

Handbook Review: HOD Reference Committee F (Governance & Finance)

Full text at <https://www.ama-assn.org/system/files/2019-05/a-19-refcomm-f.pdf>. Recommended positions should be considered preliminary until ratified.

Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-WPS recommended position
BOT Report 1: Annual Report	The Consolidated Financial Statements for the years ended December 31, 2018 and 2017 and the Independent Auditor's report have been included in a separate booklet, titled "2018 Annual Report." This booklet is included in the Handbook mailing to members of the House of Delegates and will be discussed at the Reference Committee F hearing.	Support
BOT Report 4: AMA 2020 Dues	<p>2020 Membership Year</p> <p>The Board of Trustees recommends no change to the dues levels for 2020, that the following be adopted and that the remainder of this report be filed:</p> <p>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</p> <p>(Directive to Take Action)</p> <p>Fiscal Note: No significant fiscal impact.</p>	Support
BOT Report 10: Conduct at AMA Meetings and Events	<p>RECOMMENDATION</p> <p>The Board of Trustees recommends the following, and that the remainder of this report be filed:</p> <ol style="list-style-type: none">1. That Policy D-140.954, "Harassment Issues Within the AMA," be rescinded as having been fulfilled by the report. (Rescind HOD Policy)2. That Policy H-140.837, "Anti-Harassment Policy," be renamed "Policy on Conduct at AMA Meetings and Events" and further amended by insertion and deletion as follows (Modify Current HOD Policy):	Support

