

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-22)

Preliminary Document of Reference Committee F

David J. Bensema, MD, Chair

Pursuant to Policy D-600.956, adopted at the November 2021 Special Meeting, commentary submitted to the online member forums will be used to generate a preliminary document to inform the discussion at the in-person reference committee hearings.

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- 1
2 The following items are under consideration by Reference Committee F:
3
4 1. Board of Trustees Report 1 - Annual Report
5
6 2. Board of Trustees Report 4 - AMA 2023 Dues
7
8 3. Board of Trustees Report 11 - Procedure for Altering the Size or Composition of
9 Section Governing Councils
10
11 4. Board of Trustees Report 16 - Language Proficiency Data of Physicians in the
12 AMA Masterfile
13
14 5. Board of Trustees Report 20 - Delegate Apportionment and Pending Members
15
16 6. Compensation Committee Report - Report of the House of Delegates Committee
17 on the Compensation of the Officers
18
19 7. Council on Constitution and Bylaws / Council on Long Range Planning and
20 Development Report 1 - Joint Council Sunset Review of 2012 House Policies
21
22 8. Resolution 601 - Development of Resources on End-of-Life Care
23
24 9. Resolution 602 - Report on the Preservation of Independent Medical Practice
25
26 10. Resolution 603 - September 11th as a National Holiday
27
28 11. Resolution 604 - UN International Radionuclide Therapy Day Recognition
29
30 12. Resolution 605 - Fulfilling Medicine's Social Contract with Humanity in the Face
31 of the Climate Health Crisis
32
33 13. Resolution 606 - Financial Impact and Fiscal Transparency of the American
34 Medical Association Current Procedural Terminology System
35
36 14. Resolution 607 - AMA Urges Health and Life Insurers to Divest of Investments of
37 Fossil Fuels
38
39 15. Resolution 608 - Transparency of Resolution Fiscal Notes

- 1 16. Resolution 609 - Surveillance Management System for Organized Medicine
2 Policies and Reports
3
- 4 17. Resolution 610 - Making AMA Meetings Accessible
5
- 6 18. Resolution 611 - Continuing Equity Education
7
- 8 19. Resolution 612 - Identifying Strategies for Accurate Disclosure and Reporting of
9 Racial and Ethnic Data Across the Medical Education Continuum and Physician
10 Workforce
11
- 12 20. Resolution 613 - Timing of Board Report on Resolution 605 from N-21 Regarding
13 a Permanent Resolution Committee
14
- 15 21. Resolution 614 - Allowing Virtual Interviews on Non-Holiday Weekends for
16 Candidates for AMA Office
17
- 18 22. Resolution 615 - Anti-Harassment Training
19
- 20 23. Resolution 616 - Medical Student, Resident/Fellow, and Physician Voting in
21 Federal, State and Local Elections
22
- 23 24. Resolution 617 - Study a Need-Based Scholarship to Encourage Medical Student
24 Participation in the AMA
25
- 26 25. Resolution 618 - Extending the Delegate Apportionment Freeze During COVID-
27 19 Pandemic
28
- 29 26. Resolution 619 - Focus and Priority for the AMA House of Delegates
30
- 31 27. Resolution 620 - Review of Health Insurance Companies and Their Subsidiaries'
32 Business Practices

1 (1) BOARD OF TRUSTEES REPORT 1 - ANNUAL REPORT

2
3 The Consolidated Financial Statements for the years ended December 31, 2021 and 2020
4 and the Independent Auditor's report have been included in a separate booklet, titled
5 "2021 Annual Report." This booklet is included in the Handbook mailing to members of the
6 House of Delegates and will be discussed at the Reference Committee F hearing.

7
8 No comments were received.

9
10
11 (2) BOARD OF TRUSTEES REPORT 4 - AMA 2023 DUES

12
13 The Board of Trustees recommends no change to the dues levels for 2023, that the
14 following be adopted and that the remainder of this report be filed:

15
16 Regular Members \$420
17 Physicians in Their Fourth Year of Practice \$315
18 Physicians in Their Third Year of Practice \$210
19 Physicians in Their Second Year of Practice \$105
20 Physicians in Their First Year of Practice \$60
21 Physicians in Military Service \$280
22 Semi-Retired Physicians \$210
23 Fully Retired Physicians \$84
24 Physicians in Residency Training \$45
25 Medical Students \$20

26
27 (Directive to Take Action)

28
29 The only comment comes from a member of the Board of Trustees who introduced the
30 2023 dues structure.

31
32
33 (3) BOARD OF TRUSTEES REPORT 11 - PROCEDURE
34 FOR ALTERING THE SIZE OR COMPOSITION OF
35 SECTION GOVERNING COUNCILS

36
37 Your Board of Trustees recommends that the following recommendations be adopted and
38 that the remainder of this report be filed:

- 39
40 1. That AMA Bylaws be amended to include the size and core composition (chair cycle,
41 delegate/alternate delegate) of each section governing council. (Modify Bylaws)
42
43 2. That the Council on Long Range Planning and Development develop criteria for
44 reviewing requests to alter the size or core composition (chair cycle, delegate/alternate
45 delegate) of section governing councils. (Directive to Take Action)
46
47 3. That the Council on Long Range Planning and Development be assigned
48 responsibility for reviewing and making recommendations to the House of Delegates
49 as to the disposition of any request to alter the size or core composition (chair cycle,
50 delegate/alternate delegate) of a section governing council. (Modify Bylaws)

1
2 A member of the Board of Trustees (BOT) introduced the report by noting that requests
3 from a Section to alter the size or composition of its Governing Council are subject to
4 approval by the BOT. This report recommends an approach that allows for shared decision
5 making with the House of Delegates (HOD). The HOD would have the authorization to
6 approve revisions with fiscal impact or that alter core governing council membership, while
7 the BOT would preserve the authority to approve modifications to non-core governing
8 council positions.

