

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2019 Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-19)

Report of Reference Committee F

Greg Tarasidis, MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

2

3 **RECOMMENDED FOR ADOPTION**

4

5 1. Board of Trustees Report 4 – AMA 2020 Dues

6

7 2. Board of Trustees Report 10 – Conduct at AMA Meetings and Events

8

9 3. Board of Trustees Report 12 – Data Used to Apportion Delegates

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11 4. Board of Trustees Report 24 – Discounted/Waived CPT Fees as an AMA

12 Member Benefit and for Membership Promotion

13

14 5. Board of Trustees Report 27 – Advancing Gender Equity in Medicine

15

16 6. Report of the House of Delegates Committee on the Compensation of the

17 Officers

18

19 7. Resolution 602 – Expectations for Behavior at House of Delegates Meetings

20

21 8. Resolution 605 – State Societies and the AMA Litigation Center

22

23 9. Resolution 607 – Re-establishment of National Guideline Clearinghouse

24

25 10. Resolution 609 – Update to AMA Policy H-525.998, “Women in Organized

26 Medicine”

27

28 11. Resolution 610 – Mitigating Gender Bias in Medical Research

29

30 12. Resolution 616 – TIME’S UP Healthcare

31

32 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

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34 13. Resolution 603 – Creation of an AMA Election Reform Committee

35 Resolution 611 – Election Reform

- 1 14. Resolution 606 – Investigation into Residents, Fellows, and Physician Unions
- 2
- 3 15. Resolution 614 – Racial and Ethnic Identity Demographic Collection by the AMA
- 4
- 5 16. Resolution 617 – Disabled Physician Advocacy
- 6 17. Resolution 618 – Stakeholder Input to Reports of the House of Delegates
- 7

8 **RECOMMENDED FOR REFERRAL**

- 10 18. Resolution 608 – Financial Protections for Doctors in Training
- 11
- 12 19. Resolution 612 – Request to AMA for Training in Health Policy and Health Law
- 13
- 14 20. Resolution 613 – Language Proficiency Data of Physicians in AMA Masterfile
- 15
- 16 21. Resolution 615 – Implementing AMA Climate Change Principles Through JAMA
- 17 Paper Consumption Reduction and Green Healthcare Leadership
- 18

19 **RECOMMENDED FOR NOT ADOPTION**

- 20 22. Resolution 601 – AMA Policy Statement with Editorials
- 21
- 23 23. Resolution 604 – Engage and Collaborate with the Joint Commission
- 24

25 **RECOMMENDED FOR FILING**

- 26 27 24. Board of Trustees Report 1 – Annual Report

1 (1) BOARD OF TRUSTEES REPORT 4 - AMA 2020 DUES

2
3 RECOMMENDATION:

4
5 Madam Speaker, your Reference Committee recommends
6 that the recommendation in Board of Trustees Report 4 be
7 adopted and the remainder of the Report be filed.

8
9 **HOD ACTION: Board of Trustees Report 4 adopted and the**
10 **remainder of the Report filed.**

11
12 Board of Trustees Report 4 recommends no changes to our AMA membership dues levels
13 for 2020. The Report further notes that our AMA last raised its dues in 1994.

14
15

Regular Members	\$420
Physicians in Their Second Year of Practice	\$315
Physicians in Military Service	\$280
Physicians in Their First Year of Practice	\$210
Semi-Retired Physicians	\$210
Fully Retired Physicians	\$84
Physicians in Residency Training	\$45
Medical Students	\$20

24
25 Your Reference Committee heard limited testimony seeking clarity on the dues pricing
26 structure. The Board of Trustees explained that membership pilot programs are currently
27 being tested and posted on the website, which may result in discrepancies.

28
29 Your Reference Committee wishes to highlight the continued stability in the cost of an
30 AMA membership. This year marks the 25th year since the last increase in dues occurred.

31
32
33 (2) BOARD OF TRUSTEES REPORT 10 - CONDUCT AT
34 AMA MEETINGS AND EVENTS

35
36 RECOMMENDATION:

37
38 Madam Speaker, your Reference Committee recommends
39 that the recommendations in Board of Trustees Report 10
40 be adopted and the remainder of the Report be filed.

41
42 **HOD ACTION: Board of Trustees Report 10 adopted and**
43 **the remainder of the Report filed.**

44
45
46 Board of Trustees Report 10 summarizes the evaluation and joint recommendations
47 provided by the external consultants called for in Policy D-140.954, "Harassment Issues
48 Within the AMA," and recommends the following revisions to the procedures implementing
49 the anti-harassment policy with respect to conduct during meetings of the House of
50 Delegates, councils, sections, and all other AMA entities:

- 1 1. That Policy D-140.954, "Harassment Issues Within the AMA," be rescinded as having
2 been fulfilled by the report. (Rescind HOD Policy)
- 3 2. That Policy H-140.837, "Anti-Harassment Policy," be renamed "Policy on Conduct at
4 AMA Meetings and Events" and further amended by insertion and deletion as follows
5 (Modify Current HOD Policy):

7 **Anti-Harassment Policy Applicable to AMA Entities**
8 **Policy on Conduct at AMA Meetings and Events**

10 It is the **policy** of the American Medical Association that all attendees of AMA hosted
11 meetings, events and other activities are expected to exhibit respectful, professional,
12 and collegial behavior during such meetings, events and activities, including but not
13 limited to dinners, receptions and social gatherings held in conjunction with such AMA
14 hosted meetings, events and other activities. Attendees should exercise consideration
15 and respect in their speech and actions, including while making formal presentations
16 to other attendees, and should be mindful of their surroundings and fellow participants.

17 aAny type of harassment of any attendee of an AMA staff, fellow delegates or others
18 by members of the House of Delegates or hosted meeting, event and other attendees
19 at or in connection with HOD meetings, or otherwise activity, including but not limited
20 to dinners, receptions and social gatherings held in conjunction with HOD meetings,
21 an AMA hosted meeting, event or activity, is prohibited conduct and is not tolerated.
22 The AMA is committed to a zero tolerance for harassing conduct at all locations where
23 AMA delegates and staff are conducting AMA business is conducted. This zero
24 tolerance **policy** also applies to meetings of all AMA sections, councils, committees,
25 task forces, and other leadership entities (each, an "AMA Entity"), as well as other
26 AMA-sponsored events. The purpose of the policy is to protect participants in AMA-
27 sponsored events from harm.

29 **Definition**

32 Harassment consists of unwelcome conduct whether verbal, physical or visual that
33 denigrates or shows hostility or aversion toward an individual because of his/her race,
34 color, religion, sex, sexual orientation, gender identity, national origin, age, disability,
35 marital status, citizenship or otherwise protected group status, and that: (1) has the
36 purpose or effect of creating an intimidating, hostile or offensive environment; (2) has
37 the purpose or effect of unreasonably interfering with an individual's participation in
38 meetings or proceedings of the HOD or any AMA Entity; or (3) otherwise adversely
39 affects an individual's participation in such meetings or proceedings or, in the case of
40 AMA staff, such individual's employment opportunities or tangible job benefits.

