise to influence health care and shape the future of medicine.

Track: Practice Sustainability and Satisfaction
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<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Email</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sachin Jha, MD</td>
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<td>Rachelle Klammer, MD</td>
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<td>Nita Kohli, MD, MPH</td>
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<td>Ronald Lee, MD</td>
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<td>YPS Chair-elect</td>
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<tr>
<td>Joseph Nezgoda, MD</td>
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<tr>
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</table>
Daniel Zedek, MD
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dzedek@gmail.com
Delegate
# I-17 AMA Young Physicians Section
## Registered Delegates/Guests Roster

**Guests**

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Role</th>
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<tr>
<td>Eseoghene Adun, MD</td>
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Printed on 11/6/17
I-17 AMA Young Physicians Section
Registered Delegates/Guests Roster

Guests

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Guest

Mohammad Umar, MD
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Guest

Alan Young, MD
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Guest
YOU’RE INVITED!

AMA-YPS RECEPTION

Friday, Nov. 10
9 - 11p.m.

Tommy Bahama
298 Beach Walk Drive
Honolulu, HI 96815
808.923.8757

Join us at the AMA-YPS reception—a great opportunity to network with new colleagues and old friends from across the country. Please note that this is a private reception for the members and alumni of the AMA-YPS Assembly.

Directions to Tommy Bahama Restaurant, Bar & Store

<table>
<thead>
<tr>
<th>Driving – 5 mins</th>
<th>Walking – 12 mins</th>
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<tr>
<td>1. Head east on Rainbow Dr. toward Kalia Rd.</td>
<td>1. Head south on Duke’s Lagoon Dr. toward Rainbow Rd.</td>
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<td>2. Turn left on Kalia Rd.</td>
<td>2. Turn left onto Rainbow Rd.</td>
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<td>3. Turn right onto Ala Moana Blvd.</td>
<td>3. Turn right onto Kalia Rd.</td>
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<td>4. Turn right onto Kalakaua Ave.</td>
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<td>5. Continue straight to stay on Kalakualu Ave.</td>
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<td>6. Turn right onto beach Walk</td>
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2017 AMA Advisory Committee on LGBTQ Issues Interim Meeting

Walking the walk: How to navigate LGBTQ community engagement and social justice in medicine

5:30 p.m. | Friday, Nov. 10
Room: Tapa 1 | Hilton Hawaiian Village

The American Medical Association Advisory Committee on Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Issues invites you to the following special presentation during its Interim Meeting.

Overview
Panelists will share perspectives on medicine and community engagement as a form of social activism to achieve health justice. They will discuss their decades-long practice of medicine through public health and legal crises (e.g., AIDS epidemic, same-gender marriage) in the Hawaiian LGBTQ community and how it led to improved health and wellness today, as well as for future generations.

Moderator
David McEwan, MD
Family medicine
Private practice

Panelists
Robert Bidwell, MD
Adolescent medicine
J.A. Burns School of Medicine
University of Hawai‘i, Mānoa

Jennifer Frank, MD
Family medicine
University Health Services
University of Hawai‘i, Mānoa

Drew Kovach, MD
Family medicine
J.A. Burns School of Medicine
University of Hawai‘i, Mānoa
2017 AMA Minority Affairs Section Interim Meeting

How family-centered care helps Hawai‘ian health care meet the needs of an extremely diverse patient population

4:30 p.m. | Friday, Nov. 10
Room: Rainbow 3 | Hilton Hawaiian Village

Speaker
Maile Taualii, PhD, MPH
Assistant professor, Native Hawaiian and indigenous health
Hawai‘inuikea, School of Hawaiian Knowledge
University of Hawaii, Manoa

Overview
Hawai‘i’s diverse population requires that health care providers be responsive to cultural diversity and reflexive to a patient's individual needs, all while embracing the Native Hawaiian values of respect, humility, kindness, patience and aloha.

This presentation will focus on research and recent efforts to develop an “‘ohana-centered” model for health care delivery that is rooted in these values. ‘Ohana in its most literal sense means “family.” This work focuses on moving from patient-centered care to ‘ohana-centered care with the goal of assisting patients in receiving not only the best individual care and disease prevention, but also providing advice and assistance in keeping their entire ‘ohana healthy, from their kupuna (elders) to their unborn keiki (children) and everyone in between. The goal of this culturally respectful delivery model is to prevent disease, maintain health, prepare for the next generation and help the kupuna ease gracefully into the time of hala, or the passing from this life into the next.
2017 AMA Senior Physicians Section Interim Meeting

Educational session: “Keeping your brain fit”
Noon–1:30 p.m. | Saturday, Nov. 11
Room 312 | Hawaii Convention Center

The American Medical Association Senior Physicians Section (SPS), the AMA Academic Physicians Section (APS) and the AMA Organized Medical Staff Section (OMSS) invite you to this joint educational program during the 2017 AMA Interim Meeting.

