

## DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its June 2022 Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

### AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-22)

Report of Reference Committee F

David J. Bensema, MD, Chair

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Your Reference Committee recommends the following consent calendar for acceptance:

#### **RECOMMENDED FOR ADOPTION**

1. Board of Trustees Report 4 - AMA 2023 Dues
2. Compensation Committee Report - Report of the House of Delegates Committee on the Compensation of the Officers
3. Resolution 607 - AMA Urges Health and Life Insurers to Divest of Investments of Fossil Fuels
4. Resolution 615 - Anti-Harassment Training

#### **RECOMMENDED FOR ADOPTION IN LIEU OF**

5. Resolution 624 - Creation of United Nations "Dr. Saul Hertz Theranostic Nuclear Medicine" International Day
- Resolution 604 - UN International Radionuclide Therapy Day Recognition

#### **RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE**

6. Resolution 603 - September 11th as a National Holiday

#### **RECOMMENDED FOR ADOPTION AS AMENDED**

7. Board of Trustees Report 16 - Language Proficiency Data of Physicians in the AMA Masterfile
8. Board of Trustees Report 20 - Delegate Apportionment and Pending Members  
Resolution 618: Extending the Delegate Apportionment Freeze During COVID-19 Pandemic
9. Council on Constitution and Bylaws / Council on Long Range Planning and Development Report 1 - Joint Council Sunset Review of 2012 House Policies
10. Resolution 601 - Development of Resources on End-of-Life Care
11. Resolution 602 - Report on the Preservation of Independent Medical Practice
12. Resolution 610 - Making AMA Meetings Accessible

- 1 13. Resolution 611 - Continuing Equity Education
- 2
- 3 14. Resolution 612 - Identifying Strategies for Accurate Disclosure and Reporting of
- 4 Racial and Ethnic Data Across the Medical Education Continuum and Physician
- 5 Workforce
- 6
- 7 15. Resolution 614 - Allowing Virtual Interviews on Non-Holiday Weekends for
- 8 Candidates for AMA Office
- 9
- 10 16. Resolution 616 - Medical Student, Resident/Fellow, and Physician Voting in
- 11 Federal, State and Local Elections
- 12
- 13 17. Resolution 617 - Study a Need-Based Scholarship to Encourage Medical Student
- 14 Participation in the AMA
- 15
- 16 18. Resolution 621 - Establishing a Task Force to Preserve the Patient-Physician
- 17 Relationship When Evidence-Based, Appropriate Care is Banned or Restricted
- 18

**RECOMMENDED FOR REFERRAL**

- 19 19. Resolution 605 - Fulfilling Medicine's Social Contract with Humanity in the Face
- 20 of the Climate Health Crisis
- 21
- 22
- 23 20. Resolution 608 - Transparency of Resolution Fiscal Notes
- 24
- 25 21. Resolution 609 - Surveillance Management System for Organized Medicine
- 26 Policies and Reports
- 27
- 28 22. Resolution 619 - Focus and Priority for the AMA House of Delegates
- 29
- 30 23. Resolution 622 - HOD Modernization
- 31
- 32 24. Resolution 625 - AMA Funding of Political Candidates who Oppose Research-
- 33 Backed Firearm Regulations
- 34

**RECOMMENDED FOR REFERRAL FOR DECISION**

- 35 25. Resolution 606 - Financial Impact and Fiscal Transparency of the American
- 36 Medical Association Current Procedural Terminology® System
- 37
- 38

**RECOMMENDED FOR NOT ADOPTION**

- 39 26. Board of Trustees Report 11 - Procedure for Altering the Size or Composition of
- 40 Section Governing Councils
- 41
- 42
- 43 27. Resolution 613 - Timing of Board Report on Resolution 605 from N-21 Regarding
- 44 a Permanent Resolution Committee
- 45
- 46 28. Resolution 623 - Virtual Attendance at AMA Meetings
- 47

**RECOMMENDED FOR FILING**

- 48 29. Board of Trustees Report 1 - Annual Report
- 49

**Amendments**

If you wish to propose an amendment to an item of business, click here: [Submit New Amendment](#)

## RECOMMENDED FOR ADOPTION

### (1) BOARD OF TRUSTEES REPORT 4 - AMA 2023 DUES

#### RECOMMENDATION:

**Recommendation in Board of Trustees Report 4 be adopted and the remainder of the Report be filed.**

**HOD ACTION: Recommendation in Board of Trustees Report 4 adopted and the remainder of the Report filed.**

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:

Regular Members .....	\$420
Physicians in Their Fourth Year of Practice .....	\$315
Physicians in Their Third Year of Practice .....	\$210
Physicians in Their Second Year of Practice .....	\$105
Physicians in Their First Year of Practice .....	\$60
Physicians in Military Service .....	\$280
Semi-Retired Physicians .....	\$210
Fully Retired Physicians .....	\$84
Physicians in Residency Training .....	\$45
Medical Students .....	\$20

(Directive to Take Action)

Board of Trustees Report 4 recommends no changes to our AMA membership dues levels for 2023.

Beyond the introduction of Board of Trustees Report 4, your Reference Committee received no further testimony.

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

#### RECOMMENDATION:

**Recommendations in the Report of the House of Delegates Committee on the Compensation of the Officers be adopted and the remainder of the Report be filed.**

**HOD ACTION: Recommendations in the Report of  
the House of Delegates Committee on the  
Compensation of the Officers adopted and the  
remainder of the Report filed.**

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.

Your Reference Committee received testimony in support of the report. The Compensation Committee testified that there are no changes to the Officers' compensation for July 1, 2022 through June 30, 2023.

Your Reference Committee recommends that the recommendations in the Compensation Committee be adopted, and the remainder be filed.

