

REPORT OF THE COUNCIL ON CONSTITUTION AND BYLAWS

The following report was presented by Pino Colone, MD, Chair:

1. CLARIFICATION TO THE BYLAWS: DELEGATE REPRESENTATION

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

HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS

REMAINDER OF REPORT FILED

Bylaws amended

At the 2019 Annual Meeting, the House referred CCB Report 1, “Clarifications to the Bylaws—Delegate Representation, Registration and Credentialing,” to the Council for report back. At the 2019 meeting, the House adopted two Council reports that included elements of referred CCB Report 1-A-19. This third report focuses on the general issue of representation in our AMA House of Delegates (HOD), with clarifying language regarding the medical student regional delegates and the delegates from the Resident and Fellow Section.

DELEGATE REPRESENTATION

Our AMA HOD, per Article IV of the AMA Constitution, is the legislative and policymaking body of the Association. Article III establishes that the AMA is comprised of individual members who are represented through constituent associations, national medical specialty societies and other entities, as specified in the Bylaws. Since delegates and alternate delegates can only achieve HOD representation via one of the aforementioned entities, which includes the sections, the Council opines that an underlying premise of the various AMA bylaws is that a delegate can only represent an organization of which he/she is a member. Bylaw 2.0.1.2 speaks to the multi-dimensional role of delegates, including representation of the perspectives of the delegate’s sponsoring organization, and Bylaw 2.10.3, “Lack of Credentials” alludes to the need for “proper identification as the delegate or alternate delegate selected by the respective organization.”

There was limited discussion of the Council’s recommendation in CCB Report 1-A-19 mandating delegate membership in the entity one is representing. Thus, the Council reintroduces amendments to address the representation requirement of delegates to our AMA House of Delegates.

Other more controversial issues touching on regional medical student representation and RFS sectional delegates from CCB 1-A-19 are discussed below.

REGIONAL MEDICAL STUDENT REPRESENTATION

Similar to the other AMA sections, the Medical Student Section (MSS) elects a delegate and an alternate delegate. In addition, there are medical student regional delegates and alternate delegates. There are seven medical student regions defined for the purposes of electing regional delegates to the AMA House of Delegates. Per Bylaw 2.3.2, each medical student region, as defined by the Medical Student Section, is entitled to “one delegate and one alternate delegate for each 2,000 active medical student members of the AMA in an educational program located within the jurisdiction of the medical student region.” The regions are as follows:

- Region 1: Washington, Oregon, California, Nevada, Utah, Colorado, Arizona, New Mexico, Montana, North Dakota, South Dakota, Idaho, Wyoming, Alaska, Hawaii.
- Region 2: Minnesota, Wisconsin, Nebraska, Iowa, Missouri, Illinois.
- Region 3: Kansas, Texas, Oklahoma, Arkansas, Louisiana, Mississippi.
- Region 4: Florida, Georgia, Alabama, South Carolina, North Carolina, Tennessee, Puerto Rico.
- Region 5: Michigan, Indiana, Ohio, Kentucky, West Virginia.
- Region 6: Virginia, Maryland, District of Columbia, Delaware, New Jersey, Pennsylvania.
- Region 7: Maine, Vermont, New Hampshire, Massachusetts, Rhode Island, Connecticut, New York.

Per Bylaw 2.3.3, “Each elected medical student section delegate must receive written endorsement from the constituent association representing the jurisdiction within which the medical student’s educational program is located, in accordance with procedures adopted by the MSS and approved by the Board of Trustees.” The medical student regional delegate and alternate delegate positions are typically funded by the endorsing constituent association, although there is no requirement to do so. Each regional medical student delegate is seated with his/her endorsing constituent association, again per AMA bylaws, with any student who subsequently substitutes for that regional medical student delegate seated with that same constituent association.

At the A-19 Reference Committee on Amendments to Constitution and Bylaws, there was divergent testimony as to what entity a medical student regional delegate represents in the House of Delegates. A candidate standing for election to a medical student regional delegate or alternate delegate position must be endorsed by a constituent association; at the MSS meeting, medical students from the same region vote to elect one or more candidates from the region. Yet a medical student regional delegate has some obligation to the constituent association that endorsed their candidacy and that often funds their participation. The Council acknowledges that the medical student regional delegates to the House of Delegates have competing loyalties to their endorsing constituent association, the MSS, their medical student region and their educational program, and that the positions of each may differ on important items of business. Furthermore, AMA Bylaw 2.0.1.2. acknowledges this multi-dimensional role of all AMA delegates. The Council, however, continues to believe that membership in the endorsing constituent association is essential for any medical student regional delegate and thus should be articulated in our AMA Bylaws.

In proposing amendments to Bylaw 2.3, the Council has included language that parallels that in the Medical Student Section’s Internal Operating Procedures approved by the Board of Trustees to address the qualifications of the medical student regional delegate and the regional delegate substitution process. The Council believes that the House of Delegates, endorsing constituent associations, and AMA delegations should be familiar with the Board-approved process when there are vacancies. Again, the Council stands by its language regarding membership in the endorsing constituent association for the medical student regional delegates and alternate delegates.

The Council also has expanded existing bylaw language in 2.10.8 to provide clarity regarding the seating of substitute medical student regional delegates in the House of Delegates. The new language is consistent with current practice as approved by the Board and addressed in the Internal Operating Procedures.

Lastly, the Council also heard some concerns in 2019 from medical students who train full time in a state different than the state where their educational program is located. The Council has learned that the Medical Student Section is seeking to revise the language in its Internal Operating Procedures that speaks to this issue specifically as well as other issues associated with multiple medical student campuses, so in this report the Council also is proposing amendments to Bylaws 2.3.3 and 2.10.8 to eliminate language referring to the jurisdiction of the medical student’s educational program.