9
10 This change would necessitate an amendment to the AMA Bylaws noting that future
11 changes to the current size and core composition of each Section Governing Council
12 would be subject to HOD approval. Further, the Council on Long Range Planning and
13 Development would develop criteria for the consideration of such requests.

14
15
16 (4) BOARD OF TRUSTEES REPORT 16 - LANGUAGE
17 PROFICIENCY DATA OF PHYSICIANS IN THE AMA
18 MASTERFILE

19
20 In lieu of Resolution 613-A-19, it is recommended that our AMA continue its work with
21 other industry stakeholders to identify best practices, including adoption of a national
22 standard, for the collection of self-reported language proficiency and the remainder of this
23 report be filed.

24
25 Online comments recommend that our AMA continue its work with AAMC, ACGME, and
26 other industry stakeholders to identify best practices, including adoption of a national
27 standard in healthcare, for the collection of self-reported language proficiency, in lieu of
28 Resolution 613-A-19.

29
30
31 (5) BOARD OF TRUSTEES REPORT 20: DELEGATE
32 APPORTIONMENT AND PENDING MEMBERS

33
34 Your Board of Trustees recommends that the following recommendations be adopted and
35 the remainder of the report be filed.

- 36
37 1. That pending members no longer be considered in apportioning delegates in the
38 House of Delegates. (Directive to Take Action)
39
40 2. That delegate apportionment for 2023 for constituent societies be based on official
41 2022 year-end AMA membership data as recorded by the AMA. (Directive to Take
42 Action)
43
44 3. That delegates be apportioned to constituent societies for 2023 with each society
45 getting the greatest of the following numbers:
46
47 • The number of delegates apportioned at the rate of 1 per 1000, or fraction thereof,
48 AMA members;

- 1 • The number of delegates apportioned for 2022 so long as that figure is not greater
2 than 2 more than the number apportioned at the rate of 1 per 1000, or fraction
3 thereof, AMA members; or
4
- 5 • For societies that would lose more than five delegates from their 2022
6 apportionment, the number of delegates apportioned for 2022 plus 5. (Directive to
7 Take Action)
8
- 9 4. That delegate apportionment for 2024 be based on then current bylaws. (Directive to
10 Take Action)
11
- 12 5. That the Council on Constitution and Bylaws prepare bylaws amendments to
13 implement these recommendations, with the report to be considered no later than the
14 November 2022 meeting of the House of Delegates. (Directive to Take Action)
15
- 16 6. That Policy G-600.016, "Data Used to Apportion Delegates," be rescinded. (Rescind
17 HOD Policy)
18

19 Comments in response to Board of Trustees Report 20 recommended referral of the report
20 because it is technically possible to distinguish brand new ("pending") members from
21 longstanding members, and our AMA's "membership accounting system" should be
22 upgraded to make the distinction clearly. The comments indicated that referral would allow
23 sufficient time for this upgrade.
24

25 Additionally, a commenter highlighted what is believed to be an error in Recommendation
26 3, bullet 3. Rather than "...the number of delegates apportioned for 2022 plus 5," the
27 formula should probably read, "the number of delegates apportioned at the rate of 1 per
28 1000, or fraction thereof, AMA members, plus 5." The commenter provided an example
29 reflecting that the recommendation as currently written, could produce an unintended
30 increase in the size of a delegation rather than the anticipated decrease.
31

32
33 (6) COMPENSATION COMMITTEE REPORT - REPORT OF
34 THE HOUSE OF DELEGATES COMMITTEE ON THE
35 COMPENSATION OF THE OFFICERS
36

- 37 1. That there be no changes to the Officers' compensation for the period beginning
38 July 1, 2022 through June 30, 2023. (Directive to Take Action.)
39
- 40 2. That the travel policy and the Board travel and expense standing rules be amended
41 by addition, shown with underscores as follows:
42

43 Transportation

- 44 a. Air: AMA policy on reimbursement for domestic air travel for members of the Board is
45 that the AMA will reimburse for coach fare only. The Presidents (President, Immediate
46 Past President and President Elect) will each have access to an individual \$5000 term
47 allowance (July 1 to June 30) and all other Officers will each have access to \$2500
48 term allowance (July 1 to June 30) to use for upgrades as each deems appropriate,
49 typically when traveling on an airline with non-preferred status. The unused portion of

1 the allowance is not subject to carry forward or use by any other Officer and remains
2 the property of the AMA. In rare instances it is recognized that short notice
3 assignments may require up to first class travel because of the lack of availability of
4 coach seating, and this will be authorized when necessary by the Board Chair, prior to
5 travel. Business Class airfare is authorized for foreign travel on AMA business. (Also
6 see Rule IV –Invitations, B—Foreign, for policy on foreign travel). (Directive to Take
7 Action)
8

9 3. That the remainder of the report be filed.