42 Harassing conduct includes, but is not limited to: epithets, slurs or negative
43 stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written,
44 electronic, or graphic material that denigrates or shows hostility or aversion toward an
45 individual or group and that is placed on walls or elsewhere on the AMA's premises or
46 at the site of any AMA meeting or circulated in connection with any AMA meeting.

1 **Sexual Harassment**

2
3 Sexual harassment also constitutes discrimination, and is unlawful and is absolutely
4 prohibited. For the purposes of this **policy**, sexual harassment includes:

5
6 - making unwelcome sexual advances or requests for sexual favors or other verbal,
7 physical, or visual conduct of a sexual nature; and
8
9 - creating an intimidating, hostile or offensive environment or otherwise unreasonably
10 interfering with an individual's participation in meetings or proceedings of the HOD
11 or any AMA Entity or, in the case of AMA staff, such individual's work performance,
12 by instances of such conduct.

13 Sexual harassment may include such conduct as explicit sexual propositions, sexual
14 innuendo, suggestive comments or gestures, descriptive comments about an
15 individual's physical appearance, electronic stalking or lewd messages, displays of
16 foul or obscene printed or visual material, and any unwelcome physical contact.

17 Retaliation against anyone who has reported harassment, submits a complaint,
18 reports an incident witnessed, or participates in any way in the investigation of a
19 harassment claim is forbidden. Each complaint of harassment or retaliation will be
20 promptly and thoroughly investigated. To the fullest extent possible, the AMA will keep
21 complaints and the terms of their resolution confidential.

22 **Operational Guidelines**

23
24 The AMA shall, through the Office of General Counsel, implement and maintain
25 mechanisms for reporting, investigation, and enforcement of the Policy on Conduct at
26 AMA Meetings and Events in accordance with the following:

27 1. Conduct Liaison and Committee on Conduct at AMA Meetings and Events (CCAM)

28
29 The Office of General Counsel will appoint a "Conduct Liaison" for all AMA House
30 of Delegates meetings and all other AMA hosted meetings or activities (such as
31 meetings of AMA councils, sections, the RVS Update Committee (RUC), CPT
32 Editorial Panel, or JAMA Editorial Boards), with responsibility for receiving reports
33 of alleged policy violations, conducting investigations, and initiating both
34 immediate and longer-term consequences for such violations. The Conduct
35 Liaison appointed for any meeting will have the appropriate training and
36 experience to serve in this capacity, and may be a third party or an in-house AMA
37 resource with assigned responsibility for this role. The Conduct Liaison will be (i)
38 on-site at all House of Delegates meetings and other large, national AMA meetings
39 and (ii) on call for smaller meetings and activities. Appointments of the Conduct
40 Liaison for each meeting shall ensure appropriate independence and neutrality,
41 and avoid even the appearance of conflict of interest, in investigation of alleged
42 policy violations and in decisions on consequences for policy violations.

43
44 The AMA shall establish and maintain a Committee on Conduct at AMA Meetings
45 and Events (CCAM), to be comprised of 5-7 AMA members who are nominated by
46 the Office of General Counsel (or through a nomination process facilitated by the

1 Office of General Counsel) and approved by the Board of Trustees. The CCAM
2 should include one member of the Council on Ethical and Judicial Affairs (CEJA).
3 The remaining members may be appointed from AMA membership generally, with
4 emphasis on maximizing the diversity of membership. Appointments to the CCAM
5 shall ensure appropriate independence and neutrality, and avoid even the
6 appearance of conflict of interest, in decisions on consequences for policy
7 violations. Appointments to the CCAM should be multi-year, with staggered terms.
8

9 2. *Reporting Violations of the Policy*

10 11 Any persons who believe they have experienced or witnessed conduct in violation
12 12 of Policy H-140.837, "Policy on Conduct at AMA Meetings and Events," during any
13 13 AMA House of Delegates meeting or other activities associated with the AMA
14 14 (such as meetings of AMA councils, sections, the RVS Update Committee (RUC),
15 15 CPT Editorial Panel or JAMA Editorial Boards) should promptly notify the (i)
16 16 Conduct Liaison appointed for such meeting, and/or (ii) the AMA Office of General
17 17 Counsel and/or (iii) the presiding officer(s) of such meeting or activity.
18

19 20 Alternatively, violations may be reported using an AMA reporting hotline (telephone
21 21 and online) maintained by a third party on behalf of the AMA. The AMA reporting
22 22 hotline will provide an option to report anonymously, in which case the name of the
23 23 reporting party will be kept confidential by the vendor and not be released to the
24 24 AMA. The vendor will advise the AMA of any complaint it receives so that the
25 25 Conduct Liaison may investigate.
26

27 28 These reporting mechanisms will be publicized to ensure awareness.
29

30 31 3. *Investigations*
32 33

34 35 All reported violations of Policy H-140.837, "Policy on Conduct at AMA Meetings
36 36 and Events," pursuant to Section 2 above (irrespective of the reporting mechanism
37 37 used) will be investigated by the Conduct Liaison. Each reported violation will be
38 38 promptly and thoroughly investigated. Whenever possible, the Conduct Liaison
39 39 should conduct incident investigations on-site during the event. This allows for
40 40 immediate action at the event to protect the safety of event participants. When this
41 41 is not possible, the Conduct Liaison may continue to investigate incidents following
42 42 the event to provide recommendations for action to the CCAM. Investigations
43 43 should consist of structured interviews with the person reporting the incident (the
44 44 reporter), the person targeted (if they are not the reporter), any witnesses that the
45 45 reporter or target identify, and the alleged violator.
46

47 48 Based on this investigation, the Conduct Liaison will determine whether a violation
49 49 of the Policy on Conduct at AMA Meetings and Events has occurred.
50

51 52 All reported violations of the Policy on Conduct at AMA Meetings and Events, and
53 53 the outcomes of investigations by the Conduct Liaison, will also be promptly
54 54 transmitted to the AMA's Office of General Counsel (i.e. irrespective of whether
55 55 the Conduct Liaison determines that a violation has occurred).
56

1 4. *Disciplinary Action*

2
3 If the Conduct Liaison determines that a violation of the Policy on Conduct at AMA
4 Meetings and Events has occurred, the Conduct Liaison may take immediate
5 action to protect the safety of event participants, which may include having the
6 violator removed from the AMA meeting, event or activity, without warning or
7 refund.

8 Additionally, if the Conduct Liaison determines that a violation of the Policy on
9 Conduct at AMA Meetings and Events has occurred, the Conduct Liaison shall
10 report any such violation to the CCAM, together with recommendations as to
11 whether additional commensurate disciplinary and/or corrective actions (beyond
12 those taken on-site at the meeting, event or activity, if any) are appropriate.

13
14 The CCAM will review all incident reports, perform further investigation (if needed)
15 and recommend to the Office of General Counsel any additional commensurate
16 disciplinary and/or corrective action, which may include but is not limited to the
17 following:

18
19 ▪ Prohibiting the violator from attending future AMA events or activities;
20 ▪ Removing the violator from leadership or other roles in AMA activities;
21 ▪ Prohibiting the violator from assuming a leadership or other role in future AMA
22 activities;
23 ▪ Notifying the violator's employer and/or sponsoring organization of the actions
24 taken by AMA;
25 ▪ Referral to the Council on Ethical and Judicial Affairs (CEJA) for further review
26 and action;
27 ▪ Referral to law enforcement.

