

## REPORTS OF THE COUNCIL ON CONSTITUTION AND BYLAWS

The following reports, 1–2, were presented by Jerome C. Cohen, MD, Chair.

### 1. CLARIFICATION TO THE BYLAWS: DELEGATE REPRESENTATION, REGISTRATION AND CREDENTIALING

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

#### HOUSE ACTION: REFERRED

It has come to the Council's attention that several bylaw provisions relating to representation, registration and credentialing of AMA delegates and alternate delegates are ambiguous. The Council on Constitution and Bylaws, consistent with its functions enumerated in the Bylaws, has reviewed the Bylaws and proposed changes for consideration by the House of Delegates to provisions that are inconsistent and/or lack clarity.

#### DELEGATE REPRESENTATION

Our AMA House of Delegates, per Article IV of the AMA Constitution, is the legislative and policymaking body of the Association. It is composed of elected representatives and others as provided in the Bylaws. The Council believes that an underlying premise of the various AMA bylaw provisions governing House of Delegates representation is that one can only represent an organization of which he/she is a member. Bylaw 2.0.1.2 speaks to the multi-dimensional role of delegates, including representation of the perspectives of the delegate's sponsoring organization, and Bylaw 2.10.3, "Lack of Credentials" alludes to the need for "proper identification as the delegate or alternate delegate selected by the respective organization." Nowhere, however, is membership in the organization being represented explicitly stated. Bylaw 2.0.1.1, "Composition and Representation," notes only that members of the House of Delegates must be active members of the AMA, but does not specify a requirement for membership in the organization being represented. Alternate delegates (who are not considered members of the House of Delegates) also are required to be AMA members, with nothing said about membership in the organization being represented.

The Council has proposed changes to several bylaws to clarify to delegates, alternate delegates and those with responsibility for certifying them, that AMA membership and membership in the organization being represented is mandatory.

#### DELEGATION PREREGISTRATION/CREDENTIALING

A delegate registration or certification process is essential in a democratic organization to ensure that only those entitled to vote may do so, and that they each vote only once. Existing AMA bylaws use different terminology to identify the key individual(s) responsible for certifying the organization's delegates. Our AMA Bylaws for constituent associations and the national medical specialty societies accord certification responsibility to the entity's president or secretary, while the bylaws for the AMA sections; the Surgeons General of the United States Army, United States Navy, United States Air Force, and United States Public Health Service; the Chief Medical Director of the Department of Veterans Affairs; the National Medical Association; the American Medical Women's Association; the American Osteopathic Association; professional interest medical associations; and the AMA sections put the onus for certification on the president, secretary or other authorized individual. With respect to the regional medical student delegates and the delegates from the Resident and Fellow Section, the MSS or RFS chairs are responsible for certifying their respective delegates and alternate delegates, although the RFS bylaws further allow its chair to delegate the task, a provision that the MSS would welcome.

The Council has proposed amendments to several bylaw provisions to make the language more consistent across the different groups represented in our House of Delegates. While a president is recognized as the representative of any organization, certain duties/responsibilities may be delegated. In practicality, it is typically the executive director or other staff person who confirms a society's credentialed representatives to the House of Delegates.

## ONSITE CREDENTIALING/REGISTRATION

Our AMA Bylaws state that “certification must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates” and the Office of the House of Delegates Affairs works diligently with the Federation to ensure that delegate and alternate delegate certifications are received in a timely fashion. The names of the credentialed delegates and alternate delegates then become part of the Official Call, which is disseminated to all House of Delegates representatives, included in the House of Delegates Handbook, and serves as a starting point for a final list which is then published in the meeting proceedings. Nevertheless, there are always credentialed individuals who find themselves unable to attend the meeting, often at the last moment, so advance and onsite substitution of representatives occurs with some frequency. Bylaw 2.10.4 addresses the use of a “substitute delegate” when a delegate or alternate delegate is unable to attend a meeting, and Bylaw 2.10.4.1 provides for “a temporary substitute delegate” when a delegate is not able to remain in attendance for the entire meeting. Last, Bylaw 2.10.3, Lack of Credentials, permits a delegate or alternate delegate to be seated/credentialed onsite provided proper identification as the delegate or alternate delegate selected by the respective organization is established and so certified to the AMA.

