

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 619
(A-22)

Introduced by: Texas, South Carolina, Florida, Mississippi, New Jersey, Pennsylvania

Subject: Focus and Priority for the AMA House of Delegates

Referred to: Reference Committee F

- 1 Whereas, The speakers of the American Medical Association House of Delegates established a
2 Resolutions Committee for the 2021 Special Meeting; and
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4 Whereas, The Resolutions Committee will streamline and increase the efficiency of the
5 business of the house; and
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7 Whereas, Resolution 605, Nov. 21, was referred to the Board of Trustees for study with a verbal
8 request for a report back at the 2022 Annual Meeting, and no report has been issued; and
9
10 Whereas, The number of resolutions submitted to our AMA continues to remain very high; and
11
12 Whereas, Our AMA needs to prioritize and focus to develop policy and act on the issues that
13 are pertinent and important to practicing physicians; that require urgent attention; on which our
14 AMA is the appropriate organization to lead; on which an AMA stance would have a positive
15 impact; that have not been considered previously and voted down; or about which good AMA
16 policy does not already exist; therefore be it
17
18 RESOLVED, That the Resolutions Committee be formed as a standing committee of the house,
19 the purpose of which is to review and prioritize all submitted resolutions to be acted upon at the
20 annual and interim meetings of the AMA House of Delegates (Directive to Take Action); and be
21 it further
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23 RESOLVED, That the membership of the Resolutions Committee be composed of one Medical
24 Student Section (MSS) member, one Resident and Fellow Section (RFS) member, and one
25 Young Physicians Section (YPS) member, all appointed by the speakers through nominations of
26 the MSS, RFS, and YPS respectively; six regional members appointed by the speakers through
27 nominations from the regional caucuses; six specialty members appointed by the speakers
28 through nominations from the specialty caucuses; three section members appointed by the
29 speakers through nominations from sections other than the MSS, RFS, and YPS; and one past
30 president appointed by the speakers (Directive to Take Action); and be it further
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32 RESOLVED, That the members of the Resolutions Committee serve staggered two-year terms
33 except for the past president and the MSS and RFS members, who shall serve a one-year term
34 (Directive to Take Action); and be it further
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36 RESOLVED, That members of the Resolutions Committee cannot serve more than four years
37 consecutively (Directive to Take Action); and be it further

1 RESOLVED, That if a Resolutions Committee member is unable or unwilling to complete his or
2 her term, the speakers will replace that member with someone from a similar member group in
3 consultation with that group the next year, and the new member will complete the unfulfilled
4 term (Directive to Take Action); and be it further
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6 RESOLVED, That each member of the Resolutions Committee confidentially rank resolutions
7 using a 0-to-5 scale (0 – not a priority to 5 – top priority) based on scope (the number of
8 physicians affected), urgency (the urgency of the resolution and the impact of not acting),
9 appropriateness (whether AMA is the appropriate organization to lead on the issue), efficacy
10 (whether an AMA stance would have a positive impact), history (whether the resolution has
11 been submitted previously and not accepted), and existing policy (whether an AMA policy
12 already effectively covers the issue). Resolutions would not have to meet all of these
13 parameters nor would these parameters have to be considered equally (Directive to Take
14 Action); and be it further
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16 RESOLVED, That the composite (or average) score of all members of the Resolutions
17 Committee be used to numerically rank the proposed resolutions. No resolution with a
18 composite average score of less than 2 would be recommended for consideration. The
19 Resolutions Committee would further determine the cutoff score above which resolutions would
20 be considered by the house based on the available time for reference committee and house
21 discussion, and the list of resolutions ranked available for consideration would be titled
22 “Resolutions Recommended to be Heard by the HOD” (Directive to Take Action); and be it
23 further
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25 RESOLVED, That the Resolutions Committee also make recommendations on all resolutions
26 submitted recommending reaffirmation of established AMA policy and create a list titled
27 “Resolutions Recommended for Reaffirmation,” with both lists presented to the house for
28 acceptance (Directive to Take Action); and be it further
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30 RESOLVED, That the membership of the Resolutions Committee be published on the AMA
31 website with a notice that the appointed members should not be contacted, lobbied, or coerced;
32 any such activity must be reported to the AMA Grievance Committee for investigation; and
33 should the alleged violations be valid, disciplinary action of the offending person will follow
34 (Directive to Take Action); and be it further
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36 RESOLVED, That the bylaws be amended to add the Resolution Committee as a standing
37 Committee with the defined charge, composition, and functions as defined above for all AMA
38 HOD meetings effective Interim 2022. (Directive to Take Action)

Fiscal Note: Minimal - less than \$1,000 assuming the resolution committee would not convene
in person.

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