

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

The following report was presented by Pino Colone, MD, Chair, Council on Constitution and Bylaws, and Clarence Chou, MD, Chair, Council on Long Range Planning and Development.

1. JOINT COUNCIL SUNSET REVIEW OF 2012 HOUSE POLICIES

Reference committee hearing: see report of Reference Committee F.

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

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

1. As the House of Delegates (House) adopts policies, a maximum ten-year time horizon shall exist. A policy will typically sunset after ten years unless action is taken by the House to retain it. Any action of our AMA House that reaffirms or amends an existing policy position shall reset the sunset "clock," making the reaffirmed or amended policy viable for another 10 years.
2. In the implementation and ongoing operation of our AMA policy sunset mechanism, the following procedures shall be followed: (a) Each year, the Speakers shall provide a list of policies that are subject to review under the policy sunset mechanism; (b) Such policies shall be assigned to the appropriate AMA councils for review; (c) Each AMA council that has been asked to review policies shall develop and submit a report to the House identifying policies that are scheduled to sunset; (d) For each policy under review, the reviewing council can recommend one of the following actions: (i) retain the policy; (ii) sunset the policy; (iii) retain part of the policy; or (iv) reconcile the policy with more recent and like policy (per Policy G-600.111(4), The consolidation process permits editorial amendments for the sake of clarity, so long as the proposed changes are transparent to the House and do not change the meaning); (e) For each recommendation that it makes to retain a policy in any fashion, the reviewing council shall provide a succinct, but cogent justification (f) The Speakers shall determine the best way for the House to handle the sunset reports.
3. Nothing in this policy shall prohibit a report to the House or resolution to sunset a policy earlier than its 10-year horizon if it is no longer relevant, has been superseded by a more current policy, or has been accomplished.
4. The AMA councils and the House should conform to the following guidelines for sunset: (a) when a policy is no longer relevant or necessary; (b) when a policy or directive has been accomplished; or (c) when the policy or directive is part of an established AMA practice that is transparent to the House and codified elsewhere such as the AMA Bylaws or the AMA House of Delegates Reference Manual: Procedures, Policies and Practices.
5. The most recent policy shall be deemed to supersede contradictory past AMA policies.
6. Sunset policies will be retained in the AMA historical archives

The Councils on Constitution and Bylaws and Long Range Planning and Development collaborated on this report, as they did the last time these policies were up for review.

RECOMMENDATION

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

APPENDIX - Recommended Actions

Policy Number	Title	Text	Recommendation
D-155.998	Meeting with Business Coalitions	<p>Our AMA: (1) shall continue to monitor the activities of business coalitions and other health care coalitions, including The Leapfrog Group, and keep physicians and the Federation of Medicine informed of the activities and new initiatives of these coalitions;</p> <p>(2) shall continue to meet with and serve with vigilance on appropriate advisory committees to national business and other health care coalitions, including The Leapfrog Group, to establish a dialogue with these coalitions and provide physicians' unique clinical and patient-centered expertise in a manner consistent with AMA policy and sound quality and patient safety principles; (3) shall encourage the other members of the Federation of Medicine to meet with and serve on appropriate advisory committees to business and other health care coalitions in their geographic area or field of medical specialization to establish a dialogue with these coalitions and provide physicians' unique clinical and patient-centered expertise in a manner consistent with sound quality and patient safety principles and keep the AMA informed of the results of these activities; (4) continue to promote its policies regarding the proper collection and use of physician and hospital quality data; (5) shall advocate that business and health care coalitions, and other similar entities be reminded that <u>The Joint Commission</u> the JCAHO standards, as well as most state hospital licensure laws, require that the advice and approval of the hospital medical staff or medical groups must be sought before clinical practices are modified; (6) shall actively address with business and health care coalitions, as well as with other similar entities, the problems of delivering quality care that are created by under-reimbursement of health care services by third party payers; and (7) shall exercise extreme caution when meeting with The Leapfrog Group and other business coalitions to avoid implied and unintended concurrence with the recommendations of such groups.</p>	Retain as editorially amended: It is unnecessary to reference The Leapfrog Group; the Joint Commission is the new name for the organization formerly called JCAHO.
D-165.975	Health Care for the Economically Disadvantaged	<p>Our AMA shall continue in its efforts to highlight the need for improved access to quality health care for the disadvantaged, working with the private sector and government at all levels to improve access for this population.</p>	Rescind. This policy has been superseded by more recent policies and directives that commit our AMA to improving health care for all, including the economically disadvantaged. Policies include H-410.995, Participation in the Development of Practice Guidelines by Individuals Experienced in the Care of Minority and Indigent Patients , H-160.922, Physician and Health Plan Provision of Uncompensated Care ; H-185.917, Reducing Inequities and Improving Access to Insurance for Maternal Health Care , H-180.978, Access to Affordable Health Care Insurance through

			Deregulation of State Mandated Benefits, H-165.841, Comprehensive Health System Reform, H-165.838, Health System Reform Legislation, and H-160.922, Physician and Health Plan Provision of Uncompensated Care.
D-180.991	Work Plan for Maintaining Privacy of Physician Medical Information	The AMA shall recommend that medical staffs, managed care organizations and other credentialing and licensing bodies adopt credentialing processes that are compliant with the Americans with Disabilities Act and communicate this recommendation to all appropriate entities.	Rescind. This policy has been superseded by more recent and comprehensive policies including H-275.970, Licensure Confidentiality , and H-275.945, Self-Incriminating Questions on Applications for Licensure and Specialty Boards .
D-200.976	Transparency in Recruiting and Marketing Techniques for Young Physicians	Our AMA will: (1) explore strategies to increase transparency in marketing techniques used to recruit physicians who are finishing their residency or fellowship to ensure that hospitals, clinics, or health plans are not using deceptive or anti-competitive recruiting techniques without fully disclosing all components of any contract with the physician being recruited; and (2) work through its councils and sections to develop resources to assist physicians in training in career decision-making that provides them the full range of information concerning various practice models, including private practice.	Rescind. Since the directive was adopted 10 years ago, there have been numerous policies adopted, including H-225.950, AMA Principles for Physician Employment and D-383.978, Restrictive Covenants of Large Health Care Systems . Numerous resources have been developed to help physicians make informed career choices, including Practice Options for Physicians ; Signing an Employment Contract ; and Joining physician-led integrated systems: A guide to better decision making . Also, the sections, notably the RFS and YPS, often convene educational programs on these topics. Lastly, as part of its Professional Satisfaction and Practice Sustainability initiative, the AMA is developing tools physicians can use to enhance the practice of medicine and help them make informed decisions about their practice environments.