The Council has heard concerns about the onsite credentialing and recredentialing processes, particularly after the opening of the House of Delegates. At the 2018 Annual Meeting of the House of Delegates, there were some 31 onsite delegate certifications/substitutions – 12 from constituent associations, 11 from the national medical specialty societies and professional interest medical associations, 4 medical student regional delegates and 4 RFS sectional delegates. Additionally, there were 36 onsite delegate certifications/substitutions of alternate delegates (6 of which were regional medical student delegates and 9 of which were RFS sectional delegates). At the 2018 Interim Meeting, there were 35 onsite delegate certifications/substitutions – 11 from constituent associations, 15 from the national medical specialty societies and professional interest medical associations, 7 RFS sectional delegates, and 2 regional medical student delegates. Additionally, there were 23 onsite alternate delegate certifications/substitutions (of which 2 were regional medical student delegates and 5 were RFS sectional delegates).

To minimize disruption and provide clarity, the Council is proposing to modify 2.10.4. and subprovisions which speak to the formal recredentialing process and the timing of such. The Council believes that the intent of Bylaw 2.10.4.1 as written was to allow an individual initially credentialed as an alternate delegate (or substitute alternate delegate) to be recredentialled as a delegate in a delegate’s absence. To provide a time frame, the Council has chosen “the first meeting of the Committee on Rules and Credentials” (Saturday morning before the opening session of the House of Delegates) as a defined point in time by which the names and credentials of all delegates and alternate delegates can be finalized. At each House of Delegates meeting, each delegate receives a delegate badge with an appropriate ribbon, plus an additional credential that can be given to an alternate delegate should the delegate need to be out of the room at the time a vote is taken. If the delegate must leave the meeting, the delegate may formally transfer his credentials to either an alternate delegate or a (previously credentialed) substitute alternate delegate at the registration area.

## PARITY

The House of Delegates has placed great emphasis on the need for parity between the constituent societies and the national medical specialty societies, and the Council, in looking at the bylaws that address registration and seating of delegates, noted an inequity. Bylaw 2.10.5 states that the current president of a constituent association may be certified as an additional alternate delegate at the discretion of each constituent association. The Council noted that there is no corresponding bylaw whereby a national medical specialty society or a professional interest medical association can achieve that. To accord the same opportunity to a national medical specialty society or a professional interest medical association to credential its president as an alternate delegate, the Council has proposed an equivalent bylaw to ensure parity and to potentially minimize vacant delegate seats for these entities.

Because of some concerns about unnecessarily swelling the size of the House, the Council looked at the registration and credentialing lists from the 2018 Annual and Interim meetings. For the A-18 meeting, there were 13 delegate vacancies from 7 national medical specialty societies or professional interest medical associations, and 101 alternate delegate vacancies from 54 societies, contrasted with only 1 constituent society with a delegate vacancy and 45 alternate delegate vacancies from 15 constituent societies. For the I-18 meeting, there were 23 delegate vacancies from 23 national specialty societies or professional interest medical association, contrasted with 5 delegate vacancies from 4 constituent societies and 62 alternate delegate vacancies from 23 constituent societies. Thus, the Council’s proposed provision to extend the same courtesy to presidents of a national medical specialty society and professional interest medical association will likely not result in any significant increase in credentialed alternate delegates.

## RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments to the AMA Bylaws be adopted; and that the remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

**2.0.1 Composition and Representation.** The House of Delegates is composed of delegates selected by recognized constituent associations and specialty societies, and other delegates as provided in this bylaw.

**2.0.1.1 Qualification of Members of the House of Delegates.** Members of the House of Delegates must be active members of the AMA and of the entity they represent.

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**2.1 Constituent Associations.** Each recognized constituent association granted representation in the House of Delegates is entitled to delegate representation based on the number of seats allocated to it by apportionment, and such additional delegate seats as may be provided under Bylaw 2.1.1.2. Only one constituent association from each U.S. state, commonwealth, territory, or possession shall be granted representation in the House of Delegates.

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**2.1.4 Certification.** The president ~~or secretary~~ of each constituent association or the president's designee shall certify to the AMA the delegates and alternate delegates from their respective associations. Certification must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates.

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**2.2 National Medical Specialty Societies.** The number of delegates representing national medical specialty societies shall equal the number of delegates representing the constituent societies. Each national medical specialty society granted representation in the House of Delegates is entitled to delegate representation based on the number of seats allocated to it by apportionment, and such additional delegate seat as may be provided under Bylaw 2.2.2. The total number of delegates apportioned to national medical specialty societies under Bylaw 2.2.1 shall be adjusted to be equal to the total number of delegates apportioned to constituent societies under sections 2.1.1 and 2.1.1.1.1 using methods specified in AMA policy.

