

REPORTS OF THE COUNCIL ON CONSTITUTION AND BYLAWS

The following reports were presented by Mark Bair, MD, Chair, Chair:

1. AMA BYLAWS—NOMINATION OF OFFICERS AND COUNCIL MEMBERS

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

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

Bylaws amended

At the 2023 Interim meeting, the House of Delegates adopted Recommendation 21 of Speakers Report 3, Report of the Election Task Force 2 (Policy G-610.089). Policy G-610.089 directed that Bylaw 6.8.1 be updated to clarify that nominations are made by the chair of the Board of Trustees or by a member of the House of Delegates at the opening session of the meeting at which elections take place. The Council found similar language in Bylaw 3.3. To maintain internal bylaw consistency and to accurately describe the nomination process for Officers and Council members the Council submits amended language for 3.3 and 6.8.1 for House action.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments to our AMA Bylaws be adopted, that Policy G-610.989 be rescinded, and that the remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

3 Officers

- 3.3 Nominations.** Nominations for President-Elect, Speaker and Vice Speaker, shall be made ~~from the floor~~ by a member of the House of Delegates at the opening session of the meeting at which elections take place. Nominations for all other officers, except for Secretary, the medical student trustee, and the public trustee, shall be made ~~from the floor~~ by a member of the House of Delegates at the opening session of the meeting at which elections take place and may be announced by the Board of Trustees.

6 Councils

- 6.8 Election – Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health**

- 6.8.1 Nomination and Election.** Members of these Councils, except the medical student member, shall be elected by the House of Delegates. The Chair ~~Nominations shall be made by the chair~~ of the Board of Trustees will present announced candidates, who shall be entered into nomination by the Speaker at the Opening session of the meeting at which elections take place. Nominations ~~and~~ may also be made from the floor by a member of the House of Delegates at the opening session of the meeting at which elections take place.

RELEVANT AMA POLICY

G-610.089, Directives on Nominations from Speakers Report 3. The language in Bylaw 6.8.1, “Nomination and Election” be updated to clarify that nominations are made by the chair of the Board of Trustees or by a member of the House of Delegates at the opening session of the meeting at which elections take place.

2. AMA BYLAWS—RUN-OFF AND TIE BALLOTS

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

HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS REMAINDER OF REPORT FILED

Bylaws amended

At the 2023 Interim meeting of the American Medical Association (AMA) the House of Delegates (HOD) considered Recommendation 13 from Speakers Report 3, Report of the Election Task Force 2, that asked that Bylaws 3.4.2.1.3, 3.4.2.2, and 6.8.1.4 be amended to change the rules for elections of officers and councils with multiple nominees so that the lowest vote getter on each ballot is dropped on the subsequent ballot, with the exception of a tie for lowest vote getter in which case both would be dropped. While the Reference Committee recommended adoption of Recommendation 13, the HOD ultimately referred the recommendation over concerns about complex onsite bylaw language not being able to be considered at caucuses.

The AMA has a long-standing precedent of requiring that all office holders are elected by a majority of those casting legal ballots. During Council on Constitution and Bylaws (the Council) discussions of potential bylaw language, it became apparent that there are three very unlikely scenarios in which a strict elimination of the nominee with the lowest vote tally as proposed in the Speakers 3-1-23 would enable a nominee who had not received a majority of votes cast to be elected:

- For example, if five nominees were running for four vacancies on the Board of Trustees (or an elected Council), and only three receive a majority of votes, then, of the remaining two, one would be eliminated, effectively installing a nominee who had not yet received a majority of votes.
- Even more unlikely, albeit possible, is a situation whereby those two remaining candidates tie, and subsequently would then both be eliminated if the Bylaws were strictly interpreted.
- A similar but even more unlikely event could occur in an election for an officer. For example, if three nominees (A, B, and C) were running for Speaker in a House of 100 votes, then it is possible that A could receive 34 votes, and B and C could each receive 33. Again, a strict interpretation of the rule would eliminate both B and C, effectively installing a Speaker who had not received a majority of votes.
- The Council noted that a more common occurrence is a multi-vacancy, multi-nominee race with one more nominee than there are vacancies. For such a race, a more likely outcome is that two nominees do not attain a majority vote with only one vacancy remaining, and must run against each other for the remaining vacancy.
- Lastly, the Council noted that were elections held at the I-23 meeting with a potential of 705 credentialed delegates, theoretically a contested race with three nominees could end in a three-way tie (with each nominee receiving 235 votes).

Admittedly, these are highly unlikely scenarios, but for completeness, your Council on Constitution and Bylaws felt they should be addressed to avoid controversy should they occur. Minor conditional language has been added in order to prevent such scenarios.

RECOMMENDATIONS

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

3 Officers

3.4 Elections.

3.4.2 Method of Election. Where there is no contest, a majority vote without ballot shall elect. All other elections shall be by ballot.