D-225.977	Physician Independence and Self-Governance	Our AMA will: (1) continue to assess the needs of employed physicians, ensuring autonomy in clinical decision-making and self-governance; and (2) promote physician collaboration, teamwork, partnership, and leadership in emerging health care organizational structures, including but not limited to hospitals, health care systems, medical groups, insurance company networks and accountable care organizations, in order to assure and be accountable for the delivery of quality health care.	Retain. While the directive has been foundational for the development of many AMA policies (H-225.950, AMA Principles for Physician Employment ; D-215.990, AMA Assistance for Members in Matters Pertaining to Physician-Hospital/Health System Relationships ; H-225.964, Hospital Employed/Contracted Physicians Reimbursement , and G-615.105, Employed Physicians and the AMA), retention will underscore the AMA's stance on employed physicians and provide another example of the AMA's support of employed physicians.
D-225.990	Medicare Payment for the Medical Direction and Supervision of Hospital-Based Clinical Laboratories	Our AMA urge the Department of Health and Human Service-Office of Inspector General to revise its Compliance Program Guidance for the Hospital Industry to state that token payment or non-payment for pathologist Part A medical direction and supervision services in exchange for Part B referrals violates the anti-kickback statute.	Rescind. OIG issued supplemental guidelines for hospitals and clinical laboratories that address Federal anti-kickback statutes, together with the safe harbor regulations and preambles, OIG fraud alerts and experience gained from investigations conducted by the OIG and the Department of Justice.
D-315.990	Physician Patient Privilege	Our AMA will: (1) periodically inform its members of their legal responsibilities relating to the confidentiality and release of privileged patient information under applicable federal law; and (2) develop model consent forms to be used by physicians.	Rescind. Superseded by more recent and/or comprehensive policies, including H-315.964, Confidentiality and Privacy Protections Ensuring Care Coordination and the Patient-Physician Relationship ; H-320.944, Standardized Preauthorization Forms ; D-315.992, Police, Payer and Government Access to Patient Health Information .
D-350.996	Strategies for Eliminating Minority Health Care Disparities	Our American Medical Association will continue to identify and incorporate strategies specific to the elimination of minority health care disparities in its ongoing advocacy and public health efforts, as appropriate.	Retain. This policy has been superseded by more recent and/or comprehensive policies, including H-180.944 Plan for Continued

			<p>Progress Toward Health Equity AMA (ama-assn.org) H-350.972 Improving the Health of Black and Minority Population AMA (ama-assn.org) H-350.974 Racial and Ethnic Disparities in Health Care AMA (ama-assn.org) D-350.995 Reducing Racial and Ethnic Disparities in Health Care AMA (ama-assn.org) H-350.972, Improving the Health of Black and Minority Populations, H-350.971, AMA Initiatives Regarding Minorities, and D-350.995, Reducing Racial and Ethnic Disparities in Health Care. Also, in 2019, our AMA launched the AMA Center for Health Equity.</p>
D-385.986	Payment For Sonography	Our AMA, in collaboration with other specialty societies, shall vigorously advocate with Medicare and other payers that all appropriately trained physicians regardless of specialty be reimbursed for performing diagnostic sonography with appropriate documentation (including sonographically directed biopsy, aspiration, etc.) in situations with defined clinical indications.	Rescind. The actions requested have been accomplished. There have been no recent complaints from specialties regarding lack of reimbursement for these services. CPT continues to instruct providers to select the name of the procedure or service that accurately identifies the procedure performed.
D-435.991	Bioterrorism - Protection from Liability	Our AMA shall continue to work with the Congress to protect physicians from liability arising from providing medical care in an organized governmental response to bioterrorism.	Retain. Still relevant.
D-615.981	AMA Support for Medical Students	Our AMA will: (1) study the attendance of students in regional and national meetings and the relationship of that attendance with continued participation in the future; and (2) consider the development of a program of travel grants to include considerations of individual need, chapter development and other incentives to encourage student participation in meetings.	Retain. Still relevant and necessary as the MSS continues to study regional meeting attendance as well as attendance at MSS Meetings. While MSS is considering travel scholarships as directed by D-200.975, Supporting Women and Underrepresenting Minorities in Overcoming Barriers to Positions of Medical Leadership and

			Competitive Specialties , the program is in the very early phases of implementation.
D-620.991	Federal Physician Attendance at Medical Meetings	Our AMA will <u>continue to</u> work with the federal government to ensure that federal physicians are able to continue to participate in professional meetings and serve in leadership positions in organized medicine.	Retain as editorially amended. Still relevant.
G-600.011	Function, Role and Procedures of the House of Delegates	The function and role of the House of Delegates includes setting policy on health, medical, professional, and governance matters, as well as the broad principles within which AMA's business activities are conducted. The Board of Trustees is vested with the responsibility for the AMA's business strategy and the conduct of AMA affairs. Our AMA adopts the <i>AMA House of Delegates Reference Manual: Procedures, Policies and Practices</i> as the official method of procedure in handling and conducting the business before the AMA House of Delegates.	Retain. Still relevant and necessary.
G-600.014	Guidelines for Admission of Constituent Associations to our AMA House of Delegates	<p>1. Constituent associations are medical associations of states, commonwealths, districts, territories, or possessions of the United States. The Board of Trustees will review applications from new constituent associations seeking representation and recommend a course of action to the House of Delegates. The following guidelines shall be utilized in evaluating constituent association applications for representation in our American Medical Association House of Delegates:</p> <ul style="list-style-type: none"> a. The organization must not be in conflict with the Constitution and Bylaws of our AMA with regard to discrimination in membership; b. The organization must identify the type of organization that it is (e.g., not-for-profit corporation, LLC, unincorporated association, etc.), and submit evidence that it is in good standing as that type of entity in its geographical area; c. The leadership of the organization must have been specifically directed by its members to take action to seek representation in the AMA House of Delegates; d. The organization must be the predominant representational organization of physicians in a state, commonwealth, district, territory or possession of the United States; e. Physicians should comprise the majority of the voting membership of the organization; f. The organization must identify the number of members in each of the following categories: medical students, resident/fellow physicians, practicing physicians, inactive physicians (e.g., retired), non-physician members, and provide a roster of its members who are current in payment of dues and eligible to hold office; and g. The organization must be established and stable. <p>2. Only one constituent association from each state, commonwealth, district, territory or possession of the United States shall be recognized by the House of Delegates for purposes of representation in the House of Delegates; and</p> <p>3. Each constituent association seeking representation in the House of Delegates must agree to abide by Policy G-620.030, "Statement of Collaborative Intent."</p>	Retain. Still relevant and necessary to specify a process to admit potential new constituent associations into our House of Delegates.

G-600.015	AMA Delegations	State and specialty medical societies are encouraged to adopt election procedures through which only AMA members may cast ballots for the state/specialty society’s delegates to our AMA. Also, medical societies are encouraged to develop methods for selecting AMA delegates that provide an exclusive role for AMA members. It is also suggested that each delegation have at least one member involved in the governance of the sponsoring organization.	Retain but consolidate with G-600.030, Diversity of AMA Delegations into a single comprehensive policy addressing AMA Delegations. The principles outlined are still very much relevant.
G-600.019	Probationary Period for Specialty Societies	The specialty organizations placed on one year probation are expected to work with AMA membership to develop a plan to increase their AMA membership and meet the responsibilities of National Medical Specialty Organizations as provided in Section 8.2 of the Bylaws. Our AMA will work towards implementation of data licensing agreements with the specialty organizations seated in the House of Delegates that will provide them with the ability to view a portion of the AMA eprofile application for the sole purpose of AMA membership verification.	Retain part of the policy. The first policy is still relevant; the second has been accomplished: some but not all specialties avail themselves of the developed process.
G-600.022	Admission of Professional Interest Medical Associations to our AMA House	<p>(1) Professional Interest Medical Associations (PIMAs) are organizations that relate to physicians along dimensions that are primarily ethnic, cultural, demographic, minority, etc., and are neither state associations nor specialty societies. The following guidelines will be utilized in evaluating PIMA applications for representation in our AMA House of Delegates (new applications will be considered only at Annual Meetings of the House of Delegates):</p> <ul style="list-style-type: none"> (a) the organization must not be in conflict with the Constitution and Bylaws of our AMA; (b) the organization must demonstrate that it represents and serves a professional interest of physicians that is relevant to our AMA’s purpose and vision and that the organization has a multifaceted agenda (i.e., is not a single-issue association); (c) the organization must meet one of the following criteria: <ul style="list-style-type: none"> (i) the organization must demonstrate that it has 1,000 or more AMA members; or (ii) the organization must demonstrate that it has a minimum of 100 AMA members and that twenty percent (20%) of its physician members who are eligible for AMA membership are members of our AMA; or (iii) that the organization was represented in the House of Delegates at the 1990 Annual Meeting and that twenty percent (20%) of its physician members who are eligible for AMA membership are members of our AMA; (d) the organization must be established and stable; therefore it must have been in existence for at least five years prior to submitting its application; (e) physicians should comprise the majority of the voting membership of the organization; (f) the organization must have a voluntary membership and must report as members only those who are current in payment of dues, have full voting privileges, and are eligible to hold office; (g) the organization must be active within the profession, and hold at least one meeting of its members per year; (h) the organization must be national in scope. It must not restrict its membership geographically and must have members from a majority of the states; (i) the organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization; and (j) if international, the organization must have a US branch or chapter, and this chapter must meet the above guidelines. <p>(2) The process by which PIMAs seek admission to the</p>	Retain. Still relevant and necessary to specify a process to admit professional interest medical associations into our House of Delegates.