10
11 One comment was received that was supportive of the report and posits that the travel
12 allowance presented is reasonable. The commenter also supported the idea that any
13 unused portion of the allowance remains the property of the AMA.
14

15
16 (7) COUNCIL ON CONSTITUTION AND BYLAWS /
17 COUNCIL ON LONG RANGE PLANNING AND
18 DEVELOPMENT REPORT 1 - JOINT COUNCIL SUNSET
19 REVIEW OF 2012 HOUSE POLICIES
20

21 The Councils on Constitution and Bylaws and Long Range Planning and Development
22 recommend that the House of Delegates policies that are listed in the appendix to this
23 report be acted upon in the manner indicated and the remainder of this report be filed.
24

25 The Reference Committee noted commentary calling for the retention of certain AMA
26 policies that were recommended for sunset:
27

- 28 • Policy D-225.990: Commenters noted that the issue addressed through this policy is
29 still relevant. Specifically, there are concerns that hospitals and insurers continue to
30 deny payment to pathologists for their management and supervision of laboratory
31 services. The rapid development and validation of several tests to diagnose
32 COVID-19 was cited as an example. Commenters noted concerns over use of a
33 supplemental guidelines resource as the basis for rescinding this policy.
34
- 35 • Policy G-635.053: Based on the comments provided, Part 1 of this policy has been
36 accomplished and rescission may be appropriate. Parts 2 through 6 of this policy remain
37 relevant for efforts to engage and support osteopathic medical students, particularly
38 with the opening of new osteopathic medical schools. Further, comments cited that
39 recruitment efforts geared toward osteopathic students, or the availability of a related
40 database, is not well documented.
41
- 42 • Policy D-350.966: Commenters favored retention and noted that this policy continues
43 to be essential to strategies that address health disparities. Commenters noted that
44 Policy D-350.966 is comprehensive and relevant to various patient populations.

1 (8) RESOLUTION 601 - DEVELOPMENT OF RESOURCES
2 ON END-OF-LIFE CARE
3

4 RESOLVED, That our American Medical Association develop educational resources for
5 physicians, allied health professionals and patients on end-of-life care (Directive to Take
6 Action); and be it further

7
8 RESOLVED, That our AMA work with all stakeholders to develop proper quality metrics
9 to evaluate and improve palliative and hospice care. (Directive to Take Action)

10
11 Commenters supported the development of educational resources for physicians, allied
12 health professionals and patients to facilitate end of life care decision making. Moreover,
13 commenters favored the development of quality metrics to evaluate and improve palliative
14 and hospice care as well as identify inequities in end-of-life care.

15
16
17 (9) RESOLUTION 602 - REPORT ON THE PRESERVATION
18 OF INDEPENDENT MEDICAL PRACTICE
19

20 RESOLVED, That our American Medical Association issue a report every two years
21 communicating their efforts to support independent medical practices. (Directive to Take
22 Action)

23
24 Multiple commenters called for amending Resolution 602 by addition. When consolidated,
25 the proposed changes would read as follows:

26
27 “RESOLVED, That our American Medical Association issue a report in collaboration
28 with the Private Practice Physicians Section at least every two years communicating
29 their efforts to support independent medical practices.”
30

31 The remaining comments were in agreement with the suggested amendments and were
32 in overall support of the resolution.
33

34
35 (10) RESOLUTION 603 - SEPTEMBER 11TH AS A NATIONAL
36 HOLIDAY
37

38 RESOLVED, That our American Medical Association support and recognize September
39 11th as an annual day of observance to remember and recognize all who died and who
40 continue to suffer health consequences from the events of 9/11, to honor first- and all
41 responders from around the country, and to recognize and forever remind us of the unity
42 our country experienced on 9/11/01 and the months that followed. (New HOD Policy)
43

44 No comments were received.

1 (11) RESOLUTION 604 - UN INTERNATIONAL
2 RADIONUCLIDE THERAPY DAY RECOGNITION
3

4 RESOLVED, That our American Medical Association support the efforts of the American
5 College of Nuclear Medicine to create and introduce a United Nations General Assembly
6 (UNGA) Resolution for the creation of a new International Day of recognition with the
7 suggested name of "International Radionuclide Therapy Day." (Directive to Take Action)
8

9 Comments received suggested the following substitution for the Resolve clause. The
10 proposed substitution reads as follows:
11

12 "RESOLVED, that our American Medical Association advocate and participate with
13 the United States Mission to the United Nations, through the office of Ambassador
14 Linda Thomas-Greenfield, to create and introduce a United Nations General Assembly
15 (UNGA) Resolution for the creation of a new United Nations "International Day" of
16 recognition, marking March 31st as: "Dr. Saul Hertz Theranostic Nuclear Medicine
17 Day," commemorating the day the first patient was treated with therapeutic
18 radionuclide therapy on that day in 1941, marking the beginning of theranostic
19 treatment of medical diseases, thus creating an international day when healthcare
20 workers and patients around the world celebrate scientific discovery and the future
21 promises of the science of medicine."
22

23
24 (12) RESOLUTION 605 - FULFILLING MEDICINE'S SOCIAL
25 CONTRACT WITH HUMANITY IN THE FACE OF THE
26 CLIMATE HEALTH CRISIS
27

28 RESOLVED, That our American Medical Association reaffirm Policy H-135.949, "Support
29 of Clean Air and Reduction in Power Plant Emissions," (Reaffirm HOD Policy); and be it
30 further
31

