

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (J-21)

Part A of Reference Committee on Amendments to Constitution and Bylaws

Gary R. Katz, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance

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Amendments

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RECOMMENDED FOR ADOPTION

(1) SPEAKERS' REPORT 2 – RECOMMENDATION 1

RECOMMENDATION:

That Recommendation 1 in Speakers' Report 2 be adopted.

Recommendation 1: Campaign memorabilia may not be distributed in the Not for Official Business (NFOB) bag. (New HOD Policy)

Recommendations 1 to 4 deal with campaign memorabilia, and few comments were heard. Your Reference Committee believes that the first four recommendations on campaign memorabilia will accomplish their intended purpose, which is to reduce the cost of campaigning. No changes were recommended for the report's recommendations 1 to 4.

(2) SPEAKERS' REPORT 2 – RECOMMENDATION 2

RECOMMENDATION:

That Recommendation 2 in Speakers' Report 2 be adopted.

Recommendation 2: Policy G-610.020, Rules for AMA Elections, paragraph 10 be amended by addition and deletion to read as follows:

- (10) Campaign expenditures and activities should be limited to reasonable levels necessary for adequate candidate exposure to the delegates. ~~Campaign gifts can be distributed only at the Annual Meeting in the non-official business bag and at one campaign party. Campaign gifts should only be distributed during the Annual Meeting and not mailed to delegates and alternate delegates in advance of the meeting. The Speaker of the House of Delegates shall establish a limit on allowable expenditures for campaign-related gifts. In addition to these giveaway gifts, campaign memorabilia are allowed but are limited to a button, pin, or sticker. No other~~ Campaign memorabilia and giveaways that include a candidate's name or likeness may not ~~shall~~ be distributed at any time; (Modify Current HOD Policy)

Recommendation 2 drew no specific comments. Your Reference Committee believes that the recommendations on campaign memorabilia will accomplish their intended purpose, which is to reduce the cost of campaigning, and recommends adoption.

(3) SPEAKERS' REPORT 2 – RECOMMENDATION 3

RECOMMENDATION:

That Recommendation 3 in Speakers' Report 2 be adopted.

Recommendation 3: Campaign stickers, pins, buttons and similar campaign materials are disallowed. This rule will not apply for pins for AMPAC, the AMA Foundation, specialty societies, state and regional delegations and health related causes that do not include any candidate identifier. These pins should be small, not worn on the badge and distributed only to members of the designated group. General distribution of any pin, button or sticker is disallowed. (New HOD Policy)

A comment was heard regarding memories that may stem from the distribution of campaign materials, but your Reference Committee does not believe the loss of stickers, pins, or buttons will adversely affect these fond memories, and greater value is found in reducing costs.

(4) SPEAKERS' REPORT 2 – RECOMMENDATION 4

RECOMMENDATION:

That Recommendation 4 in Speakers' Report 2 be adopted.

Recommendation 4: Policy G-610.020, Rules for AMA Elections, paragraph 8 be amended by deletion to read as follows:

- (8) A state, specialty society, caucus, coalition, etc. may contribute to more than one party. However, a candidate may be featured at only one party, which includes: (a) being present in a receiving line, (b) appearing by name or in a picture on a poster or notice in or outside of the party venue, ~~or (c) distributing stickers, buttons, etc. with the candidate's name on them.~~ At these events, alcohol may be served only on a cash or no-host bar basis; (Modify Current HOD Policy)

Recommendation 4 is an additional means to limit the cost of campaigns, and again few comments were heard, either in the hearing or online. The Election Task Force made a good case for reducing costs by doing away with items found to be of small value to delegates, even though the cost per delegate was relatively low. No changes were recommended for this recommendation.

(5) SPEAKERS' REPORT 2 – RECOMMENDATION 5

RECOMMENDATION:

That Recommendation 5 in Speakers' Report 2 be adopted.

Recommendation 5: Our AMA will investigate the feasibility of a two- (2) year trial of sponsoring a welcome reception open to all candidates and all meeting attendees. Any candidate may elect to be "featured" at the AMA reception. There will not be a receiving line at the AMA reception. Other receptions sponsored by societies or coalitions, whether featuring a candidate or not, would not be prohibited, but the current rules regarding cash bars only at campaign receptions and limiting each candidate to be featured at a single reception (the AMA reception or another) would remain. The Speakers will report back to the House after the two

year trial with a recommendation for possible continuation of the AMA reception. (New HOD Policy)

Recommendations 5 through 8 address campaign receptions, dinners, and suites. Some concern was expressed that Recommendation 5 setting up an AMA-sponsored reception would lead to a two-tiered system in which some societies or caucuses would be able to afford their own reception but other societies—those with fewer financial resources—would be relegated to the AMA reception. The survey of the House, presented as an appendix to the report, suggested delegates would attend an AMA reception. This reception provides an opportunity for social gathering for members of our House to meet candidates outside the formal interview process. In addition, the Board of Trustees is to investigate the feasibility of such a reception; it is not mandated. Insofar as this idea is proposed as a test, your Reference Committee believes the recommendation should be adopted, particularly as no society is prohibited under this policy from holding its own reception.

(6) SPEAKERS' REPORT 2 – RECOMMENDATION 6

RECOMMENDATION:

That Recommendation 6 in Speakers' Report 2 be adopted.

Recommendation 6: Policy G-610.020, Rules for AMA Elections, paragraph 8 be reaffirmed (minus phrase "c" recommended for deletion above):

- (8) A state, specialty society, caucus, coalition, etc. may contribute to more than one party. However, a candidate may be featured at only one party, which includes: (a) being present in a receiving line, (b) appearing by name or in a picture on a poster or notice in or outside of the party venue, ~~or (c) distributing stickers, buttons, etc. with the candidate's name on them.~~ At these events, alcohol may be served only on a cash or no-host bar basis; (Reaffirm HOD Policy)

The purpose of this recommendation is to make the policy on parties and receptions consistent with the earlier recommendation to do away with pins, buttons, and stickers. As no testimony was heard, your Reference Committee infers support and recommends adoption.

(7) SPEAKERS' REPORT 2 – RECOMMENDATION 7

RECOMMENDATION:

That Recommendation 7 in Speakers' Report 2 be adopted.

Recommendation 7: Group dinners, if attended by an announced candidate in a currently contested election, must be "Dutch treat" - each participant pays their own share of the expenses, with the exception that societies and delegations may cover the expense for their own members. This rule would not disallow societies from paying for their own members or delegations gathering together with each individual or delegation paying their own expense. Gatherings of 4 or fewer delegates or alternates are exempt from this rule. (New HOD Policy)

No testimony was offered on this item in the hearing, although two comments in the online forum proposed changes regarding the number of guests (four) allowed under the exception. If the goal is to limit campaign costs, the recommendation appears reasonable as written, and your Reference Committee recommends adoption.

(8) SPEAKERS' REPORT 2 – RECOMMENDATION 8

RECOMMENDATION:

That Recommendation 8 in Speakers' Report 2 be adopted.

Recommendation 8: Policy G-610.020, Rules for AMA Elections, paragraph 6 be amended by addition and deletion to read as follows:

- (6) ~~At any AMA meeting convened prior to the time period for active campaigning the Interim Meeting,~~ campaign-related expenditures and activities shall be discouraged. Large campaign receptions, luncheons, other formal campaign activities and the distribution of campaign literature and gifts are prohibited ~~at the Interim Meeting.~~ It is permissible ~~at the Interim Meeting~~ for candidates seeking election to engage in individual outreach, ~~such as small group meetings, including informal dinners,~~ meant to familiarize others with a candidate's opinions and positions on issues; (Modify Current HOD Policy)

Again, no specific comments were received on this item. Your Reference Committee believes this recommendation matches up nicely with the preceding recommendation and recommends its adoption.

(9) SPEAKERS' REPORT 2 – RECOMMENDATION 9

RECOMMENDATION:

That Recommendation 9 in Speakers' Report 2 be adopted.

Recommendation 9: Campaign materials may not be distributed by postal mail or its equivalent. The AMA Office of House of Delegates Affairs will no longer furnish a file containing the names and mailing addresses of members of the AMA-HOD. Printed campaign materials will not be included in the "Not for Official Business" bag and may not be distributed in the House of Delegates. Candidates are encouraged to eliminate printed campaign materials. (New HOD Policy)

The Election Task Force found that few delegates find campaign literature useful, and our own experience suggests much of it is left behind, on the floor or in recycling bins. No specific comments were heard on this recommendation. It is a clear cost saving measure with ecological benefits, and your Reference Committee recommends adoption.

(10) SPEAKERS' REPORT 2 – RECOMMENDATION 10

RECOMMENDATION:

That Recommendation 10 in Speakers' Report 2 be adopted.

Recommendation 10: Policy G-610.020, Rules for AMA Elections, paragraph 9 be amended by addition and deletion to read as follows:

- (9) Displays of campaign posters, signs, and literature in public areas of the hotel in which Annual Meetings are held are prohibited because they detract from the dignity of the position being sought and are unsightly. Campaign posters may be displayed at a single campaign reception at which the candidate is featured parties, and campaign literature may be distributed in the non-official business bag for members of the House of Delegates. No campaign literature shall be distributed in the House of Delegates and no mass outreach electronic messages shall be transmitted after the opening session of the House of Delegates; (Modify Current HOD Policy)

An amendment was suggested for Recommendation 10 to add a specific reference to holiday cards, but if these or any other item are mailed to a substantial portion of the House, they would be prohibited under other recommendations and even current policy. Otherwise, the proposal appears to be uniformly supported, with adoption recommended by the reference committee.

(11) SPEAKERS' REPORT 2 – RECOMMENDATION 11

RECOMMENDATION:

That Recommendation 11 in Speakers' Report 2 be adopted.

Recommendation 11: The AMA Office of House of Delegates Affairs will provide an opportunity for all announced candidates to submit material to the HOD office which will then be sent electronically by the HOD Office in a single communication to all delegates and alternates. Parameters regarding content and deadlines for submission will be established by the Speaker and communicated to all announced candidates. (New HOD Policy)

While no one commented on this recommendation, your Reference Committee notes that the House of Delegates has provided the service called for in the recommendation and has done so without creating problems for recipients. Your Reference Committee supports adoption.