		<p>House of Delegates includes the following steps:</p> <p>(a) a PIMA will first apply for membership in the Specialty and Service Society (SSS);</p> <p>(b) using specific criteria, SSS will evaluate the application of the PIMA and, if the organization meets the criteria, will admit the organization into SSS;</p> <p>(c) after three years of participation in SSS, a PIMA may apply for representation in our AMA House of Delegates;</p> <p>(d) SSS will evaluate the application of the PIMA, determine if the association meets the criteria for representation in our AMA House of Delegates, and send its recommendation to our AMA Board of Trustees;</p> <p>(e) the Board of Trustees will recommend to the House how the application of the PIMA should be handled;</p> <p>(f) the House will determine whether or not to seat the PIMA; and</p> <p>(g) if the application of a PIMA for a seat in the House is rejected, the association can continue to participate in SSS as long as it continues to meet the criteria for participation in SSS.</p>	
G-600.030	Diversity of AMA Delegations	<p>Our AMA encourages: (1) state medical societies to collaborate more closely with state chapters of medical specialty societies, and to include representatives of these organizations in their AMA delegations whenever feasible; (2) state medical associations and national medical specialty societies to review the composition of their AMA delegations with regard to enhancing diversity; (3) specialty and state societies to develop training and/or mentorship programs for their student, resident and fellow and young physician section representatives, and current HOD delegates for their future activities and representation of the delegation; (4) specialty and state societies to include in their delegations physicians who meet the criteria for membership in the Young Physicians Section; and (5) delegates and alternates who may be entitled to a dues exemption, because of age and retirement status, to demonstrate their full commitment to our AMA through payment of dues.</p>	Retain. Policy is still relevant but consolidate with G-600.015 into a single comprehensive policy addressing AMA Delegations.
G-600.060	Introducing Business to the AMA House	<p>AMA policy on introducing business to our AMA House includes the following:</p> <ol style="list-style-type: none"> 1. Delegates submitting resolutions have a responsibility to review the Resolution checklist and verify that the resolution is in compliance. The Resolution checklist shall be distributed to all delegates and organizations in the HOD prior to each meeting, as well as be posted on the HOD website. 2. An Information Statement can be used to bring an issue to the awareness of the HOD or the public, draw attention to existing policy for purposes of emphasis, or simply make a statement. Such items will be included in the section of the HOD Handbook for informational items and include appropriate attribution but will not go through the reference committee process, be voted on in the HOD or be incorporated into the Proceedings. If an information statement is extracted, however, it will be managed by the Speaker in an appropriate manner, which may include a simple editorial correction up to and including withdrawal of the information statement. 3. Required information on the budget will be provided to the HOD at a time and format more relevant to the AMA budget process. 4. At the time the resolution is submitted, delegates introducing an item of business for consideration of the 	Retain. Still relevant.

		<p>House of Delegates must declare any commercial or financial conflict of interest they have as individuals and any such conflict of interest must be noted on the resolution at the time of its distribution.</p> <p>5. The submission of resolutions calling for similar action to what is already existing AMA policy is discouraged. Organizations represented in the House of Delegates are responsible to search for alternative ways to obtain AMA action on established AMA policy, especially by communicating with the Executive Vice President. The EVP will submit a report to the House detailing the items of business received from organizations represented in the House which he or she considers significant or when requested to do so by the organization, and the actions taken in response to such contacts.</p> <p>6. Our AMA will continue to safeguard the democratic process in our AMA House of Delegates and ensure that individual delegates are not barred from submitting a resolution directly to the House of Delegates.</p> <p>7. Our AMA encourages organizations and Sections of the House of Delegates to exercise restraint in submitting items on the day preceding the opening of the House.</p> <p>8. Resolutions will be placed on the Reaffirmation Consent Calendar when they are identical or substantially identical to existing AMA policy. For resolutions placed on the Reaffirmation Consent Calendar, the pertinent existing policy will be clearly identified by reference to the Policy Database identification number. When practical, the Reaffirmation Consent Calendar should also include a listing of the actions that have been taken on the current AMA policies that are equivalent to the resolutions listed. For resolutions on the Reaffirmation Consent Calendar which are not extracted, the existing, pertinent AMA policy will be deemed to be reaffirmed in lieu of the submitted resolution which resets the sunset clock for ten years.</p> <p>9. Updates on referred resolutions are included in the chart entitled "Implementation of Resolutions," which is made available to the House.</p>	
<p>G-600.061</p>	<p>Guidelines for Drafting a Resolution or Report</p>	<p>Resolutions or reports with recommendations to the AMA House of Delegates shall meet the following guidelines:</p> <p>1. When proposing new AMA policy or modification of existing policy, the resolution or report should meet the following criteria:</p> <p>(a) The proposed policy should be stated as a broad guiding principle that sets forth the general philosophy of the Association on specific issues of concern to the medical profession;</p> <p>(b) The proposed policy should be clearly identified at the end of the resolution or report;</p> <p>(c) Recommendations for new or modified policy should include existing policy related to the subject as an appendix provided by the sponsor and supplemented as necessary by AMA staff. If a modification of existing policy is being proposed, the resolution or report should set out the pertinent text of the existing policy, citing the policy number from the AMA policy database, and clearly identify the proposed modification. Modifications should be indicated by underlining proposed new text and lining through any proposed text deletions. If adoption of the new or modified policy would render obsolete or supersede one or more existing policies, those existing policies as set out in the AMA policy database should be identified and recommended for rescission. Reminders of this requirement should be sent to all organizations represented in the House</p>	<p>Retain. Still relevant.</p>

