

Handbook Review: HOD Reference Committee F (AMA governance and finance)

Full text at <https://www.ama-assn.org/sites/default/files/media-browser/public/hod/i18-refcomm-f.pdf>. Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS recommended position
BOT Report 1: Data Used to Apportion Delegates (Resolution 604-A-18)	<p>RECOMMENDATION</p> <p>The decision to count pending members for delegate apportionment purposes is clearly within the purview of the House. It would require revisions of the bylaws before it can be implemented with issues of how to handle those who join and those who no longer are AMA members during a calendar year after a fixed point in time of deciding HOD apportionment has occurred. The apparent concern about disenfranchising a new AMA member whose membership is effective after apportionment is readily addressed through the online member forums. With access to online member forums before HOD meetings, that AMA member can have active voice and influence in AMA policymaking. The House of Delegates has for over a century counted only current members (i.e., dues paid and received by AMA) in determining delegate apportionment. The idea that pending members should be added to the current membership seems unwarranted. It effectively double counts individuals, counts members who may or may not rejoin, artificially increases the size of the House of Delegates by including nonmembers in determining representation among Federation societies, and creates opportunities for abuse. Insofar as these pending members will be counted for apportionment purposes for the next cycle when they are actually members, arguments about fairness and representation seem overstated. Finally, under current bylaws any constituent society that may lose a delegate based upon the previous year final count is given a full year to recruit and retain members to retain their delegate count. For these reasons, the Board of Trustees recommends that Resolution 604-A-18 not be adopted and the remainder of this report be filed.</p> <p>Fiscal note: None</p>	Support
BOT Report 10: Training Physicians in the Art of Public Forum (Resolution 606-A-18)	<p>RECOMMENDATION</p> <p>Physicians who want to learn more about public speaking can leverage existing resources both within and outside the AMA. AMA can make public speaking tips available through online tools and resources that would be publicized on our website. Physicians and physicians-in-training who want to publicly communicate about the AMA's ongoing work are invited to learn more through the AMA Ambassador program. Meanwhile, STEPS Forward provides helpful tips to physicians wanting to improve communication within their practice and AMPAC is available for physicians who want to advocate and communicate about the needs of patients and physicians in the pursuit of public office. There are also resources provided to physicians at various Federation organizations and through AAPL to support those who are interested in training of this nature. Because public speaking is a skill that is best learned through practice and coaching in a small group or one-on-one</p>	Support

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	<p>setting, we also encourage individuals to pursue training through their state or specialty medical society or through a local chapter of Toastmasters International. The Board of Trustees recommends that the AMA’s Enterprise Communications and Marketing department work to develop online tools and resources that would be published on the AMA website to help physicians learn more about public speaking in lieu of Resolution 606-A-18 and the remainder of the report to be filed. (Directive to Take Action)</p> <p>Fiscal Note: \$20,000 for professional fees for external support and capacity to develop these tools and resources.</p>	
<p>*Compensation Committee Report: Report of the House of Delegates Committee on Compensation of the Officers</p>	<p>RECOMMENDATIONS</p> <p>The Committee on Compensation of the Officers recommends the following recommendations be adopted and the remainder of this report be filed:</p> <ol style="list-style-type: none"> 1. That there be no change to the current Definitions effective July 1, 2018 as they appear in the Travel and Expenses Standing Rules for AMA Officers for the Governance Honorarium, Per Diem for External Representation and Telephonic Per Diem for External Representation. 2. Annual Health Insurance Stipend (Stipend) The purpose of this payment is to provide a Health Insurance Stipend (Stipend) to compensate the President, President-Elect and Immediate Past President under age 65, when the President(s) loses his/her employer-provided medical insurance coverage during his/her term. President(s) who lose his/her employer insurance will substantiate his/her eligibility for the Stipend by written notice to the Board Chair detailing the effective date of the loss of coverage and listing covered family members. The President receiving the Stipend will have the sole discretion to determine the appropriate health insurance coverage for the himself/herself and the family, and provide proof of purchasing such coverage to the Board Chair. The amount of the Stipend will be 70% of the then current Gold Plan premium in the President(s) state/county of residence for each covered family member. If there are multiple Gold Plans in the state/county, the Stipend will be based on the average of the then current Gold Plan premiums. The amount of the Stipend will be updated January 1 of each Plan year based on then Gold Plan premiums and covered family members. Should a President reach age 65 during his/her term(s), the Stipend will end the month Medicare coverage begins. In all cases the Stipend will end the sooner the President(s) obtains other health insurance coverage, reaches age 65 or the month following the end of his/her term as Immediate Past President. The Stipend will be paid monthly. The amount of the Stipend will be reported as taxable 	<p>Support</p>

