

REPORTS OF THE COUNCIL ON CONSTITUTION AND BYLAWS

The following four reports were presented by Patricia L. Austin, MD, Chair:

1. PARITY IN OUR AMA HOUSE OF DELEGATES

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

**HOUSE ACTION: RECOMMENDATION ADOPTED
REMAINDER OF REPORT FILED
BYLAWS AMENDED**
See Bylaws § 2.10

At the 2019 Annual Meeting, the House referred CCB Report 1, “Clarification to the Bylaws: Delegate Representation, Registration and Credentialing,” back to the Council for report back. CCB Report 1-A-19 recommended a series of changes to the AMA Bylaws. To make consideration and action easier for the House, the Council has broken its recommendations for bylaw amendments into distinct reports, each of which deals with a specific aspect of the Bylaws. This report focuses on parity between constituent societies and the national medical specialty societies.

The House of Delegates places great emphasis on the need for parity between the constituent societies and the national medical specialty societies. 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 notes that there is no corresponding bylaw whereby a national medical specialty society or a professional interest medical association (PIMA) has that same privilege. The Council has proposed an equivalent bylaw that would accord the same opportunity. The Council also believes these additional alternate delegate positions may potentially minimize vacant delegate seats for these entities.

Because of concern about potentially swelling the size of the House, the Council looked at the registration and credentialing lists from the 2019 Annual Meeting of the House of Delegates. The Council found that there were 9 national medical specialty societies/PIMAs that did not credential a full complement of delegates, and 78 specialty societies/PIMAs that had anywhere from a single alternate delegate vacancy to multiple alternate vacancies. To gain perspective about the frequency by which constituent societies credential a president as an alternate delegate, the Council discovered that at A-19 while 14 constituent societies credentialed a state medical society president as an alternate delegate, 6 of those 14 individuals ultimately were no-shows. The Council concluded that most national medical specialty societies/PIMA are unlikely to credential a president as an alternate delegate, but it believes the option to do so should be provided to them.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends: 1) that the following amendments to the AMA Bylaws be adopted; and 2) 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.

2.10 Registration and Seating 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.

2.10.6 National Medical Specialty Society or Professional Interest Medical Association President. The current president of a national medical specialty society or a professional interest medical association may also be certified as an additional alternate delegate at the discretion of each national medical specialty society or professional interest medical association.

2. BYLAW CONSISTENCY–CERTIFICATION AUTHORITY FOR SOCIETIES REPRESENTED IN OUR AMA HOUSE OF DELEGATES AND ADVANCE CERTIFICATION FOR THOSE SOCIETIES

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

HOUSE ACTION: RECOMMENDATIONS ADOPTED REMAINDER OF REPORT FILED BYLAWS AMENDED

Multiple sections of bylaws amended

At the 2019 Annual Meeting, the House referred CCB Report 1, Clarification to the Bylaws: Delegate Representation, Registration and Credentialing to the Council for report back. CCB Report 1-A-19 recommended a series of changes to the AMA Bylaws. To make consideration and action easier for the House, the Council has separated its recommendations for bylaw amendments into distinct reports, each of which focuses on a specific revision to the Bylaws.

This report focuses on the delegate certification authority of the various Federation entities represented in our House of Delegates as well as on the thirty-day requirement for advance certification. The proposed changes aim for consistent language applicable to all represented societies and groups.

BACKGROUND

A delegate certification process is essential in a democratic organization to ensure that only those entitled to vote may do so, and that each delegate votes only once. Existing AMA bylaw provisions use different terminology to identify the key individual(s) responsible for certifying the delegates of each entity represented in our AMA House of Delegates. For constituent associations and the national medical specialty societies, the bylaws accord certification responsibility to the president or secretary. The bylaws for the AMA Sections, military services and the professional interest medical associations put the responsibility for certification on the president, secretary or other authorized individual. With respect to the medical student regional delegates and the delegates from the Resident and Fellow Section, the bylaws designate the section chair as the authorized individual for purposes of credentialing. In addition, another bylaw allows the RFS chair to delegate the task; however, there is no such provision for the MSS chair to delegate authority for credentialing.

The Council has proposed amendments to several bylaw provisions to make the certification authority more consistent across the different entities represented in our House of Delegates. The Council also notes, that while a president is generally recognized as the representative of an organization, not every organization has the position of President. Furthermore, certain duties and responsibilities may be delegated. With regard to the certification authority, it is typically the executive director or other staff person who confirms the entity's representatives to the House of Delegates.

