

**JOINT REPORT OF THE COUNCIL ON CONSTITUTION AND BYLAWS AND  
THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT**

The following report was presented by Madelyn E. Butler, MD, Chair, Council on Constitution and Bylaws and Shannon P. Pryor, MD, Chair, Council on Long Range Planning and Development.

**1. JOINT COUNCIL SUNSET REVIEW OF 2011 HOUSE POLICIES**

*Reference committee hearing: see report of Reference Committee F.*

**HOUSE ACTION: RECOMMENDATIONS ADOPTED  
REMAINDER OF REPORT FILED**

Policy G-600.110, “Sunset Mechanism for AMA Policy,” calls for the decennial review of American Medical Association (AMA) policies to ensure that our AMA’s policy database is current, coherent, and relevant. Policy G-600.010 reads as follows, laying out the parameters for review and specifying the procedures to follow:

1. As the House of Delegates (House) adopts policies, a maximum ten-year time horizon shall exist. A policy will typically sunset after ten years unless action is taken by the House to retain it. Any action of our AMA House that reaffirms or amends an existing policy position shall reset the sunset “clock,” making the reaffirmed or amended policy viable for another 10 years.
2. In the implementation and ongoing operation of our AMA policy sunset mechanism, the following procedures shall be followed: (a) Each year, the Speakers shall provide a list of policies that are subject to review under the policy sunset mechanism; (b) Such policies shall be assigned to the appropriate AMA councils for review; (c) Each AMA council that has been asked to review policies shall develop and submit a report to the House identifying policies that are scheduled to sunset; (d) For each policy under review, the reviewing council can recommend one of the following actions: (i) retain the policy; (ii) sunset the policy; (iii) retain part of the policy; or (iv) reconcile the policy with more recent and like policy; (e) For each recommendation that it makes to retain a policy in any fashion, the reviewing council shall provide a succinct, but cogent justification (f) The Speakers shall determine the best way for the House to handle the sunset reports.
3. Nothing in this policy shall prohibit a report to the House or resolution to sunset a policy earlier than its 10-year horizon if it is no longer relevant, has been superseded by a more current policy, or has been accomplished.
4. The AMA councils and the House should conform to the following guidelines for sunset: (a) when a policy is no longer relevant or necessary; (b) when a policy or directive has been accomplished; or (c) when the policy or directive is part of an established AMA practice that is transparent to the House and codified elsewhere such as the AMA Bylaws or the AMA House of Delegates Reference Manual: Procedures, Policies and Practices.
5. The most recent policy shall be deemed to supersede contradictory past AMA policies.
6. Sunset policies will be retained in the AMA historical archives

The Councils on Constitution and Bylaws and Long Range Planning and Development collaborated on this report, as they did the last time these policies were up for review and in the context of a project to once again examine the sunset review process. The Councils welcome feedback from the House on suggestions to improve the sunset review process.

The Councils note that there are several policies related to AMA elections due for sunset review in 2021, but these have been excluded as those policies are to be addressed by the Speakers’ Task Force on Election Reform.

**RECOMMENDATION**

The Councils on Constitution and Bylaws and Long Range Planning and Development recommend that the House of Delegates policies that are listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed.

## APPENDIX – Recommended Actions

Policy Number	Title	Text	Recommendation
G-600.024	Representation of Medical Students and Residents in our AMA House	Our AMA supports the full participation of medical student and resident members of our AMA in the activities of the Association and in the policy processes of our AMA House of Delegates; and strongly encourages the delegation of each state association to have one resident delegate for each 1000 resident members of our AMA who are included in the base for determining the size of the state association's delegation.	Retain – this policy remains relevant.
G-600.090	Ancillary Meetings and Conferences of the House	The Speakers of our AMA House must be notified prior to any planning for ancillary meetings and conferences to be scheduled in conjunction with the Annual or Interim Meetings of the House of Delegates in sufficient time to assess the impact of the timing and purpose on the deliberations of the House of Delegates. Prior approval of the Speaker and Vice Speaker is required before any meeting other than regular meetings of AMA Councils, Committees, Sections, and other groups that are part of the formal structure of our AMA can be scheduled in conjunction with Meetings of the House of Delegates.	Retain – this policy remains relevant.
G-605.080	Board Meetings	The policies on Board meetings are as follows: (1) The House holds the Board accountable for the proper oversight of our AMA, but not through (a) the recording and publication of individual votes on matters before the Board, or (b) open meetings, because neither will enhance the Board's deliberations and may hinder the Board's decision-making process. (2) Any AMA member in good standing shall be allowed full access to AMA Board of Trustees meetings upon advance notification to the Chair of the Board unless issues of personnel or sensitive nature require an executive session.	Retain – this policy remains relevant.
G-615.002	AMA Member Component Groups	A "Section" is a formal group of physicians or medical students directly involved in policymaking through a delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Each Section will continue to have representation in the House of Delegates. There will be two types of Sections, fixed and delineated. "Fixed Sections" will represent the natural cycles related to a physician's career span. Since members of these groups would have limited opportunities for representation through their state/specialty's societies, the need for focused representation will be enduring. "Delineated Sections" will allow a voice in the house of medicine for large groups of physicians, who are connected through a unique perspective, but may be underrepresented. These Sections will often be based on demographics or mode of practice. Delineated Sections will have a single delegate and alternate delegate in the HOD, and will operate under Internal Operating Procedures approved by the Board of Trustees. Delineated Sections will be reviewed every 5 years by the Council on Long Range Planning, which will make recommendations through the Board of Trustees to the House of Delegates, for renewal of the Section, based on criteria adopted by the House. The review provision allows for fluidity in the Association's structure as the activities and impact of the member groups are routinely evaluated. An "advisory committee" is an entity whose activities relate to education and advocacy. An advisory committee	Retain – this policy remains relevant.