32 RESOLVED, That our AMA establish a climate crisis campaign that will distribute
33 evidence-based information on the relationship between climate change and human
34 health, determine high-yield advocacy and leadership opportunities for physicians, and
35 centralize our AMA's efforts towards environmental justice and an equitable transition to
36 a net-zero carbon society by 2050. (Directive to Take Action)
37

38 Comments in response to Resolution 605 were mixed.
39

40 Those in opposition to creating a climate crisis campaign indicated that the requested
41 campaign is beyond the areas of expertise within our AMA and will require enormous
42 amounts of staff time and fiscal resources.
43

44 Those in support indicated that the World Health Organization has recognized climate
45 change as the "single biggest health threat facing humanity." Given that healthcare
46 accounts for 4% of global CO2 emissions, not taking a leadership role leaves our AMA
47 membership vulnerable to outside regulation. With an acknowledgement of the fact that
48 our AMA currently lacks the organizational capacity to engage in the crisis, those in
49 support of Resolution 605 believe our AMA should seek to make climate action and

1 environmental justice an institutional priority, as it is believed to be core to our AMA's
2 mission of public health.

3
4
5 (13) RESOLUTION 606 - FINANCIAL IMPACT AND FISCAL
6 TRANSPARENCY OF THE AMERICAN MEDICAL
7 ASSOCIATION CURRENT PROCEDURAL
8 TERMINOLOGY® SYSTEM
9

10 RESOLVED, That our American Medical Association survey physicians about and study
11 the impact of the 2021 CPT® Evaluation and Management coding reform on physicians,
12 among all specialties, in private and employed practices and report the findings and any
13 recommendations at the November 2022 meeting of the House of Delegates. (Directive
14 to Take Action)

15
16 One comment was received in support of the AMA-led survey outlined in Resolution 606.
17 The commenter urged our AMA ensure that the entire family of evaluation and
18 management codes be addressed simultaneously because recent changes resulted in a
19 significant shift in Medicare reimbursement across specialties, including a reduction to
20 infectious diseases physicians at the height of the COVID-19 public health emergency.
21

22
23 (14) RESOLUTION 607 - AMA URGES HEALTH AND LIFE
24 INSURERS TO DIVEST OF INVESTMENTS OF FOSSIL
25 FUELS
26

27 RESOLVED, That our American Medical Association declare that climate change is an
28 urgent public health emergency, and calls upon all governments, organizations, and
29 individuals to work to avert catastrophe (New HOD Policy); and be it further
30

31 RESOLVED, That our AMA urge all health and life insurance companies, including those
32 that provide insurance for medical, dental, and long-term care, to work in a timely,
33 incremental, and fiscally responsible manner to end all financial investments or
34 relationships (divestment) with companies that generate the majority of their income from
35 the exploration for, production of, transportation of, or sale of fossil fuels (New HOD
36 Policy); and be it further
37

38 RESOLVED, That our AMA send letters to the nineteen largest health or life insurance
39 companies in the United States to inform them of AMA policies concerned with climate
40 change and with fossil fuel divestments, and urging these companies to divest. (Directive
41 to Take Action)
42

43 Comments in response to Resolution 607 were overwhelmingly supportive.

44
45 Those in support indicated that Resolution 607 builds on the strong precedent of existing
46 AMA policy as it pertains to the tobacco industry, which “specifically calls on all life and
47 health insurance companies and HMOs to divest of any tobacco holdings” (H-500.975). It
48 is further believed that the intent of Resolution 607 is a logical extension of AMA policy
49 directing the organization and all associated corporations to “end all financial investments
50 or relationships (divestment) with companies that generate the majority of their income

1 from the exploration for, production of, transportation of, or sale of fossil fuels” (D-
2 135.969).

3
4 An opposing commenter recommended that we transition to new sustainable energy
5 sources slowly, over time, to allow for innovation and new discoveries. A second point
6 suggested we do not have the right to dictate to people or companies regarding
7 investments.
8

9
10 (15) RESOLUTION 608 - TRANSPARENCY OF RESOLUTION
11 FISCAL NOTES
12

13 RESOLVED, That our American Medical Association amend current policy G-600.061,
14 “Guidelines for Drafting a Resolution or Report,” by addition and deletion to read as
15 follows:
16

17 (d) A fiscal note setting forth the estimated resource implications (expense increase,
18 expense reduction, or change in revenue) of ~~the any proposed policy, program, study or~~
19 directive to take action shall be generated and published by AMA staff in consultation with
20 the sponsor- prior to its acceptance as business of the AMA House of Delegates.
21 Estimated changes in expenses will include direct outlays by the AMA as well as the value
22 of the time of AMA's elected leaders and staff. A succinct description of the assumptions
23 used to estimate the resource implications must be included in the AMA House of
24 Delegates Handbook to justify each fiscal note. ~~When the resolution or report is estimated~~
25 ~~to have a resource implication of \$50,000 or more, the AMA shall publish and distribute a~~
26 ~~document explaining the major financial components or cost centers (such as travel,~~
27 ~~consulting fees, meeting costs, or mailing). No resolution or report that proposes policies,~~
28 ~~programs, studies or actions that require financial support by the AMA shall be considered~~
29 ~~without a fiscal note that meets the criteria set forth in this policy. (Modify Current HOD~~
30 ~~Policy)~~
31

32 Your Reference Committee notes there were several commenters in support of this
33 resolution. The author shared that the intent of this resolution is to promote transparency
34 in the development of fiscal notes. Although AMA Policy G-600.601 calls for fiscal notes
35 to be developed in conjunction with the resolution sponsor, some commenters expressed
36 that the process, at times, seemed ambiguous, subjective, and incongruent with the
37 resolution intent. Many commenters also agreed that limiting fiscal note development to
38 items that call for directives and studies would streamline the process, reduce
39 administrative burden, and better inform the House of Delegates as resolutions are being
40 considered.
41

42 One commenter opposed adoption of this resolution as it may have an adverse effect on
43 the consideration of late or emergency resolutions.