28
29 The CCAM may, but is not required to, confer with the presiding officer(s) of
30 applicable events activities in making its recommendations as to disciplinary and/or
31 corrective actions. Consequence for policy violations will be commensurate with
32 the nature of the violation(s).

33 5. *Confidentiality*

34
35 All proceedings of the CCAM should be kept as confidential as practicable.
36 Reports, investigations, and disciplinary actions under Policy on Conduct at AMA
37 Meetings and Events will be kept confidential to the fullest extent possible,
38 consistent with usual business practices.

39
40 6. *Assent to Policy*

41
42 As a condition of attending and participating in any meeting of the House of
43 Delegates, or any council, section, or other AMA entities, such as the RVS Update
44 Committee (RUC), CPT Editorial Panel and JAMA Editorial Boards, or other AMA
45 hosted meeting or activity, each attendee will be required to acknowledge and
46 accept (i) AMA policies concerning conduct at AMA HOD meetings, including the
47 Policy on Conduct at AMA Meetings and Events and (ii) applicable adjudication
48 and disciplinary processes for violations of such policies (including those

1 implemented pursuant to these Operational Guidelines), and all attendees are
2 expected to conduct themselves in accordance with these policies.

3
4 Additionally, individuals elected or appointed to a leadership role in the AMA or its
5 affiliates will be required to acknowledge and accept the Policy on Conduct at AMA
6 Meetings and Events and these Operational Guidelines.

7
8 1. Reporting a complaint of harassment

9
10 ~~Any persons who believe they have experienced or witnessed conduct in violation~~
11 ~~of Anti-Harassment Policy H-140.837 during any AMA House of Delegates~~
12 ~~meeting or associated functions should promptly notify the Speaker or Vice~~
13 ~~Speaker of the House or the AMA Office of General Counsel.~~

14
15 ~~Any persons who believe they have experienced or witnessed conduct in other~~
16 ~~activities associated with the AMA (such as meetings of AMA councils, sections,~~
17 ~~the RVS Update Committee (RUC), or CPT Editorial Panel) in violation of Anti-~~
18 ~~Harassment Policy H-140.837 should promptly notify the presiding officer(s) of~~
19 ~~such AMA-associated meeting or activity or either the Chair of the Board or the~~
20 ~~AMA Office of General Counsel.~~

21
22 ~~Anyone who prefers to register a complaint to an external vendor may do so using~~
23 ~~an AMA compliance hotline (telephone and online) maintained on behalf of the~~
24 ~~AMA. The name of the reporting party will be kept confidential by the vendor and~~
25 ~~not be released to the AMA. The vendor will advise the AMA of any complaint it~~
26 ~~receives so that the AMA may investigate.~~

27
28 2. Investigations

29
30 ~~Investigations of harassment complaints will be conducted by AMA Human~~
31 ~~Resources. Each complaint of harassment or retaliation shall be promptly and~~
32 ~~thoroughly investigated. Generally, AMA Human Resources will (a) use~~
33 ~~reasonable efforts to minimize contact between the accuser and the accused~~
34 ~~during the pendency of an investigation and (b) provide the accused an opportunity~~
35 ~~to respond to allegations. Based on its investigation, AMA Human Resources will~~
36 ~~make a determination as to whether a violation of Anti-Harassment Policy H-~~
37 ~~140.837 has occurred.~~

38
39 3. Disciplinary Action

40
41 ~~If AMA Human Resources shall determine that a violation of Anti-Harassment~~
42 ~~Policy H-140.837 has occurred, AMA Human Resources shall~~
43 ~~(i) notify the Speaker and Vice Speaker of the House or the presiding officer(s) of~~
44 ~~such other AMA-associated meeting or activity in which such violation occurred,~~
45 ~~as applicable, of such determination, (ii) refer the matter to the Council on Ethical~~
46 ~~and Judicial Affairs (CEJA) for disciplinary and/or corrective action, which may~~
47 ~~include but is not limited to expulsion from the relevant AMA-associated meetings~~
48 ~~or activities, and (iii) provide CEJA with appropriate training.~~

1 If a Delegate or Alternate Delegate is determined to have violated Anti-Harassment
2 Policy H-140.837, CEJA shall determine disciplinary and/or corrective action in
3 consultation with the Speaker and Vice Speaker of the House.

4
5 If a member of an AMA council, section, the RVS Update Committee (RUC), or
6 CPT Editorial Panel is determined to have violated Anti-Harassment Policy H-
7 140.837, CEJA shall determine disciplinary and/or corrective action in consultation
8 with the presiding officer(s) of such activities.

9 If a nonmember or non-AMA party is the accused, AMA Human Resources shall
10 refer the matter to appropriate AMA management, and when appropriate, may
11 suggest that the complainant contact legal authorities.

12
13 4. Confidentiality

14
15 To the fullest extent possible, the AMA will keep complaints, investigations and
16 resolutions confidential, consistent with usual business practice.

17
18 Your Reference Committee heard overwhelming support for Board of Trustees Report 10,
19 including accolades for culminating a two-year process with a progressive plan to ensure
20 our AMA is a safe environment for everyone. Concerns were expressed in testimony to
21 the Reference Committee regarding due process, and asked that the Board of Trustees
22 address this issue in the near future. However, the preponderance of testimony was
23 supportive of immediate implementation of Board of Trustees Report 10.

24
25
26 (3) BOARD OF TRUSTEES REPORT 12 - DATA USED TO
27 APPORTION DELEGATES

28
29 RECOMMENDATION:

30
31 Madam Speaker, your Reference Committee recommends
32 that the recommendations in Board of Trustees Report 12
33 be adopted and the remainder of the Report be filed.

34
35 **HOD ACTION: Board of Trustees Report 12 adopted and**
36 **the remainder of the Report filed.**

37
38
39 Board of Trustees Report 12 is presented in response to Policy G-600.016, "Data Used to
40 Apportion Delegates" and includes an amendment to the current policy, which serves to
41 clarify mid-year reporting of membership counts as follows:

42
43 A. That Policy G-600.016, "Data Used to Apportion Delegates," be amended to read as
44 follows:

45
46 1. Our AMA shall issue an annual, mid-year report on or around June 30 to inform
47 each state medical society and each national medical specialty society that is in
48 the process of its 5-year review and state medical society of its current AMA
49 membership count status report. (New HOD Policy)

- 1 2. "Pending members" will be added to the number of active AMA members in the
2 December 31 count for the purposes of AMA delegate allocations to ~~national~~
3 ~~medical specialty and state medical societies for the following year and this total~~
4 ~~will be used to determine the number of national medical specialty delegates to~~
5 ~~maintain parity.~~ (New HOD Policy)
- 6
- 7 3. ~~Our AMA Physician Engagement department will develop a mechanism to prevent~~
8 ~~a second counting of those previous "pending members" at the end of the following~~
9 ~~year until their membership has been renewed.~~ (Directive to Take Action)
- 10
- 11 4. ~~Our AMA will track "pending members" from a given year who are counted towards~~
12 ~~delegate allocation for the following year and these members will not be counted~~
13 ~~again for delegate allocation unless they renew their membership before the end~~
14 ~~of the following year.~~ (New HOD Policy)
- 15
- 16 5. ~~Our AMA Board of Trustees will issue a report to the House of Delegates at the~~
17 ~~2022 Annual Meeting on the impact of Policy G-600.016 and recommendations~~
18 ~~regarding continuation of this policy.~~ (Directive to Take Action)

20 B. That the Council on Constitution and Bylaws prepare a report for the 2019 Interim
21 Meeting that will allow the implementation of Policy G-600.016, as amended herein.