3.4.2.1 At-Large Trustees.

3.4.2.1.1 First Ballot. All nominees for the office of At-Large Trustee shall be listed alphabetically on a single ballot. Each elector shall have as many votes as the number of Trustees to be elected, and each vote must be cast for a different nominee. No ballot shall be counted if it contains fewer or more votes than the number of Trustees to be elected, or if the ballot contains more than one vote for any nominee. A nominee shall be elected if they have received a vote on a majority of the legal ballots cast and are one of the nominees receiving the largest number of votes within the number of Trustees to be elected.

~~**3.4.2.1.2 Runoff Ballot.** A runoff election shall be held to fill any vacancy not filled because of a tie vote.~~

3.4.2.1.23 Subsequent Ballots. If all vacancies for Trustees are not filled on the first ballot, and there are more than two remaining nominees, the nominee with the fewest votes shall be dropped and the remaining nominees shall be placed on the subsequent ballot. In the event of a tie for the fewest votes, all tied nominees shall be dropped. If these actions would result in fewer than two nominees, the nominee(s) with the fewest votes shall not be dropped and all remaining nominees shall be placed on the subsequent ballot. On any subsequent ballot, a nominee shall be elected if they have received a vote on a majority of the legal ballots cast and are one of the nominees receiving the larger number of votes within the number of Trustees to be elected or remaining to be elected, and 3 or more Trustees are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. When 2 or fewer Trustees are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are Trustees yet to be elected, and must cast each vote for different nominees. This procedure shall be repeated until all vacancies have been filled.

3.4.2.2 All Other Officers, except the Medical Student Trustee and the Public Trustee. All other officers, except the medical student trustee and the public trustee, shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominee with the fewest votes shall be dropped and the remaining nominees shall be placed on the subsequent ballot. In the event of a tie for the fewest votes, all tied nominees shall be dropped. If these actions would result in fewer than two nominees, the nominee(s) with the fewest votes shall not be dropped and all remaining nominees shall be placed on the subsequent ballot. the nominees on subsequent ballots shall be determined by retaining the 2 nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.

6 Councils

6.8 Election – Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health

- 6.8.1.1 Separate Election.** The resident/fellow physician member of these Councils shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominee with the fewest votes shall be dropped and the remaining nominees shall be placed on the subsequent ballot. In the event of a tie for the fewest votes, both nominees shall be dropped. If these actions result in fewer than two nominees, the nominees with the fewest votes shall not be dropped and all remaining nominees shall be placed on the subsequent ballot. nominees on subsequent ballots shall be determined by retaining the 2 nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.
- 6.8.1.2 Other Council Members.** With reference to each such Council, all nominees for election shall be listed alphabetically on a single ballot. Each elector shall have as many votes as there are members to be elected, and each vote must be cast for a different nominee. No ballot shall be counted if it contains fewer votes or more votes than the number of members to be elected, or if the ballot contains more than one vote for any nominee. A nominee shall be elected if they have received a vote on a majority of the legal ballots cast and are one of the nominees receiving the largest number of votes within the number of members to be elected.
- 6.8.1.3 Run-Off Ballot.** ~~A run-off election shall be held to fill any vacancy that cannot be filled because of a tie vote.~~
- 6.8.1.4 Subsequent Ballots.** If all vacancies are not filled on the first ballot, and there are more than two remaining nominees, the nominee with the fewest votes shall be dropped and the remaining nominees shall be placed on the subsequent ballot. In the event of a tie for the fewest votes, both nominees shall be dropped. If these actions would result in fewer than two remaining nominees, the nominee(s) with the fewest votes shall not be dropped and all remaining nominees shall be placed on the subsequent ballot. On any subsequent ballot, a nominee shall be elected if they have received a vote on a majority of the legal ballots cast and are one of the nominees receiving the largest number of votes within the number of council members to be elected or remaining to be elected. and 3 or more members of the Council are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest number of votes on the preceding ballot, except where there is a tie. When 2 or fewer members of the Council are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are members of the Council yet to be elected, and must cast each vote for a different nominee. This procedure shall be repeated until all vacancies have been filled.

3. AMA BYLAWS—REMOVAL OF OFFICERS, COUNCIL MEMBERS, COMMITTEE MEMBERS AND SECTION GOVERNING COUNCIL MEMBERS

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

HOUSE ACTION: RECOMMENDATION 1 REFERRED RECOMMENDATION 2 AND 3 ADOPTED AS FOLLOWS REMAINDER OF REPORT FILED

At the 2023 Interim meeting of the American Medical Association (AMA), the House of Delegates adopted as amended Recommendation 26 from Speakers Report 3: Report of the Election Task Force 2 (D-610.997). Policy [D-610.997](#) asked that our AMA consider developing bylaw language regarding the removal of elected individuals or candidates and the criteria by which such removal would be accomplished and to report back at A-24.

The Council on Constitution and Bylaws (the Council) has developed this report specifically to comprehensively address the removal of officers, council members, and section governing council members. The report does not address candidates as the Council strongly believes this is more appropriately addressed by the Election Committee. Successfully elected candidates would be considered officers or council members and would be covered under the Council's recommendations in this report.