With regard to the timing of the certification, existing provisions of our AMA Bylaws currently state that certification must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates. The Office of the House of Delegates Affairs works diligently with the Federation to manage the process to ensure that all certifications are received 30 days prior to the meeting. The names of the credentialed delegates and alternate delegates become part of the Official Call, which is disseminated to all House of Delegates representatives in advance of the meeting, included in the House of Delegates Handbook, incorporated into the AMA Pictorial Directory, and used as a starting point for the final list published in the meeting proceedings. In proposing to modify Bylaw 2.6.1, the Council is paralleling language that exists elsewhere for the constituent societies and the national medical specialty societies. Also, the bylaw change will not change current practice with respect to professional interest medical associations, the sections or the federal services.

The Council stresses that the 30-day advance certification requirement does not preclude late or onsite certification and applies equitably to all. When credentialed individuals find themselves unable to attend the meeting or have an emergency that precludes their participation, existing bylaws appropriately provide for those situations. Bylaw 2.10.3, Lack of Credentials, permits a delegate or alternate delegate to be seated/credentialed onsite provided proper identification is established and so certified to the AMA. Furthermore, Bylaw 2.10.4 provides for a "substitute

delegate” when a delegate or alternate delegate is unable to attend a meeting. 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. The Council also has proposed editorial amendments to these bylaws for consistency, accuracy and simplicity.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends: 1) that the following amendments to the AMA Bylaws be adopted; and 2) 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.

- 2.1.4 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.

- 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.

- 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 Medical Student Region. Certification of delegates and alternate delegates must occur at least 30 days prior to the Annual Meeting of the House of Delegates.

- 2.4.4 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.

- 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.

2.10 Registration and Seating of Delegates.

- 2.10.2 Credentials.** ~~A delegate or alternate delegate 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~~ certification on file signed by the president, secretary, or 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~~ entity is established, and so certified to the AMA.

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~~ entity may appoint a substitute delegate or substitute alternate delegate, 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 place of that delegate 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 recredentialing procedures established by the Committee on Rules and Credentials for such purpose~~ have certification on file 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.

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

3. AMA DELEGATION APPORTIONMENT

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

**HOUSE ACTION: RECOMMENDATIONS ADOPTED
REMAINDER OF REPORT FILED
BYLAWS AMENDED**
See Policy G-600.016 and Bylaws §2.1

At the 2018 Interim Meeting, Policy G-600.016, "Data Used to Apportion Delegates," was adopted. Among its recommendations were that "pending members" 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." At the 2019 Annual Meeting, Policy G-600.016 subsequently was amended to read as follows: "Pending members" will be added to the number of active AMA members in the December 31 count for the purposes of AMA delegation allocations to state medical societies for the following year and this total will be used to determine the number of national medical specialty delegates to maintain parity." The body of the report defines "pending members" as individuals who at the time they apply for membership are not current in their dues and who pay dues for the following calendar year. Board of Trustees Report 12-A-19, which proposed the adopted modification," also called for a report to the House at the 2022 Annual Meeting on the impact of Policy G-600.016 and recommendations regarding continuation of this policy. The Council on Constitution and Bylaws was directed to prepare a report with bylaw amendments for the 2019 Interim Meeting to allow the implementation of Policy G-600.016.

The Council on Constitution and Bylaws presents the requested amendments to the AMA Bylaws. It also will include a definition of "pending members" in the glossary to the Bylaws.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends the following:

1. That the following amendment to the AMA Bylaws be adopted. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

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.

2.1.1 Apportionment. The apportionment of delegates from each constituent association is one delegate for each 1,000, or fraction thereof, active constituent and active direct members of the AMA within the jurisdiction of each constituent association, as recorded by the AMA as of December 31 of each year.

2.1.1.1 The December 31 count will include pending members for purposes of apportionment; however, pending members shall not be recounted the following year absent membership renewal. This Bylaw will sunset as of the close of business of the 2022 Interim Meeting unless the House of Delegates acts to retain it.