RFS REPRESENTATION

Similar to other AMA Sections, the Resident and Fellow Section (RFS) has a single delegate and alternate delegate. Additional RFS delegates and alternate delegates to the House of Delegates are elected at the RFS Assembly meeting based on the apportionment of one delegate for every 2,000 active resident and fellow members of the AMA. These sectional RFS delegates must be endorsed by a constituent association, a national medical specialty society, a professional interest association, or a federal service. These positions are typically funded by the endorsing association, society, or federal service and each RFS delegate is seated with the endorsing entity per AMA bylaws, with any resident who substitutes for an RFS delegate being seated with that same entity.

AMA Bylaw 2.0.1.2.1 states “In considering business, delegates should take into consideration the perspectives of their patients, their sponsoring organizations, and their physician constituents.” Most delegations caucus prior to and during the House meeting and develop a delegation position on pending items of business. The Council acknowledges that the sectional RFS delegates, like the medical student regional delegates, have competing loyalties as they represent not only their endorsing/sponsoring/funding entity but the RFS in the House of Delegates, and that the positions of the sponsoring entity and the AMA section may differ on important items of business. As with the medical student regional delegates, the Council believes that membership in the endorsing entity is essential for the sectional RFS delegates and alternate delegates and thus should be articulated in our AMA Bylaws.

The Council notes that RFS delegate substitutions are more flexible as these individuals are elected at-large and not regionally as are the regional medical student delegates or even by specialty. The RFS procedures adopted by the RFS Assembly and the Board of Trustees state that “Sectional Delegate vacancies shall be filled by a temporary appointment from the available Sectional Alternate Delegates at the discretion of the RFS Delegate and Alternate Delegate. Sectional Alternate Delegate vacancies shall be filled by a temporary appointment of RFS members present at the current House of Delegates meeting at the discretion of the RFS Delegate and Alternate Delegate... Consideration in temporary appointments shall be given to members who maintain or increase diversity of RFS representation in the House of Delegates with regards to sponsoring state and specialty societies.”

The Council has proposed changes to several bylaws to clarify that AMA membership and membership in the endorsing entity is required of each RFS sectional delegate and alternate delegate. RFS delegates may be endorsed by entities represented in the AMA House of Delegates other than constituent associations or national medical specialty societies, namely professional interest medical associations or federal services, a practice allowed under procedures adopted by the RFS Assembly and approved by the Board of Trustees.

The Council has also expanded the language in Bylaw 2.10.9 to address the seating of substitute RFS delegates in the House of Delegates.

RECOMMENDATIONS

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

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

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

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

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

2.3 Medical Student Regional Delegates. In addition to the delegate and alternate delegate representing the Medical Student Section, ~~regional~~ medical student regional delegates and regional alternate delegates shall be apportioned and elected as provided in this bylaw.

2.3.1 Qualifications. Medical ~~S~~tudent ~~R~~egional delegates and alternate delegates must be active medical student members of the AMA. In addition, medical student regional delegates and alternate delegates must be members of their endorsing constituent association. The region in which the endorsing society is located determines the student's region, and a medical student may serve as a regional delegate, alternate delegate or any form of substitute (pursuant to Bylaws 2.8.5 or 2.10.4) only for that region.

2.3.3 Medical ~~S~~tudent ~~R~~egional delegates and alternates shall be elected by the Medical Student Section in accordance with procedures adopted by the Section. Each elected delegate and alternate delegate must receive written endorsement from the their constituent association ~~representing the jurisdiction within which the medical student's educational program is located~~, in accordance with procedures adopted by the Medical Student Section and approved by the Board of Trustees. Delegates and alternate delegates shall be elected at the Business Meeting of the Medical Student Section prior to

the Interim Meeting of the House of Delegates. Delegates and alternate delegates shall be seated at the next Annual Meeting of the House of Delegates.

- 2.4 Delegates from the Resident and Fellow Section.** In addition to the delegate and alternate delegate representing the Resident and Fellow Section, resident and fellow physician delegates and alternate delegates shall be apportioned and elected in a manner as provided in this bylaw.

- 2.4.1 Qualifications.** Delegates and alternate delegates from the Resident and Fellow Section must be active members of the Resident and Fellow Section of the AMA. In addition, resident and fellow physician delegates and alternate delegates must be members of their endorsing society or organization currently seated in the HOD in a capacity appropriate to their level of training.

- 2.4.2 Apportionment.** The apportionment of delegates from the Resident and Fellow Section is one delegate for each 2,000 active resident and fellow physician members of the AMA, as recorded by the AMA on December 31 of each year.

- 2.4.3 Election.** Delegates and alternate delegates shall be elected by the Resident and Fellow Section in accordance with procedures adopted by the Section. Each delegate and alternate delegate must receive written endorsement from ~~his or her~~ a society or organization currently seated in the House of Delegates and a constituent association or national medical specialty society, in accordance with procedures adopted by the Resident and Fellow Section and approved by the Board of Trustees.

- 2.10.8 Medical Student Seating.** Each ~~M~~medical Sstudent ~~R~~regional delegate shall be seated with the student's endorsing constituent association ~~representing the jurisdiction within which such delegate's educational program is located.~~ Alternate or substitute delegates shall be assigned to the original regional delegate's seat location during the time they are seated for the original delegate.

- 2.10.9 Resident and Fellow Seating.** Each delegate from the Resident and Fellow Section shall be seated with the physician's endorsing society or organization ~~constituent association or specialty society~~. In the case where a delegate has been endorsed by multiple entities ~~both a constituent association and specialty society~~, the delegate must choose, prior to the election, with which delegation the delegate wishes to be seated. Alternate or substitute delegates shall be assigned to the original delegate's seat location during the time they are seated for the original delegate.