Recommendations are presented for consideration by the House of Delegates.

BACKGROUND

As part of its fact-finding mission, the Council reviewed applicable bylaws, policies and statutes that address the removal of such parties from office:

Bylaws

- AMA Bylaw [3.2.1](#) specifies that AMA membership is a condition for holding office. Nonrenewal of AMA membership would make a candidate or incumbent ineligible to hold office.
- AMA Bylaws for the Resident/Fellow Trustee [[3.5.5.1](#)] and the Medical Student Trustee [[3.5.6.3](#)] have provisions specifying termination of their terms should they no longer qualify as a resident/fellow or medical student (there also is a grace period if this occurs within 90 days of the annual meeting). Similar bylaw provisions exist for residents and medical student members of AMA councils [[6.11](#)].
- Bylaw [1.5](#) states that the Council on Ethical and Judicial Affairs (CEJA) after due notice and hearing, may censure, expel, or place on probation any member of the AMA for an infraction of the Constitution or these Bylaws, for violation of the Principles of Medical Ethics, or for unethical or illegal conduct.
- Bylaw [3.6.4](#) states that if an officer misses six consecutive regular meetings of the Board of Trustees (Board), this matter shall be reported to the House of Delegates by the Board and the office shall be considered vacant.
- AMA Bylaws provide a mechanism for filling vacancies for all Officers and for the elected and appointed Councils.
- AMA Bylaws do not prohibit the resignation of any Board member or Council member for any reason.
- AMA's Parliamentary Authority, as specified in Bylaw [11.1](#) is the current edition of The American Institute of Parliamentarians Standard Code of Parliamentary Procedure (AIPSC). AIPSC (2nd ed.) acknowledges in Section 3.15 the rights of an organization to discipline, suspend and/or expel members, directors and officers in accordance with its bylaws, the parliamentary authority, and within the law.

Policies

- The [AMA Principles of Medical Ethics](#) ("Principles") were last revised in June 2001 but initially adopted as the AMA's Code of Conduct when AMA was formed in 1847. The Principles are standards of conduct that define the essentials of honorable behavior for physicians. Principles applicable to this report include:

- II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
 - III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
 - IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
- Policy [H-140.837](#), “Policy on Conduct at AMA Meetings and Events,” includes language to the effect that “The CCAM (Committee on Conduct at AMA Meetings and Events) will review all incident reports, perform further investigation (if needed) and recommend to the Office of General Counsel any additional commensurate disciplinary and/or corrective action, which may include but is not limited to the following: prohibiting the violator from attending future AMA events or activities; removing the violator from leadership or other roles in AMA activities; prohibiting the violator from assuming a leadership or other role in future AMA activities; notifying the violator’s employer and/or sponsoring organization of the actions taken by AMA; referral to the CEJA for further review and action; and referral to law enforcement.

Law

- Our AMA is incorporated in the State of Illinois under the General Not For Profit Corporation Act of 1986 (the “Act”). As such, the following provisions apply:

Sec. 108.35. Removal of directors.

(a) One or more of the directors may be removed, with or without cause. In the case of a corporation having a board of directors which is classified in accordance with subsection 108.10(e) of this Act, the articles of incorporation or bylaws may provide that such directors may only be removed for cause.

(b) In the case of a corporation with no members or with no members entitled to vote on directors, a director may be removed by the affirmative vote of a majority of the directors then in office present and voting at a meeting of the board of directors at which a quorum is present.

(c) In the case of a corporation with members entitled to vote for directors, no director may be removed, except as follows:

 - (1) A director may be removed by the affirmative vote of two-thirds of the votes present and voted, either in person or by proxy.
 - (2) No director shall be removed at a meeting of members entitled to vote unless the written notice of such meeting is delivered to all members entitled to vote on removal of directors. Such notice shall state that a purpose of the meeting is to vote upon the removal of one or more directors named in the notice. Only the named director or directors may be removed at such meeting.
 - (3) In the case of a corporation having cumulative voting, if less than the entire board is to be removed, no director may be removed, with or without cause, if the votes cast against his or her removal would be sufficient to elect him or her if then cumulatively voted at an election of the entire board of directors.
 - (4) If a director is elected by a class of voting members entitled to vote, directors or other electors, that director may be removed only by the same class of members entitled to vote, directors or electors which elected the director.

(d) The provisions of subsections (a), (b) and (c) shall not preclude the Circuit Court from removing a director of the corporation from office in a proceeding commenced either by the corporation or by members entitled to vote holding at least 10 percent of the outstanding votes of any class if the court finds (1) the director is engaged in fraudulent or dishonest conduct or has grossly abused his or her position to the detriment of the corporation, and (2) removal is in the best interest of the corporation. If the court removes a director, it may bar the director from reelection for a period prescribed by the court. If such a proceeding is commenced by a member entitled to vote, such member shall make the corporation a party defendant.
(Source: P.A. 96-649, eff. 1-1-10.)
- While the AMA’s Office of the General Counsel (OGC) notes that the Act does not directly apply to elected or appointed Council members or appointed committee members, it should be noted that the Illinois statute is broad and vague. Thus, our AMA is fully empowered and has the authority to provide that “all elected and/or appointed individuals” would be required to be bound by the removal language in the statute.

if it so desired. Lastly, OGC advised that whatever is the final determination of the House of Delegates (the “House”), to the extent it conflicts with Illinois law, Illinois law will govern.

