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.

The following items are under consideration by Reference Committee F:

1. Board of Trustees Report 1 - Annual Report
2. Board of Trustees Report 4 - AMA 2023 Dues
3. Board of Trustees Report 11 - Procedure for Altering the Size or Composition of Section Governing Councils
4. Board of Trustees Report 16 - Language Proficiency Data of Physicians in the AMA Masterfile
5. Board of Trustees Report 20 - Delegate Apportionment and Pending Members
8. Resolution 601 - Development of Resources on End-of-Life Care
10. Resolution 603 - September 11th as a National Holiday
11. Resolution 604 - UN International Radionuclide Therapy Day Recognition
12. Resolution 605 - Fulfilling Medicine's Social Contract with Humanity in the Face of the Climate Health Crisis
14. Resolution 607 - AMA Urges Health and Life Insurers to Divest of Investments of Fossil Fuels
15. Resolution 608 - Transparency of Resolution Fiscal Notes
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(1) BOARD OF TRUSTEES REPORT 1 - ANNUAL REPORT

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

No comments were received.

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

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

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<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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<tr>
<td>Regular Members</td>
<td>$420</td>
</tr>
<tr>
<td>Physicians in Their Fourth Year of Practice</td>
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</tr>
<tr>
<td>Physicians in Their Third Year of Practice</td>
<td>$210</td>
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<td>Physicians in Their First Year of Practice</td>
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<tr>
<td>Fully Retired Physicians</td>
<td>$84</td>
</tr>
<tr>
<td>Physicians in Residency Training</td>
<td>$45</td>
</tr>
<tr>
<td>Medical Students</td>
<td>$20</td>
</tr>
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(Directive to Take Action)

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

(3) BOARD OF TRUSTEES REPORT 11 - PROCEDURE FOR ALTERING THE SIZE OR COMPOSITION OF SECTION GOVERNING COUNCILS

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

1. That AMA Bylaws be amended to include the size and core composition (chair cycle, delegate/alternate delegate) of each section governing council. (Modify Bylaws)

2. That the Council on Long Range Planning and Development develop criteria for reviewing requests to alter the size or core composition (chair cycle, delegate/alternate delegate) of section governing councils. (Directive to Take Action)

3. That the Council on Long Range Planning and Development be assigned responsibility for reviewing and making recommendations to the House of Delegates as to the disposition of any request to alter the size or core composition (chair cycle, delegate/alternate delegate) of a section governing council. (Modify Bylaws)
A member of the Board of Trustees (BOT) introduced the report by noting that requests from a Section to alter the size or composition of its Governing Council are subject to approval by the BOT. This report recommends an approach that allows for shared decision making with the House of Delegates (HOD). The HOD would have the authorization to approve revisions with fiscal impact or that alter core governing council membership, while the BOT would preserve the authority to approve modifications to non-core governing council positions.

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

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

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

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

(5) BOARD OF TRUSTEES REPORT 20: DELEGATE APPORTIONMENT AND PENDING MEMBERS

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

1. That pending members no longer be considered in apportioning delegates in the House of Delegates. (Directive to Take Action)

2. That delegate apportionment for 2023 for constituent societies be based on official 2022 year-end AMA membership data as recorded by the AMA. (Directive to Take Action)

3. That delegates be apportioned to constituent societies for 2023 with each society getting the greatest of the following numbers:
   - The number of delegates apportioned at the rate of 1 per 1000, or fraction thereof, AMA members;
• The number of delegates apportioned for 2022 so long as that figure is not greater than 2 more than the number apportioned at the rate of 1 per 1000, or fraction thereof, AMA members; or

• For societies that would lose more than five delegates from their 2022 apportionment, the number of delegates apportioned for 2022 plus 5. (Directive to Take Action)

4. That delegate apportionment for 2024 be based on then current bylaws. (Directive to Take Action)

5. That the Council on Constitution and Bylaws prepare bylaws amendments to implement these recommendations, with the report to be considered no later than the November 2022 meeting of the House of Delegates. (Directive to Take Action)


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

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

(6) COMPENSATION COMMITTEE REPORT - REPORT OF
THE HOUSE OF DELEGATES COMMITTEE ON THE
COMPENSATION OF THE OFFICERS

1. That there be no changes to the Officers’ compensation for the period beginning July 1, 2022 through June 30, 2023. (Directive to Take Action.)