1 (16) RESOLUTION 609 - SURVEILLANCE MANAGEMENT
2 SYSTEM FOR ORGANIZED MEDICINE POLICIES AND
3 REPORTS
4

5 RESOLVED, That our American Medical Association develop a prioritization matrix across
6 both global and reference committee specific areas of interest (Directive to Take Action);
7 and be it further
8

9 RESOLVED, That our AMA develop a web-based surveillance management system, with
10 pre-defined primary and/or secondary metrics, for resolutions and reports passed by their
11 respective governance body (Directive to Take Action); and be it further
12

13 RESOLVED, That our AMA share previously approved metrics and results from the
14 surveillance management system at intervals deemed most appropriate to the state and
15 local membership of organized medicine, including where and when appropriate to their
16 patients. (Directive to Take Action)
17

18 One comment in opposition to Resolution 609 was received, which indicated that the
19 development of a prioritization matrix could lead to the potential loss of non-majority voices
20 or new ideas if uncommon policy issues are filtered by the majority using metrics.
21

22
23 (17) RESOLUTION 610 - MAKING AMA MEETINGS
24 ACCESSIBLE
25

26 RESOLVED, That all future American Medical Association meetings be structured to
27 provide accommodations for members who are able to physically attend, but who need
28 assistance in order to meaningfully participate (Directive to Take Action); and be it further
29

30 RESOLVED, That our AMA investigate ways of allowing meaningful participation in all
31 meetings of the AMA by members who are limited in their ability to physically attend
32 meetings (Directive to Take Action); and be it further
33

34 RESOLVED, That our AMA revisit our criteria for selection of hotels and other venues for
35 the HOD in order to facilitate maximum participation by members with disabilities
36 (Directive to Take Action); and be it further
37

38 RESOLVED, That our AMA report back to the HOD by no later than the 2023 Annual
39 Meeting with a plan on how to maximize HOD meeting participation for members with
40 disabilities. (Directive to Take Action)
41

42 Commenters were generally supportive of Resolution 610 and consistently noted the
43 importance of making AMA meetings inclusive for all and providing accommodations to
44 support meaningful participation.
45

46 One commenter called for the first Resolve to be amended to read as follows:
47

48 RESOLVED, That all future AMA meetings be structured to provide accommodations
49 for members who are able limited in their ability to physically attend, ~~but who need~~

1 assistance in order to meetings, so that they can meaningfully participate (Directive to
2 Take Action); and be it further.

3
4 Additional comments call for the second Resolve to be amended by addition:

5
6 RESOLVED, That our AMA investigate ways of allowing meaningful participation in all
7 meetings of the AMA by members who are limited in their ability to physically attend
8 meetings or are unable to attend by choice.

9
10 Finally, one commenter called for an additional Resolve to be inserted:

11
12 Resolved, that physical accessibility by members who have physical limitations be
13 considered an essential criteria in the selection of any AMA meeting venue but that
14 there be a re-evaluation and report back to the HOD by 1-22 of all other limiting or
15 restricting criteria for selection of hotels and meeting sites so that the HOD may review
16 and /or revise those criteria.

17
18
19 (18) RESOLUTION 611 - CONTINUING EQUITY EDUCATION

20
21 RESOLVED, That our American Medical Association establish an Open Forum on Health
22 Equity, to be held annually at a House of Delegates Meeting, for members to directly
23 engage in educational discourse and strengthen organizational capacity to advance and
24 operationalize equity. (Directive to Take Action)

25
26 The resolution sponsor provided background on the impetus for hosting the Health Equity
27 Forum at the November 2021 Special Meeting and shared that the forum provided
28 education sessions and programing to advance knowledge that prioritizes equity.

29
30 Most comments supported hosting an open forum annually, noting that it will create a
31 welcoming environment for all physicians, residents, and medical students in the AMA,
32 and increase education and awareness of the effects of bias, prejudice, and racism in
33 medicine.

34
35 An amendment to adjust the timing of the open forum from annual to bi-annual was
36 presented. This amendment was supported by another commenter along with an
37 additional suggestion to livestream and archive the forum.