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	<p>Anti Harassment Policy Applicable to AMA Entities Policy on Conduct at AMA Meetings and Events It is the policy of the American Medical Association that <u>all attendees of AMA hosted meetings, events and other activities are expected to exhibit respectful, professional, and collegial behavior during such meetings, events and activities, including but not limited to dinners, receptions and social gatherings held in conjunction with such AMA hosted meetings, events and other activities.</u> Attendees should exercise consideration and respect in their speech and actions, including while making formal presentations to other attendees, and should be mindful of their surroundings and fellow participants.</p> <p>aAny type of harassment of any attendee of an AMA staff, fellow delegates or others by members of the House of Delegates or hosted meeting, event and other attendees at or in connection with HOD meetings, or otherwise activity, including but not limited to dinners, receptions and social gatherings held in conjunction with HOD meetings, an AMA hosted meeting, event or activity, is prohibited conduct and is not tolerated. The AMA is committed to a zero tolerance for harassing conduct at all locations where AMA delegates and staff are conducting AMA business is conducted. This zero tolerance policy also applies to meetings of all AMA sections, councils, committees, task forces, and other leadership entities (each, an "AMA Entity"), as well as other AMA-sponsored events. The purpose of the policy is to protect participants in AMA-sponsored events from harm.</p> <p>Definition Harassment consists of unwelcome conduct whether verbal, physical or visual that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, marital status, citizenship or otherwise protected group status, and that: (1) has the purpose or effect of creating an intimidating, hostile or offensive environment; (2) has the purpose or effect of unreasonably interfering with an individual's participation in meetings or proceedings of the HOD or any AMA Entity; or (3) otherwise adversely affects an individual's participation in such meetings or proceedings or, in the case of AMA staff, such individual's employment opportunities or tangible job benefits.</p> <p>Harassing conduct includes, but is not limited to: epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written, electronic, or graphic material that denigrates or shows hostility or aversion</p>	
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	<p>toward an individual or group and that is placed on walls or elsewhere on the AMA's premises or at the site of any AMA meeting or circulated in connection with any AMA meeting.</p> <p>Sexual Harassment</p> <p>Sexual harassment also constitutes discrimination, and is unlawful and is absolutely prohibited. For the purposes of this policy, sexual harassment includes:</p> <ul style="list-style-type: none">- making unwelcome sexual advances or requests for sexual favors or other verbal, physical, or visual conduct of a sexual nature; and- creating an intimidating, hostile or offensive environment or otherwise unreasonably interfering with an individual's participation in meetings or proceedings of the HOD or any AMA Entity or, in the case of AMA staff, such individual's work performance, by instances of such conduct. <p>Sexual harassment may include such conduct as explicit sexual propositions, sexual innuendo, suggestive comments or gestures, descriptive comments about an individual's physical appearance, electronic stalking or lewd messages, displays of foul or obscene printed or visual material, and any unwelcome physical contact.</p> <p>Retaliation against anyone who has reported harassment, submits a complaint, reports an incident witnessed, or participates in any way in the investigation of a harassment claim is forbidden. Each complaint of harassment or retaliation will be promptly and thoroughly investigated. To the fullest extent possible, the AMA will keep complaints and the terms of their resolution confidential.</p> <p><u>Operational Guidelines</u></p> <p><u>The AMA shall, through the Office of General Counsel, implement and maintain mechanisms for reporting, investigation, and enforcement of the Policy on Conduct at AMA Meetings and Events in accordance with the following:</u></p>	
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	<ol style="list-style-type: none"><p><u>1. <i>Conduct Liaison and Committee on Conduct at AMA Meetings and Events (CCAM)</i></u></p><p><u>The Office of General Counsel will appoint a “Conduct Liaison” for all AMA House of Delegates meetings and all other AMA hosted meetings or activities (such as meetings of AMA councils, sections, the RVS Update Committee (RUC), CPT Editorial Panel, or JAMA Editorial Boards), with responsibility for receiving reports of alleged policy violations, conducting investigations, and initiating both immediate and longer-term consequences for such violations. The Conduct Liaison appointed for any meeting will have the appropriate training and experience to serve in this capacity, and may be a third party or an in-house AMA resource with assigned responsibility for this role. The Conduct Liaison will be (i) on-site at all House of Delegates meetings and other large, national AMA meetings and (ii) on call for smaller meetings and activities. Appointments of the Conduct Liaison for each meeting shall ensure appropriate independence and neutrality, and avoid even the appearance of conflict of interest, in investigation of alleged policy violations and in decisions on consequences for policy violations.</u></p><p><u>The AMA shall establish and maintain a Committee on Conduct at AMA Meetings and Events (CCAM), to be comprised of 5-7 AMA members who are nominated by the Office of General Counsel (or through a nomination process facilitated by the Office of General Counsel) and approved by the Board of Trustees. The CCAM should include one member of the Council on Ethical and Judicial Affairs (CEJA). The remaining members may be appointed from AMA membership generally, with emphasis on maximizing the diversity of membership. Appointments to the CCAM shall ensure appropriate independence and neutrality, and avoid even the appearance of conflict of interest, in decisions on consequences for policy violations. Appointments to the CCAM should be multi-year, with staggered terms.</u></p><p><u>2. <i>Reporting Violations of the Policy</i></u></p><p><u>Any persons who believe they have experienced or witnessed conduct in violation of Policy H-140.837, “Policy on Conduct at AMA Meetings and Events,” during any AMA House of Delegates meeting or other activities associated with the AMA (such as meetings of AMA councils, sections, the RVS Update Committee (RUC), CPT Editorial Panel or JAMA Editorial Boards)</u></p>	
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	<p><u>should promptly notify the (i) Conduct Liaison appointed for such meeting, and/or (ii) the AMA Office of General Counsel and/or (iii) the presiding officer(s) of such meeting or activity.</u></p> <p><u>Alternatively, violations may be reported using an AMA reporting hotline (telephone and online) maintained by a third party on behalf of the AMA. The AMA reporting hotline will provide an option to report anonymously, in which case the name of the reporting party will be kept confidential by the vendor and not be released to the AMA. The vendor will advise the AMA of any complaint it receives so that the Conduct Liaison may investigate.</u></p> <p><u>These reporting mechanisms will be publicized to ensure awareness.</u></p> <p>3. <u>Investigations</u></p> <p><u>All reported violations of Policy H-140.837, "Policy on Conduct at AMA Meetings and Events," pursuant to Section 2 above (irrespective of the reporting mechanism used) will be investigated by the Conduct Liaison. Each reported violation will be promptly and thoroughly investigated. Whenever possible, the Conduct Liaison should conduct incident investigations on-site during the event. This allows for immediate action at the event to protect the safety of event participants. When this is not possible, the Conduct Liaison may continue to investigate incidents following the event to provide recommendations for action to the CCAM. Investigations should consist of structured interviews with the person reporting the incident (the reporter), the person targeted (if they are not the reporter), any witnesses that the reporter or target identify, and the alleged violator.</u></p> <p><u>Based on this investigation, the Conduct Liaison will determine whether a violation of the Policy on Conduct at AMA Meetings and Events has occurred.</u></p> <p><u>All reported violations of the Policy on Conduct at AMA Meetings and Events, and the outcomes of investigations by the Conduct Liaison, will also be promptly transmitted to the AMA's Office of General Counsel (i.e. irrespective of whether the Conduct Liaison determines that a violation has occurred).</u></p>	