- (3) RESOLUTION 607 - AMA URGES HEALTH AND LIFE  
INSURERS TO DIVEST FROM INVESTMENTS IN  
FOSSIL FUELS

**RECOMMENDATION:**

**Resolution 607 be adopted.**

**HOD ACTION: Resolution 607 adopted.**

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

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

7  
8 RESOLVED, That our AMA send letters to the nineteen largest health or life insurance  
9 companies in the United States to inform them of AMA policies concerned with climate  
10 change and with fossil fuel divestments, and urging these companies to divest. (Directive  
11 to Take Action)

12  
13 Your Reference Committee heard overwhelming support for Resolution 607 indicating that  
14 the resolution builds on the strong precedent of existing AMA policy as it pertains to the  
15 tobacco industry, which “specifically calls on all life and health insurance companies and  
16 HMOs to divest of any tobacco holdings” (H-500.975). It is further believed that the intent  
17 of Resolution 607 is a logical extension of AMA policy directing the organization and all  
18 associated corporations to “end all financial investments or relationships (divestment) with  
19 companies that generate the majority of their income from the exploration for, production  
20 of, transportation of, or sale of fossil fuels” (D-135.969).

21  
22  
23 (4) RESOLUTION 615 - ANTI-HARASSMENT TRAINING

24  
25 **RECOMMENDATION:**

26  
27 **Resolution 615 be adopted.**

28  
29 **HOD ACTION: Resolution 615 adopted.**

30  
31 RESOLVED, That our AMA require all members elected and appointed to national and  
32 regional AMA leadership positions to complete AMA Code of Conduct and anti-  
33 harassment training, with continued evaluation of the training for effectiveness in reducing  
34 harassment within the AMA (Directive to Take Action); and be it further

35  
36 RESOLVED, That our AMA work with the Women Physicians Section, American Medical  
37 Women’s Association, GLMA: Health Professionals Advancing LGBTQ Equality, and  
38 other stakeholders to identify an appropriate, evidence-based anti-harassment and sexual  
39 harassment prevention training to administer to leadership. (Directive to Take Action)

40  
41 Testimony was supportive of this resolution. Online testimony posits that failing to mitigate  
42 sexual and other forms of harassment could result in a disproportionate number of women  
43 leaders to be driven away from the organization.

44  
45 Your Reference Committee recommends that Resolution 615 be adopted.

**RECOMMENDED FOR ADOPTION IN LIEU OF**

- (5) RESOLUTION 624 - CREATION OF UNITED NATIONS  
"DR. SAUL HERTZ THERANOSTIC NUCLEAR  
MEDICINE" INTERNATIONAL DAY  
RESOLUTION 604 - UN INTERNATIONAL  
RADIONUCLIDE THERAPY DAY RECOGNITION

**RECOMMENDATION:**

**Resolution 624 be adopted in lieu of Resolution 604.**

**HOD ACTION: Resolution 624 adopted in lieu of  
Resolution 604.**

Resolution 624

RESOLVED, That our American Medical Association advocate and participate with the United States Mission to the United Nations to create and introduce a United Nations General Assembly Resolution for the creation of a new United Nations International Day of recognition, marking March 31 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 advent of theranostic medicine (Directive to Take Action).

Resolution 604

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)

Resolution 604 and 624 both emphasize the importance of named days. Testimony was supportive and explains how named days can educate the public on issues of concern and celebrate achievements of humanity. Your Reference Committee is aware that the two resolutions differ, one recognizes a diagnostic tool while the other recognizes a drug therapy; however, the author of Resolution 604 accepts that adoption of Resolution 624 would achieve the goal of highlighting scientific achievements to the public.

Your Reference Committee recommends that Resolution 624 be adopted in lieu of Resolution 604.

**ADOPT WITH CHANGE IN TITLE**

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

**RECOMMENDATION A:**

Resolution 603 be adopted.

**RECOMMENDATION B:**

The title of Resolution 603 be changed to read as  
follows:

**SEPTEMBER 11TH AS AN ANNUAL DAY OF  
OBSERVANCE**

**HOD ACTION: Resolution 603 adopted with a change in  
title to read:**

**SEPTEMBER 11TH AS AN ANNUAL DAY OF  
OBSERVANCE**

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)

Your Reference Committee heard limited yet favorable testimony in support of this resolution. However, your Reference Committee wishes to proffer an amendment to the title to make it more consistent with the language in the Resolve clause. Therefore, your Reference Committee recommends that Resolution 603 be adopted with a change in title.



**RECOMMENDED FOR ADOPTION AS AMENDED**

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

**RECOMMENDATION A:**

**Recommendation in Board of Trustees Report 16 be  
amended by addition of a second recommendation to  
read as follows:**

**In the event a national standard for the collection of  
self-reported language is identified, our AMA Masterfile  
will include this proficiency in the data file.**

**RECOMMENDATION B:**

**Recommendation in Board of Trustees Report 16 be  
adopted as amended and the remainder of the Report  
be filed.**

**HOD ACTION: Recommendation in Board of Trustees  
Report 16 adopted as amended and the remainder of the  
Report filed.**

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.

According to testimony, this is a complex issue that requires collaboration with stakeholders. Those who testified were generally supportive of the report, but expressed that once a national standard is established, our AMA should include collection of the data.

Your Reference Committee recommends that the Board Report be adopted as amended and the remainder filed.