		<p>prior to the resolution submission deadline;</p> <p>(d) A fiscal note setting forth the estimated resource implications (expense increase, expense reduction, or change in revenue) of the proposed policy, program, or action shall be generated by AMA staff in consultation with the sponsor. Estimated changes in expenses will include direct outlays by the AMA as well as the value of the time of AMA's elected leaders and staff. A succinct description of the assumptions used to estimate the resource implications must be included in each fiscal note. When the resolution or report is estimated to have a resource implication of \$50,000 or more, the AMA shall publish and distribute a document explaining the major financial components or cost centers (such as travel, consulting fees, meeting costs, or mailing). No resolution or report that proposes policies, programs, or actions that require financial support by the AMA shall be considered without a fiscal note that meets the criteria set forth in this policy.</p> <p>2. When proposing to reaffirm existing policy, the resolution or report should contain a clear restatement of existing policy, citing the policy number from the AMA policy database.</p> <p>3. When proposing to establish a directive, the resolution or report should include all elements required for establishing new policy as well as a clear statement of existing policy, citing the policy number from the AMA policy database, underlying the directive.</p> <p>4. Reports responding to a referred resolution should include the resolves of that resolution in its original form or as last amended prior to the referral. Such reports should include a recommendation specific to the referred resolution. When a report is written in response to a directive, the report should sunset the directive calling for the report.</p> <p>5. The House's action is limited to recommendations, conclusions, and policy statements at the end of report. While the supporting text of reports is filed and does not become policy, the House may correct factual errors in AMA reports, reword portions of a report that are objectionable, and rewrite portions that could be misinterpreted or misconstrued, so that the "revised" or "corrected" report can be presented for House action at the same meeting whenever possible. The supporting texts of reports are filed.</p> <p>6. All resolutions and reports should be written to include both "MD and DO," unless specifically applicable to one or the other.</p> <p>7. Reports or resolutions should include, whenever possible or applicable, appropriate reference citations to facilitate independent review by delegates prior to policy development.</p> <p>8. Each resolution resolve clause or report recommendation must be followed by a phrase, in parentheses, that indicates the nature and purpose of the resolve. These phrases are the following:</p> <ul style="list-style-type: none"> (a) New HOD Policy; (b) Modify Current HOD Policy; (c) Consolidate Existing HOD Policy; (d) Modify Bylaws; (e) Rescind HOD Policy; (f) Reaffirm HOD Policy; or (g) Directive to Take Action. <p>9. Our AMA's Board of Trustees, AMA councils, House of Delegates reference committees, and sponsors of resolutions</p>	
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		will try, whenever possible, to make adjustments, additions, or elaborations of AMA policy positions by recommending modifications to existing AMA policy statements rather than creating new policy.	
G-600.064	AMA Endorsement of Screening Tests or Standards	(1) Delegates, state, or specialty societies submitting a resolution seeking endorsement or AMA adoption of specific screening tests must also submit an evidence-based review that determines the strength or quality of the evidence supporting their request, and that evaluates the degree to which the test satisfies the minimal criteria for validating the appropriateness of the screening test, which are: (a) the test must be able to detect the target condition earlier than without screening and with sufficient accuracy to avoid producing large numbers of false-positive and false-negative results; and (b) screening for and treating persons with early disease should improve the likelihood of favorable health outcomes compared with treating patients when they present with signs or symptoms of disease. (2) This review will be made available to the reference committee, which will either recommend to the House of Delegates that the resolution be referred or not be adopted.	Retain. Still relevant and necessary. Policy denotes procedures that are followed.
G-600.070	Legal Support for Decision-making by the AMA House	The following procedure for providing legal advice on issues before the House shall be followed: (1) All resolutions received by the AMA Office of House of Delegates Affairs also will be reviewed by the Office of the General Counsel. When a resolution poses serious legal problems, the Speaker, legal counsel, or other AMA staff will communicate with the sponsor or medical association; (2) If the text of the proposed resolution that poses serious legal problems is not changed or if the resolution is not withdrawn, the Chair or another member of the Board will be available to speak to the legal objections in open or executive sessions of the reference committee or before the House of Delegates; (3) In the case of late resolutions that pose serious legal problems, the Chair or another member of the Board will inform the House of Delegates of the legal objections prior to a vote to accept or reject the resolution; (4) In accordance with the current procedures, any reference committee may request the Office of the General Counsel to provide additional legal advice and other information during the committee's executive session; and (5) During HOD meetings, delegates may also seek legal advice regarding proposed resolutions and amendments on an individual basis from the Office of the General Counsel.	Retain. Still relevant and necessary. Policy denotes process for provision of legal advice.
G-600.100	AMA Programs for Delegates and Alternate Delegates	AMA policy on programs for Delegates and Alternate Delegates includes the following: (1) the Speaker of the House of Delegates shall solicit proposals from various AMA departments to hold programs for AMA Delegates; (2) these programs should be held at our AMA Meetings at times that minimize scheduling conflicts with House of Delegates or Reference Committee meetings, and (3) materials from such programs shall be made available to those who are unable to attend.	Retain. Still relevant and necessary. Policy denotes provision of educational programs.
G-600.110	Sunset Mechanism for AMA Policy	1. As the House of Delegates adopts policies, a maximum ten-year time horizon shall exist. A policy will typically sunset after ten years unless action is taken by the House of Delegates to retain it. Any action of our AMA House that reaffirms or amends an existing policy position shall reset the sunset "clock," making the reaffirmed or amended policy viable for another 10 years. 2. In the implementation and ongoing operation of our AMA policy sunset mechanism, the following procedures shall be followed: (a) Each year, the Speakers shall provide	Retain. Still relevant. Policy is consistent with process.

		<p>a list of policies that are subject to review under the policy sunset mechanism; (b) Such policies shall be assigned to the appropriate AMA councils for review; (c) Each AMA council that has been asked to review policies shall develop and submit a report to the House of Delegates identifying policies that are scheduled to sunset; (d) For each policy under review, the reviewing council can recommend one of the following actions: (i) retain the policy; (ii) sunset the policy; (iii) retain part of the policy; or (iv) reconcile the policy with more recent and like policy; (e) For each recommendation that it makes to retain a policy in any fashion, the reviewing council shall provide a succinct, but cogent justification (f) The Speakers shall determine the best way for the House of Delegates to handle the sunset reports.</p> <p>3. Nothing in this policy shall prohibit a report to the HOD or resolution to sunset a policy earlier than its 10-year horizon if it is no longer relevant, has been superseded by a more current policy, or has been accomplished.</p> <p>4. The AMA councils and the House of Delegates should conform to the following guidelines for sunset: (a) when a policy is no longer relevant or necessary; (b) when a policy or directive has been accomplished; or (c) when the policy or directive is part of an established AMA practice that is transparent to the House and codified elsewhere such as the AMA Bylaws or the <i>AMA House of Delegates Reference Manual: Procedures, Policies and Practices</i>.</p> <p>5. The most recent policy shall be deemed to supersede contradictory past AMA policies.</p> <p>6. Sunset policies will be retained in the AMA historical archives.</p>	
<p>G-600.111</p>	<p>Consolidation and Reconciliation of AMA Policy</p>	<p>Our AMA House of Delegates endorses the concept of consolidating its policies in order to make information on existing AMA policy more accessible and to increase the readability of our AMA Policy Database and our AMA PolicyFinder Program.</p> <p>(1) The policy consolidation process allows for: (a) rescinding outmoded and duplicative policies, and (b) combining policies that relate to the same topic.</p> <p>(2) Our AMA House requests that each AMA council, AMA section, and Board of Trustees advisory committee accept ongoing responsibility for developing recommendations on how to consolidate the policies in specific sections of our AMA Policy Database. In developing policy consolidation recommendations, our AMA councils should seek input from all relevant AMA bodies and units. Other groups represented in the House of Delegates also are encouraged to submit consolidation recommendations to the Speakers.</p> <p>(3) The House encourages each AMA council to develop two or more policy consolidation reports each year, recommending changes that will result in significant improvements in the readability of our AMA Policy Database.</p> <p>(4) The consolidation process permits editorial amendments for the sake of clarity, so long as the proposed changes are transparent to the House and do not change the meaning.</p> <p>(5) Policy Reconciliation. The AMA’s policy database should not include duplicative, conflicting or inconsistent AMA policies.</p> <p>(A) If a new or modified policy supersedes or renders obsolete one or more existing AMA policies, those existing policies should be identified and presented to the AMA House of Delegates with a recommendation for rescission.</p>	<p>Retain. Still relevant. Policy is consistent with process.</p>