23 Your Reference Committee heard only supportive testimony favoring adoption of Board of
24 Trustees Report 12.

27 (4) BOARD OF TRUSTEES REPORT 24 - DISCOUNTED /
28 WAIVED CPT FEES AS AN AMA MEMBER BENEFIT
29 AND FOR MEMBERSHIP PROMOTION

31 RECOMMENDATION:

33 Madam Speaker, your Reference Committee recommends
34 that the recommendation in Board of Trustees Report 24 be
35 adopted and the remainder of the Report be filed.

37 **HOD ACTION: Board of Trustees Report 24 adopted and**
38 **the remainder of the Report filed.**

41 Board of Trustees Report 24 is presented in response to Resolution 607-A-18, which
42 called upon our AMA to investigate mechanisms by which AMA members may receive a
43 discount or waiver on CPT-related fees, including fees associated with using CPT codes
44 within electronic medical billing systems.

46 Through the analysis that led to this report, an opportunity was identified to improve AMA
47 member benefits for direct licensees with 25 or fewer users by increasing their discount to
48 30 percent. This change will go into effect for the 2020 CPT data file. The increased
49 discount will enable the AMA to continue to support its mission, while having a positive
50 impact on AMA members in small practices. This is also consistent with other AMA

1 Membership discount programs. Consequently, the Board of Trustees recommends that
2 Resolution 607-A-18 not be adopted and that the remainder of the report be filed.

3
4 Your Reference Committee received no testimony in response to Board of Trustees
5 Report 24. Your Reference Committee agrees with the recommendations in the report.

6
7
8 (5) **BOARD OF TRUSTEES REPORT 27 - ADVANCING**
9 **GENDER EQUITY IN MEDICINE**

10
11 **RECOMMENDATION:**

12
13 Madam Speaker, your Reference Committee recommends
14 that the recommendations in Board of Trustees Report 27
15 be adopted and the remainder of the Report be filed.

16
17 **HOD ACTION: Board of Trustees Report 27 adopted and**
18 **the remainder of the Report filed.**

19
20 Board of Trustees Report 27 is presented in response to Policy D-65.989, "Advancing
21 Gender Equity in Medicine," which directs our AMA to draft and disseminate a report
22 detailing its positions and recommendations for gender equity in medicine, including
23 clarifying principles for state and specialty societies, academic medical centers, and other
24 entities that employ physicians.

25
26 In this report, the Board of Trustees recognizes gender inequity in medicine as a complex,
27 pervasive issue that requires a multilayered approach. Accordingly, the Board
28 recommends that the following be adopted and that the remainder of the report be filed:

29
30 a. That our American Medical Association adopt the following language as policy,
31 "Principles for Advancing Gender Equity in Medicine":

32
33 Our AMA:

34
35 1. declares it is opposed to any exploitation and discrimination in the workplace
36 based on personal characteristics (i.e., gender);

37
38 2. affirms the concept of equal rights for all physicians and that the concept of equality
39 of rights under the law shall not be denied or abridged by the U.S. Government or
40 by any state on account of gender;

41
42 3. endorses the principle of equal opportunity of employment and practice in the
43 medical field;

44
45 4. affirms its commitment to the full involvement of women in leadership roles
46 throughout the Federation, and encourages all components of the Federation to
47 vigorously continue their efforts to recruit women members into organized
48 medicine;

- 1 5. acknowledges that mentorship and sponsorship are integral components of one's
- 2 career advancement, and encourages physicians to engage in such activities;
- 3
- 4 6. declares that compensation should be equitable and based on demonstrated
- 5 competencies/expertise and not based on personal characteristics;
- 6
- 7 7. recognizes the importance of part-time work options, job sharing, flexible
- 8 scheduling, re-entry, and contract negotiations as options for physicians to support
- 9 work-life balance;
- 10
- 11 8. affirms that transparency in pay scale and promotion criteria is necessary to
- 12 promote gender equity, and as such academic medical centers, medical schools,
- 13 hospitals, group practices and other physician employers should conduct periodic
- 14 reviews of compensation and promotion rates by gender and evaluate protocols
- 15 for advancement to determine whether the criteria are discriminatory; and
- 16
- 17 9. affirms that medical schools, institutions and professional associations should
- 18 provide training on leadership development, contract and salary negotiations and
- 19 career advancement strategies that include an analysis of the influence of gender
- 20 in these skill areas. (New HOD Policy)
- 21
- 22 b. That our AMA rescind the following policies, as they have been incorporated into the
- 23 "Principles for Advancing Gender Equity in Medicine":
- 24
- 25 a. D-200.981, "Gender Disparities in Physician Income and Advancement,"
- 26 b. H-525.992, "Women in Medicine," and
- 27 c. H-65.968, "Equal Opportunity" (Rescind HOD Policy)
- 28
- 29 c. That our AMA rescind AMA Policy D-65.989 (1), "Advancing Gender Equity in
- 30 Medicine," as this report has fulfilled the request for information on positions and
- 31 recommendations regarding gender equity in medicine, including the development of
- 32 clarifying principles. (Rescind HOD Policy)
- 33
- 34 d. That our AMA encourage state and specialty societies, academic medical centers,
- 35 medical schools, hospitals, group practices and other physician employers to adopt
- 36 the AMA Principles for Advancing Gender Equity in Medicine. (Directive to Take
- 37 Action)
- 38
- 39 e. That our AMA encourage academic medical centers, medical schools, hospitals, group
- 40 practices, and other physician employers to: (a) adopt policies that prohibit
- 41 harassment, discrimination and retaliation; (b) provide anti-harassment training; and
- 42 (c) prescribe disciplinary and/or corrective action should violation of such policies
- 43 occur. (Directive to Take Action)
- 44
- 45 f. That our AMA modify Policy D-65.989, "Advancing Gender Equity in Medicine," and
- 46 continue to: (a) advocate for institutional, departmental and practice policies that
- 47 promote transparency in defining the criteria for initial and subsequent physician
- 48 compensation; (b) advocate for pay structures based on objective, gender-neutral
- 49 objective criteria; (c) encourage a specified approach, sufficient to identify gender
- 50 disparity, to oversight of compensation models, metrics, and actual total compensation

1 for all employed physicians; and (d) advocate for training to identify and mitigate
2 implicit bias in compensation determination for those in positions to determine salary
3 and bonuses, with a focus on how subtle differences in the further evaluation of
4 physicians of different genders may impede compensation and career advancement.
5 (Modify HOD Policy)

6

7 g. That our AMA amend AMA Policy G-600.035, "The Demographics of the House of
8 Delegates," to read as follows:

9

10 a. A report on the demographics of our AMA House of Delegates will be issued
11 annually and include information regarding age, gender, race/ethnicity, education,
12 life stage, present employment, and self-designated specialty.