- 1 (8) BOARD OF TRUSTEES REPORT 20 - DELEGATE  
2 APPORTIONMENT AND PENDING MEMBERS  
3 RESOLUTION 618 - EXTENDING THE DELEGATE  
4 APPORTIONMENT FREEZE DURING COVID-19  
5 PANDEMIC  
6

7 **RECOMMENDATION A:**  
8

9 **Recommendation 3, in Board of Trustees Report 20 be**  
10 **amended by addition and deletion to read as follows:**  
11

- 12 3. That delegates be apportioned to constituent societies  
13 for 2023 with each society getting the greatest of the  
14 following numbers:  
15 • The number of delegates apportioned at the rate of  
16 1 per 1000, or fraction thereof, AMA members;  
17  
18 • The number of delegates apportioned for 2022 so  
19 long as that figure is not greater than 2 more than  
20 the number apportioned at the rate of 1 per 1000, or  
21 fraction thereof, AMA members; or  
22  
23 • For societies that would lose more than five  
24 delegates from their 2022 apportionment, the  
25 number of delegates, apportioned at the rate of 1 per  
26 1000, or fraction thereof, AMA members, the  
27 number of delegates apportioned for 2022 plus 5.  
28 (Directive to Take Action)  
29

30 **RECOMMENDATION B:**  
31

32 **Recommendations in Board of Trustees Report 20 be**  
33 **adopted as amended in lieu of Resolution 618 and the**  
34 **remainder of the Report filed.**  
35

36 **HOD ACTION: Recommendation 1 in Board of**  
37 **Trustees Report 20 referred for decision.**  
38 **Recommendations 2, 4, 5, and 6 in Board of**  
39 **Trustees Report 20 referred. Recommendation 3 in**  
40 **Board of Trustees Report 20 adopted as amended in**  
41 **lieu of Resolution 618 and the remainder of the**  
42 **Report filed.**  
43

44 Board of Trustees Report 20

45 Your Board of Trustees recommends that the following recommendations be adopted and  
46 the remainder of the report be filed.  
47

- 48 1. That pending members no longer be considered in apportioning delegates in the  
49 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)
6. That Policy G-600.016, "Data Used to Apportion Delegates," be rescinded. (Rescind HOD Policy)

#### Resolution 618

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)

Your Reference Committee received testimony indicating that membership has been difficult to maintain during the COVID-19 pandemic and recruitment has been a challenge. Additionally, it was noted that most individuals and organizations scaled back on expenses at the onset and are not quick to re-instate past spending patterns in a more challenging economic environment.

Board of Trustees Report 20 comes in response to an apportionment pilot that was adopted earlier by our AMA House of Delegates as a means for delegations to maintain stability in representation; however, few members of the Federation benefited. Subsequently, an apportionment freeze was adopted by our AMA House of Delegates and an extension of that freeze is proposed by Resolution 618.

Your Reference Committee believes the tiered system of implementing potential delegate reductions gradually, as proposed in Board of Trustees Report 20, is preferable to further

1 extending an apportionment freeze that will result in some delegations facing sudden,  
2 steep declines in representation if membership cannot be turned around in short order.

- 3  
4  
5 (9) COUNCIL ON CONSTITUTION AND BYLAWS /  
6 COUNCIL ON LONG RANGE PLANNING AND  
7 DEVELOPMENT REPORT 1 - JOINT COUNCIL SUNSET  
8 REVIEW OF 2012 HOUSE POLICIES  
9

10 **RECOMMENDATION A:**

11  
12 **Recommendation in Council on Constitution and**  
13 **Bylaws / Council on Long Range Planning and**  
14 **Development Report 1 be amended by addition to read**  
15 **as follows:**

16  
17 **That the House of Delegates policies that are listed in**  
18 **the Appendix to this report be acted upon in the manner**  
19 **indicated, with the exception of Policy G-635.053 and**  
20 **Policy D-350.966, which should be retained, and the**  
21 **remainder of this report be filed.**

22 **RECOMMENDATION B:**

23  
24 **Council on Constitution and Bylaws / Council on Long**  
25 **Range Planning and Development Report 1 be adopted**  
26 **as amended.**

27  
28 **HOD ACTION: Council on Constitution and Bylaws /**  
29 **Council on Long Range Planning and Development**  
30 **Report 1 adopted as amended.**  
31

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

35  
36 Limited testimony noted that an issue cited in the online forum had been resolved and  
37 agreed that AMA Policy D-225.990 should be sunset as initially recommended.

38  
39 Commentary in the Online Forum called for AMA Policy G-635.053 and D-350.966 to be  
40 retained because they are still relevant. Your Reference Committee concurs and  
41 recommends that the Joint Council Sunset Review of 2012 House Policies be adopted as  
42 amended.

(10) RESOLUTION 601 - DEVELOPMENT OF RESOURCES  
ON END-OF-LIFE CARE

**RECOMMENDATION A:**

**The first resolve of Resolution 601 be amended by addition and deletion to read as follows:**

RESOLVED, That our American Medical Association, in conjunction with interested stakeholders, will provide ~~develop~~ educational resources for medical students, physicians, allied health professionals, and patients, and their families on end-of-life care. (Directive to Take Action); ~~and be it further~~

**RECOMMENDATION B:**

**That the second resolve of Resolution 601 be deleted:**

~~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)~~

**RECOMMENDATION C:**

**Resolution 601 be adopted as amended.**

**HOD ACTION: Resolution 601 adopted as amended.**

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)

Testimony was supportive of providing resources to facilitate decision making on end-of-life care as many physicians indicated that they did not have access to resources that will support them in making informed decisions that would help their patients. Testimony noted it was imperative that this information be made available to patients and their families as well.

Additional testimony noted that the American Academy of Hospice and Palliative Medicine has access to existing resources, which is available for dissemination to interested stakeholders.

Your Reference Committee believes that amending the first Resolve clause would strengthen the overall resolution. Further, the second Resolve clause was deleted because the AMA does not have the appropriate expertise to develop quality metrics, which historically resides with the specialty societies.

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

**RECOMMENDATION A:**

**Resolution 602 be amended by addition to 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.

**RECOMMENDATION B:**

**Resolution 602 be adopted as amended.**

**HOD ACTION: Resolution 602 adopted as amended.**

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

There was a plethora of supportive testimony, including consulting with internal experts. Testimony addressed the importance of the resolution for protecting the viability of independent physician practice and the prevention of large corporations from absorbing small practices.