		<p>will have a governing council and a direct reporting relationship to the BOT. Advisory committees, however, will not have representation in the HOD. Advisory committees will operate under a charter that will be subject to review and renewal by the BOT at least every four years.</p> <p>An "ad hoc committee" is a special committee, workgroup, or taskforce appointed by the BOT, the Speaker of the House, or the House of Delegates. These committees will operate for a specific purpose and for a prescribed period of time.</p> <p>A "caucus" is an informal group of physicians (from specialty and/or geographic medical groups or focused interest areas) who meet at the Annual and/or Interim meetings to discuss issues, pending resolutions and reports, candidates, and possible actions of the HOD. With the exception of AMA Section caucuses, these groups will not have a reporting relationship or resources allocated by the AMA.</p>	
G-615.040	Opinions and Reports of CEJA	<p>AMA policy on opinions and reports of CEJA includes the following: (1) CEJA will inform the House of Delegates of an ethical Opinion adopted by the Council by presenting the Opinion to the House. The Council: (a) will identify the Opinion as informational; (b) may provide a description or discussion of the underlying facts and circumstances leading to the adoption of the ethical Opinion, and also an explanation of the Opinion and the reasons for its adoption by the Council. This explanatory material is neither the opinion of the Council nor policy of the Association; (c) will identify one or more Principles of Medical Ethics that form the basis for issuing the ethical Opinion; and (d) will provide the text of the ethical Opinion.</p> <p>(2) The House's process for considering opinions of CEJA may include the following elements: (a) Opinions of CEJA will be placed on the consent calendar for informational reports, but may be withdrawn from the consent calendar on motion of any member of the House of Delegates and referred to a Reference Committee. (b) The members of the House may discuss an ethical Opinion fully in Reference Committee and on the floor of the House. (c) After concluding its discussion, the House shall file the Opinion. (d) The House may adopt a resolution requesting CEJA to reconsider or withdraw the Opinion. CEJA shall respond to such a request in due course, after reconsidering the issues presented. The Opinion of CEJA that responds to such a request will be considered as informational, and therefore shall be filed.</p> <p>(3) Reports of CEJA which respond to requests from the House or which make recommendations to the House may be adopted, not adopted, or referred, as may be appropriate. A report may not be amended, except for amendments that clarify the meaning of the report and only with the concurrence of the Council.</p>	Retain – this policy remains relevant.
G-615.105	Employed Physicians and the AMA	<p>1. Our AMA will strive to become the lead association for physicians who maintain employment or contractual relationships with hospitals, health systems, and other entities.</p> <p>2. As a benefit of membership our AMA will provide, through the Sections and Special Groups, assistance, such as information and advice, but not legal opinions or representation, as appropriate, to employed physicians, physicians in independent practice, and independent physician contractors in matters pertaining to their</p>	Retain – this policy remains relevant.