2. That the travel policy and the Board travel and expense standing rules be amended by addition, shown with underscores as follows:

Transportation

a. Air: AMA policy on reimbursement for domestic air travel for members of the Board is that the AMA will reimburse for coach fare only. The Presidents (President, Immediate Past President and President Elect) will each have access to an individual $5000 term allowance (July 1 to June 30) and all other Officers will each have access to $2500 term allowance (July 1 to June 30) to use for upgrades as each deems appropriate, typically when traveling on an airline with non-preferred status. The unused portion of...
the allowance is not subject to carry forward or use by any other Officer and remains the property of the AMA. In rare instances it is recognized that short notice assignments may require up to first class travel because of the lack of availability of coach seating, and this will be authorized when necessary by the Board Chair, prior to travel. Business Class airfare is authorized for foreign travel on AMA business. (Also see Rule IV –Invitations, B—Foreign, for policy on foreign travel). (Directive to Take Action)

3. That the remainder of the report be filed.

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

(7) COUNCIL ON CONSTITUTION AND BYLAWS / COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT REPORT 1 - JOINT COUNCIL SUNSET REVIEW OF 2012 HOUSE POLICIES

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.

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

- Policy D-225.990: Commenters noted that the issue addressed through this policy is still relevant. Specifically, there are concerns that hospitals and insurers continue to deny payment to pathologists for their management and supervision of laboratory services. The rapid development and validation of several tests to diagnose COVID-19 was cited as an example. Commenters noted concerns over use of a supplemental guidelines resource as the basis for rescinding this policy.

- Policy G-635.053: Based on the comments provided, Part 1 of this policy has been accomplished and rescission may be appropriate. Parts 2 through 6 of this policy remain relevant for efforts to engage and support osteopathic medical students, particularly with the opening of new osteopathic medical schools. Further, comments cited that recruitment efforts geared toward osteopathic students, or the availability of a related database, is not well documented.

- Policy D-350.966: Commenters favored retention and noted that this policy continues to be essential to strategies that address health disparities. Commenters noted that Policy D-350.966 is comprehensive and relevant to various patient populations.
(8) RESOLUTION 601 - DEVELOPMENT OF RESOURCES ON END-OF-LIFE CARE

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

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

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

(9) RESOLUTION 602 - REPORT ON THE PRESERVATION OF INDEPENDENT MEDICAL PRACTICE

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

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

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

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

(10) RESOLUTION 603 - SEPTEMBER 11TH AS A NATIONAL HOLIDAY

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

No comments were received.
(11) RESOLUTION 604 - UN INTERNATIONAL RADIONUCLIDE THERAPY DAY RECOGNITION

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

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

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

(12) RESOLUTION 605 - FULFILLING MEDICINE’S SOCIAL CONTRACT WITH HUMANITY IN THE FACE OF THE CLIMATE HEALTH CRISIS

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

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

Comments in response to Resolution 605 were mixed.

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

Those in support indicated that the World Health Organization has recognized climate change as the “single biggest health threat facing humanity.” Given that healthcare accounts for 4% of global CO2 emissions, not taking a leadership role leaves our AMA membership vulnerable to outside regulation. With an acknowledgement of the fact that our AMA currently lacks the organizational capacity to engage in the crisis, those in support of Resolution 605 believe our AMA should seek to make climate action and
environmental justice an institutional priority, as it is believed to be core to our AMA’s mission of public health.

(13) RESOLUTION 606 - FINANCIAL IMPACT AND FISCAL TRANSPARENCY OF THE AMERICAN MEDICAL ASSOCIATION CURRENT PROCEDURAL TERMINOLOGY® SYSTEM

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

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

(14) RESOLUTION 607 - AMA URGES HEALTH AND LIFE INSURERS TO DIVEST OF INVESTMENTS OF FOSSIL FUELS

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

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

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

Comments in response to Resolution 607 were overwhelmingly supportive.