(12) RESOLUTION 610 - MAKING AMA MEETINGS  
ACCESSIBLE

**RECOMMENDATION A:**

**That the second resolve of Resolution 610 be deleted:**

**~~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~~**

**RECOMMENDATION B:**

**Resolution 610 be adopted as amended.**

**HOD ACTION: The first, third and fourth resolves of Resolution 610 adopted as amended. The second resolved in Resolution 610 referred.**

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

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 (Directive to Take Action); and be it further

9  
10 RESOLVED, That our AMA revisit our criteria for selection of hotels and other venues ~~for~~  
11 ~~the HOD~~ in order to facilitate maximum participation by members and invited attendees  
12 with disabilities (Directive to Take Action); and be it further

13  
14 RESOLVED, That our AMA report back to the HOD by no later than the 2023 Annual  
15 Meeting with a plan on how to maximize ~~HOD~~ meeting participation for members and  
16 invited attendees with disabilities. (Directive to Take Action)

17  
18 Overwhelmingly supportive testimony was received in favor of Resolution 610.  
19 Clarification on the resolution intent was offered during testimony, noting that the scope  
20 relates to accommodations to support individuals with physical disabilities.

21  
22 Your Reference Committee believes that the first, third and fourth Resolves support finding  
23 ways to allow meaningful participation in all AMA meetings and implicitly addresses the  
24 second Resolve. Therefore, your Reference Committee believes that the deletion of the  
25 second Resolve is appropriate because it was accomplished through the other Resolve  
26 clauses.

(13) RESOLUTION 611 - CONTINUING EQUITY EDUCATION

**RECOMMENDATION A:**

Resolution 611 be amended by addition and deletion to read as follows:

~~RESOLVED, That our American Medical Association including its Center for Health Equity, host health equity sessions periodically 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); and be it further~~

RESOLVED, That our American Medical Association establish an Open Forum on Health Equity, to be held at least 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)

**RECOMMENDATION B:**

Resolution 611 be amended by addition of a new second Resolve to read as follows:

~~RESOLVED, That our American Medical Association reassess its periodic health equity sessions in three years. (Directive to Take Action)~~

**RECOMMENDATION C:**

Resolution 611 be adopted as amended.

**HOD ACTION:** Resolution 611 adopted as amended.

RESOLVED, That our American Medical Association establish an Open Forum on Health Equity, to be held at least 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)

Your Reference Committee heard supportive testimony acknowledging the importance of prioritizing equity through forums, education sessions, and other programming. Testimony supported changing the frequency of educational opportunities to each House of Delegates meeting, noting that it will increase education and awareness of the effects of bias, prejudice, and racism in medicine.



1 During testimony, it was mentioned that a call for education sessions is made prior to each  
2 House of Delegates meeting. For the June 2022 meeting, the Center for Health Equity  
3 opted to host education sessions in lieu of an open forum. Format and timing of  
4 educational sessions at the House of Delegates is at the discretion of the Speakers in  
5 consultation with subject matter experts. In addition, the proffered language allows for the  
6 potential of additional sessions offered online, asynchronous to the House of Delegates  
7 meeting, or even at other AMA sponsored meetings.

8  
9 Therefore, your Reference Committee recommends that Resolution 611 be adopted as  
10 amended.

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

**RECOMMENDATION A:**

**Recommend that the second Resolve of Resolution 612  
be amended by addition and deletion read as follows:**

“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~~ other  
identified ethnicities are categories, irrespective of race  
(Directive to Take Action); and be if further”

**RECOMMENDATION B:**

**Resolution 612 be adopted as amended.**

**HOD ACTION: Resolution 612 adopted as amended.**

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)

Testimony was supportive of the resolution and the proposed amendment. Testimony from  
one of the authors suggested an amendment to Resolve 2 because, as written, the  
Resolve negates existing AMA Policy D-350.979, “Disaggregation of Demographic Data

1 for Individuals of Middle Eastern and North African Descent.” The recommended  
2 amendment resolves this conflict.

3  
4 Your Reference Committee agrees with the amendment brought forth by the Minority  
5 Affairs Section and adoption of the resolution as amended.

6  
7  
8 (15) RESOLUTION 614 - ALLOWING VIRTUAL INTERVIEWS  
9 ON NON-HOLIDAY WEEKENDS FOR CANDIDATES  
10 FOR AMA OFFICE

11  
12 **RECOMMENDATION A:**

13  
14 **Resolution 614 be amended by addition and deletion to**  
15 **read as follows:**

16  
17 **RESOLVED, That our AMA amend policy G-610.020,**  
18 **“Rules for AMA Elections,” by addition and deletion to**  
19 **read as follows:**

20  
21 **Interviews may be conducted only during a 4-7 day**  
22 **window designated by the Speaker beginning ~~on the~~**  
23 **~~Thursday evening of a non-holiday weekend~~ at least**  
24 **two weeks but not more than 4 weeks prior to the**  
25 **scheduled Opening Session of the House of Delegates**  
26 **meeting at which elections will take place ~~and must be~~**  
27 **~~concluded by that following Sunday (four days later).~~**  
28 **(Modify Current HOD Policy)**

29  
30 **RECOMMENDATION B:**

31  
32 **Resolution 614 be adopted as amended.**

33  
34 **HOD ACTION: Resolution 614 adopted as amended.**

35  
36 RESOLVED, That our AMA amend policy G-610.020, “Rules for AMA Elections,” by  
37 addition and deletion to read as follows:

38  
39 Interviews may be conducted only during a window designated by the Speaker beginning  
40 on the Thursday evening of a non-holiday weekend at least two weeks but not more than  
41 4 weeks prior to the scheduled Opening Session of the House of Delegates meeting at  
42 which elections will take place and must be concluded by that following Sunday ~~(four days~~  
43 ~~later).~~ (Modify Current HOD Policy)

44  
45 Your Reference Committee heard unanimous testimony articulating concerns with hosting  
46 candidate interviews over holiday weekends. Additionally, your Reference Committee  
47 heard mixed testimony about the merits of both virtual and in-person candidate interviews.

48  
49 Your AMA Speaker offered a point of clarification by noting the implementation of AMA  
50 Policy G-610.020 entails conducting a two-year pilot on virtual interviews. However, the

1 timing of these interviews over the Memorial Day weekend was the result of an  
2 amendment proffered during House of Delegates deliberations.