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**2.2.4 Certification.** The president ~~or secretary~~ of each specialty society or the president's designee shall certify to the AMA the delegates and alternate delegates from their respective societies. Certification must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates.

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**2.3 Medical Student Regional Delegates.** ~~In addition to the delegate and alternate delegate representing the Medical Student Section, regional~~ Medical student regional delegates and alternate delegates shall be apportioned and elected as provided in this bylaw. Medical student regional delegates and alternate delegates represent the constituent association that endorsed their candidacy pursuant to bylaw 2.3.3.

**2.3.1 Qualifications.** ~~Medical Student Regional delegates and alternate delegates must be active medical student members of the AMA~~ and attend medical school in the medical student region from which they seek election. In addition, medical student regional delegates and alternate delegates must be members of the constituent association in the state wherein their educational program is located.

**2.3.1.1** Medical student regional alternate delegates may substitute for delegates in their same region in accordance with 2.8.5 and 2.10.4.

- 2.3.2 Apportionment.** The total number of ~~M~~medical ~~S~~student ~~R~~regional delegates and alternate delegates is based on one delegate and one alternate delegate for each 2,000 active medical student members of the AMA, as recorded by the AMA on December 31 of each year. Each ~~M~~medical ~~S~~student ~~R~~region, as defined by the Medical Student Section, is entitled to one delegate and one alternate delegate for each 2,000 active medical student members of the AMA in an educational program located within the jurisdiction of the ~~M~~medical ~~S~~student ~~R~~region....\*\*\*
- 2.3.3 Election.** Medical ~~S~~student ~~R~~regional delegates and alternate delegates shall be elected by the Medical Student Section in accordance with procedures adopted by the Section. Each elected delegate and alternate must receive written endorsement from the constituent association representing the jurisdiction within which the medical student's educational program is located, in accordance with procedures adopted by the Medical Student Section and approved by the Board of Trustees. Delegates and alternate delegates shall be elected at the Business Meeting of the Medical Student Section prior to the Interim Meeting of the House of Delegates. Delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.
- 2.3.4 Certification.** The Chair of the Medical Student Section Governing Council or the Chair's designee shall certify to the AMA the delegates and alternate delegates ~~for~~ from each ~~M~~medical ~~S~~student ~~R~~region. Certification of delegates and alternate delegates must occur at least 30 days prior to the Annual Meeting of the House of Delegates.
- 2.4 Delegates from the Resident and Fellow Section.** In addition to the delegate and alternate delegate representing the Resident and Fellow Section, resident and fellow physician delegates and alternate delegates shall be apportioned and elected in a manner as provided in this bylaw.
- 2.4.1 Qualifications.** Delegates and alternate delegates from the Resident and Fellow Section must be active members of the Resident and Fellow Section of the AMA. In addition, resident and fellow physician delegates and alternate delegates must be members of their endorsing constituent association, national medical specialty society, federal service or professional interest medical association.
- 2.4.2 Apportionment.** The apportionment of delegates from the Resident and Fellow Section is one delegate for each 2,000 active resident and fellow physician members of the AMA, as recorded by the AMA on December 31 of each year.
- 2.4.3 Election.** Delegates and alternate delegates shall be elected by the Resident and Fellow Section in accordance with procedures adopted by the Section. Each delegate and alternate delegate must receive written endorsement from ~~his or her~~ a constituent association, or national medical specialty society, federal service or professional interest medical association in accordance with procedures adopted by the Resident and Fellow Section and approved by the Board of Trustees.
- 2.4.4 Certification.** The Chair of the Resident and Fellow Section Governing Council or ~~his or her~~ the Chair's designee shall certify to the AMA the delegates and alternate delegates for the Resident and Fellow Section. Certification of delegates and alternate delegates must occur at least 30 days prior to the Annual Meeting of the House of Delegates.
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- 2.6 Other Delegates.** Each of the following is entitled to a delegate: AMA Sections; the Surgeons General of the United States Army, United States Navy, United States Air Force, and United States Public Health Service; the Chief Medical Director of the Department of Veterans Affairs; the National Medical Association; the American Medical Women's Association; the American Osteopathic Association; and professional interest medical associations granted representation in the House of Delegates.
- 2.6.1 Certification.** The president, ~~secretary~~ or other authorized individual of each entity shall certify to the AMA their respective delegate and alternate delegate. Certification must occur 30 days prior to the Annual or Interim Meeting.