38
39
40 (19) RESOLUTION 612 - IDENTIFYING STRATEGIES FOR
41 ACCURATE DISCLOSURE AND REPORTING OF
42 RACIAL AND ETHNIC DATA ACROSS THE MEDICAL
43 EDUCATION CONTINUUM AND PHYSICIAN
44 WORKFORCE

45
46 RESOLVED, That our American Medical Association adopt racial and ethnic demographic
47 data collection practices that allow self-identification of designation of one or more racial
48 categories (Directive to Take Action); and be if further

1 RESOLVED, That our AMA report demographic physician workforce data in mutually
2 exclusive categories of race and ethnicity whereby Latino, Hispanic, and Other Spanish
3 ethnicity and Middle Eastern North African ethnicity are categories, irrespective of race
4 (Directive to Take Action); and be if further
5

6 RESOLVED, That our AMA adopt racial and ethnic physician workforce demographic data
7 reporting practices that permit disaggregation of individuals who have chosen multiple
8 categories of race so as to distinguish each category of individuals' demographics as alone
9 or in combination with any other racial and ethnic category (Directive to Take Action); and
10 be it further
11

12 RESOLVED, That our AMA collaborate with AAMC, ACGME, AACOM, AOA, NBME,
13 NBOME, NRMP, FSBM, CMSS, ABMS, HRSA, OMB, NIH, ECFMG, and all other
14 appropriate stakeholders, including minority physician organizations, and relevant federal
15 agencies to develop standardized processes and identify strategies to improve the
16 accurate collection, disclosure and reporting of racial and ethnic data across the medical
17 education continuum and physician workforce. (Directive to Take Action)
18

19 Commenters were supportive of Resolution 612. One supportive commenter suggested
20 an amendment to Resolve 2 because it conflicts with existing AMA Policy D-350.979,
21 "Disaggregation of Demographic Data for Individuals of Middle Eastern and North African
22 Descent." As such, the following amendment was proposed:
23

24 "RESOLVED, That our AMA report demographic physician workforce data in ~~mutually~~
25 ~~exclusive~~ categories of race and ethnicity whereby Latino, Hispanic, and ~~Other~~
26 ~~Spanish ethnicity and Middle Eastern North African ethnicity~~ other identified ethnicities
27 are categories, irrespective of race (Directive to Take Action); and be if further"
28
29

30 (20) RESOLUTION 613 - TIMING OF BOARD REPORT ON
31 RESOLUTION 605 FROM N-21 REGARDING A
32 PERMANENT RESOLUTION COMMITTEE
33

34 RESOLVED, That the Report of the Board of Trustees regarding Resolution 605 from N-
35 21 be presented to the American Medical Association House of Delegates with
36 recommendation(s) for the House of Delegates to be voted upon at the 2022 Interim
37 Meeting. (Directive to Take Action)
38

39 Comments in response to Resolution 613 were not supportive.
40

41 Those in opposition indicated that rushing a Board of Trustees response to an earlier
42 resolution that was referred without a time certain seems unnecessary. There are strong
43 and nuanced opinions in the House of Delegates regarding this topic; therefore, the Board
44 of Trustees should be given time to write the highest quality report possible.

1 (21) RESOLUTION 614 - ALLOWING VIRTUAL INTERVIEWS
2 ON NON-HOLIDAY WEEKENDS FOR CANDIDATES
3 FOR AMA OFFICE
4

5 RESOLVED, That our AMA amend policy G-610.020, "Rules for AMA Elections," by
6 addition and deletion to read as follows:
7

8 Interviews may be conducted only during a window designated by the Speaker beginning
9 on the Thursday evening of a non-holiday weekend at least two weeks but not more than
10 4 weeks prior to the scheduled Opening Session of the House of Delegates meeting at
11 which elections will take place and must be concluded by that following Sunday-~~(four days~~
12 ~~later)~~. (Modify Current HOD Policy)
13

14 Most commenters were in agreement that the rules regarding the timing of virtual
15 candidate interviews were problematic and need to be re-evaluated for several reasons:
16

- 17 - Virtual candidate interviews prior to the AMA Annual Meeting have contributed to
18 additional time pressure during an already busy time professionally and personally.
- 19
- 20 - Candidates should be afforded adequate time to review the HOD handbook as a
21 means to become familiar with the concerns of the delegations, caucuses, and
22 sections that are participating in the interviews.
- 23
- 24 - AMA policy mandates that our AMA Speakers schedule virtual candidate
25 interviews exactly two weeks before the AMA Annual Meeting. As such, these
26 interviews will continue to take place on Memorial Day weekend for the
27 foreseeable future.
- 28
- 29 - The limited timeframe for virtual candidate interviews presents disruptions to
30 professional and personal responsibilities.
- 31
- 32 - Hosting virtual candidate interviews over holiday weekends is not in harmony with
33 supporting work-life balance and wellness.
- 34

35 Several commenters wished to amend the AMA policy on virtual interviews. The resolution
36 author proposed an amendment to G-610.020, "Rules for AMA Elections" that would afford
37 the AMA speakers flexibility in scheduling virtual candidate interviews so that they do not
38 occur over holiday weekends.
39

40 One commenter concurred with the concerns raised and noted that in-person interviews
41 may better address the aforementioned issues and promote an equitable interview
42 process for all candidates. Accordingly, the following amendment to AMA Policy
43 G-610.020 was proffered:
44

45 (12) Interviews conducted with current candidates must comply with the following
46 rules:
47

- 48 ~~e. Groups may elect to conduct interviews virtually or in-person.~~

1 ~~dc. In-person~~ interviews may be conducted between Friday and Monday of the
2 meeting at which elections will take place.