3  
4 Additional testimony indicated that the timing of the interviews should be left to the  
5 discretion of the Speaker and your Reference Committee concurs. Therefore, it is  
6 recommended that Resolution 614 be adopted as amended.

7  
8  
9 (16) RESOLUTION 616 - MEDICAL STUDENT,  
10 RESIDENT/FELLOW, AND PHYSICIAN VOTING IN  
11 FEDERAL, STATE AND LOCAL ELECTIONS  
12

13 **RECOMMENDATION A:**

14  
15 **That the first Resolve of Resolution 616 be amended by**  
16 **addition and deletion to read as follows:**  
17

18 RESOLVED, That our AMA study the rate of voter turnout  
19 in physicians, residents, fellows, and medical students in  
20 federal, and state ~~and local~~ elections without regard to  
21 political party affiliation or voting record, as a step towards  
22 understanding political participation in the medical  
23 community (Directive to Take Action); ~~and be it further~~  
24

25 **RECOMMENDATION B:**

26  
27 **That the second Resolve of Resolution 616 be deleted:**  
28

29 ~~RESOLVED, That our AMA will work with appropriate~~  
30 ~~stakeholders to guarantee a full day off on Election Days at~~  
31 ~~medical schools. (Directive to Take Action)~~  
32

33 **RECOMMENDATION C:**

34  
35 **Resolution 616 be adopted as amended.**  
36

37 **RECOMMENDATION D:**

38  
39 **The title of Resolution 616 be changed to read as follows:**  
40

41 **MEDICAL COMMUNITY VOTING IN FEDERAL AND**  
42 **STATE ELECTIONS**  
43

44 **HOD ACTION: Resolution 616 adopted as amended**  
45 **with the addition of a new second Resolve to read**  
46 **as follows:**  
47

48 **RESOLVED, That our AMA will work with**  
49 **appropriate stakeholders to ensure that medical**  
50 **students, residents, fellows and physicians are**

**allowed time to vote without penalty on Election Days. (Directive to Take Action)**

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)

Testimony was mixed in response to Resolution 616. Those in support of the resolution explained the barriers medical students face when trying to vote; barriers include, geographic, timing, and logistical challenges, and allowing a day off would enable students to vote. Those in opposition feel that including local level elections and guaranteeing a full day off for every election would not be feasible.

Your Reference Committee noted that every state offers no excuse absentee ballots as an alternative to in-person voting.

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

**RECOMMENDATION A:**

Resolution 617 be amended by addition and deletion to read as follows:

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

RESOLVED, That our American Medical Association study explore mechanisms to mitigate costs incurred by associated with medical students, residents and fellows participation who participate for associated with medical student participation at national, in person AMA conferences. (Directive to Take Action)

**RECOMMENDATION B:**

Resolution 617 be adopted as amended.

1       **RECOMMENDATION C:**

2  
3       The title of Resolution 617 be changed to read as  
4       follows:

5  
6       **STUDY OF MECHANISMS TO MITIGATE THE COST OF**  
7       **MEDICAL STUDENT, RESIDENT AND FELLOW**  
8       **PARTICIPATION IN THE AMA**  
9

10       **HOD ACTION: Resolution 617 be adopted as**  
11       **amended with a new change in title:**

12  
13       **STUDY OF MECHANISMS TO MITIGATE THE COST**  
14       **OF MEDICAL STUDENT, RESIDENT AND FELLOW**  
15       **PARTICIPATION IN THE AMA**  
16

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

20  
21       Your Reference Committee received testimony indicating that as we emerge from the  
22       COVID-19 pandemic, many states and medical specialty societies are indicating budgets  
23       will not be returning to pre-pandemic funding levels due to increased financial pressures;  
24       therefore, our AMA should study methods for maintaining engagement across the  
25       Federation of Medicine.

26  
27       Your Reference Committee agrees with the testimony received that funding concerns are  
28       not unique to just medical students and supports broadening the scope of Resolution 617.

- 1 (18) RESOLUTION 621 - ESTABLISHING A TASK FORCE TO  
2 PRESERVE THE PATIENT-PHYSICIAN RELATIONSHIP  
3 WHEN EVIDENCE-BASED, APPROPRIATE CARE IS  
4 BANNED OR RESTRICTED  
5

6 **RECOMMENDATION A:**  
7

8 **Recommend that the first Resolve of Resolution 621 be**  
9 **amended by addition, to read as follows:**  
10

11 RESOLVED, That our American Medical Association  
12 convene a task force of appropriate AMA councils and  
13 interested state and medical specialty societies, in  
14 conjunction with the AMA Center for Health Equity, and in  
15 consultation with relevant organizations, practices,  
16 government bodies, and impacted communities for the  
17 purpose of preserving the patient-physician relationship.  
18 (Directive to Take Action); and be it further  
19

20 **RECOMMENDATION B:**  
21

22 **Recommend that the second Resolve of Resolution 621**  
23 **be amended by addition, to read as follows:**  
24

25 RESOLVED, That this task force, which will serve at the  
26 direction of our AMA Board of Trustees, will inform the  
27 Board to help guide organized medicine's response to bans  
28 and restrictions on abortion, prepare for widespread  
29 criminalization of other evidence-based care, implement  
30 relevant AMA policies, and identify and create  
31 implementation-focused practice and advocacy resources  
32 on issues including but not limited to:  
33

- 34 a. Health equity impact, including monitoring and  
35 evaluating the consequences of abortion bans and  
36 restrictions for public health and the physician workforce  
37 and including making actionable recommendations to  
38 mitigate harm, with a focus on the disproportionate  
39 impact on under-resourced, marginalized, and  
40 minoritized communities,  
41  
42 b. Practice management, including developing  
43 recommendations and educational materials for  
44 addressing reimbursement, uncompensated care,  
45 interstate licensure, and provision of care, including  
46 telehealth and care provided across state lines;  
47  
48 c. Training, including collaborating with interested medical  
49 schools, residency and fellowship programs, academic

centers, and clinicians to mitigate radically diminished training opportunities;