**2.8 Alternate Delegates.** Each organization represented in the House of Delegates may select an alternate delegate for each of its delegates entitled to be seated in the House of Delegates.

**2.8.1 Qualifications.** Alternate delegates must be active members of the AMA and of the entity they represent.

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**2.8.5 Rights and Privileges.** An alternate delegate may substitute for a delegate, on the floor of the House of Delegates, at the request of the delegate by complying with the procedures established by the Committee on Rules and Credentials. While briefly substituting for a delegate, the alternate delegate may speak and debate on the floor of the House, offer an amendment to a pending matter, make motions, and vote on all matters other than elections. If a delegate needs a substitute for more than half a day, then an alternate delegate must be properly recredentialed as the delegate in accordance with Bylaw 2.10.4. An alternate delegate who has been properly recredentialed as the delegate in accordance with Bylaw 2.10.4 is then considered a member of the House of Delegates, with all the rights and privileges of a delegate.

**2.8.6 Status.** The alternate delegate is not a “member of the House of Delegates” as that term is used in these Bylaws. Accordingly, an alternate delegate may not introduce resolutions into the House of Delegates, nor vote in any election conducted by the House of Delegates. An alternate delegate is not eligible for nomination or election as Speaker or Vice Speaker of the House of Delegates. ~~The An~~ alternate delegate must immediately relinquish his or her position on the floor of the House of Delegates upon the request of the delegate for whom the alternate delegate is briefly substituting.

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## **2.10 Registration and Seating of Delegates.**

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**2.10.2 Credentials.** ~~A delegate or alternate delegate representing a constituent association or a national medical specialty society may only be seated if there is Before being seated at any meeting of the House of Delegates, each delegate or alternate delegate shall deposit with the Committee on Rules and Credentials a certificate on file submitted signed by the president, or the president's designee, secretary, or A delegate or alternate delegate representing a section, federal service or professional interest medical association may only be seated if there is a certificate on file submitted by the section chair or other authorized individual. All certificates must other authorized individual of the delegate's or alternate delegate's organization stating that the delegate or alternate delegate has been properly selected to serve in the House of Delegates.~~

**2.10.3 Lack of Credentials.** A delegate or alternate delegate may be seated without the certificate defined in Bylaw 2.10.2 provided proper identification as the delegate or alternate delegate selected by the respective organization is established, and so certified to the AMA by the organization's president, the president's designee or other authorized individual.

**2.10.4 Substitute.** When a delegate or alternate delegate is unable to attend a meeting of the House of Delegates, the ~~appropriate authorities~~ president, the president's designee or other authorized individual of the organization or section may appoint a substitute delegate or substitute alternate delegate prior to the first meeting of the Committee on Rules and Credentials, who ~~on presenting proper credentials~~ shall be eligible to serve as such delegate or alternate delegate in the House of Delegates at that meeting.

**2.10.4.1 Temporary Substitute Delegate.** A delegate whose credentials have been accepted by the Committee on Rules and Credentials and whose name has been placed on the roll of the House of Delegates shall remain a delegate until final adjournment of that meeting of the House of Delegates. However, if the delegate is not able to remain in attendance, that

delegate's place may be taken during the period of absence by an alternate delegate, or a substitute alternate delegate selected in accordance with Bylaw 2.10.4 if an alternate delegate is not available. The person who takes the place of the delegate must ~~comply with the formal recertification procedures established by the Committee on Rules and Credentials for such purpose~~ have a certification on file submitted by the president, the president's designee or other authorized individual of the organization or Section, and shall be known as a temporary substitute delegate. Such temporary substitute delegate shall have all of the rights and privileges of a delegate while serving as a temporary substitute delegate, including the right to vote in the House of Delegates and to vote in any election conducted by the House of Delegates. The temporary substitute delegate shall not be eligible for nomination or election as Speaker or Vice Speaker of the House of Delegates.

**2.10.5 Constituent Association President.** The current president of a constituent association may also be certified as an additional alternate delegate at the discretion of each constituent association. Certification must occur at least 30 days prior to the Annual or Interim meeting of the House of Delegates.

**2.10.6 President of a National Medical Specialty Society or Professional Interest Medical Association.** The current president of a national medical specialty society or professional interest medical association may also be certified as an additional alternate delegate at the discretion of each national medical specialty society and professional interest medical association with representation in the House of Delegates. Certification must occur at least 30 days prior to the Annual or Interim meeting of the House of Delegates.