(12) SPEAKERS' REPORT 2 – RECOMMENDATION 12

RECOMMENDATION:

That Recommendation 12 in Speakers' Report 2 be adopted.

Recommendation 12: Policy G-610.020, Rules for AMA Elections, paragraph 5 be amended by addition and deletion to read as follows:

- (5) A reduction in the volume of telephone calls and electronic communication from candidates; ~~and literature and letters by or~~ and on behalf of candidates is encouraged. The Office of House of Delegates Affairs does not provide email addresses for any purpose. The use of electronic messages to contact electors should be minimized, and if used must include a simple mechanism to allow recipients to opt out of receiving future messages; (Modify Current HOD Policy)

One online comment questioned whether the “simple” opt out mechanism noted in Recommendation 12 exists, but your Reference Committee believes the recommendation merits adoption, as the onus ought not be on message recipients but on those sending electronic messages. Moreover, this is nothing more than modernization (electronic communication) and clarification of existing policy. Adoption is warranted.

(13) SPEAKERS' REPORT 2 – RECOMMENDATION 13

RECOMMENDATION:

That Recommendation 13 in Speakers' Report 2 be adopted.

Recommendation 13: An AMA Candidates' Page will be created on the AMA website or other appropriate website to allow each candidate the opportunity to post campaign materials. Parameters for the site will be established by the Speaker and communicated to candidates. (New HOD Policy)

Absent any negative commentary, this recommendation is an excellent service for our members and is another innovative way to limit costs. It also supports distribution of campaign information on an equal platform for all candidates. Your Reference Committee recommends adoption.

(14) SPEAKERS' REPORT 2 – RECOMMENDATION 14

RECOMMENDATION:

That Recommendation 14 in Speakers' Report 2 be adopted.

Recommendation 14: Policy G-610.020, Rules for AMA Elections, paragraph 4 be amended by addition to read as follows:

- (4) An Election Manual containing information on all candidates for election shall continue to be developed annually, with distribution limited to publication on our AMA website, typically on the Web pages associated with the meeting at which elections will occur. The Election Manual will provide a link to the AMA Candidates' Page, but links to personal, professional or campaign related websites will not be allowed. The Election Manual provides an equal opportunity for each candidate to present the material he or she considers important to bring before the members of the House of Delegates and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings. The Election Manual serves as a mechanism to reduce the number of telephone calls, mailings

and other messages members of the House of Delegates receive from or on behalf of candidates; (Modify Current HOD Policy)

No comments specific to this item were heard. The recommendation makes this item consistent with the preceding recommendation, and adoption is recommended. One stated goal of the Task Force was to level campaign opportunities for all candidates regardless of resources. Your Reference Committee believes this recommendation will move toward that goal.

(15) SPEAKERS' REPORT 2 – RECOMMENDATION 15

RECOMMENDATION:

That Recommendation 15 in Speakers' Report 2 be adopted.

Recommendation 15: Policy G-610.020, Rules for AMA Elections, paragraph 14 be reaffirmed:

(14) Every state and specialty society delegation is encouraged to participate in a regional caucus, for the purposes of candidate review activities; and (Reaffirm HOD Policy)

Having heard no comments on this recommendation, your Reference Committee recommends adoption of this recommendation as it is a straight reaffirmation of current policy.

(16) SPEAKERS' REPORT 2 – RECOMMENDATION 17

RECOMMENDATION:

That Recommendation 17 in Speakers' Report 2 be adopted.

Recommendation 17: The Speakers are encouraged to continue recorded virtual interviews of announced candidates in contested races, to be posted on the AMA website. (New HOD Policy)

Although one item in this group of recommendations related to interviews caused some concern, this recommendation did not. Your Reference Committee recommends adoption, and we would note that the Speakers have received positive commentary on their efforts.

(17) SPEAKERS' REPORT 2 – RECOMMENDATION 18

RECOMMENDATION:

That Recommendation 18 in Speakers' Report 2 be adopted.

Recommendation 18: Voting for all elected positions including runoffs will be conducted electronically during an Election Session to be arranged by the Speaker. (New HOD Policy)

The report's recommendations on the voting process garnered few comments and are recommended for adoption. A concern about ensuring that only delegates would be able to vote

was expressed, but the Vice Speaker described security arrangements that are available and planned for use. Chief among these is the use of a special card that will be given only to delegates and that is necessary to cast a vote using the electronic devices. Your Reference Committee believes that security considerations are paramount but is confident that the Speakers and chief teller, who manages the actual election, will address security. We have independently learned that the planned system is widely used and complies with strict European requirements for security and privacy.

(18) SPEAKERS' REPORT 2 – RECOMMENDATION 19

RECOMMENDATION:

That Recommendation 19 in Speakers' Report 2 be adopted.

Recommendation 19: Policy G-610.030, Election Process be amended by addition and deletion to read as follows:

AMA guidelines on the election process are as follows: (1) AMA elections will be held on Tuesday at each Annual Meeting; (2) ~~Poll hours will not be extended beyond the times posted.~~ All delegates eligible to vote must be seated within the House in line to vote at the time appointed to cast their electronic votes; ~~for the close of polls~~; and (3) The final vote count of all secret ballots of the House of Delegates shall be made public and part of the official proceedings of the House. (Modify Current HOD Policy)

The primary purpose of this recommendation is to update our election process, utilizing available electronic voting technology and ensure internal consistency among the recommendations. Your Reference Committee recommends adoption, having heard no concerns expressed either online or in the hearing.

(19) SPEAKERS' REPORT 2 – RECOMMENDATION 20

RECOMMENDATION:

That Recommendation 20 in Speakers' Report 2 be adopted.

Recommendation 20: The Speaker is encouraged to consider means to reduce the time spent during the HOD meeting on personal points by candidates after election results are announced, including collecting written personal points from candidates to be shared electronically with the House after the meeting or imposing time limits on such comments. (New HOD Policy)

One commenter online suggested that your Speakers might project thank you notes from candidates, much as is done with candidate announcements. No objections have been lodged regarding this process, which has been used for our last two meetings. The Reference Committee also notes that this is merely a suggestion to the Speaker, giving the Speaker flexibility to implement as needed. Your Reference Committee recommends adoption.

(20) SPEAKERS' REPORT 2 – RECOMMENDATION 21

RECOMMENDATION:

That Recommendation 21 in Speakers' Report 2 be adopted.

Recommendation 21: Policy G-610.020, Rules for AMA Elections, paragraph 2 be amended by addition to read as follows:

- (2) Individuals intending to seek election at the next Annual Meeting should make their intentions known to the Speakers, generally by providing the Speaker's office with an electronic announcement "card" that includes any or all of the following elements and no more: the candidate's name, photograph, email address, URL, the office sought and a list of endorsing societies. The Speakers will ensure that the information is posted on our AMA website in a timely fashion, generally on the morning of the last day of a House of Delegates meeting or upon adjournment of the meeting. Announcements that include additional information (e.g., a brief resume) will not be posted to the website. Printed announcements may not be distributed in the venue where the House of Delegates meets. Announcements sent by candidates to members of the House are considered campaigning and are specifically prohibited prior to the start of active campaigning. The Speakers may use additional means to make delegates aware of those members intending to seek election; (Modify Current HOD Policy)

Announcements and nominations are the subject of Recommendations 21 to 26. Only a comment or two were offered on these nominations during the hearing; no comments were posted online. No negative comments were offered. This recommendation closes a loophole in the current rules against mass outreach to the House of Delegates before the allowed active campaign period. Your Reference Committee recommends adoption.

(21) SPEAKERS' REPORT 2 – RECOMMENDATION 22

RECOMMENDATION:

That Recommendation 22 in Speakers' Report 2 be adopted.

Recommendation 22: Announcement cards of all known candidates will be projected on the last day of the Annual and Interim Meetings of our House of Delegates and posted on the AMA website as per Policy G-610.020, paragraph 2. Following each meeting, an "Official Candidate Notification" will be sent electronically to the House. It will include a list of all announced candidates and all potential newly opened positions which may open as a result of the election of any announced candidate. Additional notices will also be sent out following the April Board meeting and on "Official Announcement Dates" to be established by the Speaker. (New HOD Policy)

Only a comment or two were offered on these recommendations during the hearing, and no comments were posted online. Your Reference Committee considers these recommendations to be clarifications of our announcement process and recommends adoption.

(22) SPEAKERS' REPORT 2 – RECOMMENDATION 23

RECOMMENDATION:

That Recommendation 23 in Speakers' Report 2 be adopted.

Recommendation 23: Candidates may notify the HOD Office of their intention to run for potential newly opened positions, as well as any scheduled open positions on any council or the Board of Trustees, at any time by submitting an announcement card and their conflict of interest statement to the House Office. They will then be included in all subsequent projections of announcements before the House, "Official Candidate Notifications" and in any campaign activity that had not yet been finalized. All previously announced candidates will continue to be included on each Official Announcement Date. Any candidate may independently announce their candidacy after active campaigning is allowed, but no formal announcement from the HOD office will take place other than at the specified times. (New HOD Policy)

There was no testimony on this recommendation, which clarifies that independent announcements by candidates may be distributed after active campaigning is allowed. This provides the opportunity for a candidate who wishes to independently announce, but only during active campaigning. This recommendation from the preceding two recommendations. Consequently, your Reference Committee recommends adoption of these recommendations.

(23) SPEAKERS' REPORT 2 – RECOMMENDATION 24

RECOMMENDATION:

That Recommendation 24 in Speakers' Report 2 be adopted.

Recommendation 24: Policy G-610.020, Rules for AMA Elections, paragraph 15 be reaffirmed:

(15) Our AMA (a) requires completion of conflict of interest forms by all candidates for election to our AMA Board of Trustees and councils prior to their election; and (b) will expand accessibility to completed conflict of interest information by posting such information on the "Members Only" section of our AMA website before election by the House of Delegates, with links to the disclosure statements from relevant electronic documents. (Reaffirm HOD Policy)

No comments were received. This is a reaffirmation of policy and should be adopted.

(24) SPEAKERS' REPORT 2 – RECOMMENDATION 25

RECOMMENDATION:

That Recommendation 25 in Speakers' Report 2 be adopted.