		relationships with hospitals, health systems, and other entities, including, but not limited to, breach of contracts including medical staff bylaws, sham peer review, economic credentialing, and the denial of due process. 3. Our AMA will work through the Organized Medical Staff Section and other sections and special groups as appropriate to represent and address the unique needs of physicians who maintain employment or contractual relationships with hospitals, health systems, and other entities.	
G-625.010	AMA Mission and Vision	Mission: To promote the art and science of medicine and the betterment of public health. Core Values: (1) Leadership; (2) Excellence; and (3) Integrity and Ethical Behavior. Vision: To be an essential part of the professional life of every physician.	Retain – this policy remains relevant.
G-630.010	Executive Vice President	The qualifications, roles and responsibilities of the Executive Vice President are as follows: (1) The office of the Executive Vice President shall be filled, if possible, by a Doctor of Medicine who is an active member of our AMA at the time of his appointment and who possesses the necessary managerial qualifications. (2) The EVP shall clearly define and regularly evaluate roles and accountability of the corporate staff in adhering to clear guidelines on the limits of their decision-making authority and where to turn when confronted with issues beyond their scope of action: (a) The EVP should work with staff, the Board and the House to establish guidelines that differentiate between operational and policy issues, and identify to whom the staff should turn when they believe they are confronting an issue with policy implications. (b) These guidelines should be included both in the employee manual and a Board of Trustees Handbook. (c) These guidelines should be annually reviewed and updated, with the EVP leading the revision process. (d) Objectives in the performance appraisals of senior managers should be refocused to align with our AMA vision and bonus criteria should also be linked to the vision and the strategic plan. (e) Managers need to supervise work groups by establishing clear, measurable performance objectives and tasks for all staff and hold staff accountable. (3) The EVP shall evaluate staff structure and audit resources to ensure that our AMA is supported efficiently and effectively, consistent with the Strategic Plan approved by the House. As part of the evaluation of staff structure, the EVP should examine our AMA's member services strategy to ensure that the structure facilitates responsive and accurate responses to member queries. (4) Without suggesting that the current practice is or was in any way unauthorized, improper or illegal, the Executive Vice President will have the responsibility for hiring and firing the General Counsel following consultation with the Board of Trustees.	Retain – this policy remains relevant.
G-630.021	Employment Agreements for Senior Executive Staff	Binding arbitration clauses should be contained in employment agreements for senior executive staff.	Retain – this policy remains relevant.
G-635.007	Electronic Application for Membership	1. Our AMA will provide all new online membership registrants with a post-transactional link to relevant state and county medical society web sites, where available. 2. Our AMA will implement a pre-transactional message and optional web site redirect mechanism to state society web sites for those medical students joining the AMA on-	Retain – this policy remains relevant.

		line from states with joint membership processing capabilities.	
G-635.010	AMA Membership Strategy: General Approaches	Our AMA's general strategic approach on membership includes the following dimensions: (1) Our AMA and its component societies adopt the principle that membership value, as reflected in the physician's perception of quality relative to cost, drives the decision about membership. (2) Our AMA and its component societies adopt the principle that membership retention is as important an activity as recruitment, and that an organizational focus for those efforts should be developed. (3) The actions and directions of the Board of Trustees and Executive Vice President, with regard to membership recruitment, retention, and satisfaction, should become the top priorities of every AMA staff member, at all levels of the organization, and of all the Association's elected leadership. (4) Our AMA seeks innovative means to change its governance and structure to better align membership and representation for the purpose of meeting member needs and unifying the House of Medicine. (5) Our AMA will explore new avenues to increase member participation in the activities and governance of our AMA. (6) Our AMA shall continue to utilize pilot programs to measure the success of innovative membership recruitment and retention activities. (7) Our AMA will increase its staff and administrative efforts to become more of a local presence in the various regions of the United States.	Retain – this policy remains relevant.
G-635.024	AMA Membership and Physicians on AMA Editorial Boards	Our AMA encourages all physicians serving on the editorial boards of AMA-published journals to become members of our AMA.	Retain – this policy remains relevant.
G-640.010	Guidelines for Representation of the AMA	Guidelines for the representation of our AMA include: (1) Our AMA directs that any individual who is publicly representing our AMA shall not present positions in conflict with established AMA policy; and (2) When appropriate, AMA public statements note that AMA policy is formulated by the House of Delegates, whose members represent approximately 90 percent of American physicians, even though a smaller percentage of eligible physicians are currently dues-paying members.	Retain – this policy remains relevant.
G-640.020	Political Action Committees and Contributions	Our AMA: (1) Believes that better-informed and more active citizens will result in better legislators, better government, and better health care; (2) Encourages AMA members to participate personally in the campaign of their choice and strongly supports physician/family leadership in the campaign process; (3) Opposes legislative initiatives that improperly limit individual and collective participation in the democratic process; (4) Supports AMPAC's policy to adhere to a no Rigid Litmus Test policy in its assessment and support of political candidates; (5) Encourages AMPAC to continue to consider the legislative agenda of our AMA and the recommendations of state medical PACs in its decisions; (6) Urges members of the House to reaffirm their commitment to the growth of AMPAC and the state medical PACs;	Retain – this policy remains relevant.