Those in support indicated that Resolution 607 builds on the strong precedent of existing AMA policy as it pertains to the tobacco industry, which “specifically calls on all life and health insurance companies and HMOs to divest of any tobacco holdings” (H-500.975). It is further believed that the intent of Resolution 607 is a logical extension of AMA policy directing the organization and all associated corporations to “end all financial investments or relationships (divestment) with companies that generate the majority of their income.
from the exploration for, production of, transportation of, or sale of fossil fuels” (D-135.969).

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

(15) RESOLUTION 608 - TRANSPARENCY OF RESOLUTION FISCAL NOTES

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

(d) A fiscal note setting forth the estimated resource implications (expense increase, expense reduction, or change in revenue) of any proposed policy, program, study or directive to take action shall be generated and published by AMA staff in consultation with the sponsor, prior to its acceptance as business of the AMA House of Delegates. 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 the AMA House of Delegates Handbook to justify 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, studies 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. (Modify Current HOD Policy)

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

One commenter opposed adoption of this resolution as it may have an adverse effect on the consideration of late or emergency resolutions.
RESOLUTION 609 - SURVEILLANCE MANAGEMENT
SYSTEM FOR ORGANIZED MEDICINE POLICIES AND REPORTS

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

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

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

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

(17) RESOLUTION 610 - MAKING AMA MEETINGS ACCESSIBLE

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

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

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

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

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

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

RESOLVED, That all future AMA meetings be structured to provide accommodations for members who are able limited in their ability to physically attend, but who need
assistance in order to meetings, so that they can meaningfully participate (Directive to Take Action); and be it further.

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

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

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

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

(18) RESOLUTION 611 - CONTINUING EQUITY EDUCATION

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

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

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

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

(19) RESOLUTION 612 - IDENTIFYING STRATEGIES FOR ACCURATE DISCLOSURE AND REPORTING OF RACIAL AND ETHNIC DATA ACROSS THE MEDICAL EDUCATION CONTINUUM AND PHYSICIAN WORKFORCE

RESOLVED, That our American Medical Association adopt racial and ethnic demographic data collection practices that allow self-identification of designation of one or more racial categories (Directive to Take Action); and be if further
RESOLVED, That our AMA report demographic physician workforce data in mutually
exclusive categories of race and ethnicity whereby Latino, Hispanic, and Other Spanish
ethnicity and Middle Eastern North African ethnicity are categories, irrespective of race
(Directive to Take Action); and be if further

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

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

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

“RESOLVED, That our AMA report demographic physician workforce data in mutually
exclusive categories of race and ethnicity whereby Latino, Hispanic, and Other Spanish
categories, irrespective of race (Directive to Take Action); and be if further”

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

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

Comments in response to Resolution 613 were not supportive.

Those in opposition indicated that rushing a Board of Trustees response to an earlier
resolution that was referred without a time certain seems unnecessary. There are strong
and nuanced opinions in the House of Delegates regarding this topic; therefore, the Board
of Trustees should be given time to write the highest quality report possible.
RESOLUTION 614 - ALLOWING VIRTUAL INTERVIEWS ON NON-HOLIDAY WEEKENDS FOR CANDIDATES
FOR AMA OFFICE

RESOLVED, That our AMA amend policy G-610.020, “Rules for AMA Elections,” by addition and deletion to read as follows:

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

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

- Virtual candidate interviews prior to the AMA Annual Meeting have contributed to additional time pressure during an already busy time professionally and personally.

- Candidates should be afforded adequate time to review the HOD handbook as a means to become familiar with the concerns of the delegations, caucuses, and sections that are participating in the interviews.

- AMA policy mandates that our AMA Speakers schedule virtual candidate interviews exactly two weeks before the AMA Annual Meeting. As such, these interviews will continue to take place on Memorial Day weekend for the foreseeable future.

- The limited timeframe for virtual candidate interviews presents disruptions to professional and personal responsibilities.

- Hosting virtual candidate interviews over holiday weekends is not in harmony with supporting work-life balance and wellness.