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	<p>4. <u>Disciplinary Action</u></p> <p><u>If the Conduct Liaison determines that a violation of the Policy on Conduct at AMA Meetings and Events has occurred, the Conduct Liaison may take immediate action to protect the safety of event participants, which may include having the violator removed from the AMA meeting, event or activity, without warning or refund.</u></p> <p><u>Additionally, if the Conduct Liaison determines that a violation of the Policy on Conduct at AMA Meetings and Events has occurred, the Conduct Liaison shall report any such violation to the CCAM, together with recommendations as to whether additional commensurate disciplinary and/or corrective actions (beyond those taken on-site at the meeting, event or activity, if any) are appropriate.</u></p> <p><u>The CCAM will review all incident reports, perform further investigation (if needed) and recommend to the Office of General Counsel any additional commensurate disciplinary and/or corrective action, which may include but is not limited to the following:</u></p> <ul style="list-style-type: none">▪ <u>Prohibiting the violator from attending future AMA events or activities;</u>▪ <u>Removing the violator from leadership or other roles in AMA activities;</u>▪ <u>Prohibiting the violator from assuming a leadership or other role in future AMA activities;</u>▪ <u>Notifying the violator's employer and/or sponsoring organization of the actions taken by AMA;</u>▪ <u>Referral to the Council on Ethical and Judicial Affairs (CEJA) for further review and action;</u>▪ <u>Referral to law enforcement.</u> <p><u>The CCAM may, but is not required to, confer with the presiding officer(s) of applicable events activities in making its recommendations as to disciplinary and/or corrective actions. Consequence for policy violations will be commensurate with the nature of the violation(s).</u></p>	
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	<p>5. <u>Confidentiality</u></p> <p><u>All proceedings of the CCAM should be kept as confidential as practicable. Reports, investigations, and disciplinary actions under Policy on Conduct at AMA Meetings and Events will be kept confidential to the fullest extent possible, consistent with usual business practices.</u></p> <p>6. <u>Assent to Policy</u></p> <p><u>As a condition of attending and participating in any meeting of the House of Delegates, or any council, section, or other AMA entities, such as the RVS Update Committee (RUC), CPT Editorial Panel and JAMA Editorial Boards, or other AMA hosted meeting or activity, each attendee will be required to acknowledge and accept (i) AMA policies concerning conduct at AMA HOD meetings, including the Policy on Conduct at AMA Meetings and Events and (ii) applicable adjudication and disciplinary processes for violations of such policies (including those implemented pursuant to these Operational Guidelines), and all attendees are expected to conduct themselves in accordance with these policies.</u></p> <p><u>Additionally, individuals elected or appointed to a leadership role in the AMA or its affiliates will be required to acknowledge and accept the Policy on Conduct at AMA Meetings and Events and these Operational Guidelines.</u></p> <p>4. Reporting a complaint of harassment</p> <p>Any persons who believe they have experienced or witnessed conduct in violation of Anti-Harassment Policy H-140.837 during any AMA House of Delegates meeting or associated functions should promptly notify the Speaker or Vice Speaker of the House or the AMA Office of General Counsel.</p> <p>Any persons who believe they have experienced or witnessed conduct in other activities associated with the AMA (such as meetings of AMA councils, sections, the RVS Update Committee (RUC), or CPT Editorial Panel) in violation of Anti-Harassment Policy H-140.837 should promptly notify the presiding officer(s) of such AMA-associated meeting or activity or either the Chair of the Board or the AMA Office of General Counsel.</p>	
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	<p>Anyone who prefers to register a complaint to an external vendor may do so using an AMA compliance hotline (telephone and online) maintained on behalf of the AMA. The name of the reporting party will be kept confidential by the vendor and not be released to the AMA. The vendor will advise the AMA of any complaint it receives so that the AMA may investigate.</p> <p>2. Investigations</p> <p>Investigations of harassment complaints will be conducted by AMA Human Resources. Each complaint of harassment or retaliation shall be promptly and thoroughly investigated. Generally, AMA Human Resources will (a) use reasonable efforts to minimize contact between the accuser and the accused during the pendency of an investigation and (b) provide the accused an opportunity to respond to allegations. Based on its investigation, AMA Human Resources will make a determination as to whether a violation of Anti-Harassment Policy H-140.837 has occurred.</p> <p>3. Disciplinary Action</p> <p>If AMA Human Resources shall determine that a violation of Anti-Harassment Policy H-140.837 has occurred, AMA Human Resources shall (i) notify the Speaker and Vice Speaker of the House or the presiding officer(s) of such other AMA-associated meeting or activity in which such violation occurred, as applicable, of such determination, (ii) refer the matter to the Council on Ethical and Judicial Affairs (CEJA) for disciplinary and/or corrective action, which may include but is not limited to expulsion from the relevant AMA-associated meetings or activities, and (iii) provide CEJA with appropriate training.</p> <p>If a Delegate or Alternate Delegate is determined to have violated Anti-Harassment Policy H-140.837, CEJA shall determine disciplinary and/or corrective action in consultation with the Speaker and Vice Speaker of the House.</p> <p>If a member of an AMA council, section, the RVS Update Committee (RUC), or CPT Editorial Panel is determined to have violated Anti-Harassment Policy H-140.837, CEJA shall determine disciplinary and/or corrective action in consultation with the presiding officer(s) of such activities.</p>	
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	<p>If a nonmember or non-AMA party is the accused, AMA Human Resources shall refer the matter to appropriate AMA management, and when appropriate, may suggest that the complainant contact legal authorities.</p> <p>4. Confidentiality</p> <p>To the fullest extent possible, the AMA will keep complaints, investigations and resolutions confidential, consistent with usual business practice.</p> <p>Fiscal note: \$75,000-\$100,000 for Conduct Liaison fees and travel expenses, as well as potential meeting costs for the Committee on Conduct at AMA Meetings and Events.</p>	
BOT Report 12: Data Used to Apportion Delegates	<p>RECOMMENDATIONS</p> <p>The Board of Trustees recommends that the following recommendations be adopted and the remainder of the report be filed:</p> <p>A. That Policy G-600.016, "Data Used to Apportion Delegates," be amended to read as follows:</p> <ol style="list-style-type: none">1. Our AMA shall issue an annual, mid-year report on or around June 30 to inform each <u>state medical society and each national medical specialty society that is in the process of its 5-year review</u> and state medical society of its current AMA membership count-status report. (New HOD Policy)2. "Pending members" will be added to the number of active AMA members in the December 31 count for the purposes of AMA delegate allocations to national medical specialty and state medical societies for the following year <u>and this total will be used to determine the number of national medical specialty delegates to maintain parity.</u> (New HOD Policy)3. Our AMA Physician Engagement department will develop a mechanism to prevent a second counting of those previous "pending members" at the end of the following year until their membership has been renewed. (Directive to Take Action)3. Our AMA will track "pending members" from a given year who are counted <u>towards delegate allocation for the following year and these members will not</u>	Support