		<p>(7) Will continue to work through its constituent societies to achieve a 100 percent rate of contribution to AMPAC by members; and</p> <p>(8) Calls upon all candidates for public office to refuse contributions from tobacco companies and their subsidiaries.</p>	
G-620.060	Enhancing the Value of Membership in Organized Medicine	<p>The perspective of our AMA House on enhancing the value of membership in organized medicine includes the following: (1) The House adopts the goal of improving Federation performance as a whole;</p> <p>(2) The House supports efforts to <u>improve the Federation's business processes by implementing a</u> <del>to improve the Federation's business processes by implementing to include a new member early recognition and retention system and</del> consolidated billing and application process;</p> <p>(3) The House supports the redesign of Federation products and pricing to increase overall appeal and thus recruit additional members and improve retention;</p> <p>(4) The House believes that the Federation should work together to leverage each organization's core competencies;</p> <p>(5) The House encourages the testing of different strategic and operational collaborative arrangements at many sites and the use of these to improve Federation membership, pricing, and member service;</p> <p>(6) The House encourages state medical associations and national medical specialty societies to review the composition of their AMA delegations;</p> <p>(7) The House believes it is important to promote resident physician membership in national medical specialty societies;</p> <p>(8) The House urges all county and state societies to implement a simple transfer of membership procedure to permit uninterrupted membership in organized medicine for physicians who relocate at any time during their careers, with such procedure containing the flexibility to permit resident AMA members to become regular state and county members through the transfer process; and</p> <p>(9) <del>G-635.023, AMA Support for the AMA Alliance</del> <u>Our AMA encourages its members to urge their spouses and their partners to become members of the AMA Alliance and their respective Alliances.</u> The House encourages medical associations and societies to support the membership efforts of the Alliance, particularly if dual membership billing is utilized, and, with the state and county associations, supports and acknowledges the efforts of our AMA Alliance and state and county medical alliances, whenever it is deemed possible and appropriate.</p>	Retain as editorially amended [new member recognition and retention system has been accomplished] and consolidate with G-635.023
G-630.070	International Strategy	<p>1. Our AMA recognizes the importance of the involvement of the medical profession in this country in influencing the standards utilized by other nations with regard to ethics, medical education and medical practice, and the commitment to the patient-physician relationship. <del>H-250.998—2.</del> The AMA supports the activities of the World Medical Association (WMA) to improve health care in developing countries and supports WMA commendation of those countries that demonstrate exemplary efforts to improve health care delivery to their populations.</p> <p><del>H-250.992—3.</del> The AMA: <del>(1a)</del> continues to support the World Health Organization as an institution; <del>(2b)</del> advocates full funding as understood by the United States</p>	Retain and consolidate with H-250.998, H-250.992 and H-250.991, H-250.993, H-250.986, H-250.999

		<p>Government for the World Health Organization; (3c) will participate in coalitions with other interested organizations to lend its support and expertise to assist the World Health Organization; and (4d) encourages the World Medical Association to develop a cooperative work plan with the World Health Organization as expeditiously as possible.</p> <p><del>H 250.999—4.</del> Our AMA supports the position of the U.S. government to preserve the integrity of the World Health Organization (WHO) and opposes any attempts to politicize the WHO.</p> <p><del>H 250.994—5.</del> The AMA will include the International Medical Graduates Section as a resource for international medical initiatives.</p> <p><del>H 250.993—6.</del> The AMA will: (4a) continue to focus its international activities on and through organizations that are multinational in scope; (2b) encourage ethnic and other medical associations to assist medical education and improve medical care in various areas of the world; (3c) encourage American medical institutions and organizations to develop relationships with similar institutions and organizations in various areas of the world; (4d) work with the Association of American Medical Colleges (AAMC) and the American Association of Colleges of Osteopathic Medicine (AACOM) to ensure that medical students participating in global health programs, including but not limited to international electives and summer clinical experiences are held accountable to the same ethical standards as students participating in domestic service-learning opportunities; (5e) work with the AAMC to ensure that international electives provide measurable and safe educational experiences for medical students, including appropriate learning objectives and assessment methods; and (6f) communicate support for a coordinated approach to global health education, including information sharing between and among medical schools, and for activities, such as the AAMC Global Health Learning Opportunities (GHLOTM), to increase student participation in international electives.</p> <p><del>H 250.986—7.</del> Our AMA will adhere to a focused strategy that channels and leverages our reach into the global health community, primarily through participation in the World Medical Association and the World Health Organization.</p>	
G-610.031	Creation of an AMA Election Reform Committee	Our AMA will create a Speaker-appointed task force for the purpose of recommending improvements to the current AMA House of Delegates election process with a broad purview to evaluate all aspects. The task force shall present an initial status report at the 2019 Interim Meeting.	Rescind – Task force members were appointed as directed; Speakers’ Report: Task Force on Election Reform was presented at I-19; and Election Task Force is assessing the entirety of our election process, with recommendations forthcoming.