		<p>The AMA Councils, with the input of appropriate AMA sections and Board advisory committees, have a role to play in reconciling existing policies by presenting reports with recommendations for policy reconciliation. Any organization that has representation in the AMA House of Delegates is encouraged to identify to the Speakers inconsistent or obsolete policies. The Speakers should then decide whether a policy reconciliation report is in order and which council or other entity should most appropriately be asked to develop the consolidation report.</p> <p>(B) At each meeting, the Speaker will present one or more reconciliation reports for action by the House of Delegates relating to newly passed policies from recent meetings that caused one or more existing policies to be redundant and/or obsolete. Where a report is needed to reconcile disparate policies, the Speakers will identify the appropriate council or group responsible for the reconciliation report on a specific topic.</p>	
<p>G-600.125</p>	<p>AMA Meeting Schedule</p>	<p>1. (A) Our AMA will convene as a pilot a combined interim policy making meeting and National Advocacy Conference; (B) the combined meetings will be held at a location in the Washington, DC metropolitan area and at an appropriate time to avoid incurring contractual penalties; (C) the pilot will take place within a reasonable time frame, and with adequate notice to members of the House of Delegates; and (D) our AMA sections will be afforded the opportunity to meet immediately prior to and in close proximity to the meetings of the House of Delegates.</p> <p>2. Our AMA will organize and implement the pilot as specified in # 1 above.</p> <p>3. A study and report on the feasibility and logistics of reorganized future meeting dates and schedules shall be developed and presented to the House of Delegates.</p> <p>4. State and specialty societies shall be queried on the potential number of members who would attend a new, revised interim/NAC meeting.</p>	<p>Rescind. Policy is contrary to current Policy G-600.130, Meeting Calendar and Locations.</p>
<p>G-605.010</p>	<p>Board Planning</p>	<p>The Board develops its own annual plan to guide its agenda-setting process to include the following key elements: (1) The agenda should span multiple meetings to ensure that the various phases of planning, implementation, and mid-course correction receive appropriate attention for those initiatives considered vital to the Board’s strategic priorities. (2) The Board should actively seek input from AMA internal stakeholders, such as other medical organizations considered part of the federation of medicine, in defining the Board’s longer-range agenda. (3) The Board should develop its own annual work plan during its yearly planning retreat and should consider revisions to that plan during each subsequent Board meeting. (4) All Board members should have the opportunity to participate in the agenda-setting process. (5) The material supplied to the Board during meetings must explicitly show how these matters relate to the strategic imperatives of our AMA. (6) Each standing committee of the Board should develop its annual plan with progress presentations as standard items for the Board agenda/meetings. (7) Input from members of the HOD, including views about top priority issues, will be solicited by the Board in support of the strategic planning process, along with other sources of input such as surveys of members and CLRPD’s stakeholder analysis.</p>	<p>Rescind. The Board has a comprehensive strategic planning process utilizing input from the HOD, the Federation, Councils, Sections, and individual Board members.</p>

G-605.035	Endorsements for Public Office	Our AMA requires that all of its endorsements of nominations of appointed officials for public office be considered and voted upon by our Board of Trustees prior to any public pronouncements of support.	Retain. Still relevant and necessary. Policy denotes current procedure.
G-605.050	Annual Reporting Responsibilities of the AMA Board of Trustees	<p>The AMA Board provides the following four items to the AMA House:</p> <p>(1) At each Annual Meeting of the House, the Board submits a report to the House that provides highlights on the AMA's performance, activities, and status in the previous calendar year as well as a recommendation for the Association's dues levels for the next year. The report should include information on topics such as: (a) AMA's performance relative to its strategic plan; (b) key indicators of the AMA's financial performance and, if not provided through other communication vehicles, information on the compensation of Board members, elected Officers, the Executive Vice President, and the expenses associated with the AMA Councils, Sections, Special Groups, and AMA's participation in the World Medical Association; (c) an assessment of the performance, accomplishments, and activities of the Board, including the AMA appearance program and the results of the work of the Board's Audit Committee; (d) AMA's membership situation, including an assessment of the membership communication and promotion activities;</p> <p>(e) highlights of the activities and accomplishments of the Association's major programs, including legislative and private sector advocacy; (f) a description and assessment of efforts to address high priority issues; and (g) the AMA's relationships and work with other organizations, including Federation organizations, other health related organizations, non-health related organizations, and international organizations.</p> <p>The Board may include any other topics in this report that it deems important to communicate to the House about the performance, activities, and status of the AMA and the health of the public.</p> <p>(2) As the principal planning agent for the AMA, the Board provides a report at each Interim Meeting of the House that recommends the AMA's strategic directions and plan for the next year and beyond. The report should include a discussion of the AMA's membership strategy.</p> <p>(3) At each Interim Meeting, the Board provides an informational report on the AMA's legislative and regulatory activities, including the Association's accomplishments in the previous 12 months and a forecast of the legislative and regulatory issues that are likely to occupy the Council on Legislation and other components of the AMA's for the next year.</p> <p>In fulfilling its responsibilities to report to the House on topics and situations, the Board should provide succinct reports to the House. When detailed information on topics is warranted, the Board should provide the information to interested members of the House through reports that can be downloaded from the AMA web site.</p> <p>Nothing in this policy precludes the House from requesting that the Board report back to the House on any topic. Further, nothing in this policy should be construed as limiting the number or size of reports that the Board can send to the House.</p>	Retain. Still relevant and necessary. Policy denotes annual reports submitted by the BOT.

<p>G-605.051</p>	<p>Situational Reporting Responsibilities of the AMA Board of Trustees</p>	<p>The Board of Trustees provides reports to the House when the following situations occur: (1) the Board submits a report to the House when the Board takes actions that differ from current AMA policy; (2) consistent with AMA Bylaws, the Board submits a report to the House when the Board determines that the expenditures associated with recommendations and resolves that were adopted by the House would be inadvisable; (3) consistent with AMA Bylaws, the Board transmits reports of the SSS to the House and informs the House of important developments with regard to Federation organizations; and (4) consistent with Policy G-630.040, the Board reports to the House when the Board’s review of the AMA’s Principles on Corporate Relationships results in recommendations for changes in the Principles. In fulfilling its responsibilities to report to the House when certain specified situations develop, the Board should provide succinct reports to the House and, if additional detail is needed, use the AMA web site to provide the additional information to interested members of the House.</p>	<p>Retain. Still relevant and necessary. Policy denotes current reporting responsibilities of the BOT.</p>
<p>G-610.060</p>	<p>Nomination of International Medical Graduates to Medical Education Leadership Positions</p>	<p>Our AMA will (1) encourage the candidacy of well qualified International Medical Graduates for the Council on Medical Education; and (2) strongly consider well qualified IMGs for nomination to the Accreditation Council for Graduate Medical Education Board of Directors. (CME Rep. 5, A-05; CCB/CLRPD Rep. 3, A-12)</p> <p>H-255.988(14), “AMA Principles on International Medical Graduates,” through edits as shown below: The participation of all physicians, including graduates of foreign as well as U.S. and Canadian medical schools, in organized medicine. The AMA offers encouragement and assistance to state, county, and specialty medical societies in fostering greater membership among IMGs and their participation in leadership positions at all levels of organized medicine, including AMA committees and councils, <u>the Accreditation Council for Graduate Medical Education and its review committees, the American Board of Medical Specialties and its specialty boards, and state boards of medicine, by providing guidelines and non-financial incentives, such as recognition for outstanding achievements by either individuals or organizations in promoting leadership among IMGs.</u></p>	<p>Retain. Still relevant but consolidate into a single comprehensive policy H-255.988. AMA Principles on International Medical Graduates, as indicated.</p>
<p>G-615.030</p>	<p>Council Activities</p>	<p>Our AMA will (1) encourage the candidacy of well qualified International Medical Graduates for the Council on Medical Education; and (2) strongly consider well qualified IMGs for nomination to the Accreditation Council for Graduate Medical Education Board of Directors. (BOT Rep. 15, A-00; Consolidated: CLRPD Rep. 3, I-01; Rep. of the Speakers Special Advisory Committee on the House of Delegates, A-09; Modified: CCB/CLRPD Rep. 3, A-12)</p> <p>H-255.988(14), “AMA Principles on International Medical Graduates,” through edits as shown below: The participation of all physicians, including graduates of foreign as well as U.S. and Canadian medical schools, in organized medicine. The AMA offers encouragement and assistance to state, county, and specialty medical societies in fostering greater membership among IMGs and their participation in leadership positions at all levels of organized medicine, including AMA committees and councils, <u>the Accreditation Council for Graduate Medical Education and its review committees, the American Board</u></p>	<p>Retain. Still relevant but consolidate into a single comprehensive policy H-255.988. AMA Principles on International Medical Graduates, as indicated.</p>