**2.10.67 Representation.** No delegate or alternate delegate may be ~~registered~~ credentialed or seated at any meeting to represent more than one organization in the House of Delegates.

**2.10.78 Medical Student Seating.** Each ~~M~~medical ~~S~~tudent ~~R~~egional delegate shall be seated with the constituent association representing the jurisdiction within which such delegate's educational program is located.

**2.10.89 Resident and Fellow Seating.** Each delegate from the Resident and Fellow Section shall be seated with the physician's endorsing constituent association, or specialty society, federal service or professional interest medical association. In the case where a delegate has been endorsed by multiple associations ~~both a constituent association and specialty society~~, the delegate must choose, prior to the election, with which delegation the delegate wishes to be seated.

## 2. SECTION INTERNAL OPERATING PROCEDURES AND COUNCIL RULES: ROLES OF THE HOUSE OF DELEGATES, BOARD OF TRUSTEES AND THE COUNCIL ON CONSTITUTION AND BYLAWS

*Informational report; no reference committee hearing.*

### HOUSE ACTION: FILED

The Council on Constitution and Bylaws has prepared this informational report to help the House of Delegates, prospective candidates for AMA office, and section members understand the role of the Council in developing bylaws that relate to the AMA sections and councils and in serving in an advisory capacity to the Board of Trustees in reviewing changes to council rules and section internal operating procedures.

### BACKGROUND

In 2006, the AMA Constitution and Bylaws underwent a significant revision when the Council conducted a comprehensive review of the Bylaws with the goal of modernizing them by eliminating redundant and inaccurate provisions and improving the overall flow and clarity.

Prior to the 2006 revision, one quarter of the Bylaws were devoted to provisions specific to six AMA sections. The Council proposed, and the House agreed, that various procedural provisions pertaining to the councils and the sections should be eliminated from the AMA Bylaws and incorporated into individual council rules or section internal operating procedures to reduce the amount of time and energy spent by the House reviewing procedural details. The Board (rather than the House) was given responsibility to approve future changes in procedures for both the councils and the sections, and the Council on Constitution and Bylaws was tasked with serving as advisory to the Board in reviewing all changes to not overburden the Board with the review process. To facilitate its review, the Council works with the council or section to submit a redlined version of the original rules or internal operating procedures to the Board showing all proposed changes, a transmittal memorandum summarizing the major changes and providing a rationale for those changes, and a final copy that incorporates all changes.

#### BOARD/COUNCIL ACTIVITY RE: COUNCILS

Seven councils are listed in the AMA Bylaws, which specify each council's responsibilities and membership. Additional details are part of each council's rules, changes to which must be approved by the Board of Trustees and that occasionally require bylaws revisions. The details in the council rules typically includes the council's officers, their election process, and tenure for holding office; the frequency and types of meetings; the keeping of minutes; voting privileges; committees and subcommittees; policy on guests; the quorum for conducting business, and amendments.

When the House of Delegates votes to establish a new section, the Council works collaboratively with the section to develop appropriate bylaw language setting forth its purpose, representation structure, eligibility for section membership and specifying how governing council members are elected. The Council also works closely with the section to develop internal operating procedures (IOPs), which are approved by the Board of Trustees, and that provide specificity re: composition of the governing council (number of members and their qualifications), procedures for electing governing council members and officers, the term and tenure of those members, filling of vacancies, credential procedures for voting members, meeting details such as resolution submission deadlines, subcommittees, and a quorum for conducting business, both at a governing council level and at the assembly/meeting level.

Subsequent changes to a section's Bylaws are presented to the House for adoption, with changes to a section's IOPs presented through the Council on Constitution and Bylaws to the Board for approval. The Council reviews all proposed changes to ensure that there is no conflict with the AMA Bylaws, and that the IOPs are internally consistent as well as consistent with the IOPs of other sections where applicable.

The councils and the dates of their various rules revisions are:

- Council on Constitution and Bylaws – February 2012, April 2016, April 2019
- Council on Ethical and Judicial Affairs – none to date
- Council on Legislation – April 2017
- Council on Long Range Planning and Development – April 2015
- Council on Medical Education – April 2013
- Council on Medical Service – April 2013
- Council on Science and Public Health – November 2010, April 2013

The Council has also facilitated the Board's review and approval of changes to the standing rules of the AMPAC Board (June 2016) and to the standing rules of the Specialty and Service Society (November 2010, February 2011).

The Council maintains an online database of all council rules to allow one to quickly compare the rules across the councils.