Moderator
Paul H. Wick, MD
Chair, AMA-SPS Governing Council

Speaker
Allan A. Anderson, MD, MMM
Assistant professor, Johns Hopkins School of Medicine; vice president, Dementia Care Practice, Integrace; medical director, Samuel and Alexia Bratton Memory Clinic, The Gardens at Bayleigh Chase, Easton, Md.

Reaction panelist
Jeremy A. Lazarus, MD
Past president, AMA (2012–2013)

Program description
With the aging of our society we are witnessing an ever-increasing number of individuals who develop mild cognitive impairment and dementia. The American public often turns to their primary care and specialty physicians for support and education as they navigate advertisements supporting brain training products as well as nutritional and other supplements to improve brain function and memory.

It is important for physicians and other clinicians to know the science behind claims for various products and other treatment options. To date, the best evidence supports lifestyle changes to improve cognitive function and possibly prevent dementia, with little data to support other approaches. This presentation will summarize this data and present evidence for physicians to provide to their patients prudent information about ways to “maintain the brain” as their patients age.

Learning objectives
Upon completion of this activity, the physician will be able to:

- Identify the ways our cognitive abilities change with normal aging.
- Describe the potential lifestyle changes that promote optimal brain functioning.
- Recognize the difficulty in translating observational studies to specific recommendations.

Please join us for the AMA-SPS Assembly Meeting where we will discuss AMA House of Delegates business items and future AMA-SPS activities

11:30 a.m.–noon
Saturday, Nov. 11
A light lunch will be offered at 11:30 a.m., first come, first served.

Spread the word! Any physician 65 years of age and above is welcome to attend! Visit ama-assn.org/go/sps to learn more.
Plan to attend!

2017 AMA Women Physicians Section Interim Meeting

Saturday, Nov. 11
Hilton Hawaiian Village

The American Medical Association Women Physicians Section (AMA-WPS) Interim Meeting offers a unique opportunity to network with physicians from across the country and meet leaders from state societies, specialty societies and the AMA.

5:30–7:30 p.m.
Business meeting and reception
Tapa Tower - Honolulu Suites
Networking Reception

The meeting will feature dynamic presentations:
- 2016 recipient of the Joan F. Giambalvo Fund for the Advancement of Women
- Women Physicians Survey Results
- Review of the AMA House of Delegates Handbook

Sunday, Nov. 12
Hawaii Convention Center
12:30–1:30 p.m.
Room 318B

AMA-WPS Associates lunch and business meeting
Participants will discuss current and emerging issues impacting the professional lives of women physicians and women's health issues. Participants will also hear from the AMA Market Research Team and discuss the results from the recent Women Physicians Survey.
You’re invited to participate in an AMA-IMG Section event

Busharat Ahmad, MD, Leadership Development Program

Answering the call to be a physician leader
2:30–3:30 p.m.
Sunday, Nov. 12
Room 317A, Hawaii Convention Center
Honolulu

Busharat “Bush” Ahmad, MD, is one of the most well-known and respected international medical graduates in the United States. A strong advocate for international graduates, Dr. Ahmad’s tireless efforts were instrumental in the formation of the American Medical Association International Medical Graduates (IMG) Section in 1997. This leadership development program commemorates his guidance and commitment to organized medicine.

This year’s program is designed to give individuals interested in becoming dynamic physician leaders an overview of the skills needed to be successful in answering the call to be a physician leader.

Featured speaker

George C. Mejicano, MD, MS, is the current chair of the AMA Academic Physicians Section, as well as the chair of the Continuing Professional Development Section of the AAMC’s Group on Educational Affairs. In 2017 he began his first term on the Liaison Committee on Medical Education.

This event is cosponsored by the AMA Minority Affairs Section.

All 2017 AMA Interim Meeting attendees are welcome to attend this event. For more information, email img@ama-assn.org or call (312) 464-5397.
Join international medical graduates in Hawaii

20th AMA-IMG Section Interim Meeting
Nov. 10–13
Hawaii Convention Center
Honolulu

You are invited to attend the 20th anniversary American Medical Association International Medical Graduates (IMG) Section's Interim Meeting. We encourage you to invite a colleague or friend who may be interested in attending the valuable information sessions at the meeting.

Meeting highlights include:

• **14th AMA Research Symposium and reception**
  1–7:30 p.m., Friday, Nov. 10
  Hear educational sessions, oral research presentations and view abstracts by our AMA-IMG ECFMG-certified candidates who are awaiting residency. The AMA Medical Student Section and the AMA Resident and Fellow Section will also be part of the AMA Research Symposium.

  AMA-IMG Section podium presentations will be held 4–5 p.m. in Room 319A.

• **Joint sections and special group education sessions**
  9 a.m.–noon, Saturday, Nov. 11; Rooms 310, 315 and 320
  Participate and earn complimentary CME in the sections’ and special group’s first-ever co-sponsored educational tracks, which include nine educational programs important to physicians. The AMA designates each live activity for the maximum number of *AMA PRA Category 1 Credit™*, unless otherwise noted. The deadline to claim credit is Dec. 31.