Recommendation 25: Policy G-610.010, Nominations be amended by addition and deletion to read as follows:

Guidelines for nominations for AMA elected offices include the following: (1) every effort should be made to nominate two or more eligible members for each Council vacancy; (2) the Federation (in nominating or sponsoring candidates for leadership positions), the House of Delegates (in electing Council and Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions) to consider the need to enhance and promote diversity; (3) the date for submission of ~~nominations~~ to applications for consideration by the Board of Trustees at its April meeting for the Council on Legislation, Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, Council on Science and Public Health, Council on Long Range Planning and Development, and Council on Ethical and Judicial Affairs is made uniform to March 15th of each year; (4) the announcement of the Council nominations and the official ballot should list candidates in alphabetical order by name only; (Modify Current HOD Policy)

This recommendation is meant to clarify and more accurately state language regarding nominations and the paperwork that is submitted to the Board of Trustees for its review of council candidates. It should be adopted.

(25) SPEAKERS' REPORT 2 – RECOMMENDATION 26

RECOMMENDATION:

That Recommendation 26 in Speakers' Report 2 be adopted.

Recommendation 26: Policy G-610.020, Rules for AMA Elections, paragraph 3, be amended by addition and deletion to read as follows:

- (3) Active campaigning for AMA elective office may not begin until the Board of Trustees, after its April meeting, announces the ~~nominees~~ candidates for council seats. Active campaigning includes mass outreach activities directed to all or a significant portion of the members of the House of Delegates and communicated by or on behalf of the candidate. If in the judgment of the Speaker of the House of Delegates circumstances warrant an earlier date by which campaigns may formally begin, the Speaker shall communicate the earlier date to all known candidates; (Modify Current HOD Policy)

This recommendation too clarifies language to make it more accurate. Nominations occur at the opening session of the House. The Board simply announces the candidates after its April meeting. This recommendation should be adopted.

(26) SPEAKERS' REPORT 2 – RECOMMENDATION 27

RECOMMENDATION:

That Recommendation 27 in Speakers' Report 2 be adopted.

Recommendation 27: The Federation and members of the House of Delegates will be notified of unscheduled potential newly opened positions that may become available as a result of the election of announced candidates. Candidates will be allowed to announce their intention to run for these positions. (New HOD Policy)

Delegates have expressed the view that interviews are the best tool for gaining knowledge about a candidate, but they also express concern about their ability to properly vet candidates who “pop up” as a result of a prior election, as there is no time to assess the candidate’s qualifications. This recommendation, along with Recommendations 28 to 31, is an effort to address that concern. The approach that would derive from Recommendations 27 to 31 is not perfect, but no solution considered by the Task Force (see the Appendix to their report) was thought to be perfect. As this series of recommendations will be reviewed in two years, your Reference Committee recommends adoption. This specific recommendation provides for communication of potential newly opened positions to the entire House, alerting potential candidates. This recommendation adds transparency to the process.

(27) SPEAKERS’ REPORT 2 – RECOMMENDATION 28

RECOMMENDATION:

That Recommendation 28 in Speakers’ Report 2 be adopted.

Recommendation 28: If there are no scheduled open seats on the Board or specified council for which a potential newly opened position is announced and if the potential newly opened position does not open (ie., the individual with the unexpired term is not elected to the office they sought), no election for the position will be held. (New HOD Policy)

This recommendation provides logistics for what occurs in the event that newly opened positions do not arise, making it clear that no election for the position will occur. Your Reference Committee recommends adoption.

(28) SPEAKERS’ REPORT 2 – RECOMMENDATION 29

RECOMMENDATION:

That Recommendation 29 in Speakers’ Report 2 be adopted.

Recommendation 29: If a potential newly opened position on the Board or a specified council does not open but there are other open positions for the same council or the Board, an election will proceed for the existing open seats. Candidates will be offered the opportunity to withdraw their nomination prior to the vote. (New HOD Policy)

This recommendation is further clarification of logistical concerns. It eliminates some concern of delegations considering supporting more than one candidate for a given office in the event that a newly opened position arises, and makes clear that if this position does not arise, that candidates who were running for the potential seat would be given the opportunity to withdraw prior to the vote. Your Reference Committee recommends adoption.

(29) SPEAKERS' REPORT 2 – RECOMMENDATION 30

RECOMMENDATION:

That Recommendation 30 in Speakers' Report 2 be adopted.

Recommendation 30: In the event that a prior election results in a newly opened position without a nominated candidate or more positions are open than nominated candidates, the unfilled position/s would remain unfilled until the next annual meeting. (New HOD Policy)

Some unease was expressed about this recommendation, with the idea that vacancies might exist on a council for a year being of concern. Given the advance communication of potential open seats specified in preceding recommendations, your Reference Committee believes this will be a very rare event. In addition, the concern regarding this recommendation seems to pale in comparison to another possibility that was considered that would leave all newly opened seats unfilled until the next meeting. This is outlined in the report's appendix. Adoption is the recommendation of your Reference Committee.

(30) SPEAKERS' REPORT 2 – RECOMMENDATION 31

RECOMMENDATION:

That Recommendation 31 in Speakers' Report 2 be adopted.

Recommendation 31: Bylaws 3.4.2.2 and 6.8.1.5 be rescinded.

3.4.2.2 At-Large Trustees to be Elected to Fill Vacancies after a Prior Ballot. The nomination and election of Trustees to fill a vacancy that did not exist at the time of the prior ballot shall be held after election of other Trustees and shall follow the same procedure. Individuals so elected shall be elected to a complete 4-year term of office. Unsuccessful candidates in any election for Trustee, other than the young physician trustee and the resident/fellow physician trustee, shall automatically be nominated for subsequent elections until all Trustees have been elected. In addition, nominations from the floor shall be accepted.

6.8.1.5 Council Members to be Elected to Fill Vacancies after a Prior Ballot. The nomination and election of members of the Council to fill a vacancy that did not exist at the time of the prior ballot shall be held after election of other members of the Council, and shall follow the same procedure. Individuals elected to such vacancy shall be elected to a complete 4-year term. Unsuccessful candidates in the election for members of the Council shall automatically be nominated for subsequent elections to fill any such vacancy until all members of the Council have been elected. In addition, nominations from the floor shall be accepted. (Modify Bylaws)

There was no testimony on this recommendation and your Reference Committee recommends adoption. Your Reference Committee believes that it is not necessary to accomplish the recommended Bylaws change prior to the November meeting when this change can be presented in a report from the Council on Constitution and Bylaws.

(31) SPEAKERS' REPORT 2 – RECOMMENDATION 33

RECOMMENDATION:

That Recommendation 33 in Speakers' Report 2 be adopted.

Recommendation 33: Policy G-610.021, Guiding Principles for House Elections, principle 2 be amended by addition to read as follows:

- (2) Any electioneering practices that distort the democratic processes of House elections, such as vote trading for the purpose of supporting candidates, are unacceptable. This principle applies between as well as within caucuses and delegations. (Modify Current HOD Policy)

This recommendation clarifies an existing principle. Recommendations 33 and 34 received but one online comment between them, so your Reference Committee recommends that they be adopted.

(32) SPEAKERS' REPORT 2 – RECOMMENDATION 34

RECOMMENDATION:

That Recommendation 34 in Speakers' Report 2 be adopted.

Recommendation 34: Policy G-610.021, Guiding Principles for House Elections, principles 1, 3, 4, 5 and 6 be reaffirmed:

- (1) AMA delegates should: (a) avail themselves of all available background information about candidates for elected positions in the AMA; (b) determine which candidates are best qualified to help the AMA achieve its mission; and (c) make independent decisions about which candidates to vote for.
- (3) Candidates for elected positions should comply with the requirements and the spirit of House of Delegates policy on campaigning and campaign spending.
- (4) Candidates and their sponsoring organizations should exercise restraint in campaign spending. Federation organizations should establish clear and detailed guidelines on the appropriate level of resources that should be allocated to the political campaigns of their members for AMA leadership positions.
- (5) Incumbency should not assure the re-election of an individual to an AMA leadership position.
- (6) Service in any AMA leadership position should not assure ascendancy to another leadership position. (Reaffirm HOD Policy)

This recommendation is a straightforward reaffirmation. It should be adopted.

(33) SPEAKERS' REPORT 2 – RECOMMENDATION 36

RECOMMENDATION:

That Recommendation 36 in Speakers' Report 2 be adopted.

Recommendation 36: Policy G-610.021, Guiding Principles for House Elections, be amended by addition of an additional principle 8 to read as follows:

- (8) Delegations and caucuses should be a source of encouragement and assistance to qualified candidates. Nomination and endorsement should be based upon selecting the most qualified individuals to lead our AMA regardless of the number of positions up for election in a given race. Delegations and caucuses are reminded that all potential candidates may choose to run for office, with or without their endorsement and support.
(Modify Current HOD Policy)

No concerns were expressed about this recommendation. As a guiding principle for elections, it is in the best interests of the profession and our Association to select the “most qualified individuals for our AMA.” Your Reference Committee recommends adoption.

(34) SPEAKERS' REPORT 2 – RECOMMENDATION 37

RECOMMENDATION:

That Recommendation 37 in Speakers' Report 2 be adopted.

Recommendation 37: Policy G-610.030, Election Process, paragraph 1 be reaffirmed:

AMA guidelines on the election process are as follows: (1) AMA elections will be held on Tuesday at each Annual Meeting; ... (Reaffirm HOD Policy)

Recommendation 37 regarding “the day of the elections” received a positive comment from the Task Force, with nothing further received. Your Reference Committee recommends adoption. The appendix in the report details the consideration of the Task Force that led to the conclusion that our current schedule for elections on Tuesday should continue.

(35) SPEAKERS' REPORT 2 – RECOMMENDATION 38

RECOMMENDATION:

That Recommendation 38 in Speakers' Report 2 be adopted.