#### Board/Council Activity re: Sections

Since 2006, the number of sections has expanded from 6 to 10. The dates of the various revisions to their IOPs as approved by the Board of Trustees are:

- Academic Physicians Section (formerly the Section on Medical Schools) – September 2008, June 2016

- Integrated Physicians Practice Section (established June 2012) – September 2012, April 2015, April 2016, April 2018
- International Medical Graduates Section – June 2008, June 2010, November 2010, September 2013
- Medical Student Section – February 2009, November 2009, November 2011, April 2015, June 2018
- Minority Affairs Section (established November 2011) – February 2012
- Organized Medical Staff Section – November 2007
- Resident and Fellow Section – November 2009, August 2010, November 2011, April 2016
- Senior Physicians Section (established November 2012) – April 2013, April 2015, November 2018
- Women Physicians Section (established June 2013) – September 2013, September 2017
- Young Physicians Section – March 2007, April 2008, April 2013, November 2016, April 2018

The Council maintains an online database of all Section Internal Operating Procedures to allow one to quickly compare individual IOP provisions across sections, and to search and navigate easily.

The attached appendix describes the elements of an IOP, and documents the review process used by the Council on Constitution and Bylaws and the approval process utilized by the Board of Trustees.

## CONCLUSION

The Council on Constitution and Bylaws hopes that this report delineates the role of the Council, the Board of Trustees and the House with respect to the AMA Bylaws, council rules and section Internal Operating Procedures. The Council also believes that the interactive database on Section IOPs can be a useful resource to emerging sections and to established sections alike.

The Council welcomes suggestions for enhancing its interactive databases as well as suggestions for improving the review process.



<b>IOP Provisions</b> (includes relevant bylaws)	<b>Content description</b>	<b>CCB<sup>1</sup> (Review for consistency with Bylaws, internal consistency and consistency with other Section IOPs)</b>	<b>Board (Review and Approve)<sup>2</sup></b>
<p>I. Section Name</p> <p>7.09 Section Status. Sections shall either be fixed or delineated, as determined by the House of Delegates upon recommendation of the Council on Long Range Planning and Development based on criteria adopted by the House of Delegates. A delineated Section must reconfirm its qualifications for continued delineated Section status and associated representation in the House of Delegates by demonstrating at least every 5 years that it continues to meet the criteria adopted by the House of Delegates.</p>	<ul style="list-style-type: none"> <li>- Cite bylaw provision that establishes the Section</li> <li>- Identify section's status as delineated or fixed (based on HOD action)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Elements are complete and in accordance with adopted HOD action.</li> <li>✓ Change in name that requires a bylaw amendment.</li> </ul>	<p>Review and approve.</p> <p>Note that name changes require a Bylaw amendment approved by the HOD.</p>
<p>II. Purposes and Principles</p> <p>7.0.1 Mission of the Sections. A Section is a formal group of physicians or medical students directly involved in policymaking through a Section delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Sections shall be established by the House of Delegates for the following purposes:</p> <p>7.0.1.1 Involvement. To provide a direct means for membership segments represented in the Sections to participate in the activities, including policy-making, of the AMA.</p> <p>7.0.1.2 Outreach. To enhance AMA outreach, communication, and interchange with the membership segments represented in the Sections.</p>	<ul style="list-style-type: none"> <li>- Relate to Bylaw 7.0.1</li> <li>- May include additional purposes as are customary or specific to the section or as required by HOD</li> <li>- Section mission (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Content should relate to Bylaw 7.0.1 and adopted HOD action;</li> <li>✓ Purposes not covered in 7.0.1 that may require additional funding or where an additional bylaw may be necessary.</li> <li>✓ Per 7.0.3, the programs and activities shall be subject to the approval of the Board of Trustees or the House of Delegates.</li> </ul>	<p>Review and approve; determine whether HOD approval also is necessary.</p>
<p>7.0.1.3 Communication. To maintain effective communications and working relationships between the AMA and organizational entities that are relevant to the activities of each Section.</p> <p>7.0.1.4 Membership. To promote AMA membership growth.</p> <p>7.0.1.5 Representation. To enhance the ability of membership segments represented in the Sections to provide their perspective to the AMA and the House of Delegates.</p> <p>7.0.1.6 Education. To facilitate the development of information and educational activities on topics of</p>			

<sup>1</sup> Per Bylaw 6.1.1.4, The Council serves as advisory to the Board of Trustees in reviewing the rules, regulations, and procedures of the AMA Sections.