- d. Privacy protections, including best practice support for maintaining medical records privacy and confidentiality, including under HIPAA, for strengthening physician, patient, and clinic security measures, and countering law enforcement reporting requirements;
- e. Patient triage and care coordination, including identifying and publicizing resources for physicians and patients to connect with referrals, practical support, and legal assistance;
- f. Coordinating implementation of pertinent AMA policies, including any actions to protect against civil, criminal, and professional liability and retaliation, including criminalizing and penalizing physicians for referring patients to the care they need; and
- g. Anticipation and preparation, including assessing information and resource gaps and creating a blueprint for preventing or mitigating bans on other appropriate health care, such as gender affirming care, contraceptive care, sterilization, infertility care, and management of ectopic pregnancy and spontaneous pregnancy loss and pregnancy complications. (Directive to Take Action)

**RECOMMENDATION B:**

**Resolution 621 be adopted as amended.**

**HOD ACTION: Resolution 621 adopted as amended.**

RESOLVED, That our American Medical Association convene a task force of appropriate AMA councils and interested state and medical specialty societies, in conjunction with the AMA Center for Health Equity, and in consultation with relevant organizations, practices, government bodies, and impacted communities (Directive to Take Action); and be it further

RESOLVED, That this task force guide organized medicine's response to bans and restrictions on abortion, prepare for widespread criminalization of other evidence-based care, implement relevant AMA policies, and identify and create implementation-focused practice and advocacy resources on issues including but not limited to:

- a) Health equity impact, including monitoring and evaluating the consequences of abortion bans and restrictions for public health and the physician workforce and including making actionable recommendations to mitigate harm, with a focus on the disproportionate impact on under-resourced, marginalized, and minoritized communities,



- b) Practice management, including developing recommendations and educational materials for addressing reimbursement, uncompensated care, interstate licensure, and provision of care, including telehealth and care provided across state lines;
- c) Training, including collaborating with interested medical schools, residency and fellowship programs, academic centers, and clinicians to mitigate radically diminished training opportunities;
- d) Privacy protections, including best practice support for maintaining medical records privacy and confidentiality, including under HIPAA, for strengthening physician, patient, and clinic security measures, and countering law enforcement reporting requirements;
- e) Patient triage and care coordination, including identifying and publicizing resources for physicians and patients to connect with referrals, practical support, and legal assistance;
- f) Coordinating implementation of pertinent AMA policies, including any actions to protect against civil, criminal, and professional liability and retaliation, including criminalizing and penalizing physicians for referring patients to the care they need; and
- g) Anticipation and preparation, including assessing information and resource gaps and creating a blueprint for preventing or mitigating bans on other appropriate health care, such as gender affirming care, contraceptive care, sterilization, infertility care, and management of ectopic pregnancy and spontaneous pregnancy loss and pregnancy complications. (Directive to Take Action)

Your Reference Committee heard uniformly supportive testimony for Resolution 621. Testimony highlighted that mounting restrictions associated with reproductive health threaten the patient-physician relationship. Unintended consequences of these bans include restricted patient access to care, exacerbation of health inequities, and worsened health outcomes.

Your Reference Committee proffered an amendment to the first Resolve clarifying the scope of this taskforce. Additionally, your Reference Committee noted that implementation of the second Resolve could present a conflict with AMA Bylaws B-5.3, Duties and Privileges:

B-5.3 Duties and Privileges.

5.3.2 Planning. Serve as the principal planning agent for the AMA.

The proffered amendment makes it clear that the Board will retain its strategic planning role to guide our AMA.

**RECOMMENDED FOR REFERRAL**

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

**RECOMMENDATION:**

**Resolution 605 be referred.**

**HOD ACTION: Resolution 605 referred.**

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)

Your Reference Committee received testimony indicating that our AMA Council on Science and Public (CSAPH) is crafting a report for submission at the 2022 Interim Meeting; consequently, your Reference Committee believes referral will allow CSAPH to consider the concerns outlined in Resolution 605 and will elicit an expedient response that also ensures alignment with our AMA's overall strategy in this area.

- (20) RESOLUTION 608 - TRANSPARENCY OF RESOLUTION FISCAL NOTES

**RECOMMENDATION:**

**Resolution 608 be referred.**

**HOD ACTION: Resolution 608 referred.**

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 ~~the 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 heard mixed testimony on Resolution 608. Testimony noted that standardizing the fiscal note process will be beneficial for both the resolution author and the House of Delegates.

It was stated that a process for developing fiscal notes was previously established through current AMA policy. Additionally, a concern was raised the proposed process could hinder the timely generation of fiscal notes for emergency resolutions.

Due to issues raised during testimony, your Reference Committee believes that an exploration of all concerns related to fiscal note development is merited and recommends referral.

(21) RESOLUTION 609 - SURVEILLANCE MANAGEMENT  
SYSTEM FOR ORGANIZED MEDICINE POLICIES AND  
REPORTS

**RECOMMENDATION:**

**Resolution 609 be referred.**

**HOD ACTION: Resolution 609 referred.**

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)

Your Reference Committee heard mixed testimony in response to Resolution 609.

Our AMA Board of Trustees testified that the intent of Resolution 609 is currently being carried out and the requested information is available on our AMA website. However, testimony reflected that finding the status of an item can be time consuming as one navigates our AMA website.

1 Your Reference Committee agrees with the testimony indicating that Resolution 609 be  
2 referred so our AMA can investigate and report back on various improvements (i.e., more  
3 visibility on the website, push notifications to authors, etc.) being undertaken given the  
4 concerns raised by our House of Delegates.