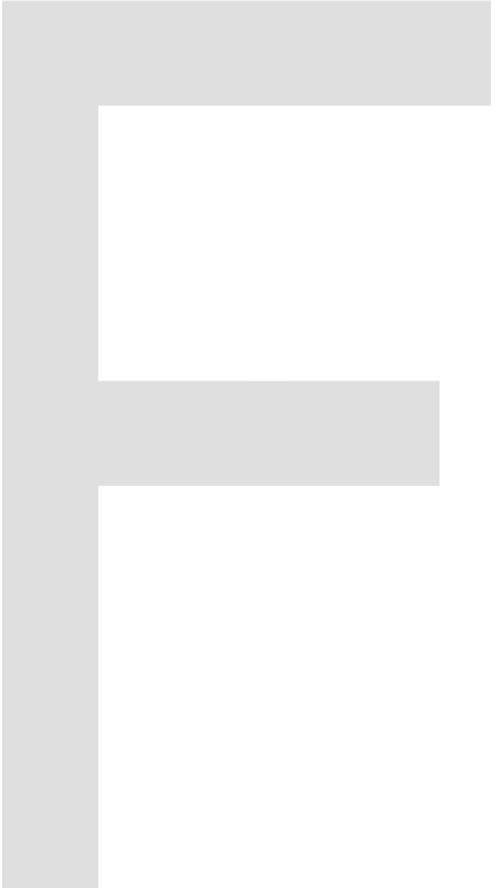
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	<p>income for the President each calendar year and will be included in this Committee's annual report to the House which documents compensation paid to Officers and the IRS reported taxable value of benefits, perquisites, services and in-kind payments.</p> <p>3. Except as noted above, there will be no other changes to the Officers' compensation for the period beginning January 1, 2019. (Directive to Take Action)</p> <p>Fiscal Note: The maximum annual stipend is estimated at \$87,000. This is based on 70% of the highest 2018 Gold Plan Premium based on current Board demographics and assumes all three Presidents and spouses/partners would receive the stipend in the same year.</p>	
<p>CLRPD Report 1: Women Physicians Section Five-Year Review</p>	<p>RECOMMENDATION</p> <p>The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Women Physicians Section through 2023 with the next review no later than the 2023 Interim Meeting and that the remainder of this report be filed. (Directive to Take Action)</p> <p>Fiscal Note: Less than \$500</p>	<p>Active Support</p>
<p>*Resolution 603: Support of AAIP's "Desired Qualifications for Indian Health Service Director"</p> <p>Introduced by: Minority Affairs Section</p>	<p>RESOLVED, That our American Medical Association support the "Desired Qualifications for the Director of the Indian Health Service" set forth by the Association of American Indian Physicians. (New HOD Policy)</p> <p>Fiscal Note: Not yet determined</p>	<p>Active Support with Amendment:</p> <p>RESOLVED, That our American Medical Association support the following desired qualifications for the Director of the Indian Health Service set forth by the Association of American Indian Physicians:</p> <ol style="list-style-type: none"> 1. Health profession, preferably an MD or DO, degree and at least five years of clinical experience. 2. Demonstrated long-term interest, commitment, and activity within the field of