13

14 b. As one means of encouraging greater awareness and responsiveness to diversity,
15 our AMA will prepare and distribute a state-by-state demographic analysis of the
16 House of Delegates, with comparisons to the physician population and to our AMA
17 physician membership every other year.

18

19 c. Future reports on the demographic characteristics of the House of Delegates
20 should, whenever possible, ~~will~~ identify and include information on successful
21 initiatives and best practices to promote diversity within, ~~particularly by age~~, state
22 and specialty society delegations. (Modify Current HOD Policy)

23 Your Reference Committee heard overwhelming testimony in favor of this report. Limited
24 testimony was received on language used in the Principles for Advancing Gender Equity
25 in Medicine. It was raised that the term "gender nonconforming members" should be
26 included in the fourth principle. Your Reference Committee wishes to note that this study
27 specifically addressed disparities between female and male physicians. Additionally, it
28 was suggested that "gender" should replace "personal characteristics" in the sixth
29 principle. Your Reference Committee highlights the fact that evaluating compensation can
30 include factors that are indirectly related to gender. Your Reference Committee commends
31 the Board of Trustees for the development of these principles to help advance equity for
32 women physicians and physicians-in-training.

34

35

36 (6) REPORT OF THE HOUSE OF DELEGATES COMMITTEE
37 ON THE COMPENSATION OF THE OFFICERS

38

39 RECOMMENDATION:

40

41 Madam Speaker, your Reference Committee recommends
42 that the recommendations in the Report of the House of
43 Delegates Committee on the Compensation of the Officers
44 be adopted and the remainder of the Report be filed.

45

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

1 The Report of the House of Delegates Committee on the Compensation of the Officers
2 reminds the House that at the 2018 Interim Meeting a stipend was approved for the
3 President and his/her family when they lose their employer's health insurance.

4
5 In this report, the Compensation Committee recommends amending the definition of
6 eligibility so that President(s) who already have health insurance coverage through
7 Medicare when elected will not be eligible for the stipend for themselves or family
8 members.

9
10 Additionally, this report of the Compensation Committee recommends amending the
11 eligibility definition so that if a President becomes Medicare eligible while in office, the
12 President will be expected to enroll in Medicare and the stipend will continue to cover
13 family members who are not Medicare eligible; the amount of the stipend will be adjusted
14 accordingly; and the stipend would be reported as taxable income to the President(s).
15 Your Reference Committee received no testimony in response to the Report of the House
16 of Delegates Committee on the Compensation of the Officers.

17
18 Your Reference Committee extends its appreciation to the members of the House of
19 Delegates Committee on the Compensation of the Officers for this follow-up report and
20 solution that addresses specific concerns about insurance coverage impacting a President
21 who becomes Medicare eligible while in office.

22
23
24 (7) RESOLUTION 602 - EXPECTATIONS FOR BEHAVIOR
25 AT HOUSE OF DELEGATES MEETINGS

26
27 RECOMMENDATION:

28
29 Madam Speaker, your Reference Committee recommends
30 that Resolution 602 be adopted.

31
32 **HOD ACTION: Resolution 602 adopted.**

33
34 Resolution 602 calls upon our AMA to require every AMA HOD delegate and alternate
35 delegate, as a condition to receiving their credentials for any AMA HOD meeting, to
36 acknowledge and accept during our AMA HOD meeting registration process AMA policies
37 concerning conduct at AMA HOD meetings, and applicable adjudication and disciplinary
38 processes for violations of such policies.

39
40 Additionally, Resolution 602 directs that any AMA HOD delegate or alternate delegate
41 who knowingly fails to acknowledge and accept during our AMA HOD meeting registration
42 process AMA policies concerning conduct at AMA HOD meetings, and applicable
43 adjudication and disciplinary processes for violations of such policies shall not be
44 credentialed as a delegate or alternate delegate at that meeting.

45
46 Beyond your Speakers' introduction of Resolution 602, your Reference Committee
47 received no on-site testimony and only a supportive online comment. Your Reference
48 Committee appreciates the efforts of our AMA speakers for codifying standards of
49 acceptable behavior within our House of Delegates.

1 (8) RESOLUTION 605 - STATE SOCIETIES AND THE AMA
2 LITIGATION CENTER

3
4 RECOMMENDATION:

5
6 Madam Speaker, your Reference Committee recommends
7 that Resolution 605 be adopted.

8
9 **HOD ACTION: Resolution 605 be adopted.**

10
11 Resolution 605 directs that when seeking a state medical society's support of an amicus
12 brief on a legal matter, especially one pertaining to an issue in that state, the AMA
13 Litigation Center consider the state medical society's point of view in developing the
14 argument, and maintain full disclosure during the drafting of an amicus brief or any change
15 in strategy.

16
17 Your Reference Committee heard limited testimony outlining an occurrence in which a
18 state did not feel that our AMA was considerate of its position. Background information
19 provided to your Reference Committee indicated that our AMA makes a strong attempt to
20 be as collaborative as possible with the members of the Federation while maintaining a
21 broad representative voice.

22
23
24 (9) RESOLUTION 607 - RE-ESTABLISHMENT OF
25 NATIONAL GUIDELINE CLEARINGHOUSE

26
27 RECOMMENDATION:

28
29 Madam Speaker, your Reference Committee recommends
30 that Resolution 607 be adopted.

31
32 **HOD ACTION: Resolution 607 adopted.**

33
34 Resolution 607 calls upon our AMA reaffirm Policy H-410.965, "Clinical Practice
35 Guidelines, Performance Measures, and Outcomes Research Activities."

36
37 Additionally, Resolution 607 calls upon our AMA to research possible and existing
38 alternatives for the functions of the National Guidelines Clearinghouse with a report back
39 to the House of Delegates.

40
41 Your Reference Committee heard overwhelming support in identifying options for
42 organizations that can make clinical practice guidelines available to physicians that will
43 support patient safety and improve health outcomes. In particular, it was noted that our
44 AMA should provide guidance regarding potential conflicts of interest.

1 (10) RESOLUTION 609 - UPDATE TO AMA POLICY
2 H-525.998, "WOMEN IN ORGANIZED MEDICINE"

3 RECOMMENDATION:

4
5
6 Madam Speaker, your Reference Committee recommends
7 that Resolution 609 be adopted.