<sup>2</sup> Per Bylaw 7.0.7, All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees.

IOP Provisions (includes relevant bylaws) interest to the membership segments represented in the Sections.	Content description	CCB <sup>1</sup> (Review for consistency with Bylaws, internal consistency and consistency with other Section IOPs)	Board (Review and Approve) <sup>2</sup>
III. Membership Established by HOD and incorporated into Bylaws specific to each Section.	<ul style="list-style-type: none"> <li>- Who may join and how</li> <li>- Differentiate between voting and non-voting members</li> <li>- Organizational members</li> <li>- Proportional representation</li> <li>- Provisional members</li> </ul>	<ul style="list-style-type: none"> <li>✓ All Section members are AMA members.</li> <li>✓ Any provisional membership, non-AMA membership or non-physician membership requires a bylaw change)</li> <li>✓ Apportionment/allocation formulas require bylaw amendment</li> </ul>	Review and approve proposed membership criteria. Note those provisions that require amendment to AMA bylaws.
IV. Officers/Governing Council 7.0.3 Governing Council. There shall be a Governing Council for each Section to direct the programs and the activities of the Section. <b>The programs and activities shall be subject to the approval of the Board of Trustees or the House of Delegates.</b> 7.0.3.1 Qualifications. Members of each Section Governing Council must be members of the AMA and of the Section. 7.0.3.2 Voting. Members of each Section Governing Council shall be elected by the voting members of the Section present at the business meeting of the Section, unless otherwise provided in this Bylaw.	<ul style="list-style-type: none"> <li>- Number and specific positions on GC, including ex-officio and nonvoting members. (At minimum, should include chair, vice-chair/chair-elect, delegate and alternate delegate)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Titles, duties, election, term and tenure of its officers</li> <li>✓ If Governing Council is not elected by voting members present at the Section's business meeting (per 7.0.3.2) an "exemptions bylaw" is necessary.</li> <li>✓ New positions or changes in officer designations (funding implications).</li> <li>✓ Existing bylaw relating to cessation of eligibility for GC members.</li> </ul>	Review and approve. Note that some changes to election procedures may be subject to HOD approval for additional bylaws. Note that any Governing Council positions that are not elected require a bylaw.
IV. Officers/Governing Council (continued) 7.0.3.3 Additional Requirements. Each Section shall adopt rules governing the composition, election, term, and tenure of its Governing Council. 7.0.4 Officers. Each Section shall select a Chair and Vice Chair or Chair-Elect and other necessary and appropriate officers. 7.0.4.1 Qualifications. Officers of each Section must be members of the AMA and of the Section. 7.0.4.2 Voting. Officers of each Section shall be elected by the voting members of the Section, unless otherwise provided in this Bylaw. 7.0.4.3 Additional Requirements. Each Section shall adopt rules governing the titles, duties, election, term, and tenure of its officers. 7.0.5 Delegate and Alternate Delegate. Each Section shall elect a Delegate and Alternate	<ul style="list-style-type: none"> <li>- Authority/general statement of GC duties (include statement, "subject to the approval of such programs and activities, when required, by the BOT or HOD")</li> <li>- Eligibility to run for GC -- AMA membership, Section membership, any other relevant criteria</li> <li>- Individual GC member responsibilities</li> <li>- Term/tenure, including overall tenure of GC</li> <li>- Term limits</li> <li>- Vacancies and how filled</li> </ul>		