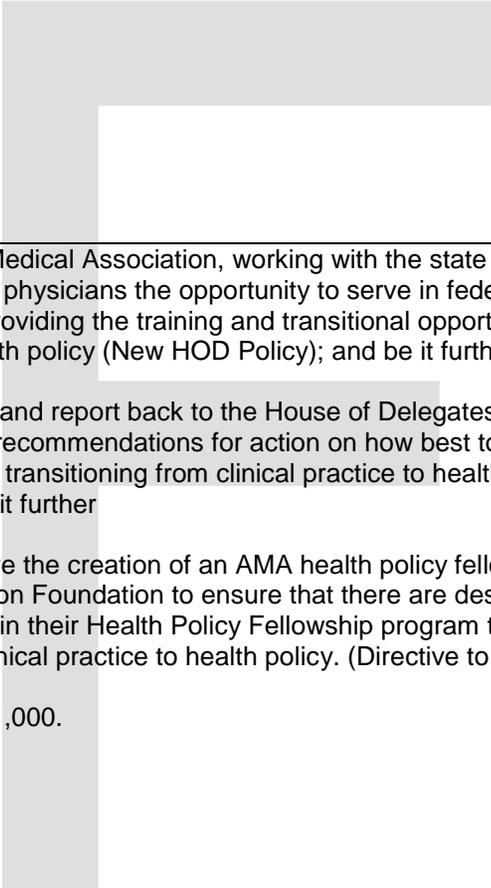
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		<p>Indian Health.</p> <ol style="list-style-type: none">3. Lived on tribal lands or rural American Indian or Alaska Native community or has interacted closely with an urban Indian community.4. Leadership position in American Indian/Alaska Native health care or a leadership position in an academic setting with activity in American Indian/Alaska Native health care.5. Experience in the Indian Health Service or has worked extensively with Indian Health Service, Tribal, or Urban Indian health programs.6. Knowledge and understanding of social and cultural issues affecting the health of American Indian and Alaska Native people.7. Knowledge of health disparities among Native Americans / Alaska Natives, including the pathophysiological basis of the disease process and the social determinants of health that affect disparities.8. Experience working with Indian Tribes and Nations and an understanding of the Trust Responsibility of the Federal Government for American Indian and Alaska
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		<p>Natives as well as an understanding of the sovereignty of American Indian and Alaska Native Nations. 9. Experience with management, budget, and federal programs. (New HOD Policy)</p>
<p>**Resolution 604: Physician Health Policy Opportunity Introduced by: Washington</p>	<p>RESOLVED, That our American Medical Association, working with the state and specialty societies, make it a priority to give physicians the opportunity to serve in federal and state health care agency positions by providing the training and transitional opportunities to move from clinical practice to health policy (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA study and report back to the House of Delegates at the 2019 Interim Meeting with findings and recommendations for action on how best to increase opportunities to train physicians in transitioning from clinical practice to health policy (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA explore the creation of an AMA health policy fellowship, or work with the Robert Wood Johnson Foundation to ensure that there are designated physician fellowship positions within their Health Policy Fellowship program to train physicians in transitioning from clinical practice to health policy. (Directive to Take Action)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Active Support with amendments:</p> <p>RESOLVED, AMA study and report to HOD at 2019 interim with findings and recommendations or actions on how to increase opportunities to train for <u>physicians in transitioning from clinical practice to be involved in</u> health care policy and</p> <p>RESOLVED, That our AMA explore the creation of an <u>expanded</u> AMA health policy fellowships or work with the Robert Wood Johnson Foundation <u>other organizations with existing health policy programs</u> to ensure that there are designated physician positions within their Health Policy Fellowship Programs to train physicians in transitioning from clinical</p>

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		practice to health policy (Directive to Take Action)
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*Included in the Handbook Addendum

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