DISCUSSION

As part of its fact-finding, the Council read with interest an article from the American Hospital Association’s Trustee Insights, entitled “When a Board Member Crosses the Line: Removing a Trustee Midterm,¹ whereby organizations are urged to define the desired behaviors of its board members, clarify behaviors that are clearly unacceptable and create a standard process to immediately address them if exhibited by any board member. Board members are classified into four categories: superstars, solid performers, nonperforming/deadweight members, and toxic members. While nonperforming members are typically managed by an organization through peer pressure, not being re-elected or appointed, or resignations due to personal or health reasons, the article supports removal of a toxic member for reasons such as violating the conflict-of-interest policy, including failure to disclose a conflict; attempting to use information obtained as a board member in such a way as to derive personal, financial or other benefit; violating the confidentiality policy; verbally abusing board members, staff or patients/families; any physical assault on board members, staff or patients/families at any time, in any place; actively working to subvert stated board policy or decisions; accusation or conviction of felony; speaking against the organization or the board or the CEO or staff in public; or racist or sexist comments or behavior, failure to attend a minimum of 50% (or other specified percentage) of board meetings; failing to attend three consecutive board meetings; and sleeping during board or board committee meetings (two or more instances).

The Council notes that the Standing Rules of the AMA Board of Trustees provide for the removal of the chair-elect or chair, positions elected internally by Board members. The Council also emphasizes that existing AMA bylaws, policies and Illinois law cover most but not all, of the other behaviors defined as unacceptable.

In further discussing the issue, the Council noted that only AMA Trustees have a fiduciary responsibility, and those who do not complete their responsibilities (through negligence or blatant recklessness) could cause the AMA to incur unnecessary liability.

The Council also found that while the Speakers Report did not address the removal of individuals who serve on appointed councils, the Council believes there should be a comparable process for removal similar to those who serve on elected councils, with those procedures to be adopted by the House. Similarly, while Section governing council members have no fiduciary responsibilities, the bylaws also should incorporate a removal provision, with those Rules to be approved by the AMA Board of Trustees. Several Section Internal Operating Procedures already provide for the removal of a governing council member. The Council would work collaboratively with the Council on Long Range Planning and Development, CEJA, OGC, and the House of Delegates to develop the procedures to be employed.

In perusing other published literature, personal one-on-one intervention is often cited as a less formal solution to managing problematic board, council or committee members. For example, if an individual has failed to attend a specified number of meetings in a row, has a specified number of unexcused absences or has become an impediment to the group’s work, the most senior member often meets informally with the individual in question. Additionally, offering or granting a leave of absence is another option to make it possible for individuals to take a leave of absence from a board, council or committee if they have health, work or other reasons why they cannot participate fully during the current term. AMA Bylaws, Council Rules and Section Internal Operating Procedures all provide a mechanism for filling vacancies. Lastly, term limits are cited as ways to minimize less than effective performance, and there are already term limits for AMA Trustees, Council members and Section governing council members in place.

The Council learned that the bylaws or governing documents of several other organizations incorporated in Illinois, such as the American Dental Association, American Bar Association, Illinois Association for Behavior Analysis, include provisions that allow for the removal of elected trustees, council members or committee members, with varying language and detail:

¹ Orlikoff, J, When a Board Member Crosses the Line: Removing a Trustee Midterm: Addressing problem behaviors is key to a high performing board. AHA Trustee Insights, September 2023 [<https://trustees.aha.org/when-board-member-crosses-line-removing-trustee-midterm>]