<b>IOP Provisions</b> (includes relevant bylaws) <i>Delegate to represent the Section in the House of Delegates.</i>	<b>Content description</b>	<b>CCB<sup>1</sup> (Review for consistency with Bylaws, internal consistency and consistency with other Section IOPs)</b>	<b>Board (Review and Approve)<sup>2</sup></b>
V. Elections (see Bylaws 7.0.4.2 and 7.0.5 above)	<ul style="list-style-type: none"> <li>- Timing of election</li> <li>- Eligibility (including exceptions if relevant)</li> <li>- Nominations—how and when received</li> <li>- Campaign rules</li> <li>- Voter eligibility</li> <li>- Method of voting, including vote counting, how ties are handled and the appeals process (if relevant)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Eligibility to run for office, voting eligibility</li> <li>✓ Fairness of campaign rules</li> <li>✓ Election rules are transparent and clear</li> </ul>	Review and approve.
VI. Standing Committees (if relevant)	<ul style="list-style-type: none"> <li>- How constituted</li> <li>- Purpose</li> <li>- Duration</li> <li>- Nominations or appointments</li> </ul>	<ul style="list-style-type: none"> <li>✓ Criteria is complete and transparent to Section members</li> <li>✓ Any additional financial component (additional meetings, etc.)</li> </ul>	Review and approve.
VII. Trustee (if relevant) – The HOD must adopt any proposal to add additional designated seats for a trustee	<ul style="list-style-type: none"> <li>- Eligibility</li> <li>- Term and tenure</li> <li>- Election specifics</li> </ul>	<ul style="list-style-type: none"> <li>✓ Consistency with the Bylaws</li> </ul>	Review and approve.
VIII. Additional HOD Delegates (beyond 1 allotted per section)	<ul style="list-style-type: none"> <li>- Regions (if applicable)</li> <li>- Eligibility for election</li> <li>- How elected</li> <li>- Filling of vacancies</li> </ul>	<ul style="list-style-type: none"> <li>✓ Consistency with Bylaws that identify the criteria for additional HOD delegates and allocation/apportionment</li> <li>✓ Governance</li> <li>✓ Regions (if applicable)</li> <li>✓ Election rules and procedures</li> </ul>	Review and approve. Note that HOD approval is needed for more than 1 delegate to the HOD.
IX. Business Meeting 7.0.6 Business Meeting. <i>There shall be a Business Meeting of members of each Section. The Business Meeting shall be held on a day prior to each Annual and Interim Meeting of the House of Delegates.</i> 7.0.6.1 Purpose. <i>The purposes of the Business Meeting shall be:</i> 7.0.6.1.1 To hear such reports as may be appropriate. 7.0.6.1.2 To consider other business and vote upon such matters as may properly come before the meeting. 7.0.6.1.3 To adopt resolutions for submission by the Section to the House of Delegates. 7.0.6.1.4 To hold elections.	<ul style="list-style-type: none"> <li>- Date and Location</li> <li>- Call to the Meeting</li> <li>- Representatives to the Meeting, including eligibility criteria for organizational reps</li> <li>- Certification and registration processes</li> <li>- Official observers and guests</li> <li>- Meeting purpose</li> </ul>	<ul style="list-style-type: none"> <li>✓ Additional purposes of the Business meeting may require an “exceptions” bylaw</li> <li>✓ Verify rules of procedure are comprehensive and include the rights and privileges of Section members, including any limitations on participation or vote.</li> </ul>	Review and approve. Additional purposes of the Business meeting may require a bylaw adopted by the HOD.

<b>IOP Provisions</b> (includes relevant bylaws)	<b>Content description</b>	<b>CCB<sup>1</sup> (Review for consistency with Bylaws, internal consistency and consistency with other Section IOPs)</b>	<b>Board (Review and Approve)<sup>2</sup></b>
<p><b>IX. Business Meeting</b> (continued)</p> <p><i>7.0.6.2 Meeting Procedure.</i></p> <p><i>7.0.6.2.1 The Business Meeting shall be open to all members of the AMA.</i></p> <p><i>7.0.6.2.2 Only duly selected representatives who are AMA members shall have the right to vote at the Business Meeting.</i></p> <p><i>7.0.6.2.3 The Business Meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council. The rules of procedure may specify the rights and privileges of Section members, including any limitations on participation or vote.</i></p> <p><b>X. Appointments/Endorsements</b></p>	<ul style="list-style-type: none"> <li>- Business--how resolutions are submitted, including timeline and provisions for late or emergency resolutions</li> <li>- Online testimony/comments</li> <li>- Convention Committees: how selected and function</li> <li>- Rules of Order</li> <li>- Quorum</li> </ul>		
<p><b>XI. Miscellaneous</b></p> <p><i>7.0.7 Rules. All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees.</i></p>	<ul style="list-style-type: none"> <li>- Appointments to AMA or external groups; liaison assignments</li> <li>- Endorsements/nominations of Section members running for AMA elected positions</li> <li>- How selected</li> <li>- Section endorsement of BOT or Council candidates</li> <li>- Parliamentary authority</li> <li>- Internal policies</li> <li>- IOP Amendments</li> </ul>	<ul style="list-style-type: none"> <li>✓ Conflicts with Bylaws</li> <li>✓ Transparency of nomination and fair selection processes</li> <li>✓ Additional funding requirements</li> <li>✓ Any IOP amendments need a corresponding bylaw?</li> </ul>	<p>Review and approve</p> <p>Review and approve</p>