[Subsequent bylaw provisions shall be renumbered]

2. That Policy G-600.016(2) be amended by addition to read as follows:

“Pending members” (defined as individuals who at the time they apply for membership are not current in their dues and who pay dues for the following calendar year) will be added to the number of active AMA members in the December 31 count for the purposes of AMA delegate allocations to state medical societies for the following year and this total will be used to determine the number of national medical specialty delegates to maintain parity.

3. That the remainder of this report be filed.

AMA Policy

G-600.016, Data Used to Apportion Delegates

1. Our AMA shall issue an annual, mid-year report on or around June 30 to inform each state medical society and each national medical specialty society that is in the process of its 5-year review of its current AMA membership count.
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 state medical societies for the following year and this total will be used to determine the number of national medical specialty delegates to maintain parity.
3. Our AMA will track “pending members” from a given year who are counted towards delegate allocation for the following year and these members will not be counted again for delegate allocation unless they renew their membership before the end of the following year.
4. 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.

4. DATA FOR SPECIALTY SOCIETY FIVE-YEAR REVIEW

No reference committee hearing; considered as Committee of the Whole following adoption of Resolution 9.

HOUSE ACTION: RECOMMENDATION ADOPTED
REMAINDER OF REPORT FILED
BYLAWS AMENDED
See Bylaws §2.2

At the 2019 Interim Meeting, the House adopted Resolution 9, submitted by various delegates who are members of the Specialty and Service Society (SSS). The SSS administers the admission of new specialty organizations to our AMA House of Delegates as well as the five-year review of those seated societies.

Resolution 9 called for amendments to AMA Policy G-600.020, “Admission of Specialty Organizations to our AMA House” to modify item 6 of existing policy to read as follows: 6) The organization must have a voluntary membership and must report as members only those physician members who are current in payment of applicable dues and are eligible to serve on committees or the governing body. The language from policy is embodied in Bylaw 2.2.1; thus, the Council is presenting the amended bylaw language for action by the House of Delegates.

RECOMMENDATION

The Council on Constitution and Bylaws recommends: 1) that the following amendments to the AMA Bylaws be adopted; and 2) 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 following a one-day layover.

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.

2.2.1 Apportionment. The apportionment of delegates from each specialty society represented in the AMA House of Delegates is one delegate for each 1,000, or fraction thereof, physician specialty society members as of December 31 of each year who are eligible to serve on committees or the governing body have full voting privileges, are eligible to hold office in that society, are active members of the AMA and are members in good standing and current in payment of applicable dues of both the specialty society and the AMA. The delegates eligible for seating in the House of Delegates by apportionment are in addition to the additional delegate and alternate delegate authorized for unified specialty societies meeting the requirements of Bylaw 2.2.2.

2.2.1.1 Effective Date. Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year.

RELEVANT AMA POLICY

G-600.020 Admission of Specialty Organizations to our AMA House The following guidelines shall be utilized in evaluating specialty society applications for representation in our AMA House of Delegates (new specialty organization applications will be considered only at Annual Meetings of the House of Delegates):

- (1) The organization must not be in conflict with the Constitution and Bylaws of our AMA with regard to discrimination in membership;
- (2) The organization must: (a) represent a field of medicine that has recognized scientific validity; (b) not have board certification as its primary focus; and (c) not require membership in the specialty organization as a requisite for board certification;
- (3) The organization must meet one of the following criteria: (a) a specialty organization must demonstrate that it has 1,000 or more AMA members; or (b) a specialty organization must demonstrate that it has a minimum of 100 AMA members and that twenty percent (20%) of its physician members who are eligible for AMA membership are members of the AMA; or (c) a specialty organization must demonstrate that it was represented in the House of Delegates at the 1990 Annual Meeting and that twenty percent (20%) of its physician members who are eligible for AMA membership are members of the AMA;

- (4) The organization must be established and stable; therefore it must have been in existence for at least five years prior to submitting its application;
- (5) Physicians should comprise the majority of the voting membership of the organization.
- (6) The organization must have a voluntary membership and must report as members only those physician members who are current in payment of applicable dues, have full voting privileges, and are eligible to serve on committees or the governing body hold office;
- (7) The organization must be active within its field of medicine and hold at least one meeting of its members per year;
- (8) The organization must be national in scope. It must not restrict its membership geographically and must have members from a majority of the states;
- (9) The organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization;
- (10) If international, the organization must have a US branch or chapter, and this chapter must be reviewed in terms of all of the above guidelines.