- **American Dental Association:** ADA Bylaws state that “The House of Delegates may remove a trustee for cause in accordance with procedures established by the House of Delegates. The procedures shall provide for notice of the charges alleged and an opportunity for the accused to be heard in their defense. A two-thirds (2/3) affirmative vote of the delegates present and voting is required to remove a trustee from office.” The ADA Governance Manual provides further details that include: The House of Delegates may remove an elective officer for cause in accordance with procedures established by the House of Delegates. The procedures shall provide for notice of the charges alleged and an opportunity for the accused to be heard in his or her defense. A two-thirds (2/3) affirmative vote of the delegates present and voting is required to remove a trustee from office.
- Similarly, the ADA Governance Manual includes language to address removal of elected or appointed Council members: “Removal for Cause. The Board of Trustees may remove a council member for cause in accordance with procedures established by the Board of Trustees. Those procedures shall provide for notice of the charges, including allegations of the conduct purported to constitute each violation and a decision in writing which shall specify the findings of fact which substantiate any and all of the charges. Prior to issuance of the decision by the Board of Trustees, no council member shall be excused from attending any meeting of a council unless there is an opportunity to be heard or compelling reasons exist which are specified in writing by the Board of Trustees.” Similar language also exists for the removal of Commission members, “Removal for Cause. Any of the commissions of this Association shall have the sole authority to remove any of its members for cause pursuant to its Rules, with notice of such removal being given to the ADA Board of Trustees.”
- **Illinois Association for Behavior Analysis -- Removal of Board Member.** An elected Board Member may be removed from their positions on the Board without cause if such removal is approved by a majority vote of the membership. An appointed Board Member may be removed by a majority vote of the Board.
- **American Psychological Association --** If a standing board or committee believes that there is reasonable cause to remove a member from said body, a vote may be taken by the board or committee to petition the Board of Directors to remove said member. If, with the exception of the individual in question, two-thirds of all members vote to remove said member, then a petition requesting removal shall inform the Board of Directors of the basis for, and the evidence supporting, said removal. The Board of Directors shall give said member the opportunity to fully respond in writing to the petition. The Board of Directors, by a two-thirds vote of all members, may remove said member if it determines that there is reasonable cause for removal and that removal is in the best interest of the Association.
- **American Bar Association –** Bylaw 31.2 allows the President to replace any committee member who does not participate in the activities of the committee.

In conclusion, the Council supports bylaw language that addresses removal of individuals currently holding a position within the AMA in accordance with procedures approved by the House or the Board of Trustees. While removal is already possible under Illinois statute, the Council would support bylaw language for the sake of transparency.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following recommendations be adopted, that Policy D-610.997 be rescinded, and that the remainder of this report be filed.

- 1) That our AMA Bylaws be amended by insertion to add the following provisions. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting:

3. Officers

3.6 Vacancies.

3.6.4 Absences. If an officer misses 6 consecutive regular meetings of the Board, this matter shall be reported to the House of Delegates by the Board of Trustees and the office shall be considered vacant. The vacancy shall be filled as provided in Bylaw 3.6.1 or Bylaw 3.6.3.

3.6.5 Removal for Cause. Any officer may be removed for cause in accordance with procedures established by the House of Delegates.

6. Councils

6.0.1.4 Removal. A Council member may be removed for cause in accordance with procedures approved by the House of Delegates.

7. Sections

7.0.3.4 Removal. A Governing Council member may be removed for cause in accordance with procedures approved by the House of Delegates.

- 2) That the Councils on Constitution and Bylaws, Long Range Planning and Development and the Ethical and Judicial Affairs and the House develop the procedures to remove a trustee or council member for cause. That the Sections develop the procedures to remove a governing council member for cause with the advice and guidance of the Councils on Constitution and Bylaws, Long Range Planning and Development and the Ethical and Judicial Affairs.
- 3) That the Election Committee address the need for policy to remove candidates who are found to violate AMA policy G-610.090, AMA Election Rules and Guiding Principles.

RELEVANT AMA POLICY

D-610.997, Criteria Regarding Removal of Elected Individuals or Candidates

Our American Medical Association will consider developing bylaw language regarding removal of elected individuals or candidates and the criteria by which this would be accomplished and to report back at A-24.

4. AMA BYLAW AMENDMENTS PURSUANT TO AIPSC (2ND ED.)

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

HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS REMAINDER OF REPORT FILED

Bylaws amended

American Medical Association (AMA) Bylaw 11.1 states that “In the absence of any provisions to the contrary in the Constitution and these Bylaws, all general meetings of the AMA and all meetings of the House of Delegates, of the Board of Trustees, of Sections and of councils and committees shall be governed by the parliamentary rules and usages contained in the then current edition of The American Institute of Parliamentarians Standard Code of Parliamentary Procedure.” The most recent edition of the AIP Standard Code [herein referred to as AIPSC (2nd ed.)] became effective as of January 2024.

As noted in informational Speakers Report 3, AIPSC (2nd ed.) establishes electronic notice as the default notification and there are several AMA bylaw provisions that specify notification by mail and/or in writing. The Council has prepared bylaw language to ensure that our Bylaws and AIPSC (2nd ed.) are consistent.

RECOMMENDATIONS

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

- 1) That our AMA Bylaws be amended by insertion and deletion as follows:

2.12.2 Special Meetings of the House of Delegates. Special Meetings of the House of Delegates shall be called by the Speaker on ~~written or electronic~~ request by of one third of the members of the House of Delegates, or on request of a majority of the Board of Trustees. When a special meeting is called, the Executive Vice President of the AMA shall notify ~~mail a notice to the last known address of~~ each member of the House of Delegates at least 20 days before the special meeting is to be held. The notice shall specify the time and place of meeting and the purpose for which it is called, and the House of Delegates shall consider no business except that for which the meeting is called.

2.12.3.1 Invitation from Constituent Association. A constituent association desiring a meeting within its borders shall submit an invitation ~~in writing~~, together with significant data, to the Board of Trustees. The dates and the city selected may be changed by action of the Board of Trustees at any time, but not later than 60 days prior to the dates selected for that meeting.