5  
6 (22) RESOLUTION 619 - FOCUS AND PRIORITY FOR THE  
7 AMA HOUSE OF DELEGATES

8  
9 **RECOMMENDATION:**

10  
11 **Resolution 619 be referred.**

12  
13 **HOD ACTION: Resolution 619 referred.**

14  
15 RESOLVED, That the Resolutions Committee be formed as a standing committee of the  
16 house, the purpose of which is to review and prioritize all submitted resolutions to be acted  
17 upon at the annual and interim meetings of the AMA House of Delegates (Directive to  
18 Take Action); and be it further

19  
20 RESOLVED, That the membership of the Resolutions Committee be composed of one  
21 Medical Student Section (MSS) member, one Resident and Fellow Section (RFS)  
22 member, and one Young Physicians Section (YPS) member, all appointed by the  
23 speakers through nominations of the MSS, RFS, and YPS respectively; six regional  
24 members appointed by the speakers through nominations from the regional caucuses, six  
25 specialty members appointed by the speakers through nominations from the specialty  
26 caucuses, three section members appointed by the speakers through nominations from  
27 sections other than the MSS, RFS, and YPS, and one past president appointed by the  
28 speakers (Directive to Take Action) and be it further

29  
30 RESOLVED, That the members of the Resolutions Committee serve staggered two-year  
31 terms except for the past president and the MSS and RFS members, who shall serve a  
32 one-year term (Directive to Take Action); and be it further

33  
34 RESOLVED, That members of the Resolutions Committee cannot serve more than four  
35 years consecutively (Directive to Take Action); and be it further

36  
37 RESOLVED, That if a Resolutions Committee member is unable or unwilling to complete  
38 his or her term, the speakers will replace that member with someone from a similar  
39 member group in consultation with that group the next year, and the new member will  
40 complete the unfulfilled term (Directive to Take Action); and be it further

41  
42 RESOLVED, That each member of the Resolutions Committee confidentially rank  
43 resolutions using a 0-to-5 scale (0 – not a priority to 5 – top priority) based on scope (the  
44 number of physicians affected), urgency (the urgency of the resolution and the impact of  
45 not acting), appropriateness (whether AMA is the appropriate organization to lead on the  
46 issue), efficacy (whether an AMA stance would have a positive impact), history (whether  
47 the resolution has been submitted previously and not accepted), and existing policy  
48 (whether an AMA policy already effectively covers the issue). Resolutions would not have  
49 to meet all of these parameters nor would these parameters have to be considered equally  
50 (Directive to Take Action); and be it further

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

9  
10 RESOLVED, That the Resolutions Committee also make recommendations on all  
11 resolutions submitted recommending reaffirmation of established AMA policy and create  
12 a list titled "Resolutions Recommended for Reaffirmation," with both lists presented to the  
13 house for acceptance (Directive to Take Action); and be it further

14  
15 RESOLVED, That the membership of the Resolutions Committee be published on the  
16 AMA website with a notice that the appointed members should not be contacted, lobbied,  
17 or coerced; any such activity must be reported to the AMA Grievance Committee for  
18 investigation; and should the alleged violations be valid, disciplinary action of the offending  
19 person will follow (Directive to Take Action); and be it further

20  
21 RESOLVED, That the bylaws be amended to add the Resolution Committee as a standing  
22 Committee with the defined charge, composition, and functions as defined above for all  
23 AMA HOD meetings effective Interim 2022. (Directive to Take Action)

24  
25 Many who testified in opposition to Resolution 619 noted that this topic is currently under  
26 study with the pending Board of Trustees report back on Resolution 605 (N-21),  
27 "Formalization of the Resolution Committee as a Standing Committee of the American  
28 Medical Association House of Delegates." Further, opposing testimony expressed  
29 concern that establishing a Resolution Committee compromises the democratic process  
30 and could result in diminished ability for minority voices to be heard, disenfranchisement  
31 with the policy process, and potential loss of membership.

32  
33 Testimony in support of Resolution 619 indicated that establishing a Resolutions  
34 Committee would promote efficiency and contribute to process improvements in policy  
35 making.

36  
37 Your Reference Committee believes the complexity of this issue warrants further  
38 exploration and recommends referral to inform the pending Board of Trustees report.

39  
40  
41 (23) RESOLUTION 622 - HOD MODERNIZATION

42  
43 **RECOMMENDATION:**

44  
45 **Resolution 622 be referred.**

46  
47 **HOD ACTION: Resolution 622 referred.**

48  
49 RESOLVED, That our AMA immediately convene a task force [The House of Delegates  
50 (HOD) Modernization Task Force] representing HOD stakeholders, including

representatives from all AMA Sections, charged with analyzing lessons learned from virtual meetings of our HOD to determine how future in-person meetings may be updated to improve the efficiency and effectiveness of the HOD, while making efforts to maintain the central tenets of our House, including equity, democracy, protecting minority voices, and recognizing the importance of in-person deliberations. (Directive to Take Action); and be it further

RESOLVED, That the Speakers issue updates on the HOD Modernization Task Force progress and recommendations beginning at the 2022 Interim Meeting of the AMA House of Delegates and each meeting thereafter until the Task Force has completed its work (Directive to Take Action)

Minimal testimony was received in response to Resolution 622. However, your Reference Committee recognizes the objective of the resolution relates to an ongoing topic and believes a Board of Trustees report on the nuances of a hybrid environment would serve to inform the decision of our AMA House of Delegates.