Recommendation 38: In accordance with Bylaw 2.13.7, the Speaker shall appoint an Election Committee of 7 individuals for 1-year terms (maximum tenure of 4 consecutive terms and a lifetime maximum tenure of 8 terms) to report to the Speaker. These individuals would agree not

to be directly involved in a campaign during their tenure and would be appointed from various regions, specialties, sections, and interest groups. The primary role of the committee would be to work with the Speakers to adjudicate any election complaint. Additional roles to be determined by the Speaker and could include monitoring election reforms, considering future campaign modifications and responding to requests from the Speaker for input on election issues that arise. (New HOD Policy)

Only one comment was provided during the hearing and it favored establishing the recommended election committee. A suggestion was made online to consider using former officers of the AMA on the election committee, which the Speakers may wish to consider. In the absence of concerns about such a committee, your Reference Committee recommends adoption of these recommendations and encourages the Speakers to make any decisions rendered by the election committee known to the House either by announcement from the dais or by a Speakers' Report, depending on the urgency of the matter.

(36) SPEAKERS' REPORT 2 – RECOMMENDATION 39

RECOMMENDATION:

That Recommendation 39 in Speakers' Report 2 be adopted.

Recommendation 39: The Speaker in consultation with the Election Committee will consider a more defined process for complaint reporting, validation, resolution, and potential penalties This process will be presented to the House for approval. (New HOD Policy)

There were no concerns were expressed in the hearing or online regarding this recommendation, which calls for communication back to the House regarding the proposed process. Your Reference Committee recommends adoption to facilitate the establishment of a functional election committee.

(37) SPEAKERS' REPORT 2 – RECOMMENDATION 40

RECOMMENDATION:

That Recommendation 40 in Speakers' Report 2 be adopted.

Recommendation 40: Policy G-610.020, Rules for AMA Elections, paragraph 1 be amended by addition to read as follows:

- (1) The Speaker and Vice Speaker of the House of Delegates are responsible for overall administration of our AMA elections, although balloting is conducted under the supervision of the chief teller and the Committee on Rules and Credentials. The Speaker and Vice Speaker will advise candidates on allowable activities and when appropriate will ensure that clarification of these rules is provided to all known candidates. The Speaker, in consultation with the Vice Speaker and the Election Committee, is responsible for declaring a violation of the rules; (Modify Current HOD Policy)

This recommendation, a modest change to existing policy, will enable the Speaker to work with the election committee that would be established by preceding recommendations. Your Reference Committee recommends adoption.

(38) SPEAKERS' REPORT 2 – RECOMMENDATION 41

RECOMMENDATION:

**That Recommendation 41 in Speakers' Report 2 be adopted
and the remainder of the report filed.**

Recommendation 41: After an interval of 2 years a review of our election process, including the adopted recommendations from this report, be conducted by the Speaker and, at the Speaker's discretion the appointment of another election task force, with a report back to the House. (New HOD Policy)

With respect to Recommendation 41, calling for a review of any changes two years hence, no objections were heard. A member of the Task Force commented that they believe their recommendations will provide improvements over the current process, but the House will have an opportunity to review any changes. Your Reference Committee recommends adoption.

RECOMMENDED FOR ADOPTION AS AMENDED

(39) **SPEAKERS' REPORT 2 – RECOMMENDATION 35**

RECOMMENDATION A:

That Recommendation 35 in Speakers' Report 2 be amended by deletion to read as follows:

Policy G-610.021, Guiding Principles for House Elections, be amended by addition of an additional principle 7 to read as follows:

- (7) Delegations and caucuses when evaluating candidates may provide information to their members encouraging open discussion regarding the candidates ~~but should refrain from rank order lists of candidates.~~ (Modify Current HOD Policy)

RECOMMENDATION B:

That Recommendation 35 in Speakers' Report 2 be adopted as amended.

Recommendation 35: Policy G-610.021, Guiding Principles for House Elections, be amended by addition of an additional principle 7 to read as follows:

- (7) Delegations and caucuses when evaluating candidates may provide information to their members encouraging open discussion regarding the candidates but should refrain from rank order lists of candidates. (Modify Current HOD Policy)

Your Reference Committee heard concern that this recommendation constituted an overreach by our AMA and that delegations should be able to determine their own processes. That said, other testimony supported open discussion of the qualifications of candidates. Your Reference Committee therefore recommends deletion of the portion of the recommendation that drew concern.

RECOMMENDED FOR REFERRAL

(40) **SPEAKERS' REPORT 2 – RECOMMENDATION 16**

RECOMMENDATION:

That Recommendation 16 in Speakers' Report 2 be referred.

Recommendation 16: Delegations and caucuses may conduct interviews by virtual means in advance of the Annual Meeting of the House of Delegates during a period of time to be determined by the Speaker in lieu of in-person interviews at the meeting. Delegations and caucuses may choose either method, but not both for a given race. Groups electing to interview candidates for a given position must provide an equal opportunity for all candidates for that position who have announced their intention to be nominated at the time interviews are scheduled, to be interviewed using the same format and platform. An exception being that a group may elect to meet with a candidate who is from their own delegation without interviewing other candidates. Recording of virtual interviews must be disclosed to candidates prior to recording and may only be recorded with candidate consent. Interview recordings may only be shared with members of the interviewing caucus/group. (New HOD Policy)

This recommendation led to considerable discussion. While there was general support for virtual interviews, among both candidates and interviewers who had experienced virtual interviews in 2020 and this year, there was a desire to ensure that interviews do not interfere with clinical time and are conducted within a defined, limited and reasonable timeframe before the Annual Meeting convenes. Your Reference Committee believes that there is value in continuing virtual interviews but agrees there are further details to work out. Therefore, your Reference Committee recommends referral for study, with the expectation that the report will come to the 2021 Interim Meeting.

RECOMMENDED FOR NOT-ADOPTION

(41) **SPEAKERS' REPORT 2 – RECOMMENDATION 32**

RECOMMENDATION:

That Recommendation 32 in Speakers' Report 2 not be adopted.

Recommendation 32: Members of the Council on Constitution & Bylaws (CC&B) will be appointed. The appointment process would include consideration by the Board of Trustees of nominated candidates with a slate for each open position presented to the House of Delegates for approval. Terms, tenure and role of the council would remain unchanged. Appropriate bylaws to accomplish this change will be crafted by CC&B. (Modify Bylaws)

Recommendation 32, calling for the appointment of members to the Council on Constitution and Bylaws, was largely opposed by those who testified. Your Reference Committee has recommended non-adoption for this recommendation.

1 **AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (J-21)**
2
3

4 Part B of Reference Committee on Amendments to Constitution and Bylaws
5

6 Gary R. Katz, MD, Chair
7

8
9 Your Reference Committee recommends the following consent calendar for acceptance:
10

11 **RECOMMENDED FOR ADOPTION**
12

- 13 1. Board of Trustees Report 17 - Specialty Society Representation in the House of
14 Delegates – Five-Year Review
15 2. Council on Constitution & Bylaws Report 1 – Bylaw Accuracy: Single Accreditation
16 Entity for Allopathic and Osteopathic Graduate Medical Education
17 3. Council on Constitution & Bylaws Report 3 – Clarification to Bylaw 7.5.2, Cessation
18 of Eligibility (for the Young Physicians Section)
19 4. Council on Ethical and Judicial Affairs Report 2 – Short-term Medical Service Trips
20 5. Council on Ethical and Judicial Affairs Report 3 – Amendment to Opinion E-9.3.2,
21 "Physician Responsibilities to Impaired Colleagues"
22 6. Resolution 003 – Healthcare and Organizational Policies and Cultural Changes to
23 Prevent and Address Racism, Discrimination, Bias and Microaggressions
24 7. Resolution 004 – AMA Resident/Fellow Councilor Term Limits
25 8. Resolution 006 – Ensuring Consent for Educational Physical Exams on Anesthetized
26 and Unconscious Patients
27 9. Resolution 009 – Supporting Women and Underrepresenting Minorities in
28 Overcoming Barriers to Positions of Medical Leadership and Competitive Specialties
29 10. Resolution 015 – Opposition to the Criminalization and Undue Restriction of
30 Evidence-Based Gender-Affirming Care for Transgender and Gender-Diverse
31 Individuals
32 11. Resolution 023 – Pandemic Ethics and the Duty of Care
33 12. Resolution 024 – AMA Bylaws Language on AMA Young Physicians Section
34 Governing Council Eligibility
35

36 **RECOMMENDED FOR ADOPTION AS AMENDED**
37

- 38 13. Council on Constitution & Bylaws Report 2 – AMA Women Physicians Section:
39 Clarification of Bylaw Language
40 14. Council on Ethical and Judicial Affairs Report 1 – CEJA's Sunset Review of 2011
41 House Policies
42 15. Resolution 001 – Discrimination Against Physicians Treated for Medication Opioid
43 Use Disorder (MOUD)
44

45 **RECOMMENDED FOR ADOPTION IN LIEU OF**
46

- 47 16. Resolution 022 – Maternal Levels of Care Standards of Practice
48

49 **RECOMMENDED FOR REFERRAL**
50

- 51 17. Resolution 007 – Nonconsensual Audio/Video Recording at Medical Encounters

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RECOMMENDED FOR FILING

18. Board of Trustees Report 8 – Plan for Continued Progress Toward Health Equity

Amendments

If you wish to propose an amendment to an item of business, click here: [Submit New Amendment](#)

7

RECOMMENDED FOR ADOPTION

- (1) BOARD OF TRUSTEES REPORT 17 – SPECIALTY
SOCIETY REPRESENTATION IN THE HOUSE OF
DELEGATES – FIVE-YEAR REVIEW

RECOMMENDATION:

**Recommendations in Board of Trustees Report 17 be
adopted and the remainder of the Report be filed.**

The Board of Trustees recommends that the following be adopted, and the remainder of this report be filed:

1. That AMDA – The Society for Post-Acute and Long-Term Care Medicine, American Academy of Child and Adolescent Psychiatry, American Association of Clinical Endocrinology, American Association of Physicians of Indian Origin, American College of Medical Genetics and Genomics, American College of Radiation Oncology, American Institute of Ultrasound in Medicine, American Orthopaedic Foot and Ankle Society, American Society for Clinical Pathology, American Society of Anesthesiologists, American Society of Cataract and Refractive Surgery, American Society of Colon and Rectal Surgeons, American Society of Dermatopathology, American Society of Neuroradiology, Obesity Medicine Association, 34 Renal Physicians Association, Society of Critical Care Medicine, and the Society of Interventional Radiology retain representation in the American Medical Association House of Delegates. (Directive to Take Action)

The report was introduced by the Board, and no further testimony was heard. Your Reference Committee recommends that the recommendations in Board of Trustees Report 17 be adopted and the remainder of the report be filed.