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	<p><u>be counted again for delegate allocation unless they renew their membership before the end of the following year. (New HOD Policy)</u></p> <p>4. <u>Our AMA Board of Trustees will issue a report to the House of Delegates at the 2022 Annual Meeting on the impact of Policy G-600.016 and recommendations regarding continuation of this policy. (Directive to Take Action)</u></p> <p>B. That the Council on Constitution and Bylaws prepare a report for the 2019 Interim Meeting that will allow the implementation of Policy G-600.016, as amended herein.</p> <p>Fiscal Note: \$8,695</p>	
BOT Report 24: Discounted/Waived CPT Fees as an AMA Member Benefit and for Membership Promotion (Resolution 607-A-18)	<p>RECOMMENDATION</p> <p>Through the analysis that led to this report, an opportunity was identified to improve AMA member benefits for direct licensees with 25 or fewer users by increasing their discount to 30%. This change will go into effect for the 2020 CPT data file. The increased discount will enable the AMA to continue to support its mission, while having a positive impact on AMA members in small practices. This is also consistent with other AMA Membership discount programs. Consequently, the Board of Trustees recommends that Resolution 607-A-18 not be adopted and that the remainder of this report be filed.</p> <p>Fiscal note: None</p>	Support
BOT Report 27: Advancing Gender Equity in Medicine	<p>RECOMMENDATIONS</p> <p>The AMA recognizes that gender inequity in medicine is a complex, pervasive issue that requires a multilayered approach. Accordingly, the Board recommends that the following be adopted and that the remainder of the report be filed.</p> <p>1. That our American Medical Association adopt the following language as policy, "Principles for Advancing Gender Equity in Medicine":</p> <p>Our AMA:</p> <p>1. declares it is opposed to any exploitation and discrimination in the workplace based on personal characteristics (i.e., gender);</p>	Active Support