8
9 **HOD ACTION: Resolution 609 adopted.**

10
11 Resolution 609 calls upon our AMA to amend Policy H-525.998, "Women in Organized
12 Medicine," by deletion to read as follows:

13 Our AMA:

14
15 (1) reaffirms its policy advocating equal opportunities and opposing sex discrimination
16 in the medical profession;

17
18 (2) supports the concept of increased tax benefits for working parents;

19
20 (3) (a) supports the concept of proper child care for families of working parents;
21 (b) reaffirms its position on child care facilities in or near medical centers and
22 hospitals; (c) encourages business and industry to establish employee child care
23 centers on or near their premises when possible; and (d) encourages local medical
24 societies to survey physicians to determine the interest in clearinghouse activities
25 and in child care services during medical society meetings; and

26
27 (4) reaffirms its policy supporting flexibly scheduled residencies and encourages
28 increased availability of such programs; and

29
30 (5) ~~supports that the AMA Guidelines for Establishing Sexual Harassment Prevention
31 and Grievance Procedures be updated by the AMA Women Physicians Congress,
32 and forwarded to the House of Delegates for approval, and include not only
33 resources for training programs but also private practice settings. To facilitate wide
34 distribution and easy access, the Guidelines will be placed on the AMA Web site.~~

35
36 Your Reference Committee heard limited testimony indicating the purpose of this
37 resolution is to align with ongoing efforts of our AMA to address harassment. Harassment
38 awareness continues to be on the forefront of our AMA's priorities and there is a more
39 detailed process in place, which renders this stricken language obsolete.

40
41 (11) RESOLUTION 610 - MITIGATING GENDER BIAS IN
42 MEDICAL RESEARCH

43 RECOMMENDATION:

44
45 Madam Speaker, your Reference Committee recommends
46 that Resolution 610 be adopted.

47
48 **HOD ACTION: Resolution 610 adopted.**

1 Resolution 610 calls upon our AMA to advocate for the establishment of best practices
2 that remove any gender bias from the review and adjudication of grant applications and
3 submissions for publication in peer-reviewed journals, including removing names and
4 gender identity from the applications or submissions during the review process.

5
6 Your Reference Committee heard overwhelming support in favor of establishing best
7 practices to remove gender bias from the review and adjudication of grant applications
8 and submissions for publication in peer-reviewed journals. The resolution called for
9 removal of names and gender identity from such applications and submissions; however,
10 there was limited testimony regarding the validity of complete removal versus minimizing
11 identifying information. Further testimony identified best practices allowing for complete
12 de-identification

13
14
15 (12) RESOLUTION 616 - TIME'S UP HEALTHCARE

16
17 RECOMMENDATION:

18
19 Madam Speaker, your Reference Committee recommends
20 that Resolution 616 be adopted.

21
22 HOD ACTION: Resolution 616 adopted.

23
24 Resolution 616 calls upon our AMA to evaluate the TIME'S UP Healthcare program and
25 consider participation as a TIME'S UP partner in support of our mutual objectives to
26 eliminate harassment and discrimination in medicine with a report back at the 2019 Interim
27 Meeting.

28
29 Your Reference Committee heard supportive testimony encouraging safe and welcoming
30 professional environments for women physicians and physicians-in-training. A relationship
31 with TIME'S UP Healthcare might advance our AMA's efforts to support women in
32 medicine. As with any relationship, consideration needs to be given to preserving the
33 reputation of our AMA. Your Reference Committee heard testimony regarding referral for
34 decision, but felt the resolution accomplished the intent of our AMA Board of Trustees
35 evaluating the progress in deciding whether to join. Therefore, your Reference Committee
36 recommends adoption so that the requested evaluation of TIME'S UP Healthcare can be
37 conducted and a potential relationship be considered.

38
39
40 (13) RESOLUTION 603 - CREATION OF AN AMA ELECTION

41 REFORM COMMITTEE

42 RESOLUTION 611 - ELECTION REFORM

43
44 RECOMMENDATION:

45
46 Madam Speaker, your Reference Committee recommends
47 that Alternative Resolution 603 be adopted in lieu of
48 Resolutions 603 and 611.

1 **HOD ACTION: Alternative Resolution 603 adopted in lieu**
2 **of Resolutions 603 and 611.**

5 RESOLVED, That our AMA create a Speaker-appointed
6 task force for the purpose of recommending improvements
7 to the current AMA House of Delegates election process
8 with a broad purview to evaluate all aspects. The task force
9 shall present an initial status report at the 2019 Interim
10 Meeting.

11 Resolution 603 calls upon our AMA to appoint a House of Delegates Election Reform
12 Committee to develop recommendations with which to expedite and streamline the current
13 election and voting process for AMA officers and council positions, and to report back to
14 the House of Delegates at the 2019 Interim Meeting.

15 Options that should be considered by the Election Reform Committee, include:

- 16 • the creation of an interactive election web page;
- 17 • candidate video submissions submitted in advance for HOD members to view;
- 18 • eliminate all speeches and concession speeches during HOD deliberations, with the
19 exception of the President-Elect, Speaker, and Board of Trustee positions;
- 20 • move elections earlier in the meeting to Sunday or Monday;
- 21 • conduct voting from HOD seats; and
- 22 • reduce and control the cost of campaigns.

23 Resolution 611 calls upon our AMA to create a Speaker-appointed task force to re-examine election rules and logistics, including social media, emails, mailers, receptions, and parties; the ability of candidates from smaller delegations to compete; electronic balloting; and timing within the meeting. The task force shall report back at the 2019 Interim Meeting recommendations regarding election processes and procedures to accommodate improvements, which allow delegates to focus their efforts and time on policy-making.

24 Additionally, Resolution 611 calls upon the Speaker-appointed task force to consider addressing the following ideas:

- 25 a. elections being held on the Sunday morning of the Annual and Interim meetings of the
26 House of Delegates;
- 27 b. coordination of a large format interview session on Saturday by the Speakers to allow
28 interview of candidates by all interested delegations simultaneously;
- 29 c. separating the logistical election process based on the office (e.g., larger interview
30 session for council candidates, more granular process for other offices);
- 31 d. an easily accessible system allowing voting members to either opt in or opt out of
32 receiving AMA approved forms of election materials from candidates with respect to
33 email and physical mail;
- 34 e. electronic balloting potentially using delegates' personal devices as an option for initial
35 elections and runoffs to facilitate timely results and minimal interruptions to the
36 business;

1 f. seeking process and logistics suggestions and feedback from HOD caucus leaders,
2 non-HOD physicians (potentially more objective and less influenced by current politics
3 in the HOD), and other constituent groups with a stake in the election process; and
4 g. address the propriety and/or recommended limits of the practice of delegates being
5 directed on how to vote by other than their sponsoring society (e.g., vote trading, block
6 voting, etc.).

7
8 Your Reference Committee heard overwhelming support in favor of appointing a
9 committee to look at the current AMA House of Delegates election process. As noted by
10 testimony, the original resolutions proffered were prescriptive. It is believed that a
11 Speaker-appointed task force, comprised of AMA House of Delegates members, will
12 address the ideas outlined in Resolutions 603 and 611. Furthermore, your Reference
13 Committee believes that an initial status report at the 2019 Interim Meeting will include a
14 project timeline established by the task force.

15
16
17 (14) RESOLUTION 606 - INVESTIGATION INTO RESIDENTS,
18 FELLOWS, AND PHYSICIAN UNIONS

19 RECOMMENDATION A:

20 Madam Speaker, your Reference Committee recommends
21 that Resolution 606 be amended by addition and deletion to
22 read as follows:

23 RESOLVED, That our American Medical Association ~~to~~
24 study the ~~feasibility of a national house staff union to~~
25 ~~represent all interns, residents and fellows risks and benefits~~
26 ~~of collective bargaining for physicians and physicians-in-~~
27 ~~training in today's health care environment.~~ (Directive to
28 Take Action)

29 RECOMMENDATION B:

30 Madam Speaker, your Reference Committee recommends
31 that Resolution 606 be adopted as amended.

32
33 **HOD ACTION: Resolution 606 adopted as amended.**

34
35 Resolution 606 calls upon our AMA to study the feasibility of a national house-staff union
36 to represent all interns, residents, and fellows.