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

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

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

c. Groups may elect to conduct interviews virtually or in-person.
dc. In-person interviews may be conducted between Friday and Monday of the meeting at which elections will take place.

e. Virtual interviews are subject to the following constraints:
   i. Interviews may be conducted only during a window beginning on the Thursday evening two weeks prior to the scheduled Opening Session of the House of Delegates meeting at which elections will take place and must be concluded by that Sunday (four days later).
   ii. Interviews conducted on weeknights must be scheduled between 5 pm and 10 pm or on weekends between 8 am and 10 pm based on the candidate’s local time, unless another mutually acceptable time outside these hours is arranged.
   iii. Caucuses and delegations scheduling interviews for candidates within the parameters above must offer alternatives to those candidates who have conflicts with the scheduled time.

fd. Recording of interviews is allowed only with the knowledge and consent of the candidate.

ge. Recordings of interviews may be shared only among members of the group conducting the interview.

hf. A candidate is free to decline any interview request.

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

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

(22) RESOLUTION 615 - ANTI-HARASSMENT TRAINING

RESOLVED, That our AMA require all members elected and appointed to national and regional AMA leadership positions to complete AMA Code of Conduct and anti-harassment training, with continued evaluation of the training for effectiveness in reducing harassment within the AMA (Directive to Take Action); and be it further RESOLVED, That our AMA work with the Women Physician Section, American Medical Women’s Association, GLMA: Health Professionals Advancing LGBTQ Equality, and other stakeholders to identify an appropriate, evidence-based anti-harassment and sexual harassment prevention training to administer to leadership. (Directive to Take Action)

Resolution 615 received one comment expressing strong support. The commenter posits that failing to mitigate sexual and other forms of harassment would result in talented leaders, disproportionately women, to be driven away from the organization.
(23) RESOLUTION 616 - MEDICAL STUDENT, RESIDENT/FELLOW, AND PHYSICIAN VOTING IN FEDERAL, STATE AND LOCAL ELECTIONS

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

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

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

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

(24) RESOLUTION 617 - STUDY A NEED-BASED SCHOLARSHIP TO ENCOURAGE MEDICAL STUDENT PARTICIPATION IN THE AMA

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

Comments in response to Resolution 617 were supportive.

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

Commenters further indicated that the requested study will result in our AMA exploring a range of solutions to mitigate the costs, including additional AMA-funded travel grants and other novel solutions. On this point, one commenter highlighted that while the intent of Resolution 617 is specific to in-person meetings, other methods of meaningful participation should be considered that benefit everyone.
RESOLUTION 618 - EXTENDING THE DELEGATE APPORTIONMENT FREEZE DURING COVID-19 PANDEMIC

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

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

RESOLUTION 619 - FOCUS AND PRIORITY FOR THE AMA HOUSE OF DELEGATES

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

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

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

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

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

RESOLVED, That each member of the Resolutions Committee confidentially rank resolutions using a 0-to-5 scale (0 – not a priority to 5 – top priority) based on scope (the number of physicians affected), urgency (the urgency of the resolution and the impact of not acting), appropriateness (whether AMA is the appropriate organization to lead on the issue), efficacy (whether an AMA stance would have a positive impact), history (whether
the resolution has been submitted previously and not accepted), and existing policy
(whether an AMA policy already effectively covers the issue). Resolutions would not have
to meet all of these parameters nor would these parameters have to be considered equally
(Directive to Take Action); and be it further

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

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

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

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

There was mixed testimony in response to Resolution 619.

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

Several commenters expressed opposition to Resolution 619. Multiple comments noted
that this topic is currently under study by the Board of Trustees, citing that Resolution 605
(N-21), Formalization of the Resolution Committee as a Standing Committee of the
American Medical Association House of Delegates, was referred for study. Testimony
noted that the creation of a permanent resolution committee could contribute to reduced
engagement in the policy process, limited ability for minority voices to be heard, and
diminished democratic process. Further, testimony noted that having a permanent
resolution committee would contribute to a more complex process (e.g., subjective scoring
mechanism) as resolution authors try to have their items of business heard.
While some commenters acknowledged concerns with the volume of business and scope of resolution topics presented for consideration, the formation of a permanent resolution committee is believed to present greater challenges.

(27) RESOLUTION 620 - REVIEW OF HEALTH INSURANCE COMPANIES AND THEIR SUBSIDIARIES' BUSINESS

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

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

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