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	<ol style="list-style-type: none">2. affirms the concept of equal rights for all physicians and that the concept of equality of rights under the law shall not be denied or abridged by the U.S. Government or by any state on account of gender;3. endorses the principle of equal opportunity of employment and practice in the medical field;4. affirms its commitment to the full involvement of women in leadership roles throughout the federation, and encourages all components of the federation to vigorously continue their efforts to recruit women members into organized medicine;5. acknowledges that mentorship and sponsorship are integral components of one's career advancement, and encourages physicians to engage in such activities;6. declares that compensation should be equitable and based on demonstrated competencies/expertise and not based on personal characteristics;7. recognizes the importance of part-time work options, job sharing, flexible scheduling, re-entry, and contract negotiations as options for physicians to support work-life balance;8. affirms that transparency in pay scale and promotion criteria is necessary to promote gender equity, and as such academic medical centers, medical schools, hospitals, group practices and other physician employers should conduct periodic reviews of compensation and promotion rates by gender and evaluate protocols for advancement to determine whether the criteria are discriminatory; and9. affirms that medical schools, institutions and professional associations should provide training on leadership development, contract and salary negotiations and career advancement strategies that include an analysis of the influence of gender in these skill areas. (New HOD Policy) <ol style="list-style-type: none">2. That our AMA rescind the following policies, as they have been incorporated into the "Principles for Advancing Gender Equity in Medicine":	
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	<p>a. D-200.981, "Gender Disparities in Physician Income and Advancement"</p> <p>b. H-525.992, "Women in Medicine"</p> <p>c. H-65.968, "Equal Opportunity" (Rescind HOD Policy)</p> <p>3. That our AMA rescind AMA Policy D-65.989 (1), "Advancing Gender Equity in Medicine," as this report has fulfilled the request for information on positions and recommendations regarding gender equity in medicine, including the development of clarifying principles. (Rescind HOD Policy)</p> <p>4. That our AMA encourage state and specialty societies, academic medical centers, medical schools, hospitals, group practices and other physician employers to adopt the AMA Principles for Advancing Gender Equity in Medicine. (Directive to Take Action)</p> <p>5. That our AMA encourage academic medical centers, medical schools, hospitals, group practices and other physician employers to: (a) adopt policies that prohibit harassment, discrimination and retaliation; (b) provide anti-harassment training; and (c) prescribe disciplinary and/or corrective action should violation of such policies occur. (Directive to Take Action)</p> <p>6. That our AMA, modify Policy D-65.989, "Advancing Gender Equity in Medicine," and continue to: (a) advocate for institutional, departmental and practice policies that promote transparency in defining the criteria for initial and subsequent physician compensation; (b) advocate for pay structures based on objective, gender-neutral objective criteria; (c) encourage a specified approach, sufficient to identify gender disparity, to oversight of compensation models, metrics, and actual total compensation for all employed physicians; and (d) advocate for training to identify and mitigate implicit bias in compensation determination for those in positions to determine salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impede compensation and career advancement. (Modify HOD Policy)</p> <p>7. That our AMA amend AMA Policy G-600.035, "The Demographics of the House of Delegates," to read as follows:</p> <p>a. A report on the demographics of our AMA House of Delegates will be issued annually and include information regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty.</p>	
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	<p>b. As one means of encouraging greater awareness and responsiveness to diversity, our AMA will prepare and distribute a state-by-state demographic analysis of the House of Delegates, with comparisons to the physician population and to our AMA physician membership every other year.</p> <p>c. Future reports on the demographic characteristics of the House of Delegates <u>should, whenever possible, will</u> identify and include information on successful initiatives and best practices to promote diversity <u>within, particularly by age, state and specialty society delegations.</u> (Modify Current HOD Policy)</p> <p>Fiscal Note: Less than \$5,000</p>	
<p>*Report A-19: Report of the House of Delegates Committee on Compensation of the Officers</p> <p>Presented by: Marta J. Van Beek, MD, Chair</p>	<p>RECOMMENDATIONS</p> <p>The Committee on Compensation of the Officers recommends the following recommendations be adopted and the remainder of this report filed:</p> <p>1. That Policy D-605.990 be appended by a new section XXIII as follows:</p> <p><u>Annual Health Insurance Stipend ("Stipend")</u> The purpose of this payment is to provide a Health Insurance Stipend (Stipend) to compensate the President, President-Elect, and Immediate Past President when the President(s) lose(s) his/her Employer provided medical insurance coverage. 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 for himself/herself and the family members; however, the Stipend will be calculated based on 70% of the then current Gold Plan premium for his/her state/county of residence.</p> <p>Should a President become Medicare eligible during his/her term(s), the Stipend will end for the President the month Medicare coverage begins. If the President has covered family members who are not Medicare eligible, the amount of the Stipend will be adjusted to cover only those family members until they become Medicare eligible. As family members become Medicare eligible, the President is expected to provide written notice of the event to the Board Chair and the Stipend will be adjusted accordingly the month Medicare coverage begins.</p>	Support