5.2.4 Notice of Meeting. Notice is given if delivered in person, by telephone, ~~mail~~, or any means of electronic communication approved by the Board of Trustees. Notice shall be deemed to be received upon delivery to the Trustee's contact information then appearing on the records of the AMA.

5.2.4.1 Waiver of Notice. ~~Notice of any meeting need not be given if waived in writing before, during or after such meeting.~~ Attendance at any meeting shall constitute a waiver of notice of such meeting, except where such attendance is for the express purpose of objecting to the transacting of any business because of a question as to the legality of the calling or convening of the meeting.

12.3 Articles of Incorporation. The Articles of Incorporation of the AMA may be amended at any regular or special meeting of the House of Delegates by the approval of two-thirds of the voting members of the House of Delegates registered at the meeting, provided that the Board of Trustees shall have approved the amendment and provided it to ~~submitted it in writing to~~ each member of the House of Delegates at least 5 days, but not more than 60 days, prior to the meeting of the House of Delegates at which the amendment is to be considered.

5. ESTABLISHMENT OF A LGBTQ+ SECTION

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

HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS REMAINDER OF REPORT FILED

Bylaws amended and see Policy D-65.990

At the 2024 Annual Meeting of the American Medical Association (AMA) House of Delegates (HOD), the HOD adopted Council on Long Range Planning and Development (CLRPD) Report 1-A-24, Establishment of a LGBTQ+ Section. CLRPD Report 1 recommended that our AMA transition the Advisory Committee on Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Issues to the LGBTQ+ Section as a delineated section, and develop bylaw language to recognize the LGBTQ+ Section.

This report presents the requisite bylaw provisions to formally establish the LGBTQ+ Section. The language defines section membership, addresses eligibility for office, and election of section governing council members and section leadership. Adoption of this report also will provide the LGBTQ+ Section with HOD representation.

This report also proposes a change to an existing AMA Policy to minimize conflicts between policy and Bylaws. AMA Policy D-65.990, adopted in 2018, specifies that our AMA utilize the terminology LGBTQ, yet more recent policies use LGBTQ+, with the 'plus' used to signify all of the gender identities and sexual orientations that letters and words cannot fully describe. Both the Advisory Committee and the Council on Long Range Planning and Development support naming this new section the LGBTQ+ Section."

DISCUSSION

The AMA Bylaws provide general parameters for the AMA Sections as follows:

- 7.0.1 Mission of the Sections.** A Section is a formal group of physicians or medical students directly involved in policymaking through a Section delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Sections shall be established by the House of Delegates for the following purposes:
- 7.0.1.1 Involvement.** To provide a direct means for membership segments represented in the Sections to participate in the activities, including policy-making, of the AMA.
 - 7.0.1.2 Outreach.** To enhance AMA outreach, communication, and interchange with the membership segments represented in the Sections.
 - 7.0.1.3 Communication.** To maintain effective communications and working relationships between the AMA and organizational entities that are relevant to the activities of each Section.
 - 7.0.1.4 Membership.** To promote AMA membership growth.
 - 7.0.1.5 Representation.** To enhance the ability of membership segments represented in the Sections to provide their perspective to the AMA and the House of Delegates.
 - 7.0.1.6 Education.** To facilitate the development of information and educational activities on topics of interest to the membership segments represented in the Sections.
- 7.0.2 Informational Reports.** Each Section may submit at the Annual Meeting an informational report detailing the activities and programs of the Section during the previous year. The report(s) shall be submitted to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the report(s) to the Sections as it deems appropriate, prior to transmitting the report(s) to the House of Delegates without delay or modification by the Board. The Board may also submit written recommendations regarding the report(s) to the House of Delegates.
- 7.0.3 Governing Council.** There shall be a Governing Council for each Section to direct the programs and the activities of the Section. The programs and activities shall be subject to the approval of the Board of Trustees or the House of Delegates.
- 7.0.3.1 Qualifications.** Members of each Section Governing Council must be members of the AMA and of the Section.
 - 7.0.3.2 Voting.** Members of each Section Governing Council shall be elected by the voting members of the Section present at the business meeting of the Section, unless otherwise provided in this Bylaw.
 - 7.0.3.3 Additional Requirements.** Each Section shall adopt rules governing the composition, election, term, and tenure of its Governing Council.