37
38 Your Reference Committee heard testimony indicating that our AMA cannot legally create
39 a union but that an attempt to support unionization was made in 1999 and carried out for
40 three years resulting in a large financial loss to our AMA; however, your Reference
41 Committee heard additional testimony that the changed environment of medicine merits a
42 renewed and expanded examination of whether there is a role for our AMA.

1 (15) RESOLUTION 614 - RACIAL AND ETHNIC IDENTITY
2 DEMOGRAPHIC COLLECTION BY THE AMA

3
4 RECOMMENDATION A:

5
6 Madam Speaker, your Reference Committee recommends
7 that Resolution 614 be amended by addition and deletion to
8 read as follows:

9
10 RESOLVED, That our American Medical Association
11 develop a plan with input from the Minority Affairs Section
12 and the Chief Health Equity Officer to consistently include
13 improve consistency and reliability in the collection of racial
14 and ethnic minority demographic information for physicians
15 and medical students. (Directive to Take Action)

16
17 RECOMMENDATION B:

18
19 Madam Speaker, your Reference Committee recommends
20 that Resolution 614 be adopted as amended.

21
22 **HOD ACTION: Resolution 614 adopted as amended.**

23
24
25 Resolution 614 calls upon our AMA to develop a plan, with input from the Minority Affairs
26 Section and the Chief Health Equity Officer, to consistently include racial and ethnic
27 minority demographic information for physicians and medical students.

28
29 Your Reference Committee heard overwhelmingly supportive testimony in favor of this
30 resolution and believes that the amended language allows the opportunity to expand
31 outdated racial and ethnic categories; thereby, improving accuracy and supporting
32 workforce diversity.

33
34
35 (16) RESOLUTION 617 - DISABLED PHYSICIAN ADVOCACY

36
37 RECOMMENDATION A:

38
39 Madam Speaker, your Reference Committee recommends
40 that Resolution 617 be amended by addition and deletion to
41 read as follows:

1 RESOLVED, That our American Medical Association study
2 and report back on eliminating stigmatization and enhancing
3 inclusion of ~~disabled physicians~~ physicians with disabilities
4 including but not limited to:

5

6 1) Enhancing representation of ~~disabled physicians~~
7 physicians with disabilities within the AMA.

8

9 2) Examining support groups, education, legal
10 resources and any other means to increase the
11 inclusion of physicians with disabilities in the AMA;
12 and be it further

13

14 RESOLVED, That our AMA identify medical, professional
15 and social rehabilitation, education, vocational training and
16 rehabilitation, aid, counseling, placement services and other
17 services which will enable ~~disabled physicians~~ physicians
18 with disabilities to develop their capabilities and skills to the
19 maximum and will hasten the processes of their social and
20 professional integration or reintegration.; and be it further

21

22 RESOLVED, That our AMA support physicians and
23 physicians-in-training education programs about legal rights
24 related to accommodation and freedom from discrimination
25 for physicians, patients, and employees with disabilities.

26

27 RECOMMENDATION B:

28 Madam Speaker, your Reference Committee recommends
29 that Resolution 617 be adopted as amended.

30

31 RECOMMENDATION C:

32 Madam Speaker, your Reference Committee recommends
33 that the title of Resolution 617 be changed to read as
34 follows:

35

36 ADVOCACY FOR PHYSICIANS WITH DISABILITIES

37

38 **HOD ACTION: Resolution 617 adopted as amended with a**

39 change in title.

40

41

42 Resolution 617 calls upon our AMA to study and report back on eliminating stigmatization
43 and enhancing inclusion of disabled physicians, including but not limited to: (1) enhancing
44 representation of disabled physicians within the AMA; and (2) examining support groups,
45 education, legal resources, and any other means to increase the inclusion of physicians
46 with disabilities in the AMA.

47

48 Additionally, Resolution 617 calls upon our AMA to identify medical, professional and
49 social rehabilitation, education, vocational training and rehabilitation, aid, counseling,
50 placement services, and other services that will enable disabled physicians to develop

1 their capabilities and skills to the maximum and will hasten the processes of their social
2 and professional integration or reintegration.

3
4 Your Reference Committee heard supportive testimony; however, there was testimony on
5 using person-first language. Accordingly, your Reference Committee recommends
6 "disabled physicians" be replaced with "physicians with disabilities."

7
8
9 (17) RESOLUTION 618 - STAKEHOLDER INPUT TO
10 REPORTS OF THE HOUSE OF DELEGATES

11 RECOMMENDATION A:

12
13
14 Madam Speaker, your Reference Committee recommends
15 that Resolution 618 be amended by addition and deletion to
16 read as follows:

17
18 RESOLVED, That our American Medical Association ~~study and propose a process for interested stakeholders represented in the House of Delegates to view~~ provide an
19 ~~online list of AMA Council and Board reports under development, including a staff contact and a mechanism for providing stakeholder input on draft reports, and report back at the 2019 Interim Meeting.~~

20
21
22
23
24 RECOMMENDATION B:

25
26 Madam Speaker, your Reference Committee recommends
27 that Resolution 618 be adopted as amended.

28
29
30 HOD ACTION: Resolution 618 adopted as amended.

31
32
33 Resolution 618 calls upon our AMA to study and report back at the 2019 Interim Meeting
34 on a proposed process for interested stakeholders represented in the House of Delegates
35 to view an online list of AMA Council and Board reports under development, including a
36 mechanism for on draft reports.

37
38 Your Reference Committee heard opposition to Resolution 618 as written because it
39 would place a burden on our AMA Councils and Board of Trustees, as well as could result
40 in delayed reports. Additionally, some reports to be published cannot be placed in the
41 public domain prior to publication. Therefore, your Reference Committee believes the
42 proffered amendment achieves the desired transparency.

1 (18) RESOLUTION 608 - FINANCIAL PROTECTIONS FOR
2 DOCTORS IN TRAINING

3 RECOMMENDATION:

4
5 Madam Speaker, your Reference Committee recommends
6 that Resolution 608 be referred.

7
8 **HOD ACTION: Resolution 608 referred.**

9
10
11 Resolution 608 calls upon our AMA to support retirement plans for all residents and
12 fellows, which includes retirement plan matching to further secure the financial stability of
13 physicians and increase financial literacy during training.

14 Additionally, Resolution 608 calls upon our AMA to support that all programs provide
15 financial advising to resident and fellows.

16
17 Your Reference Committee heard limited testimony in support of retirement plans for
18 residents and fellows. However, it was noted that additional financial protections such as
19 adjustment of salaries for cost of living; eliminating interest accrual during training; credit
20 bureau reporting practices; and partnering with preferred lenders for bridge loans are
21 needed. Limited testimony indicated that nuances, such as GME funding, may impact the
22 delivery of a retirement plan and should be studied.