		of <u>Medical Specialties and its specialty boards</u> , and state boards of medicine, by providing guidelines and non-financial incentives, such as recognition for outstanding achievements by either individuals or organizations in promoting leadership among IMGs.	
G-615.071	Activities of the Council on Legislation	<p>1. Our AMA Council on Legislation (COL) will continue to convene forums at AMA meetings to provide members of the Federation an opportunity to hear about and discuss major and emerging legislative and regulatory issues important to physicians and patients.</p> <p>2. The COL will be represented at AMA-convened meetings focused on advocacy, such as the State <u>Advocacy Summit</u> Legislative Strategy Conference and National Advocacy Conference.</p> <p>3. COL members will actively represent, at the discretion of the Chair of the Board of Trustees, our AMA before state and federal government committees and agencies.</p>	Retain as editorially amended for accuracy. Still relevant.
G-615.100	Organized Medical Staff Section (OMSS)	<p>AMA policy on the Organized Medical Staff Section (OMSS) includes the following:</p> <p>(1) Our AMA encourages all U.S. hospitals to support representation of their medical staffs in our AMA Organized Medical Staff Section meetings; and (2) Our AMA will continue to (a) communicate to the chiefs of staff of hospitals and executive directors of organized medical groups the significance of medical staff participation in organized medicine; and (b) encourage them to appoint a representative (by election or selection, according to their by-laws) to attend the AMA-OMSS meetings and then communicate information back to members of their medical staff.</p>	Retain. Still relevant and necessary. The policy provides clear guidance on the function of the Section. The OMSS continues to be the group dedicated to supporting organized medical staffs.
G-620.019	Organizations Inaccurately Claiming to Represent Physicians	Our AMA will (1) challenge any organization that falsely claims to represent physicians and (2) formulate an appropriate response to inaccuracies that other organizations portray about the representation of physicians.	Retain. Still relevant. Policy denotes current AMA process.
G-620.021	Communications and Collaboration with the Federation	Our AMA: (1) when confronted with attempts by non-physicians to expand scope of practice via state legislation, shall work at the invitation of its component societies to develop strategies to most effectively promote and protect the best interest of our patients; (2) shall continue to work with national medical specialty societies to assist them in working with and coordinating activities with state medical associations and that the AMA, when requested by either a state medical association or a national specialty society, provide a mechanism to attempt to resolve any dispute between such organizations; (3) shall become actively involved in lobbying and/or communicating with state officials at the request of the state medical associations. (4) Prior to placing targeted advertising, our AMA will contact the relevant state medical associations and/or specialty societies for the purpose of enhancing communication about AMA's planned activities.	Retain. Still relevant. Policy denotes current communication/collaboration focus and process.
G-620.030	Statement of Collaborative Intent	<p>AMA policy on the activities of its Councils includes the following:</p> <p>(1) The Councils should actively seek stakeholder input into all items of business; (2) Individual AMA Councils are allowed to prioritize tasks assigned to their respective work subject areas taking into consideration established AMA strategic priorities and the external regulatory, business, and legislative environment affecting our AMA membership and the health care system in which we provide care to our patients; and</p> <p>(3) Online tools and the AMA web site will be used to</p>	Retain. Still relevant and necessary. Policy denotes current procedure.

		provide ways for members of the HOD, other AMA parties (eg, councils, sections, etc.), AMA members, and other invited parties, to provide comments on the activities and work of the AMA councils on a timely basis, and that councils make draft reports available online for comment when time and circumstances permit.	
G-620.032	AMA Dispute Resolution Activities	Requests to the AMA for assistance in inter-specialty dispute resolution shall be considered on a case-by-case basis.	Retain. Still relevant.
G-620.042	Enhancing the Functionality of the Federation	The Federation of Medicine includes the AMA, organizations with voting representation in the AMA House of Delegates and their component societies that voluntarily relate to each other in an implied set of working relationships and understandings. (1) A pre-determined level of funding should be established (scaled accordingly to the size of the organization) for any AMA/Federation work groups. (a) Funds requested and received from state, county, and specialty organizations should be placed in a separate bank account; and (b) Our AMA should contribute a pre-determined amount and increase the amount according to the needs of the projects. (2) The governing body of each member of the Federation should endorse the Statement of Collaborative Intent as an important first step toward strengthening the Federation. (3) The needs and demands of physicians and their practices must be the prime objective of organized medicine as it seeks to improve the value of membership for its constituents. (4) Because the governance and function of medical societies are intertwined, the study of each aspect should not occur separately. Members of the Federation must take the Federation-wide perspective and not focus narrowly on their own individual organizations. Components of the Federation should trust and be more willing to collaborate and coordinate with other organizations for the good of the Federation and all physicians in the country. (5) Membership organizations must increasingly work together and share costs for projects and activities that enhance physicians' and patients' needs. (6) For the Federation of Medicine to be effective, all elements of the Federation which have an interest in any given issue must be included in organized activities. The form of the entity developed to address an issue must also be flexible to allow participation by all interested parties. Participation may be at the local, state, or national level, depending on the issue. (7) A collaborative mechanism must be developed that in times of crisis allows Federation component societies to coordinate and focus all available resources to resolve such issues on behalf of physicians. (8) The Federation should encourage interaction between component organizations at the county, state, and national levels, and provide an organizational structure that brings similar types of societies together in working groups to act on issues of importance. (9) A rapid-response mechanism should be developed to bring items of vital interest to the attention of the designated leaders from each Federation component with expectations of timely response. (10) The components of the Federation should indicate which person or persons within each organization qualifies as the key leader who can speak for the organization and develop a response mechanism for providing timely input to facilitate decision-making at the Federation level. (11) The Federation must strengthen the effectiveness of each organization's governing body to enhance the inter-workings of the Federation. (12) The Federation should	Rescind. The Statement of Collaborative Intent was drafted in 1996 (BOT Report 2-A-96) to guide the Federation Coordination Team, and the intent of the resulting policy has been realized.