- (2) COUNCIL ON CONSTITUTION & BYLAWS REPORT 1 –
BYLAW ACCURACY: SINGLE ACCREDITATION ENTITY
FOR ALLOPATHIC AND OSTEOPATHIC GRADUATE
MEDICAL EDUCATION PROGRAMS

RECOMMENDATION:

**Recommendations in Council on Constitution and Bylaws
Report 1 be adopted and the remainder of the Report be
filed.**

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.

7.1 Resident and Fellow Section. The Resident and Fellow Section is a fixed Section.

7.1.1 Membership. All active resident/fellow physician members of the AMA shall be members of the Resident and Fellow Section.

7.1.1.1 Definition of a Resident. For purposes of membership in the Resident and Fellow Section, the term Resident shall be applied to any physicians who meet at least one of the following criteria:

- a) Members who are enrolled in a residency approved by the Accreditation Council for Graduate Medical Education ~~or the American Osteopathic Association.~~
- b) Members who are active duty military or public health service residents required to provide service after their internship as general medical officers (including underseas medical officers or flight surgeons) before their return to complete a residency.
- c) Members who are serving, as their primary occupation, in a structured educational, vocational, or research program of at least one year to broaden competency in a specialized field prior to completion of their residency.

7.1.1.2 Definition of a Fellow. For purposes of membership in the Resident and Fellow Section, the term Fellow shall be applied to any physicians who have completed a residency and meet at least one of the following criteria:

- a) Members who are serving in fellowships approved by the Accreditation Council for Graduate Medical Education ~~or the American Osteopathic Association.~~
- b) Members who are serving, as their primary occupation, in a structured clinical, educational, vocational, or research training program of at least six months to broaden competency in a specialized field.

(Modify Bylaws)

The report was introduced by the authors and no further testimony was heard. Your Reference Committee recommends that the recommendations in Council on Constitution and Bylaws report 1 be adopted and the remainder of the report be filed.

- (3) COUNCIL ON CONSTITUTION & BYLAWS REPORT 3 –
CLARIFICATION TO BYLAW 7.5.2, CESSATION OF
ELIGIBILITY (FOR THE YOUNG PHYSICIANS SECTION)

RECOMMENDATION:

**Recommendations in Council on Constitution and Bylaws
Report 3 be adopted and the remainder of the report be
filed.**

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.

7.5 Young Physicians Section. The Young Physicians Section is a fixed Section.

7.5.1 Membership. All active physician members of the AMA who are not resident/fellow physicians, but who are under 40 years of age or are within the first 8 years of professional practice after residency and fellowship training programs, shall be members of the Young Physicians Section.

7.5.2 Cessation of Eligibility of Governing Council Members. If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.5.1 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant. If any officer's or member's term would terminate prior to the conclusion of an Annual Meeting, such officer or member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which such officer or member ceases to meet the membership requirements of Bylaw 7.5.1, as long as the officer or member remains an active physician member of the AMA. ~~The preceding provision shall not apply to the Chair-Elect. Notwithstanding the immediately preceding provision of this section, the Immediate Past Chair shall be permitted to complete the term of office even if the Immediate Past Chair is unable to continue to meet all of the membership requirements of Bylaw 7.5.1, as long as the officer remains an active physician member of the AMA.~~

7.5.2.1 The chair position is a three-year commitment and divided into the roles of chair-elect, chair, and immediate past chair. The young physician must meet the requirements of Bylaws 7.5.1 and 7.5.2 through the end of the chair role, or 2nd year. The immediate past chair shall be permitted to complete the term of office even if unable to continue to meet all of the requirements of Bylaw 7.5.1, as long as the physician remains an active physician member of the AMA.

Testimony was heard in general opposition to this report, requesting that the report be amended to allow one extra year of eligibility, which would be a more adequate timeframe for participation and eventual leadership in the YPS and noted that the section should be given the opportunity to pick their own leadership. Testimony was also offered that the additional language included in the report would disadvantage women, who often begin their participation in YPS later. Those who opposed adoption of this report supported adoption of Resolution 024, which reflects the will of the YPS.

Council on Constitution and Bylaws presented its report and noted that it was the request of CEJA to clarify existing Bylaws. In addition, the Council noted that while these Bylaws have been clarified, there were other related Bylaws that also pertained to this topic. While adoption of this report does not preclude Resolution 024 from being adopted, the Council noted that it does serve to resolve ambiguity in the Bylaws. Your Reference Committee also notes that if Resolution 024 is adopted the Bylaws would still need to be further reviewed in order to achieve the intent of Resolution 024. The Council stated that Bylaws 7.0.4 and 7.0.4.1 specifically states that all Chairs of the sections must be members of the section. This Bylaw would need to be reconciled in order to accomplish the goal of Resolution 024. Your Reference Committee sees adoption of Council on Constitution and Bylaws Report 3 as necessary clarification to our Bylaws regardless of the outcome of Resolution 024, and recommends that Council on Constitution and Bylaws report 3 be adopted.

- (4) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 2
– SHORT-TERM MEDICAL SERVICE TRIPS

RECOMMENDATION:

Recommendations in Council on Ethical and Judicial Affairs Report 2 be adopted and the remainder of the report be filed.

1 In light of these deliberations, the Council on Ethical and Judicial Affairs recommends that
2 the following be adopted and the remainder of this report be filed:

3
4 Short-term medical service trips, which send physicians and physicians in training from
5 wealthier countries to provide care in resource-limited settings for a period of days or weeks,
6 have emerged as a prominent strategy for addressing global health inequities. They also
7 provide training and educational opportunities, thus offering benefit both to the communities
8 that host them and the medical professionals and trainees who volunteer their time and
9 clinical skills.

10
11 By definition, short-term medical service trips take place in contexts of scarce resources and
12 vulnerable communities. The realities of scarcity and vulnerability define fundamental ethical
13 responsibilities to enable good health outcomes, promote justice and sustainability, minimize
14 burdens on host communities, and respect persons and local cultures. Responsibly carrying
15 out short-term medical service trips requires diligent preparation on the part of sponsors and
16 participants in collaboration with host communities.

17
18 Physicians and trainees who are involved with short-term medical service trips should
19 ensure that the trips with which they are associated:

- 20
21 (a) Focus prominently on promoting justice and sustainability by collaborating with the host
22 community to define mission parameters, including identifying community needs,
23 mission goals, and how the volunteer medical team will integrate with local health care
24 professionals and the local health care system. In collaboration with the host community,
25 short-term medical service trips should identify opportunities for and priority of efforts to
26 support the community in building health care capacity. Trips that also serve secondary
27 goals, such as providing educational opportunities for trainees, should prioritize benefits
28 as defined by the host community over benefits to members of the volunteer medical
29 team.
30
31 (b) Seek to proactively identify and minimize burdens the trip may place on the host
32 community, including not only direct, material costs of hosting volunteers, but on
33 possible disruptive effects the presence of volunteers could have for local practice and
34 practitioners as well. Sponsors and participants should ensure that team members bring
35 appropriate skill sets and experience, and that resources are available to support the
36 success of the trip, including arranging for local mentors, translation services, and
37 volunteers' personal health needs as appropriate.
38
39 (c) Seek to become broadly knowledgeable about the communities in which they will work
40 and take advantage of resources to begin to cultivate the "cultural sensitivity" they will
41 need to provide safe, respectful, patient-centered care in the context of the specific host
42 community. Members of the volunteer medical team are expected to uphold the ethics
43 standards of their profession and volunteers should insist that strategies are in place to
44 address ethical dilemmas as they arise. In cases of irreducible conflict with local norms,
45 volunteers may withdraw from care of an individual patient or from the mission after
46 careful consideration of the effect that will have on the patient, the medical team, and the
47 mission overall, in keeping with ethics guidance on the exercise of conscience.

48
49 Sponsors of short-term medical service trips should:
50

- (d) Ensure that resources needed to meet the defined goals of the trip will be in place, particularly resources that cannot be assured locally
- (e) Proactively define appropriate roles and permissible range of practice for members of the volunteer team, including the training, experience, and oversight of team members required to provide acceptable safe, high quality care in the host setting. Team members should practice only within the limits of their training and skills in keeping with the professional standards of the sponsor's country.
- (f) Put in place a mechanism to collect data on success in meeting collaboratively defined goals for the trip in keeping with recognized standards for the conduct of health services research and quality improvement activities in the sponsor's country.

(New HOD/CEJA Policy)

Testimony was generally supportive of this report. Testimony in support noted that short-term medical service trips were important, and that anything that the AMA could do to support them was positive. Testimony was also heard for referral and suggested that the report should strongly underline the decolonization of global health and the history of medical colonialism, as well as the need to address scope of practice. Your Reference Committee acknowledges the significance of these issues, yet believes that benefits of this report are significant and timely, and therefore recommends that the recommendations in Council on Ethical and Judicial Affairs Report 2 be adopted and the remainder of the report be filed.

- (5) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 3
– AMENDMENT TO OPINION E-9.3.2, “PHYSICIAN
RESPONSIBILITIES TO IMPAIRED COLLEAGUES”

RECOMMENDATION:

**Recommendations in Council on Ethical and Judicial
Affairs Report 3 be adopted and the remainder of the report
be filed.**

The Council on Ethical and Judicial Affairs Recommends that Opinion 9.3.2, “Physician Responsibilities to Impaired Colleagues,” be retitled as “Physician Responsibilities to Colleagues with Illness, Disability or Impairment” and amended by substitution as follows; and the remainder of this report be filed:

Providing safe, high quality care is fundamental to physicians’ fiduciary obligation to promote patient welfare. Yet a variety of physical and mental health conditions—including physical disability, medical illness, and substance use—can undermine physicians’ ability to fulfill that obligation. These conditions in turn can put patients at risk, compromise physicians’ relationships with patients, as well as colleagues, and undermine public trust in the profession.

While some conditions may render it impossible for a physician to provide care safely, with appropriate accommodations or treatment many can responsibly continue to practice, or resume practice once those needs have been met. In carrying out their responsibilities to colleagues, patients, and the public, physicians should strive to employ a process that

distinguishes conditions that are permanently incompatible with the safe practice of medicine from those that are not and respond accordingly.