23
24 Your Reference Committee heard further testimony acknowledging that physicians-in-
25 training need more robust financial counseling. Factors such as significant medical student
26 debt, delayed start in professional life, and decreased financial literacy may have an
27 impact on retirement planning. Although your Reference Committee heard positive
28 testimony in support of the second Resolve, it believes that an examination of factors
29 related to financial protections is also warranted.

30
31
32 (19) RESOLUTION 612 - REQUEST TO AMA FOR TRAINING
33 IN HEALTH POLICY AND HEALTH LAW

34 RECOMMENDATION:

35
36 Madam Speaker, your Reference Committee recommends
37 that Resolution 612 be referred.

38
39 **HOD ACTION: Resolution 612 referred.**

40
41 Resolution 612 calls upon our AMA to offer its members training in health policy and health
42 law, and develop a fellowship in health policy and health law.

43
44 Your Reference Committee heard mixed testimony. It was noted that understanding and
45 developing health policy and health law is an important skill for physicians to acquire.
46 Testimony supported our AMA sharing resources and opportunities to serve its members,
47 yet there was uncertainty over whether our AMA should implement a fellowship program.

1 Our AMA Board of Trustees is currently writing a report on this topic to be presented at
2 the 2019 Interim Meeting and referral of this item will allow for consideration of a fellowship
3 program.

4

5

6 (20) RESOLUTION 613 - LANGUAGE PROFICIENCY DATA
7 OF PHYSICIANS IN AMA MASTERFILE

8

9

10 RECOMMENDATION:

11

12 Madam Speaker, your Reference Committee recommends
13 that Resolution 613 be referred.

14

15 **HOD ACTION: Resolution 613 referred.**

16

17 Resolution 613 calls upon our AMA to initiate collection of self-reported physician
18 language proficiency data in the Masterfile by asking physicians with the validated
19 six-point adapted ILR-scale to indicate their level of proficiency for each language besides
20 English in the healthcare settings.

21

22 Your Reference Committee heard testimony in support of the spirit of this resolution, but
23 concern was raised as to the challenges of implementation. There was additional
24 testimony indicating that there are other sources recording this data; however, proficiency
25 measures are not always captured. Therefore, your Reference Committee recommends
26 referral to allow our Board of Trustees to examine this complex issue and provide
27 recommendations.

28

29

30 (21) RESOLUTION 615 - IMPLEMENTING AMA CLIMATE
31 CHANGE PRINCIPLES THROUGH JAMA PAPER
32 CONSUMPTION REDUCTION AND GREEN
33 HEALTHCARE LEADERSHIP

34

35

36 RECOMMENDATION:

37

38 Madam Speaker, your Reference Committee recommends

39 that Resolution 615 be referred.

40

41

42

43 Resolution 615 calls upon our AMA to change existing automatic paper JAMA
44 subscriptions to opt-in paper subscriptions by the year 2020, while preserving the option
45 to receive paper JAMA, to support broader climate change efforts.

46

47

48 Your Reference Committee heard extensive testimony acknowledging this is a complex
49 issue that could result in unintended financial consequences. Testimony further reflected
50 that the driver for publishing has shifted from print advertising to institutional digital site
licensing; however, the move to digital does not translate into an equal shift in advertising

1 revenue because digital ads are valued less by media managers and generate a fraction
2 of print revenue. For these reasons, your Reference Committee believes that a study is
3 needed to ensure our AMA to preserve the editorial independence and integrity of its
4 publishing operations.

5

6

7 (22) RESOLUTION 601 - AMA POLICY STATEMENT WITH
8 EDITORIALS

9

10 RECOMMENDATION:

11

12 Madam Speaker, your Reference Committee recommends
13 that Resolution 601 not be adopted.

14

15 **HOD ACTION: Resolution 601 not adopted.**

16

17

18 Resolution 601 calls upon our AMA to include a policy statement after all editorials in which
19 policy has been established to clarify our position.

20

21 Your Reference Committee heard testimony indicating that by longstanding academic
22 tradition and AMA operational policy, oversight and authority for all intellectual content
23 published within the journals is exclusively assigned to the Editor-in-Chief of JAMA and is
24 explicitly safeguarded by numerous policies and procedures. The published content is
25 directly attributed to the authors of the material.

26

27 Your Reference Committee notes that there is a statement on our AMA web site and at
28 the bottom of every print issue on the second page of the mast head that says, *“JAMA*
29 *does not hold itself responsible for statements made by any contributor. All articles*
30 *published, including opinion articles, represent the views of the authors and do not reflect*
31 *the policy of JAMA, the American Medical Association, or the institution with which the*
32 *author is affiliated unless otherwise indicated.”*

33

34 Your Reference Committee heard further testimony indicating that viewpoints, editorials,
35 and commentaries in JAMA often address topics at odds with AMA policy and has led the
36 way toward broader thinking.

37

38

39 (23) RESOLUTION 604 - ENGAGE AND COLLABORATE
40 WITH THE JOINT COMMISSION

41

42 RECOMMENDATION:

43

44 Madam Speaker, your Reference Committee recommends
45 that Resolution 604 be not adopted.

46

47 **HOD ACTION: Resolution 604 not adopted.**

1 Resolution 604 calls upon our AMA to study and report back on the impact, influence, and
2 conflict of interest related to unrestricted grants from pharmaceutical and medical device
3 manufacturers on the development of Joint Commission accreditation standards
4 (especially those that relate to medical prescribing, procedures, and clinical care by
5 licensed physicians).

6
7 Your Reference Committee heard extensive testimony in opposition to this resolution. The
8 Chair of The Joint Commission noted that the Commission does not now nor since its
9 inception has it ever accepted money from pharmaceutical or device manufacturers for
10 the development of its standards.

11

12

13 (24) BOARD OF TRUSTEES REPORT 1 - ANNUAL REPORT

14

15

RECOMMENDATION:

16

17

Madam Speaker, your Reference Committee recommends
18 that Board of Trustees Report 1 be filed.

19

20

HOD ACTION: Board of Trustees Report 1 filed.

21

22

23

Board of Trustees Report 1 introduces our AMA's 2017 and 2018 Consolidated Financial
24 Statements and an Independent Auditor's report, which are included in a separate
25 document titled, "2018 Annual Report" that was made available with the Handbook
26 materials.

27

28

29

30

31

32

33

Your Reference Committee received no testimony in response to the Board of Trustees
Report 1. On behalf of our AMA membership, your Reference Committee extends
appreciation to the Board of Trustees for executing sound fiscal responsibility throughout
this past year, which resulted in the continuation of an ongoing trend of positive operating
results. Additionally, the number of AMA dues paying members increased in 2018 by 3.4
percent, achieving eight years of consecutive growth in membership.

1 Madam Speaker, this concludes the report of Reference Committee F. I would like to thank
2 Michael D. Chafty, MD, JD, Melissa J. Garretson, MD, Jerry L. Halverson, MD, Candace
3 E. Keller, MD, MPH, A. Lee Morgan, MD, Ann R. Stroink, MD, and all those who testified
4 before the Committee.

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American Society of Anesthesiologists

Melissa J. Garretson, MD (Alternate)
American Academy of Pediatrics

A. Lee Morgan, MD
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Chair