3
4 ~~e. Virtual interviews are subject to the following constraints:~~

5 ~~i. Interviews may be conducted only during a window beginning on the Thursday~~
6 ~~evening two weeks prior to the scheduled Opening Session of the House of Delegates~~
7 ~~meeting at which elections will take place and must be concluded by that Sunday (four~~
8 ~~days later).~~

9 ~~ii. Interviews conducted on weeknights must be scheduled between 5 pm and 10 pm~~
10 ~~or on weekends between 8 am and 10 pm based on the candidate's local time, unless~~
11 ~~another mutually acceptable time outside these hours is arranged.~~

12 ~~iii. Caucuses and delegations scheduling interviews for candidates within the~~
13 ~~parameters above must offer alternatives to those candidates who have conflicts with~~
14 ~~the scheduled time.~~

15
16 ~~fd. Recording of interviews is allowed only with the knowledge and consent of the~~
17 ~~candidate.~~

18
19 ~~ge. Recordings of interviews may be shared only among members of the group~~
20 ~~conducting the interview.~~

21
22 ~~hf. A candidate is free to decline any interview request.~~

23
24 ~~ig. In consultation with the Election Committee, the Speaker, or where the Speaker is~~
25 ~~in a contested election, the Vice Speaker, may issue special rules for interviews to~~
26 ~~address unexpected situations.~~

27
28 Lastly, one commenter called for referral so that all aspects of this issue can be adequately
29 evaluated.

30
31
32 (22) RESOLUTION 615 - ANTI-HARASSMENT TRAINING

33
34 RESOLVED, That our AMA require all members elected and appointed to national and
35 regional AMA leadership positions to complete AMA Code of Conduct and anti-
36 harassment training, with continued evaluation of the training for effectiveness in reducing
37 harassment within the AMA (Directive to Take Action); and be it further

38
39 RESOLVED, That our AMA work with the Women Physician Section, American Medical
40 Women's Association, GLMA: Health Professionals Advancing LGBTQ Equality, and
41 other stakeholders to identify an appropriate, evidence-based anti-harassment and sexual
42 harassment prevention training to administer to leadership. (Directive to Take Action)

43
44 Resolution 615 received one comment expressing strong support. The commenter posits
45 that failing to mitigate sexual and other forms of harassment would result in talented
46 leaders, disproportionately women, to be driven away from the organization.

1 (23) RESOLUTION 616 - MEDICAL STUDENT,
2 RESIDENT/FELLOW, AND PHYSICIAN VOTING IN
3 FEDERAL, STATE AND LOCAL ELECTIONS
4

5 RESOLVED, That our AMA study the rate of voter turnout in physicians, residents, fellows,
6 and medical students in federal, state, and local elections without regard to political party
7 affiliation or voting record, as a step towards understanding political participation in the
8 medical community (Directive to Take Action); and be it further
9

10 RESOLVED, That our AMA will work with appropriate stakeholders to guarantee a full day
11 off on Election Days at medical schools. (Directive to Take Action)
12

13 There were multiple commenters who wished to delete the second Resolve clause.
14 Comments indicate that part of the resolution was unnecessary, as it does not take an
15 entire day to vote. Another commenter wished to amend the second Resolve clause "That
16 our AMA will work with appropriate stakeholders to guarantee a full day off on Election
17 Days at medical schools WHERE VOTING BY MAIL OR OTHER REMOTE MECHANISM
18 IS NOT AN OPTION."
19

20 The remaining comments were in support of the resolution, and agreed with the second
21 Resolve clause, noting that a full day off allows medical students to volunteer for polling
22 places and allows travel time for those who are far from their voting district while at medical
23 school.
24

25
26 (24) RESOLUTION 617 - STUDY A NEED-BASED
27 SCHOLARSHIP TO ENCOURAGE MEDICAL STUDENT
28 PARTICIPATION IN THE AMA
29

30 RESOLVED, That our American Medical Association explore mechanisms to mitigate
31 costs associated with medical student participation at national, in-person AMA
32 conferences. (Directive to Take Action)
33

34 Comments in response to Resolution 617 were supportive.
35

36 Commenters indicated that the costs of travel, lodging, food, and other miscellaneous
37 expenses are a significant barrier to student participation in our AMA national meetings.
38 Further exacerbating this issue is the fact that the pandemic caused a downturn in
39 membership and revenues for medical societies across the country, resulting in an overall
40 decline in financial support.
41

42 Commenters further indicated that the requested study will result in our AMA exploring a
43 range of solutions to mitigate the costs, including additional AMA-funded travel grants and
44 other novel solutions. On this point, one commenter highlighted that while the intent of
45 Resolution 617 is specific to in-person meetings, other methods of meaningful
46 participation should be considered that benefit everyone.

1 (25) RESOLUTION 618 - EXTENDING THE DELEGATE
2 APPORTIONMENT FREEZE DURING COVID-19
3 PANDEMIC
4

5 RESOLVED, That our American Medical Association extend the current delegate
6 apportionment freeze for losing a delegate from a state medical or specialty society until
7 the end of 2023. (Directive to Take Action)
8

9 Comments in response to Resolution 618 expressed support for extending the current
10 apportionment freeze due to a reported overall decline in membership within organized
11 medicine resulting from the elimination of in-person meetings and recruitment throughout
12 the pandemic. In addition, an amendment was proffered requesting that the potential
13 continuation of an apportionment freeze be extended to include the AMA Sections.
14

15
16 (26) RESOLUTION 619 - FOCUS AND PRIORITY FOR THE
17 AMA HOUSE OF DELEGATES
18

19 RESOLVED, That the Resolutions Committee be formed as a standing committee of the
20 house, the purpose of which is to review and prioritize all submitted resolutions to be acted
21 upon at the annual and interim meetings of the AMA House of Delegates (Directive to
22 Take Action); and be it further
23

