REPORT OF THE COUNCIL ON CONSTITUTION AND BYLAWS

The following report was presented by Colette R. Willins, MD, Chair.

1. CCB SUNSET REVIEW OF 2008 HOUSE POLICIES

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS

REMAINDER OF REPORT FILED

At its 1984 Interim Meeting, the House of Delegates (HOD) established a sunset mechanism for House policies (Policy G-600.110, “Sunset Mechanism for AMA Policy”). Under this mechanism, a policy established by the House ceases to be viable after 10 years unless action is taken by the House to retain it.

The objective of the sunset mechanism is to help ensure that the American Medical Association (AMA) Policy Database is current, coherent, and relevant. By eliminating outmoded, duplicative, and inconsistent policies, the sunset mechanism contributes to the ability of the AMA to communicate and promote its policy positions. It also contributes to the efficiency and effectiveness of House of Delegates deliberations.

At its 2012 Annual Meeting, the House amended Policy G-600.110 to change the process through which the policy sunset review is conducted. The process now includes the following:

- As the House of Delegates adopts policies, a maximum ten-year time horizon shall exist. A policy will typically sunset after ten years unless action is taken by the House of Delegates to retain it. Any action of our AMA House that reaffirms or amends an existing policy position shall reset the sunset “clock,” making the reaffirmed or amended policy viable for another 10 years.
- In the implementation and ongoing operation of our AMA policy sunset mechanism, the following procedures shall be followed: (a) Each year, the Speakers shall provide a list of policies that are subject to review under the policy sunset mechanism; (b) Such policies shall be assigned to the appropriate AMA councils for review; (c) Each AMA council that has been asked to review policies shall develop and submit a report to the House of Delegates identifying policies that are scheduled to sunset. (d) For each policy under review, the reviewing council can recommend one of the following actions: (i) Retain the policy; (ii) Sunset the policy; (iii) Retain part of the policy; or (iv) Reconcile the policy with more recent and like policy; (e) For each recommendation that it makes to retain a policy in any fashion, the reviewing council shall provide a succinct, but cogent justification. (f) The Speakers shall determine the best way for the House of Delegates to handle the sunset reports.
- Nothing in this policy shall prohibit a report to the HOD or resolution to sunset a policy earlier than its 10-year horizon if it is no longer relevant, has been superseded by a more current policy, or has been accomplished.
- The AMA Councils and the House of Delegates should conform to the following guidelines for sunset: (a) when a policy is no longer relevant or necessary; (b) when a policy or directive has been accomplished; or (c) when the policy or directive is part of an established AMA practice that is transparent to the House and codified elsewhere such as the AMA Bylaws or the AMA House of Delegates Reference Manual: Procedures, Policies and Practices.
- The most recent policy shall be deemed to supersede contradictory past AMA policies.
- Sunset policies will be retained in the AMA historical archives.

In this report, the Council on Constitution and Bylaws presents its recommendations on the disposition of the House policies from 2008 that were assigned to it. The Council’s recommendations on policies are presented in the Appendix to this report.

RECOMMENDATION

The Council on Constitution and Bylaws recommends that the House of Delegates policies that are listed in the Appendix to this report be acted upon in the manner indicated and the remainder of this report be filed.
## APPENDIX – Recommended Actions on 2008 House Policies

<table>
<thead>
<tr>
<th>Policy Number/Title</th>
<th>Text</th>
<th>Recommended Action and Rationale</th>
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<tbody>
<tr>
<td>H-10.972, Blocked Fire Exits</td>
<td>AMA policy is that fire exits remain unlocked at all meetings of Federation members. The AMA will issue a statement that physicians should make certain that the observable fire exits are unlocked at any public gathering which they attend.</td>
<td>Sunset. Over the past 20 years fire safety regulations have been comprehensively promulgated by the International Code Council International Fire Code and the National Fire Protection Association Fire Protection Code, elements of which are included in all state and municipal fire codes. Codes distinguish between a fire exit and a fire door. A fire exit is an external door, which also functions as a security door. If locked to prevent unauthorized access from the outside, it must be fitted with a panic or push bar. Fire exit doors may also be fitted with a key lock override to allow outside access. A fire door is required to be kept closed at all times unless certified retainers are installed to hold the door open until a fire alarm is set off.</td>
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<td>H-25.996, Retirement and Hiring Practices</td>
<td>It is urged that physicians, individually and through their constituent, and component, and specialty medical societies, continue to stress the need to reappraise policies calling for compulsory retirement and age discrimination in hiring from the standpoint of health among older people, and that they participate actively and lend medical weight in the efforts of other groups to create a new climate of opportunity for the older worker.</td>
<td>Retain as editorially amended.</td>
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<td>H-405.991, Volunteerism and Community Service</td>
<td>The AMA supports continued promotion of community service and volunteerism by its membership.</td>
<td>Retain and reconcile with H-405.996, Voluntary Service by Physicians, “Our AMA supports continued promotion of community service and volunteerism by its membership and encourages state association awards for exceptional voluntary community service and wider recognition of physicians who perform voluntary services.”</td>
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<td>H-445.999, Chambers of Commerce</td>
<td>The AMA reaffirms its previously adopted recommendation to all state medical societies that they become active in the U.S. and state chambers of commerce and requests that a similar recommendation be made to all county medical societies so that they too might be encouraged to become active in local, state and U.S. chambers of commerce programs.</td>
<td>Sunset. Action requested has been accomplished.</td>
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