As individuals, physicians should:

- (a) Maintain their own physical and mental health, strive for self-awareness, and promote recognition of and resources to address conditions that may cause impairment.
- (b) Seek assistance as needed when continuing to practice is unsafe for patients, in keeping with ethics guidance on physician health and competence.
- (c) Intervene with respect and compassion when a colleague is not able to practice safely. Such intervention should strive to ensure that the colleague is no longer endangering patients and that the individual receive appropriate evaluation and care to treat any impairing conditions.
- (d) Protect the interests of patients by promoting appropriate interventions when a colleague continues to provide unsafe care despite efforts to dissuade them from practice.
- (e) Seek assistance when intervening, in keeping with institutional policies, regulatory requirements, or applicable law.

Collectively, physicians should nurture a respectful, supportive professional culture by:

- (f) Encouraging the development of practice environments that promote collegial mutual support in the interest of patient safety.
- (g) Encouraging development of inclusive training standards that enable individuals with disabilities to enter the profession and have safe, successful careers.
- (h) Eliminating stigma within the profession regarding illness and disability.
- (i) Advocating for supportive services and accommodations to enable physicians who require assistance to provide safe, effective care.
- (j) Advocating for respectful and supportive, evidence-based peer review policies and practices that will ensure patient safety and practice competency.

Modify HOD/CEJA policy

Mixed testimony was heard on this report. Those speaking in support noted that the report was incredibly important, addressed a range of issues that can affect physicians, moves away from ableism and toward inclusivity, and is in alignment with the AMA Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity ("Health Equity Plan"). Testimony was also heard in support of referral, noting that physicians must have the opportunity for assessment by independent organizations without conflicts of interest, rather than by the physician's employer or institution. Your Reference Committee acknowledges that the issue of independent assessment is significant and would encourage CEJA to consider evaluating this issue in the future but believes the report as written addresses important and timely issues and should not be delayed. Therefore, your Reference Committee recommends that the recommendations in Council on Ethical and Judicial Affairs Report 3 be adopted and the remainder of the report be filed.

(6) RESOLUTION 003 – HEALTHCARE ORGANIZATIONAL
POLICIES AND CULTURAL CHANGES TO PREVENT AND
ADDRESS RACISM, DISCRIMINATION, BIAS AND
MICROAGGRESSIONS

RECOMMENDATION:

Resolution 003 be adopted.

RESOLVED, That our American Medical Association adopt the following guidelines for healthcare organizations and systems, including academic medical centers, to establish policies and an organizational culture to prevent and address systemic racism, explicit and implicit bias and microaggressions in the practice of medicine:

GUIDELINES TO PREVENT AND ADDRESS SYSTEMIC RACISM, EXPLICIT BIAS AND MICROAGGRESSIONS IN THE PRACTICE OF MEDICINE

Health care organizations and systems, including academic medical centers, should establish policies to prevent and address discrimination including systemic racism, explicit and implicit bias and microaggressions in their workplaces.

An effective healthcare anti-discrimination policy should:

- Clearly define discrimination, systemic racism, explicit and implicit bias and microaggressions in the healthcare setting.
- Ensure the policy is prominently displayed and easily accessible.
- Describe the management's commitment to providing a safe and healthy environment that actively seeks to prevent and address systemic racism, explicit and implicit bias and microaggressions.
- Establish training requirements for systemic racism, explicit and implicit bias, and microaggressions for all members of the healthcare system.
- Prioritize safety in both reporting and corrective actions as they relate to discrimination, systemic racism, explicit and implicit bias and microaggressions.
- Create anti-discrimination policies that:
 - Specify to whom the policy applies (i.e., medical staff, students, trainees, administration, patients, employees, contractors, vendors, etc.).
 - Define expected and prohibited behavior.
 - Outline steps for individuals to take when they feel they have experienced discrimination, including racism, explicit and implicit bias and microaggressions.
 - Ensure privacy and confidentiality to the reporter.

- 1 ▪ Provide a confidential method for documenting and reporting incidents.
- 2
- 3 ▪ Outline policies and procedures for investigating and addressing complaints and
- 4 determining necessary interventions or action.
- 5
- 6 • These policies should include:
- 7
- 8 ▪ Taking every complaint seriously.
- 9
- 10 ▪ Acting upon every complaint immediately.
- 11
- 12 ▪ Developing appropriate resources to resolve complaints.
- 13
- 14 ▪ Creating a procedure to ensure a healthy work environment is maintained for
- 15 complainants and prohibit and penalize retaliation for reporting.
- 16
- 17 ▪ Communicating decisions and actions taken by the organization following a complaint to
- 18 all affected parties.
- 19
- 20 ▪ Document training requirements to all the members of the healthcare system and
- 21 establish clear expectations about the training objectives.
- 22

23 In addition to formal policies, organizations should promote a culture in which discrimination,
24 including systemic racism, explicit and implicit bias and microaggressions are mitigated and
25 prevented. Organized medical staff leaders should work with all stakeholders to ensure safe,
26 discrimination-free work environments within their institutions.

27
28 Tactics to help create this type of organizational culture include:

- 29
- 30 • Surveying staff, trainees and medical students, anonymously and confidentially to
- 31 assess:
- 32
- 33 ▪ Perceptions of the workplace culture and prevalence of discrimination, systemic racism,
- 34 explicit and implicit bias and microaggressions.
- 35
- 36 ▪ Ideas about the impact of this behavior on themselves and patients.
- 37
- 38 • Integrating lessons learned from surveys into programs and policies.
- 39
- 40 • Encouraging safe, open discussions for staff and students to talk freely about problems
- 41 and/or encounters with behavior that may constitute discrimination, including racism, bias
- 42 or microaggressions.
- 43
- 44 • Establishing programs for staff, faculty, trainees and students, such as Employee
- 45 Assistance Programs, Faculty Assistance Programs, and Student Assistance Programs,
- 46 that provide a place to confidentially address personal experiences of discrimination,
- 47 systemic racism, explicit or implicit bias or microaggressions.
- 48

49 Providing designated support person to confidentially accompany the person reporting an
50 event through the process. (New HOD Policy)

Mixed testimony was heard on this resolution. Testimony for referral noted that the resolution needs precise definitions and explicit directions based on best evidence on how to implement and comply. Other testimony noted that the length and complexity of the issue may be too much to accomplish in a single resolution, and that more discussion—and specifically in-person discussion—was necessary on such a complex issue. Testimony in support applauded the resolution and noted that the AMA has long recognized the damaging effects of racism in medicine, and the AMA should provide guidance for organizations attempting to eliminate racist policies and promoting a healthy work environment. Other testimony underscored that this resolution presents guidelines rather than binding rules/laws for organizations to follow, and that the AMA should not delay acting on such a significant and urgent issue. Testimony in support also noted that the terms included have been well-established in social science and other literature for decades and are defined within the AMA's health equity strategic plan. Your Reference Committee acknowledges the complexity of these issues and the necessity for further discussion, but recognizes that this resolution provides guidelines – not mandates – that could be useful for organizations, and thus our AMA should not hesitate to provide this direction. Your Reference Committee therefore recommends that Resolution 003 be adopted.

(7) RESOLUTION 004 – AMA RESIDENT/FELLOW COUNCILOR
TERM LIMITS

RECOMMENDATION:

Resolution 004 be adopted.

RESOLVED, That our American Medical Association amend the AMA “Constitution and Bylaws” by addition and deletion to read as follows:

6.5 Council on Ethical and Judicial Affairs.

6.5.7 Term.

6.5.7.2 Except as provided in Bylaw 6.11, the resident/fellow physician member of the Council shall be elected for a term of 23 years provided that if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.5.8 Tenure. Members of the Council may serve only one term, except that the resident/fellow physician member shall be eligible to serve for 3 terms and the medical student member shall be eligible to serve for 2 terms. A member elected to serve an unexpired term shall not be regarded as having served a term unless such member has served at least half of the term.

6.5.9 Vacancies.

6.5.9.2 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council ceases to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates at the next Annual Meeting, on nomination by the President, for a 23-year term. (Modify Bylaws) and be it further

1
2 RESOLVED, That our AMA amend the AMA "Constitution and Bylaws" by addition and
3 deletion to read as follows:
4

5 **6.6 Council on Long Range Planning and Development.**
6

7 **6.6.3 Term.**

8 **6.6.3.2 Resident/Fellow Physician Member.** The resident/fellow physician member of the
9 Council shall be appointed for a term of 23 years beginning at the conclusion of the Annual
10 Meeting provided that if the resident/fellow physician member ceases to be a resident/fellow
11 physician at any time prior to the expiration of the term for which appointed except as
12 provided in Bylaw 6.11, the service of such resident/fellow physician member on the Council
13 shall thereupon terminate, and the position shall be declared vacant.
14

15 **6.6.5 Vacancies.**
16

17 **6.6.5.2 Resident/Fellow Physician Member.** If the resident/fellow physician member of the
18 Council ceases to complete the term for which appointed, the remainder of the term shall be
19 deemed to have expired. The successor shall be appointed by the Speaker of the House of
20 Delegates for a 23-year term. (Modify Bylaws) and be it further
21

22 RESOLVED, That our AMA amend the AMA "Constitution and Bylaws" by addition and
23 deletion to read as follows:
24

25 **6.9 Term and Tenure - Council on Constitution and Bylaws, Council on Medical**
26 **Education, Council on Medical Service, and Council on Science and Public Health.**
27

28 **6.9.1 Term.**
29

30 **6.9.1.2 Resident/Fellow Physician Member.** The resident/fellow physician member of
31 these Councils shall be elected for a term of 23 years. Except as provided in Bylaw 6.11, if
32 the resident/fellow physician member ceases to be a resident/fellow physician at any time
33 prior to the expiration of the term for which elected, the service of such resident/fellow
34 physician member on the Council shall thereupon terminate, and the position shall be
35 declared vacant.
36

37 **6.9.3 Vacancies.**
38

39 **6.9.3.2 Resident/Fellow Physician Member.** If the resident/fellow physician member of
40 these Councils ceases to complete the term for which elected, the remainder of the
41 term shall be deemed to have expired. The successor shall be elected by the House of
42 Delegates for a 23-year term. (Modify Bylaws)
43

44 Limited testimony was heard in support, and your Reference Committee recommends that
45 Resolution 004 be adopted.
46

(8) RESOLUTION 006 – ENSURING CONSENT FOR
EDUCATIONAL PHYSICAL EXAMS ON ANESTHETIZED
AND UNCONSCIOUS PATIENTS

RECOMMENDATION:

Resolution 006 be adopted.