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	<p>In any case, the Stipend will end the sooner the President(s) obtains other health insurance coverage or the month following the end of his/her term as Immediate Past President.</p> <p>Should a President have health insurance coverage through Medicare when elected, he/she will not be eligible for the Stipend for themselves or family members.</p> <p>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.</p> <p>The Stipend will be paid monthly. The amount of the Stipend will be reported as taxable 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>2. Except as noted above, there will be no other changes to the Officers compensation for the period beginning July 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 Presidents and spouses/partners would receive the stipend in the same year.</p>	
<p>Resolution 601: AMA Policy Statement with Editorials</p> <p>Introduced by: Indiana</p>	<p>RESOLVED, That our American Medical Association include a policy statement after all editorials in which policy has been established to clarify our position. (Directive to Take Action)</p> <p>Fiscal Note: Indeterminate</p>	<p>Support</p>

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<p>Resolution 602: Expectations for Behavior at House of Delegates Meetings</p> <p>Introduced by: Susan R. Bailey, MD, Delegate; and Bruce A. Scott, MD, Delegate</p>	<p>RESOLVED, That every AMA HOD delegate and alternate delegate shall, as a condition to receiving their credentials for any AMA HOD meeting, acknowledge and accept during the AMA HOD meeting registration process (i) AMA policies concerning conduct at AMA HOD meetings and (ii) applicable adjudication and disciplinary processes for violations of such policies (New HOD Policy); and be it further</p> <p>RESOLVED, That any AMA HOD delegate or alternate delegate who knowingly fails to acknowledge and accept during the AMA HOD meeting registration process (i) AMA policies concerning conduct at AMA HOD meetings and (ii) applicable adjudication and disciplinary processes for violations of such policies shall not be credentialed as a delegate or alternate delegate at that meeting. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Support</p>
<p>Resolution 603: Creation of an AMA Election Reform Committee</p> <p>Introduced by: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p>	<p>RESOLVED, That our American Medical Association appoint a House of Delegates Election Reform Committee to examine ways to expedite and streamline the current election and voting process for AMA officers and council positions (Directive to Take Action); and be it further</p> <p>RESOLVED, That such HOD Election Reform Committee consider, at a minimum, the following options:</p> <ul style="list-style-type: none">– The creation of an interactive election web page;– Candidate video submissions submitted in advance for HOD members to view;– Eliminate all speeches and concession speeches during HOD deliberations, with the exception of the President-Elect, Speaker and Board of Trustee positions;– Move elections earlier to the Sunday or Monday of the meeting; - Conduct voting from HOD seats (Directive to Take Action); and be it further <p>RESOLVED, That our AMA review the methods to reduce and control the cost of campaigns (Directive to Take Action); and be it further</p> <p>RESOLVED, That the HOD Election Reform Committee report back to the HOD at the 2019 Interim Meeting with a list of recommendations. (Directive to Take Action)</p> <p>Fiscal Note: Estimated cost to implement resolution is between \$15K-\$25K.</p>	<p>Monitor</p>

Handbook Review: HOD Reference Committee F (Governance & Finance)

Full text at <https://www.ama-assn.org/system/files/2019-05/a-19-refcomm-f.pdf>. Recommended positions should be considered preliminary until ratified.

Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

Resolution 604: Engage and Collaborate with The Joint Commission Introduced by: Illinois	RESOLVED, That our American Medical Association study and report back on any potential impact, influence, or conflicts of interest related to unrestricted grants from pharmaceutical and medical device manufacturers on the development of Joint Commission accreditation standards (especially those that relate to medical prescribing, procedures, and clinical care by licensed physicians). (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000	Monitor
Resolution 605: State Societies and the AMA Litigation Center Introduced by: New York	RESOLVED, That when seeking a state medical society's support of an amicus brief on a legal matter, especially one pertaining to an issue in that state, the American Medical Association Litigation Center consider the state medical society's point of view in developing the argument, and maintain full disclosure during the drafting of the amicus or any change in strategy. (Directive to Take Action) Fiscal Note: Minimal - less than \$1,000	Monitor
Resolution 606: Investigation into Residents, Fellows, and Physician Unions Introduced by: Resident and Fellow Section	RESOLVED, That our American Medical Association study the feasibility of a national house staff union to represent all interns, residents and fellows. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000.	Monitor
Resolution 607: Re-Establishment of National Guideline Clearinghouse Introduced by: American Society of Clinical Oncology	RESOLVED, That our American Medical Association reaffirm Policy H-410.965, "Clinical Practice Guidelines, Performance Measures, and Outcomes Research Activities" (Reaffirm HOD Policy); and be it further RESOLVED, That our AMA research possible and existing alternatives for the functions of the National Guidelines Clearinghouse with a report back to the House of Delegates. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000	Monitor

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Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

<p>Resolution 608: Financial Protections for Doctors in Training</p> <p>Introduced by: Resident and Fellow Section</p>	<p>RESOLVED, That our American Medical Association support retirement plans for all residents and fellows, which includes retirement plan matching in order to further secure the financial stability of physicians and increase financial literacy during training (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA support that all programs provide financial advising to resident and fellows. (New HOD Policy)</p> <p>Fiscal Note: Indeterminate</p>	<p>Monitor</p>
<p>Resolution 609: Update to AMA Policy H-525.998, "Women in Organized Medicine"</p> <p>Introduced by: Women Physicians Section</p>	<p>RESOLVED, That our AMA amend AMA Policy H-525.998, "Women in Organized Medicine," by deletion to read as follows: Our AMA:</p> <p>(1) reaffirms its policy advocating equal opportunities and opposing sex discrimination in the medical profession;</p> <p>(2) supports the concept of increased tax benefits for working parents;</p> <p>(3) (a) supports the concept of proper child care for families of working parents; (b) reaffirms its position on child care facilities in or near medical centers and hospitals; (c) encourages business and industry to establish employee child care centers on or near their premises when possible; and (d) encourages local medical societies to survey physicians to determine the interest in clearinghouse activities and in child care services during medical society meetings; <u>and</u></p> <p>(4) reaffirms its policy supporting flexibly scheduled residencies and encourages increased availability of such programs; and</p> <p>(5) supports that the AMA Guidelines for Establishing Sexual Harassment Prevention and Grievance Procedures be updated by the AMA Women Physicians Congress, and forwarded to the House of Delegates for approval, and include not only resources for training programs but also private practice settings. To facilitate wide distribution and easy access, the Guidelines will be placed on the AMA Web site. (Modify HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Active Support</p>
<p>Resolution 610: Mitigating Gender Bias in Medical Research</p> <p>Introduced by: Illinois</p>	<p>RESOLVED, That our American Medical Association advocate for the establishment of best practices that remove any gender bias from the review and adjudication of grant applications and submissions for publication in peer-reviewed journals, including removing names and gender identity from the applications or submissions during the review process. (Directive to Take Action)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Support</p>