		acknowledge and encourage mergers of like societies to allow them a stronger voice in our AMA House of Delegates for their members.	
G-620.050	Greater Involvement of Medical Students in Federation Organizations	Our AMA encourages medical societies to provide mechanisms for more direct involvement of students at the state and local levels, and to implement membership options for their state's medical students who are enrolled in medical school for longer than four years. Our AMA will work with the Association of American Medical Colleges to promote medical student engagement in professional medical societies, including attendance at local, state, and national professional organization meetings, during the pre-clinical and clinical years.	Retain. Still relevant.
G-625.011	AMA Goals, Roles and Obligations	Our AMA: (1) reaffirms its goal to be the unified voice of the medical profession speaking for all physicians, and (2) above all, affirms its role and obligations as a steward of our professional values, as well as the right and obligation of individual physicians to participate in the process.	Retain. Still relevant.
G-625.012	Betterment of Public Health	Our AMA reaffirms that the betterment of the public's health is our highest goal, and that our efforts in our House of Delegates, Board of Trustees, external advocacy, and around the world reflect that value.	Retain. Still relevant.
G-630.015	Selecting an EVP	(1) The Search Committee for the AMA Executive Vice President should have equal representation from the Board of Trustees and House of Delegates, with the Board members of the Committee appointed by the Chair of the Board and the House of Delegates Members appointed by the Speaker, with the Chair of the Committee appointed by the Chair of the Board of Trustees. (2) Outside legal counsel shall be retained on behalf of AMA to negotiate and draft the employment contract for the Executive Vice President.	Retain but consolidate with G-630.010, Executive Vice President , which outlines the qualifications, roles and responsibilities of the AMA Executive Vice President.
G-630.025	Outside Legal Counsel	1) The General Counsel shall coordinate the retention of all outside legal counsel on behalf of AMA, unless the legal matter directly concerns the employment or performance of the General Counsel. 2) The Office of General Counsel shall develop criteria for consulting with outside counsel.	Retain. Still relevant
G-630.040	Principles on Corporate Relationships	The House of Delegates adopts the following revised principles on Corporate Relationships. The Board will review them annually and, if necessary, make recommendations for revisions to be presented to the House of Delegates. (1) GUIDELINES FOR AMA CORPORATE RELATIONSHIPS. Principles to guide AMA's relationships with corporate America were adopted by our AMA House of Delegates at its December 1997 meeting and slightly modified at the June 1998 meeting. Subsequently, they have been edited to reflect the recommendations from the Task Force on Association/Corporate Relations, including among its members experts external to our AMA. Minor edits were also adopted in 2002. The following principles are based on the premise that in certain circumstances, our AMA should participate in corporate arrangements when guidelines are met, which can further our AMA's core strategic focus, retain AMA's independence, avoid conflicts of interest, and guard our professional values. (2) OVERVIEW OF PRINCIPLES. The AMA's principles to guide corporate relationships have been organized into the following categories: General Principles that apply to most situations; Special Guidelines that deal with specific issues and concerns; Organizational Review that outlines the	Retain. Remains relevant to the business and functioning of the AMA

		<p>roles and responsibilities of the Board of Trustees, AMA Management and other staff units. These guidelines should be reviewed over time to assure their continued relevance to the policies and operations of our AMA and to our business environment. The principles should serve as a starting point for anyone reviewing or developing AMA’s relationships with outside groups.</p> <p>(3) GENERAL PRINCIPLES. Our AMA’s vision and values statement and strategic focus should provide guidance for externally funded relationships. Relations that are not motivated by the association’s mission threaten our AMA’s ability to provide representation and leadership for the profession.</p> <p>(a) Our AMA’s vision and values and strategic focus ultimately must determine whether a proposed relationship is appropriate for our AMA. Our AMA should not have relationships with organizations or industries whose principles, policies or actions obviously conflict with our AMA’s vision and values. For example, relationships with producers of products that harm the public health (e.g., tobacco) are not appropriate for our AMA. Our AMA will proactively choose its priorities for external relationships and collaborate in those that fulfill these priorities.</p> <p>(b) The relationship must preserve or promote trust in our AMA and the medical profession. To be effective, medical professionalism requires the public’s trust. Corporate relationships that could undermine the public’s trust in our AMA or the profession are not acceptable. For example, no relationship should raise questions about the scientific content of our AMA’s health information publications, AMA’s advocacy on public health issues, or the truthfulness of its public statements.</p> <p>(c) The relationship must maintain our AMA’s objectivity with respect to health issues. Our AMA accepts funds or royalties from external organizations only if acceptance does not pose a conflict of interest and in no way impacts the objectivity of the association, its members, activities, programs, or employees. For example, exclusive relationships with manufacturers of health-related products marketed to the public could impair our AMA’s objectivity in promoting the health of America. Our AMA’s objectivity with respect to health issues should not be biased by external relationships.</p> <p>(d) The activity must provide benefit to the public’s health, patients’ care, or physicians’ practice. Public education campaigns and programs for AMA or Federation members are potentially of significant benefit. Corporate-supported programs that provide financial benefits to our AMA but no significant benefit to the public or direct professional benefits to AMA or Federation members are not acceptable. In the case of member benefits, external relations must not detract from AMA’s professionalism.</p> <p>(4) SPECIAL GUIDELINES. The following guidelines address a number of special situations where our AMA cannot utilize external funding. There are specific guidelines already in place regarding advertising in publications.</p> <p>(a) Our AMA will provide health and medical information, but should not involve itself in the production, sale, or marketing to consumers of products that claim a health benefit. Marketing health-related products (e.g., pharmaceuticals, home health care products) undermines our AMA’s objectivity and diminishes its role in representing healthcare values and educating the public about their health and healthcare.</p>	
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		<p>affairs of our AMA, our AMA should not depend on funding from corporate relationships for core governance activities.</p> <p>Funding core governance activities from corporate sponsors, i.e., the financial support for conduct of the House of Delegates, the Board of Trustees and Council meetings could make our AMA become dependent on external funding for its existence or could allow a supporter, or group of supporters, to have undue influence on the affairs of our AMA.</p> <p>(g) Funds from corporate relationships must not be used to support political advocacy activities. A full and effective separation should exist, as it currently does, between political activities and corporate funding. Our AMA should not advocate for a particular issue because it has received funding from an interested corporation. Public concern would be heightened if it appeared that our AMA's advocacy agenda was influenced by corporate funding.</p> <p>(5) ORGANIZATIONAL REVIEW. Every proposal for an AMA corporate relationship must be thoroughly screened prior to staff implementation. AMA activities that meet certain criteria requiring further review are forwarded to a committee of the Board of Trustees for a heightened level of scrutiny.</p> <p>(a) As part of its annual report on the AMA's performance, activities, and status, the Board of Trustees will present a summary of the AMA's corporate arrangements to the House of Delegates at each Annual Meeting.</p> <p>(b) Every new AMA Corporate relationship must be approved by the Board of Trustees, or through a procedure adopted by the Board. Specific procedures and policies regarding Board review are as follows: (i) The Board routinely should be informed of all AMA corporate relationships; (ii) Upon request of two dissenting members of the CRT, any dissenting votes within the CRT, and instances when the CRT and the Board committee differ in the disposition of a proposal, are brought to the attention of the full Board; (iii) All externally supported corporate activities directed to the public should receive Board review and approval; (iv) All activities that have support from only one corporation except patient materials linked to CME, within an industry should either be in compliance with ACCME guidelines or receive Board review; and (f) All relationships where our AMA takes on a risk of substantial financial penalties for cancellation should receive Board review prior to enactment.</p> <p>(c) The Executive Vice President is responsible for the review and implementation of each specific arrangement according to the previously described principles. The Executive Vice President is responsible for obtaining the Board of Trustees authorization for externally funded arrangements that have an economic and/or policy impact on our AMA.</p> <p>(d) The Corporate Review Team reviews corporate arrangements to ensure consistency with the principles and guidelines. (i) The Corporate Review Team is the internal, cross-organizational group that is charged with the review of all activities that associate the AMA's name and logo with that of another entity and/or with external funding. (ii) The Review process is structured to specifically address issues pertaining to AMA's policy, ethics, business practices, corporate identity, reputation, and due diligence. Written procedures formalize the committee's process for review of corporate arrangements. (iii) All activities placed</p>	
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G-630.090	AMA Publications	<p>AMA policy on its publications includes the following:</p> <ol style="list-style-type: none"> (1) JAMA and other AMA scientific journals should display a disclaimer in prominent print that the editorial views are not necessarily AMA policy. (2) Our AMA, in all of its publications and correspondence, will use the correct title for the medical specialist. (3) Our AMA recommends that medical journal articles using acronyms should have a small glossary of acronyms and phrases displayed prominently in the article. (4) The House of Delegates affirms that JAMA and The JAMA Network journals shall continue to have full editorial independence as set forth in the AMA Editorial Governance Plan. 	Retain. Still relevant.