- 7.0.4 Officers.** Each Section shall select a Chair and Vice Chair or Chair-Elect and other necessary and appropriate officers.
- 7.0.4.1 Qualifications.** Officers of each Section must be members of the AMA and of the Section.
- 7.0.4.2 Voting.** Officers of each Section shall be elected by the voting members of the Section, unless otherwise provided in this Bylaw.
- 7.0.4.3 Additional Requirements.** Each Section shall adopt rules governing the titles, duties, election, term, and tenure of its officers.
- 7.0.5 Delegate and Alternate Delegate.** Each Section shall elect a Delegate and Alternate Delegate to represent the Section in the House of Delegates.
- 7.0.6 Business Meeting.** There shall be a Business Meeting of members of each Section. The Business Meeting shall be held on a day prior to each Annual and Interim Meeting of the House of Delegates.
- 7.0.6.1 Purpose.** The purposes of the Business Meeting shall be:
- 7.0.6.1.1** To hear such reports as may be appropriate.
 - 7.0.6.1.2** To consider other business and vote upon such matters as may properly come before the meeting.
 - 7.0.6.1.3** To adopt resolutions for submission by the Section to the House of Delegates.
 - 7.0.6.1.4** To hold elections.
- 7.0.6.2 Meeting Procedure.**
- 7.0.6.2.1** The Business Meeting shall be open to all members of the AMA.
 - 7.0.6.2.2** Only duly selected representatives who are AMA members shall have the right to vote at the Business Meeting.
 - 7.0.6.2.3** The Business Meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council. The rules of procedure may specify the rights and privileges of Section members, including any limitations on participation or vote.
- 7.0.7 Rules.** All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees.
- 7.0.8 Establishment of New Sections.** A member component group seeking Section status may submit an application to the Council on Long Range Planning and Development, which will make its recommendation to the House of Delegates through the Board of Trustees, or a resolution may be submitted for Section status.
- 7.0.9 Section Status.** Sections shall either be fixed or delineated, as determined by the House of Delegates upon recommendation of the Council on Long Range Planning and Development based on criteria adopted by the House of Delegates. A delineated Section must reconfirm its qualifications for continued delineated Section status and associated representation in the House of Delegates by demonstrating at least every 5 years that it continues to meet the criteria adopted by the House of Delegates.

In anticipation of its transition from advisory committee to a section, the Advisory Committee on LGBTQ has begun to craft the additional rules specified above known as Internal Operating Procedures (IOPs). Per Bylaw 6.1.1.4, the Council on Constitution and Bylaws serves as advisory to the Board of Trustees (Board) in reviewing the IOPs for internal consistency, consistency with the Bylaws, and consistency with IOPs of other sections, and has been

working closely with the Advisory Committee. The Board, per Bylaw 7.0.7, has responsibility for approving these IOPs.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends:

(1) That the Policy D-65.990 be amended by addition as follows:

D-65.990, Utilization of "LGBTQ+" in Relevant Past and Future AMA Policies. Our AMA will: (1) utilize the terminology "lesbian, gay, bisexual, transgender, and queer plus" and the abbreviation "LGBTQ+" in all future policies and publications when broadly addressing this population; (2) revise all relevant and active policies to utilize the abbreviation "LGBTQ+" in place of the abbreviations "LGBT" and "GLBT" where such text appears; and (3) revise all relevant and active policies to utilize the terms "lesbian, gay, bisexual, transgender, and queer plus" to replace "lesbian, gay, bisexual, and transgender" where such text appears.

(2) That the following amendments to the Bylaws be adopted, Adoption requires the affirmative vote of two-thirds of the members of the HOD present and voting following a one-day layover.

7--Sections

7.12 LGBTQ+. The LGBTQ+ Section is a delineated Section.

7.12.1 Membership. All active ~~physician~~ members of the AMA ~~members~~, including residents, fellows and medical students, who either self-identify as gay, lesbian, bisexual, transgender, and/or queer plus, or who are allies or have interest in LGBTQ+ issues, shall be eligible for section membership. Members must opt in to join the Section.

7.12.2 Elections. Any Section member is eligible to hold office or serve on the Governing Council. All members of the Section shall be entitled to vote in elections. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Section and approved by the Board of Trustees.

7.12.2.1 The Governing Council shall annually elect its Chair and Vice Chair from among the Governing Council members elected by Section members.

7.12.2.2 If a Governing Council member ceases to meet the membership requirements of Bylaw 7.12.1 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant and a successor will be elected.

7.12.2.3 If any medical student, resident/fellow or young physician member of the governing council ceases to meet the criteria for membership in the section they represent within 90 days prior to the Annual Meeting they will be permitted to continue to serve in their position until the conclusion of the Annual Meeting in the calendar year in which they cease to meet the membership requirement of their section.

(3) That the balance of the report be filed.

Relevant AMA Policy

H-160.991, Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations H-160.991. 1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ+) patients, this recognition is especially

important to address the specific health care needs of people who are or may be LGBTQ+; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ+ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ+ patients; (iii) encouraging the development of educational programs in LGBTQ+ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ+ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ+ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ+ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity. 2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors. 3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ+ health issues. 4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ+ people. (CSA Rep. C, I-81 Reaffirmed: CLRPD Rep. F, I-91 CSA Rep. 8 - I-94 Appended: Res. 506, A-00 Modified and Reaffirmed: Res. 501, A-07 Modified: CSAPH Rep. 9, A-08 Reaffirmation A-12 Modified: Res. 08, A-16 Modified: Res. 903, I-17 Modified: Res. 904, I-17 Res. 16, A-18 Reaffirmed: CSAPH Rep. 01, I-18)