RESOLVED, That our American Medical Association oppose performing physical exams on patients under anesthesia or on unconscious patients that offer the patient no personal benefit and are performed solely for teaching purposes without prior informed consent to do so (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage institutions to align current practices with published guidelines, recommendations, and policies to ensure patients are educated on pelvic, genitourinary, and rectal exams that occur under anesthesia (Directive to Take Action); and be it further

RESOLVED, That our AMA strongly oppose issuing blanket bans on student participation in educational physical exams (Directive to Take Action); and be it further

RESOLVED, That our AMA reaffirm policy H-320.951, “AMA Opposition to “Procedure-Specific” Informed Consent.” (Reaffirm HOD Policy)

Testimony was heard in unanimous support, and your Reference Committee recommends that Resolution 006 be adopted.

(9) RESOLUTION 009 – SUPPORTING WOMEN AND
UNDERREPRESENTED MINORITIES IN OVERCOMING
BARRIERS TO POSITIONS OF MEDICAL LEADERSHIP
AND COMPETITIVE SPECIALTIES

RECOMMENDATION:

Resolution 009 be adopted.

RESOLVED, That our American Medical Association advocate for increased research on changes in specialty interests throughout medical education, including both undergraduate and graduate medical education, specifically in competitive specialties, with a focus on student demographics; (Directive to Take Action) and be it further

RESOLVED, That our AMA amend the following policy to in order to support increasing representation and the recruitment of students who identify with groups classically not represented in competitive fields:
H-200.951 Strategies for Enhancing Diversity in the Physician Workforce
Our AMA supports increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, gender, sexual orientation/gender identity, socioeconomic origin and persons with disabilities. Our AMA will both support and take active measures to support medical students who identify with groups underrepresented in competitive specialties, such as women and minority students, in order to take concrete steps to

1 enhance diversity in the physician workforce. (Modify Current HOD Policy); and be it further

2
3 RESOLVED, That our AMA maintain allocated yearly funding for AMA-MSS national
4 meeting attendance and maintain concrete and standing mechanisms for increasing
5 participation for medical students within our AMA-MSS from medical schools with classically
6 low national meeting attendance, which will be defined as less than five students per
7 national AMA-MSS meeting over a period of five consecutive years, having one or more of
8 the following characteristics:

- 9
10 1. Identify with group(s) underrepresented and disadvantaged in medicine
11 2. Are from medically underserved areas
12 3. Are first generation college graduates

13
14 as a mechanism to create more exposure to leadership and networking opportunities for these
15 students. (Directive to Take Action)

16
17 Testimony was heard in unanimous support of the resolution, noting that many rely on this
18 support, and that physician leadership is not reflective of the demographics of practicing
19 physicians. Your Reference Committee recommends that Resolution 009 be adopted.

20
21 (10) RESOLUTION 015 – OPPOSITION TO THE
22 CRIMINALIZATION AND UNDUE RESTRICTION OF
23 EVIDENCE-BASED GENDER-AFFIRMING CARE FOR
24 TRANSGENDER AND GENDER-DIVERSE INDIVIDUALS

25
26 **RECOMMENDATION:**

27
28 **Resolution 015 be adopted.**

29
30 RESOLVED, That our American Medical Association amend policy H-185.927, “Clarification
31 of Medical Necessity for Treatment of Gender Dysphoria,” by addition and deletion to read
32 as follows:

33
34 **Clarification of Medical Necessity for Treatment of Gender Dysphoria H-185.927**

35 Our AMA: (1) recognizes that medical and surgical treatments for gender dysphoria, as
36 determined by shared decision making between the patient and physician, are medically
37 necessary as outlined by generally-accepted standards of medical and surgical practice;
38 ~~and~~ (2) will advocate for federal, state, and local policies to provide medically necessary
39 care for gender dysphoria; and (3) opposes the criminalization and otherwise undue
40 restriction of evidence-based gender-affirming care. (Modify Current HOD Policy)

41
42 Testimony was heard in support of the resolution. Testimony noted the urgency of opposing
43 any law that criminalizes or restricts a physician’s ability to provide good-faith, evidence-based
44 care. Additional testimony suggested that it is vital that the AMA continue working to oppose
45 anti-transgender legislation, the introduction of which on the state level has been rising in
46 recent years. Limited testimony was heard in opposition, with speakers expressing hesitation
47 about the ability of children to consent to certain aspects of care, but there were many who
48 spoke about the incredibly harmful effects withholding gender-affirming care has on
49 individuals who seek it. They highlighted further that the decision to not provide care is a
50 medical decision in and of itself. Your Reference Committee recommends that Resolution 015
51 be adopted.

(11) RESOLUTION 023 – PANDEMIC ETHICS AND THE DUTY
OF CARE

RECOMMENDATION:

Resolution 023 be adopted.

RESOLVED, That our Council on Ethical and Judicial Affairs reconsider its guidance on pandemics, disaster response and preparedness in terms of the limits of professional duty of individual physicians, especially in light of the unique dangers posed to physicians, their families and colleagues during the COVID-19 global pandemic. (Directive to Take Action)

The resolution was introduced by the author, and no further testimony was heard. Your Reference Committee recommends that Resolution 023 be adopted.

(12) RESOLUTION 024 – AMA BYLAWS LANGUAGE ON AMA
YOUNG PHYSICIANS SECTION GOVERNING COUNCIL
ELIGIBILITY

RECOMMENDATION:

Resolution 024 be adopted.

RESOLVED, That the American Medical Association amend AMA Bylaw 7.5.1, Membership, to read as follows:

7.5.1 Membership. All active physician members of the AMA who are not resident/fellow physicians, but who are under 40 years of age or are within the first 8 years of professional practice after residency and fellowship training programs, shall be members of the Young Physicians Section until December 31 of the year of their 40th birthday or December 31 of the eighth year following the completion of their graduate medical education.

7.5.1.1 Membership shall be granted to any physician serving as Chair or Chair-Elect of the YPS, so long as they fulfilled the requirements of 7.5.1 when they were elected to Chair-Elect, until their term as Chair has expired. (Modify Bylaws)

RESOLVED, That the American Medical Association amend AMA Bylaw 7.5.2, Cessation of Eligibility, to read as follows:

7.5.2 If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.5.1 prior to the expiration of the term for which elected, they shall be permitted to complete the term of office even if they are the term of such officer or member shall terminate and the position shall be declared vacant. If any officer's or member's term would terminate prior to the conclusion of an Annual Meeting, such officer or member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which such officer or member ceases to meet the membership requirements of Bylaw 7.5.1, as long as the

1 ~~officer or member remains an active physician member of the AMA. The preceding~~
2 ~~provision shall not apply to the Chair-Elect.~~

3 ~~Notwithstanding the immediately preceding provision of this section, the Immediate~~
4 ~~Past Chair shall be permitted to complete the term of office even if the Immediate Past~~
5 ~~Chair is unable to continue to meet all of the membership requirements of Bylaw 7.5.1,~~
6 ~~as long as the office remains an active physician member of the AMA. (Modify Bylaws)~~
7

8 Testimony supported the resolution. Speakers noted that it takes time to get acclimated to
9 AMA and section procedures and prepare for leadership. Others noted that the classification
10 of “young physician” is somewhat artificial and inconsistent across different AMA component
11 groups. Supporters also suggested that sections should have the ability to choose their own
12 leadership criteria, and that this change would increase eligibility for leadership participation,
13 particularly among those with longer residency programs. Testimony opposed to the
14 resolution noted that this would change precedence in the AMA Bylaws, and could create
15 conflict with section IOPs. Your Reference Committee looks forward to an expeditious
16 response from the Council on Constitution and Bylaws and resolution of any issues remaining
17 with that Council’s Report 3. Your Reference Committee recommends that Resolution 24 be
18 adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

- (13) COUNCIL ON CONSTITUTION & BYLAWS REPORT 2 –
AMA WOMEN PHYSICIANS SECTION: CLARIFICATION OF
BYLAW LANGUAGE

RECOMMENDATION A:

Recommendations in Council on Constitution and Bylaws
Report 2 be amended by addition and deletion to read as
follows:

7.10.1 Membership. All ~~female~~ physicians and medical
students who are active members of the AMA and identify
as female shall be eligible to be members of the Women
Physicians Section. ~~7.10.1.4~~ Other active members of the
AMA who express an interest in women's issues shall be
eligible to join the section. (Modify Bylaws)

RECOMMENDATION B:

Recommendations in Council on Constitution and Bylaws
Report 2 be adopted as amended and the remainder of the
report be filed.

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.

7.10 Women Physicians Section. The Women Physicians Section is a delineated
Section.

7.10.1 Membership. All female physicians and medical students who are active members
of the AMA shall be eligible to be members of the Women Physicians Section. ~~7.10.1.4~~
Other active members of the AMA who express an interest in women's issues shall be
eligible to join the section. (Modify Bylaws)

Unanimous testimony was heard in support of the recommendations in the report. An
amendment was offered to include language that encompasses all physicians who identify as
female be included as members of the WPS. Your Reference Committee recommends that
Council on Constitution and Bylaws Report 2 be adopted as amended.