(24) RESOLUTION 625 - AMA FUNDING OF POLITICAL  
CANDIDATES WHO OPPOSE RESEARCH-BACKED  
FIREARM REGULATIONS

**RECOMMENDATION:**

**Resolution 625 be referred.**

**HOD ACTION: Resolution 625 adopted as amended  
with a change in title:**

**POLITICAL ACTION COMMITTEES AND CONTRIBUTIONS**

RESOLVED, That our AMA amend policy G-640.020 as follows:

**G-640.020 – POLITICAL ACTION COMMITTEES AND CONTRIBUTIONS**

Our AMA: (1) Believes that better-informed and more active citizens will result in better legislators, better government, and better health care; (2) Encourages AMA members to participate personally in the campaign of their choice and strongly supports physician/family leadership in the campaign process; (3) Opposes legislative initiatives that improperly limit individual and collective participation in the democratic process; (4) Supports AMPAC's policy to adhere to a no Rigid Litmus Test policy in its assessment and support of political candidates; (5) Encourages AMPAC to continue to consider the legislative agenda of our AMA and the recommendations of state medical PACs in its decisions; (6) Urges members of the House to reaffirm their commitment to the growth of AMPAC and the state medical PACs; (7) Will continue to work through its constituent societies to achieve a 100 percent rate of contribution to AMPAC by members; ~~and~~ (8) Calls upon all candidates for public office to refuse contributions from tobacco companies and their subsidiaries; and (9) Calls upon all candidates for public office to refuse contributions

1 from any organization that opposes evidence-based public health measures to  
2 reduce firearm violence.  
3

4 Testimony heard on Resolution 625 indicated that gun violence is a long-standing issue  
5 that remains prevalent in our society, and even more so considering recent events across  
6 our country. Despite already having AMA policy recognizing gun violence as a public  
7 health crisis, testimony indicated that additional actions need to be taken. One  
8 recommended action is to address funding of political candidates who oppose research-  
9 backed firearm regulations.

10  
11 Additional testimony from a member of AMPAC indicated support for the spirit of  
12 Resolution 625, but clarification and research is needed to better understand this issue.

**REFERRED FOR DECISION**

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

**RECOMMENDATION:**

**Resolution 606 be referred for decision.**

**HOD ACTION: Resolution 606 referred for decision.**

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)

Your Reference Committee heard testimony indicating that our AMA has partnered with the University of California San Francisco Center for Clinical Informatics and Improvement Research to study the impact of the 2021 E&M coding and documentation changes on physicians. A concurrent study is measuring documentation time and physician burnout among physicians in an academic medical center Epic system client.

While support for referral was heard, some indicated a desire for a report back on the findings. Our Board of Trustees indicated that our AMA is working to get the studies published in a peer reviewed journal.



**RECOMMEND FOR NOT ADOPTION**

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

**RECOMMENDATION:**

**Recommendations in Board of Trustees Report 11 not  
be adopted and the remainder of the Report be filed.**

**HOD ACTION: Recommendations in Board of  
Trustees Report 11 not adopted and the remainder  
of the Report be filed.**

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)

There was overwhelming testimony in opposition to Board of Trustees Report 11. Testimony indicated that the House of Delegates should not provide input on the operations and composition of the Sections as it could be incompatible with the fiduciary responsibilities of the Board of Trustees. Further, concern was expressed that the AMA Sections were created to represent the interests of groups that are not otherwise well-represented in the House of Delegates. Accordingly, the leadership of the respective sections were better positioned to identify the objectives and concerns along with potential solutions. Testimony supported updating the section's Internal Operating Procedures as a mechanism for codifying necessary changes to the size or composition of a section.

It was noted that the AMA Bylaws were changed in the past to simplify Sections' operations; therefore, to adopt this complexity would be a step backward. Additionally, it was also noted that the proposed process for altering the size or composition of a Section's Governing Council would create an administrative burden for both the House of Delegates and the Sections, at a time when the House of Delegates is working on ways to better manage increasing items of business.

In light of the testimony presented, your Reference Committee recommends that Board of Trustees Report not be adopted.

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

**RECOMMENDATION:**

**Resolution 613 not be adopted.**

**HOD ACTION: Resolution 613 not adopted.**

RESOLVED, That the Report of the Board of Trustees regarding Resolution 605 from N-21 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)

Testimony was opposed to Resolution 613 and indicated that when referring an item to the Board of Trustees, sufficient time needs to be allowed for our Board of Trustees to respond with the highest quality report possible.

(28) RESOLUTION 623 - VIRTUAL ATTENDANCE AT AMA  
MEETINGS

**RECOMMENDATION:**

**Resolution 623 not be adopted.**

**HOD ACTION: Resolution 623 not adopted.**

RESOLVED, That our American Medical Association expand the format of Section meetings to include official participation via virtual, as well as in-person, attendance at Section Meetings, with procedures to include voting as well as testimony and educational presentations, and ensure equity and full access to meaningful interaction of those accredited but not physically present starting at the Interim 2022 Meeting (Directive to Take Action); and be it further

RESOLVED, That our AMA study the experience of Sections that include virtual participation in business meetings with voting privileges, with the goal of expanding House of Delegates meetings to include virtual participation with those privileges as an option to in-person attendance at its meeting and reference committees, and report back to the HOD by Interim 2023 (Directive to Take Action).

Testimony was largely in opposition. According to testimony, actions of the Sections should be determined by their respective Governing Councils, not by the House of Delegates. Another piece of testimony explained that the Sections exist to protect minority voices and treating them differently than the House of Delegates would be inequitable. A possible unintended consequence of Resolution 623 discussed in testimony was the

- 1 potential for physicians and students to be defunded for travel by their respective
- 2 societies/delegations.
- 3
- 4 Based on abundant testimony in opposition, your reference committee recommends for
- 5 Resolution 623 be not adopted.

**RECOMMENDED FOR FILING**

(29) BOARD OF TRUSTEES REPORT 1 - ANNUAL REPORT

**RECOMMENDATION:**

**Board of Trustees Report 1 be filed.**

**HOD ACTION: Board of Trustees Report 1 filed.**

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.

Beyond the introduction of Board of Trustees Report 1, your reference committee received no further testimony.

Your reference committee recommends that the Board of Trustees Report 1 be filed.

- 1 This concludes the report of Reference Committee F. I would like to thank
- 2 Ronnie K. Dowling, MD, Stuart J. Glassman, MD, MBA, Rebecca L. Johnson, MD,
- 3 Shilpen A. Patel, MD, William C. Reha, MD, MBA, and all those who testified before the
- 4 Committee.

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Veronica (Ronnie) K. Dowling, MD  
Arizona

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Shilpen A. Patel, MD  
American Society for Radiation  
Oncology

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