G-630.100	Conservation, Recycling and Other 'Green' Initiatives	AMA policy on conservation and recycling include the following: (1) Our AMA directs its offices to implement conservation-minded practices whenever feasible and to continue to participate in "green" initiatives. (2) It is the policy of our AMA to use recycled paper whenever reasonable for its in-house printed matter and publications, including JAMA, and materials used by the House of Delegates, and that AMA printed material using recycled paper should be labeled as such. (3) During meetings of the American Medical Association House of Delegates, our AMA Sections, and all other AMA meetings, recycling bins, where and when feasible, for white (and where possible colored) paper will be made prominently available to participants.	Retain. Still relevant.
G-630.121	The National Health Museum	Our AMA formally endorses the National Health Museum project.	Rescind. The effort to create a physical National Health Museum appears to be defunct.
G-630.155	AMA Government Relations Advocacy Fellowship	Our AMA will maintain a yearlong medical student Government Relations Advocacy Fellowship, with appropriate stipend, based in the Washington, DC office. The program's primary goal is to enhance advocacy for AMA priorities and engage the younger AMA members.	Retain. Still relevant.
G-630.160	National Advocacy Conference	The National Advocacy Conference will remain separate from the Interim Meeting. Unless special circumstances arise, our American Medical Association National Advocacy Conference shall be scheduled annually in the nation's capital, Washington, DC, in order to maximize the continuity and impact of the voice of medicine in visits with the members of the United States Congress.	Retain. Still relevant.
G-635.005	Membership and Governance	The House affirms that the AMA shall remain an association of voluntary, individual medical student and physician members and that the Association shall continue to be individually funded and organizationally governed through representation in the HOD.	Retain. Still relevant.
G-635.011	Participation of Individual Members in our AMA	Our AMA supports individual member, two-way electronic communications that promote active grassroots discussion of timely issues; regular feedback for AMA leadership; and a needed voice for diverse ideas and initiatives from throughout the Federation. AMA members are encouraged to participate in the activities of the AMA, particularly in the following ways: (1) Through the AMA website or other communications conduits, provide comments and suggestions to the AMA Board and the AMA Councils? on their policy development projects and on other AMA products and services; (2) Participate in the on-line discussion groups on the items of business included in the Handbook of the House of Delegates; (3) Communicate their views on the items of business in the House's Handbook to their AMA delegates and alternate delegates; (4) Inform the AMA, directly or through their AMA delegates, of situations that may represent opportunities to implement the Association's policy positions; (5) Help the AMA promote its policy positions; (6) When opportunities present themselves, explain the value of the AMA and the importance of belonging to the AMA to physicians; and (7) Work to help the AMA increase its membership level.	Retain. Still relevant and important.
G-635.053	AMA Membership Strategy: Osteopathic Medicine	Our AMA's membership strategy on osteopathic physicians (DOs) includes the following: Our AMA: (1) encourages all state societies to accept DOs as members at every level of the Federation; (2) encourages state societies with schools of osteopathic medicine to support development of Medical Student	Retain.

		<p>Sections at those schools; Both the MSS Governing Council and existing MSS chapters in states with osteopathic schools should assist in this effort; (3) encourages that DO members of our AMA continue to participate in the Membership Outreach program; (4) will provide recruiters with targeted lists of DO nonmembers upon request; (5) will include DOs, as appropriate, in direct nonmember mailings; and (6) will expand its database of information on osteopathic students and doctors.</p>	
<p>G-635.120</p>	<p>Dues Strategy</p>	<p>AMA’s dues strategies include the following: (1) It is the constitutional duty of our AMA House of Delegates to set the membership dues structure. (a) Any reduction of the level of dues within each category of membership can only be done with the approval of the House of Delegates; and (b) Our AMA Board of Trustees will actively seek to obtain the cooperation of the state and component medical societies before and during any negotiations on reductions in the level of dues for groups.</p> <p>(2) Relying upon survey and other relevant data, our AMA Board of Trustees shall determine the dues and benefits of the International membership category.</p> <p>(3) Any Federation component choosing to continue to bill and collect AMA dues shall have signed a binding primary partnership agreement with our AMA. A binding primary partnership agreement for AMA membership billing and dues collection shall include the following elements: (i) utilization of our AMA standard membership application; (ii) acceptance of credit card payments for AMA dues; and (iii) agreed-upon performance standards and incentives.</p> <p>(4) Our AMA encourages state and local medical societies, and our AMA, to explore new programs, activities and services which can provide meaningful benefits to members, produce additional non-dues income for medical societies, make it possible to hold the line on dues, and provide potentials for increasing physician membership.</p> <p>(5) Our AMA commends those medical societies which are endeavoring to hold the line on dues as a responsive action to the needs of their members.</p> <p>(6) Our AMA and its constituent state and county medical societies should implement a policy whereby, upon written request from a member or appropriate staff member of a medical society, there would be a transfer of prepaid dues to the receiving county or state medical society upon receipt and acceptance of an application for membership transfer, so long as the dues were paid and transfer application received before the calendar/dues year began, or within 31 days thereafter.</p> <p>(7) Our AMA urges all county and state societies to review their dues structure for medical students so that the total dues for county, state, and AMA membership can be held to a realistic figure.</p> <p>(8) Our AMA should develop and implement a dues program specifically designed to bridge the gap caused by the transition from residency into the first years of practice. It should implement multi-year dues options that span the transition periods from student to resident and/or resident to young physician and provide periodic benefits at specific points during the multi-year membership.</p> <p>(9) Our AMA membership dues delinquency date is March 1. Direct membership solicitation of dues-delinquent members is appropriate according to the individual Partnership for Growth agreements with state medical societies.</p> <p>(10) Our AMA will make a major organizational effort to</p>	<p>Rescind. Policy has been implemented.</p>

		persuade physicians' employers to allocate funds for professional development and Federation dues. (11) The House of Delegates approves the Partnership for Growth's Direct Program marketing entry date of February 1.	
G-635.140	Help with State Society Membership Recruiting	Our American Medical Association will: (1) continue to focus its efforts on increasing AMA membership in all states and all specialties by improving the AMA membership value proposition; (2) continue to engage in joint marketing activities with state or specialty medical societies when both the AMA and the state or specialty deem it to be mutually beneficial; and (3) continue to work to improve the medical practice environment for physicians.	Rescind. Policy has been implemented.
G-640.050	Preserving the AMA's Grassroots Legislative and Political Mission	Our AMA will ensure that all Washington activities, including lobbying, political education, grassroots communications, and membership activities be staffed and funded so that all reasonable legislative missions and requests by AMA members and constituent organizations for political action and training can be met in a timely and effective manner.	Retain. Still necessary to ensure that AMA advocacy continues to be funded at levels appropriate for lobbying efforts at the federal and state levels.

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