- 1 (14) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 1
2 – CEJA’S SUNSET REVIEW OF 2011 HOUSE POLICIES
3

4 **RECOMMENDATION A:**

5
6 **The recommendation in Council on Ethical and Judicial**
7 **Affairs Report 1 be amended by addition, with the**
8 **concurrence of the Council on Ethical and Judicial Affairs,**
9 **to read as follows:**

10
11 The Council on Ethical and Judicial Affairs recommends that the
12 House of Delegates policies that are listed in the Appendix to
13 this report be acted upon in the manner indicated, with the
14 exception of Policy H-460.924, which should be retained, and
15 the remainder of this report be filed. (Directive to Take Action)
16

17 **RECOMMENDATION B:**

18
19 **That Council on Ethical and Judicial Affairs Report 1 be**
20 **adopted as amended, and the remainder of this report be**
21 **filed.**
22

23 The Council on Ethical and Judicial Affairs recommends that the House of Delegates
24 policies that are listed in the Appendix to this report be acted upon in the manner indicated
25 and the remainder of this report be filed. (Directive to Take Action)
26

27 The report was introduced by the authors. There was limited but unanimous testimony
28 recommending that Policy H-460.924 “Race and Ethnicity as Variables in Medical Research”
29 be retained. Upon reconsideration, the Council agreed, considers this to be a friendly
30 amendment and concurs with the amendment. Therefore, your Reference Committee
31 recommends that Council and Ethical and Judicial Affairs Report 1 be adopted as amended.
32

- 33 (15) RESOLUTION 001 - DISCRIMINATION AGAINST
34 PHYSICIANS TREATED FOR MEDICATION OPIOID USE
35 DISORDER (MOUD)
36

37 **RECOMMENDATION A:**

38
39 **The Second Resolve in Resolution 001 be amended by**
40 **deletion to read as follows:**

41
42 **RESOLVED, That our AMA affirm that no physician or**
43 **medical student should be presumed impaired because**
44 **they and their treating physician have chosen medication**
45 **for opioid use disorder (MOUD) to address the substance**
46 **use disorder, ~~including methadone and buprenorphine~~**
47 **(New HOD Policy); and be it further**
48

49 **RECOMMENDATION B:**

50 **This Third Resolve in Resolution 001 be amended by**
51 **deletion to read as follows:**

1
2 **RESOLVED, That our AMA strongly encourage the**
3 **leadership of physician health and wellness programs,**
4 **state medical boards, hospital and health system**
5 **credentialing bodies, and employers to help end stigma**
6 **and discrimination against physicians and medical**
7 **students with substance use disorders and allow and**
8 **encourage the usage of medication for opioid use disorder**
9 **(MOUD), including methadone or buprenorphine, when**
10 **clinically appropriate and as determined by the physician**
11 **or medical student (as patient) and their treating physician,**
12 **without penalty (such as restriction of privileges, licensure,**
13 **ability to prescribe medications or other treatments, or**
14 **other limits on their ability to practice medicine), solely**
15 **because the physician's or medical student's treatment**
16 **plan includes MOUD (Directive to Take Action); and be it**
17 **further**

18
19 **RECOMMENDATION C:**

20
21 **This Fourth Resolve in Resolution 001 be amended by**
22 **addition and deletion to read as follows:**

23
24 **RESOLVED, That our AMA survey physician health**
25 **programs and state medical boards and report back about**
26 **the prevalence of MOUD among physicians under**
27 **monitoring for OUD, types of MAT utilized, and practice**
28 **limitations or other punitive measures, if any, imposed**
29 **solely on the basis of medication choice, whether they**
30 **allow participants/licensees to use MOUD without**
31 **punishment, or exclusion from practicing medicine or**
32 **having to face other adverse consequences. (Directive to**
33 **Take Action)**

34
35 **RECOMMENDATION D:**

36
37 **Resolution 001 be adopted as amended.**

38
39 **RECOMMENDATION E:**

40
41 **That the title of Resolution 001 be changed to read as**
42 **follows:**

43
44 **Discrimination Against Physicians in Treatment with**
45 **Medication for Opioid Use Disorders (MOUD)**

46
47 **RESOLVED, That our American Medical Association affirm that no physician or medical**
48 **student should be presumed to be impaired by substance or illness solely because they are**
49 **diagnosed with a substance use disorder (New HOD Policy); and be it further**
50

1 RESOLVED, That our AMA affirm that no physician or medical student should be presumed
2 impaired because they and their treating physician have chosen medication for opioid use
3 disorder (MOUD) to address the substance use disorder, including methadone and
4 buprenorphine (New HOD Policy); and be it further

5
6 RESOLVED, That our AMA strongly encourage the leadership of physician health and
7 wellness programs, state medical boards, hospital and health system credentialing bodies,
8 and employers to help end stigma and discrimination against physicians and medical
9 students with substance use disorders and allow and encourage the usage of medication for
10 opioid use disorder (MOUD), including methadone or buprenorphine, when clinically
11 appropriate and as determined by the physician or medical student (as patient) and their
12 treating physician, without penalty (such as restriction of privileges, licensure, ability to
13 prescribe medications or other treatments, or other limits on their ability to practice
14 medicine), solely because the physician's or medical student's treatment plan includes
15 MOUD (Directive to Take Action); and be it further

16
17 RESOLVED, That our AMA survey physician health programs and state medical boards and
18 report back about whether they allow participants/licensees to use MOUD without
19 punishment, or exclusion from practicing medicine or having to face other adverse
20 consequences. (Directive to Take Action)

21
22 Testimony was largely supportive of Resolution 001, noting that the resolution was in
23 alignment with AMA policy, and that one's treatment should never be a reason for
24 discrimination or stigma. Other supporting testimony noted that medication for addiction
25 treatment should be treated the same as other medications, and that treatment does not mean
26 and should not imply impairment. Amendments were offered to remove the names of specific
27 medications, and a change in wording of the last resolve to convey a more neutral and
28 effective survey approach to better accomplish the goals of the resolution. Your Reference
29 Committee therefore recommends that Resolution 001 be adopted as amended.
30

RECOMMENDED FOR ADOPTION IN LIEU OF

(16) RESOLUTION 022 – MATERNAL LEVELS OF CARE
STANDARDS OF PRACTICE

RECOMMENDATION:

That Policy H-245.971, “Home Deliveries” be reaffirmed in lieu of Resolution 022.

RESOLVED: That our American Medical Association amend existing policy D-420.993, “Disparities in Maternal Mortality,” by addition and deletion to read as follows:

Our AMA: (1) will ask the Commission to End Health Care Disparities to evaluate the issue of health disparities in maternal mortality and offer recommendations to address existing disparities in the rates of maternal mortality in the United States; (2) will work with the CDC, HHS, state and county health departments to decrease maternal mortality rates in the US; (3) encourages and promotes to all state and county health departments to develop a maternal mortality surveillance system; and (4) will advocate for the adoption of national standards of practice by birthing centers across the country to help improve maternal health; and (5) will work with stakeholders to encourage research on identifying barriers and developing strategies toward the implementation of evidence-based practices to prevent disease conditions that contribute to poor obstetric outcomes, maternal morbidity and maternal mortality in racial and ethnic minorities. (Modify Current HOD Policy)

The Council on Legislation proposed that AMA Policy H-245.971, “Home Deliveries” in lieu of Resolution 022. The language proposed in the resolution proposes a national standard of practice for birthing centers, which runs counter to the AMA’s position on other issues regarding patient safety. Further testimony was unanimously in favor of reaffirmation of the aforementioned policy in lieu of Resolution 022, noting that the current policy accomplishes the goal of this resolution, stating “the safest setting for labor, delivery, and the immediate post-partum period is in the hospital, or a birthing center within a hospital complex, that meets standards jointly outlined by the American Academy of Pediatrics (AAP) and ACOG, or in a freestanding birthing center that meets the standards of the Accreditation Association for Ambulatory Health Care, The Joint Commission, or the American Association of Birth Centers.” Your Reference Committee recommends that AMA Policy H-245.971, “Home Deliveries” be reaffirmed in lieu of Resolution 022.

RECOMMENDED FOR REFERRAL

(17) RESOLUTION 007 – NONCONSENSUAL AUDIO/VIDEO
RECORDING AT MEDICAL ENCOUNTERS

RECOMMENDATION:

Resolution 007 be referred.

RESOLVED, That our American Medical Association encourage that any audio or video recording made during a medical encounter should require both physician and patient notification and consent. (New HOD Policy)

Testimony generally supported the goals of Resolution 007. However, a moderate level of concerns were raised regarding how this would impact various situations, including during forensic examinations where the patient may not consent but is compelled by a court to be recorded, claimants in other legal matters such as employment issues, and inconsistencies between states with regards to existing one-party versus two-party consent-to-record laws. Given the complexities of potential issues stemming from adoption but recognizing the general support for the goal of the resolution, your Reference Committee recommends that Resolution 007 be referred.

RECOMMENDED FOR FILING

- (18) BOARD OF TRUSTEES REPORT 8 – PLAN FOR
CONTINUED PROGRESS TOWARD HEALTH EQUITY

RECOMMENDATION:

Board of Trustees Report 8 be filed.

In accordance with Policy D-180.981, this informational report outlines the equity activities of our AMA from 3rd Quarter 2020 through the 2nd Quarter of 2021, with some projections into the 3rd Quarter of 2021.

Testimony was heard in strong support of filing Board of Trustees Report 8. It was noted that the report is informational, contains no recommendations, and that it is the second such informational report of its kind and unnecessary to refer. It was also noted that there will be numerous educational activities taking place at the Interim Meeting in November regarding the AMA's health equity efforts. Speakers also noted that the information contained within the report is timely, and that the Center for Health Equity has accomplished much this year, which should be promoted and applauded. Speakers also noted that while some of the content in the report may be sensitive, it is important for the AMA to continue in its health equity efforts unencumbered. Testimony in support of referral suggested the inclusion of a recommendation in a future draft that the Health Equity Plan be voted on by the HOD, but your Reference Committee believes that this report's filing should not be delayed since it speaks to events of historical record. Other testimony noted that it is a difficult task to define some of the terminology included in the report, and that it is necessary to learn and understand more before proceeding, to which others responded that the terms included have been well-established in social science and other literature for decades and are defined within the AMA's Health Equity Plan. Your Reference Committee recommends that Board of Trustees Report 8 be filed.

- 1 Doctor Speaker, this concludes the report of Reference Committee on Amendments to
- 2 Constitution and Bylaws. I would like to thank Michael Hanak, MD, George Hruza, MD, Lee
- 3 Perrin, MD, John W. Poole, MD, Tanya Spirtos, MD, Carlos Zapata, MD, and all those who
- 4 testified before the Committee as well as our AMA staff.

Michael Hanak, MD
American Academy of Family
Physicians (Alternate)

John W. Poole, MD
New Jersey

George Hruza, MD
Missouri (Alternate)

Tanya Spirtos, MD
California

Lee Perrin, MD
Massachusetts

Carlos Zapata, MD
New York (Alternate)

Gary Katz, MD
Ohio
Chair