• **AMA-IMG Section reception and congress**
  5:30–7:30 p.m., Saturday, Nov. 11; Room 316B
  Network with colleagues, hear an NBME Update and discuss policy items for the AMA-IMG Section and AMA House of Delegates reports/resolutions of interest.

  Keynote speaker: Peter J. Katsufrakis, MD, CEO, president, National Board of Medical Examiners

• **Busharat Ahmad, MD, Leadership Development Program**
  Answering the call to be a physician leader
  2:30–3:30 p.m., Sunday, Nov. 12; Room 317A
  Come and learn about how to be an effective physician leader.

  Keynote speaker: George C. Mejicano, MD, MS

• **AMA-IMG Section and AMA Minority Affairs Section delegates caucus**
  9–10 a.m., Monday, Nov. 13; Room 314
  Review reference committee reports and discuss strategies for supporting AMA-IMG Section and AMA House of Delegates policy items.

Register at [ama-assn.org/sections-meeting-registration](http://ama-assn.org/sections-meeting-registration) today. The deadline for registration is Saturday, Nov. 4. For more information, email [img@ama-assn.org](mailto:img@ama-assn.org) or call (312) 464-5397.
Professional Satisfaction & Practice Sustainability
2017-18 Conferences and Events

AMA webinar: Diabetes care begins with Diabetes prevention
Online webinar | Wednesday, November 15, 2017 | 12pm – 1pm CST
84 million American adults have prediabetes but only 1 in 10 knows of their condition. This is an opportunity for health systems to initiate clinical practice change and prevent diabetes in their populations. This session will review the evidence base for clinical approaches to diabetes prevention, and describe how physicians and care teams can implement a diabetes prevention initiative within their practice. Kate Kirley, MD, MS, Director of Chronic Disease Prevention and Janet Williams, MA, Senior Program Manager will be presenters. Click here to register. https://www.ama-assn.org/about/transforming-clinical-practice-initiative

AMA webinar: Quality Improvement – Root-cause analysis: Digging deep to improve
Online webinar | Wednesday, November 29, 2017 | 12pm – 1pm CST
Without an understanding of what is really driving poor quality or performance, it is difficult to improve. Root-cause analysis is a critical tool in the quality improvement tool box that allows professionals to understand what’s at the heart of the problem, and then develop improvement ideas that can make a difference. How can you improve if you do not understand the challenge and the contributing factors?

In this 1-hour webinar, PCPI Director of Quality Improvement Stephen L. Davidow, MBA-HCM, CPHQ, APR, will cover three common forms of root-cause analysis, discuss the advantages of applying these methods to different circumstances and environments, and how root-cause analysis is used as the basis for creating and implementing ideas that lead to robust improvement. Click here to register. https://www.ama-assn.org/about/transforming-clinical-practice-initiative

Team-based care training camp
Lambeau Field | 1265 Lombardi Avenue | Green Bay, WI 54304
April 18 – 20, 2018
The American Medical Association, along with Institute for Healthcare Improvement and Bellin Health, is hosting the 2018 Team-based care training camp – an onsite intensive. Conference attendees will learn how Bellin Health designed and implemented a team-based approach to patient care that is being recognized nationally as a winning game plan. Registration to early 2018.

International Conference on Physician Health®
Fairmont York Hotel | 100 Front Street, West | Toronto, ON M5J 1E3
October 11 – 13, 2018
The American Medical Association, along with the Canadian Medical Association and the British Medical Association, is hosting the International Conference on Physician Health™. This important conference is held every other year and is hosted by one of the founding associations – this year the CMA is proud to host the conference. The unique and inspiring conference will explore the important issues and solutions connected to reducing burnout, improving physician work-life satisfaction and making medical practice fulfilling. The conference will feature content relevant to physicians across all specialties and practice settings, the 2018 international conference will push the physician health conversation forward by address this important, multi-faceted issue by presenting research, insights and skill sets associated with achieving a healthy work-life balance for today’s busy physicians.
The American Conference on Physician Health (ACPH) is hosted by the American Medical Association in collaboration with Stanford University School of Medicine and the Mayo Clinic. The ACPH will address this important, multi-faceted topic of physician health by presenting research, insights and skill-sets associated with achieving a healthy work-life balance for today’s busy physicians. The three organizations will host this conference every other year (opposite of the years when the ICPH takes place), rotating the hosting and leadership for the event. For the 2019 conference, the AMA will be the host and is taking the lead for executing the 2019 conference.

The ACPH will provide a forum for practitioners and researchers to present recent findings, innovative treatments and educational programs in the area of physician health. It provides an environment for networking, exchange of information and leisure activity focused on staying healthy. The conference will include keynote and plenary sessions, as well as breakout sessions that will present an array of new and exciting research and perspectives into different areas of physician health. A poster session will promote additional research developments.