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<p>*Resolution 611: Election Reform</p> <p>Introduced by: Radiological Society of North America, American Society for Radiation Oncology, American Institute of Ultrasound in Medicine, Iowa</p>	<p>RESOLVED, That our American Medical Association create a speaker-appointed task force to re-examine election rules and logistics including regarding social media, emails, mailers, receptions and parties, ability of candidates from smaller delegations to compete, balloting electronically, and timing within the meeting, and report back recommendations regarding election processes and procedures to accommodate improvements to allow delegates to focus their efforts and time on policy-making (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA's speaker-appointed task force consideration should include addressing (favorably or unfavorably) the following ideas:</p> <ul style="list-style-type: none">a) Elections being held on the Sunday morning of the annual and interim meetings of the House of Delegates.b) Coordination of a large format interview session on Saturday by the Speakers to allow interview of candidates by all interested delegations simultaneously.c) Separating the logistical election process based on the office (e.g. larger interview session for council candidates, more granular process for other offices)d) An easily accessible system allowing voting members to either opt in or opt out of receiving AMA approved forms of election materials from candidates with respect to email and physical mail.e) Electronic balloting potentially using delegates' personal devices as an option for initial elections and runoffs in order to facilitate timely results and minimal interruptions to the business.f) Seeking process and logistics suggestions and feedback from HOD caucus leaders, non-HOD physicians (potentially more objective and less influenced by current politics in the HOD), and other constituent groups with a stake in the election process.g) Address the propriety and/or recommended limits of the practice of delegates being directed on how to vote by other than their sponsoring society (e.g. vote trading, block voting, etc.) (Directive to Take Action); and be it further <p>RESOLVED, That the task force report back to the HOD at the 2019 Interim meeting. (Directive to Take Action)</p> <p>Fiscal Note: Estimated cost of \$15K-\$25K to implement resolution.</p>	<p>Monitor</p>
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<p>*Resolution 612: Request to AMA for Training in Health Policy and Health Law</p> <p>Introduced by: New Mexico</p>	<p>RESOLVED, That our American Medical Association offer its members training in health policy and health law, and develop a fellowship in health policy and health law. (Directive to Take Action)</p> <p>Fiscal Note: Estimated cost of \$200,000 to implement resolution.</p>	Oppose
<p>*Resolution 613: Language Proficiency Data of Physicians in the AMA Masterfile</p> <p>Introduced by: Minority Affairs Section</p>	<p>RESOLVED, That our American Medical Association initiate collection of self-reported physician language proficiency data in the Masterfile by asking physicians with the validated six-point adapted ILR-scale for physicians to indicate their level of proficiency for each language besides English in the healthcare settings. (Directive to Take Action)</p> <p>Fiscal Note: Not yet determined</p>	Monitor
<p>*Resolution 614: Racial and Ethnic Identity Demographic Collection by the AMA</p> <p>Introduced by: Minority Affairs Section</p>	<p>RESOLVED, That our American Medical Association develop a plan with input from the Minority Affairs Section and the Chief Health Equity Officer to consistently include racial and ethnic minority demographic information for physicians and medical students. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	Active Support
<p>*Resolution 615: Implementing AMA Climate Change Principles Through JAMA Paper Consumption Reduction and Green Healthcare Leadership</p> <p>Introduced by: Medical Student Section</p>	<p>RESOLVED, That our American Medical Association change existing automatic paper JAMA subscriptions to opt-in paper subscriptions by the year 2020, while preserving the option to receive paper JAMA, in order to support broader climate change efforts. (Directive to Take Action)</p> <p>Fiscal Note: not yet determined</p>	Support
<p>*Resolution 616: TIME'S UP Healthcare</p> <p>Introduced by: Minority Affairs Section</p>	<p>RESOLVED, That our American Medical Association evaluate TIME'S UP Healthcare program and consider participation as a TIME'S UP partner in support of our mutual objectives to eliminate harassment and discrimination in medicine with report back at the 2019 Interim Meeting. (Directive to Take Action)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	Monitor

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<p>*Resolution 617: Disabled Physician Advocacy</p> <p>Introduced by: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p>	<p>RESOLVED That our American Medical Association study and report back on eliminating stigmatization and enhancing inclusion of disabled physicians including but not limited to:</p> <ol style="list-style-type: none">1) Enhancing representation of disabled physicians within the AMA.2) Examining support groups, education, legal resources and any other means to increase the inclusion of physicians with disabilities in the AMA (Directive to Take Action); and be it further <p>RESOLVED That our AMA identify medical, professional and social rehabilitation, education, vocational training and rehabilitation, aid, counseling, placement services and other services which will enable disabled physicians to develop their capabilities and skills to the maximum and will hasten the processes of their social and professional integration or reintegration. (Directive to Take Action)</p> <p>Fiscal Note: Not yet determined</p>	<p>Support</p>
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*Included in the Handbook Addendum

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