24 RESOLVED, That the membership of the Resolutions Committee be composed of one
25 Medical Student Section (MSS) member, one Resident and Fellow Section (RFS)
26 member, and one Young Physicians Section (YPS) member, all appointed by the
27 speakers through nominations of the MSS, RFS, and YPS respectively; six regional
28 members appointed by the speakers through nominations from the regional caucuses, six
29 specialty members appointed by the speakers through nominations from the specialty
30 caucuses, three section members appointed by the speakers through nominations from
31 sections other than the MSS, RFS, and YPS, and one past president appointed by the
32 speakers (Directive to Take Action) and be it further
33

34 RESOLVED, That the members of the Resolutions Committee serve staggered two-year
35 terms except for the past president and the MSS and RFS members, who shall serve a
36 one-year term (Directive to Take Action); and be it further
37

38 RESOLVED, That members of the Resolutions Committee cannot serve more than four
39 years consecutively (Directive to Take Action); and be it further
40

41 RESOLVED, That if a Resolutions Committee member is unable or unwilling to complete
42 his or her term, the speakers will replace that member with someone from a similar
43 member group in consultation with that group the next year, and the new member will
44 complete the unfulfilled term (Directive to Take Action); and be it further
45

46 RESOLVED, That each member of the Resolutions Committee confidentially rank
47 resolutions using a 0-to-5 scale (0 – not a priority to 5 – top priority) based on scope (the
48 number of physicians affected), urgency (the urgency of the resolution and the impact of
49 not acting), appropriateness (whether AMA is the appropriate organization to lead on the
50 issue), efficacy (whether an AMA stance would have a positive impact), history (whether

1 the resolution has been submitted previously and not accepted), and existing policy
2 (whether an AMA policy already effectively covers the issue). Resolutions would not have
3 to meet all of these parameters nor would these parameters have to be considered equally
4 (Directive to Take Action); and be it further

5
6 RESOLVED, That the composite (or average) score of all members of the Resolutions
7 Committee be used to numerically rank the proposed resolutions. No resolution with a
8 composite average score of less than 2 would be recommended for consideration. The
9 Resolutions Committee would further determine the cutoff score above which resolutions
10 would be considered by the house based on the available time for reference committee
11 and house discussion, and the list of resolutions ranked available for consideration would
12 be titled "Resolutions Recommended to be Heard by the HOD" (Directive to Take Action);
13 and be it further

14
15 RESOLVED, That the Resolutions Committee also make recommendations on all
16 resolutions submitted recommending reaffirmation of established AMA policy and create
17 a list titled "Resolutions Recommended for Reaffirmation," with both lists presented to the
18 house for acceptance (Directive to Take Action); and be it further

19
20 RESOLVED, That the membership of the Resolutions Committee be published on the
21 AMA website with a notice that the appointed members should not be contacted, lobbied,
22 or coerced; any such activity must be reported to the AMA Grievance Committee for
23 investigation; and should the alleged violations be valid, disciplinary action of the offending
24 person will follow (Directive to Take Action); and be it further

25
26 RESOLVED, That the bylaws be amended to add the Resolution Committee as a standing
27 Committee with the defined charge, composition, and functions as defined above for all
28 AMA HOD meetings effective Interim 2022. (Directive to Take Action)

29
30 There was mixed testimony in response to Resolution 619.

31
32 Several commenters expressed support for the resolution, noting that it represents a
33 process improvement change, the RC (Resolution Committee) is an important, fair,
34 objective, and democratic process to ensure focus and prioritization of important policy
35 issues to the AMA Board and staff, and the suggestions are well balanced, democratic,
36 and needed to preserve balance in the House of Delegates (HOD). One supportive
37 commenter noted there should be a way for the HOD to rank vote top resolutions as AMA
38 priorities.

39
40 Several commenters expressed opposition to Resolution 619. Multiple comments noted
41 that this topic is currently under study by the Board of Trustees, citing that Resolution 605
42 (N-21), Formalization of the Resolution Committee as a Standing Committee of the
43 American Medical Association House of Delegates, was referred for study. Testimony
44 noted that the creation of a permanent resolution committee could contribute to reduced
45 engagement in the policy process, limited ability for minority voices to be heard, and
46 diminished democratic process. Further, testimony noted that having a permanent
47 resolution committee would contribute to a more complex process (e.g., subjective scoring
48 mechanism) as resolution authors try to have their items of business heard.

1 While some commenters acknowledged concerns with the volume of business and scope
2 of resolution topics presented for consideration, the formation of a permanent resolution
3 committee is believed to present greater challenges.
4

5
6 (27) RESOLUTION 620 - REVIEW OF HEALTH INSURANCE
7 COMPANIES AND THEIR SUBSIDIARIES' BUSINESS
8 PRACTICES
9

10 RESOLVED, That our American Medical Association conduct a review of the business
11 practices of health insurance companies in order to identify potential fraudulent and unfair
12 activities. (Directive to Take Action)

13
14 One comment was received in response to Resolution 620 that called for referral to ensure
15 if collecting the requested data is feasible and legal.
16

17
18
19 This concludes the Preliminary Document of Reference Committee F. Currently, there
20 are 27 items of business before Reference Committee F and there were 119 comments
21 submitted via the Online Member Forum.