D-200.972, Encouraging LGBTQ+ Representation in Medicine, Our AMA: (1) will advocate for the creation of targeted efforts to recruit sexual and gender minority students in efforts to increase medical student, resident, and provider diversity; (2) encourages the inclusion of sexual orientation and gender identity data in all surveys as part of standard demographic variables, including but not limited to governmental, AMA, and the Association of American Medical Colleges surveys, given respondent confidentiality and response security can be ensured; and (3) will work with the Association of American Medical Colleges to disaggregate data of LGBTQ++ individuals in medicine to better understand the representation of the unique experiences within the LGBTQ++ communities and their overlap with other identities. (Res. 004, A-22)

6. BYLAW AMENDMENTS PURSUANT TO SPEAKERS' REPORT 01-A-24 -- CREDENTIALING AND RESOLUTIONS

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

HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS

REMAINDER OF REPORT FILED

Bylaws amended

At the 2024 Annual Meeting of the American Medical Association (AMA) House of Delegates (HOD), the HOD considered several recommendations of Speakers Report 1-A-24, Report of the Resolution Modernization Task Force Update. Among the recommendations the House adopted as submitted or as amended were several calling for the following bylaw amendments:

1. The bylaws be amended so that the resolution submission deadline be 45 days prior to the opening session of the House of Delegates (with the current exemption remaining for resolutions from Section meetings).
2. The bylaws be amended so that the definition of a late resolution shall be all resolutions submitted after the resolution submission deadline and prior to the beginning of the Opening Session of the House of Delegates.
3. The bylaws be amended so that the definition of an emergency resolution shall be all resolutions submitted after the beginning of the Opening Session of the House of Delegates.

The Council has prepared the bylaw language to implement HOD action. The Council also has proposed additional amendments relating to credentialing. As existing bylaws specify that resolutions may only be submitted by

delegates, the Council has determined that the deadline for credentialing should be consistent with the other adopted language regarding resolutions so as to minimize any confusion. Similarly, the Council has also proposed amendments to the language regarding Board and Council reports to maintain bylaw consistency.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments to the Bylaws be adopted, and that the balance of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting following a one-day layover.

2—House of Delegates

2.1 Constituent Associations.

2.1.4 Certification. The president of each constituent association, or the president's designee, shall certify to the AMA the delegates and alternate delegates from their respective associations. Certification must occur at least ~~30~~ 45 days prior to the Annual or Interim Meeting of the House of Delegates.

2.2 National Medical Specialty Societies.

2.2.4 Certification. The president of each specialty society, or the president's designee, shall certify to the AMA the delegates and alternate delegates from their respective societies. Certification must occur at least ~~30~~ 45 days prior to the Annual or Interim Meeting of the House of Delegates.

2.3 Medical Student Regional Delegates.

2.3.4 Certification. The Chair of the Medical Student Section Governing Council, or the Chair's designee, shall certify to the AMA the delegates and alternate delegates for each Medical Student Region. Certification of delegates and alternate delegates must occur at least ~~30~~ 45 days prior to the Annual Meeting of the House of Delegates.

2.4 Delegates from the Resident and Fellow Section.

2.4.4 Certification. The Chair of the Resident and Fellow Section Governing Council or the Chair's designee shall certify to the AMA the delegates and alternate delegates for the Resident and Fellow Section. Certification of delegates and alternate delegates must occur at least ~~30~~ 45 days prior to the Annual Meeting of the House of Delegates.

2.6 Other Delegates. Each of the following is entitled to a delegate: AMA Sections; the Surgeons General of the United States Army, United States Navy, United States Air Force, and United States Public Health Service; the Chief Medical Director of the Department of Veterans Affairs; the National Medical Association; the American Medical Women's Association; the American Osteopathic Association; and professional interest medical associations granted representation in the House of Delegates.

2.6.1 Certification. The president or other authorized individual of each entity shall certify to the AMA their respective delegate and alternate delegate. Certification must occur ~~30~~ 45 days prior to the Annual or Interim Meeting.

2.6.2 Term. Delegates from these entities shall be selected for 2-year terms, and shall assume office on the date set by the entity. Certification of delegates and alternate delegates must occur at least ~~30~~ 45 days prior to the Annual or Interim Meeting of the House of Delegates.

2.11.3 Introduction of Business.

2.11.3.1 Resolutions. To be considered as regular business, each resolution must be introduced by a delegate or organization represented in the House of Delegates and must ~~be have been~~ submitted to the AMA not later than ~~30~~ 45 days prior to the commencement of the meeting at which it is to be considered, with the following exceptions.

~~**2.11.3.1.1 Exempted Resolutions.** If any member organization's house of delegates or primary policy making body, as defined by the organization, adjourns during the 5 week period preceding commencement of an AMA House of Delegates meeting, the organization is allowed 7 days after the close of its meeting to submit resolutions to the AMA. All such resolutions must be received by noon of the day before the commencement of the AMA House of Delegates meeting. The presiding officer of the organization shall certify that the resolution was adopted at its just concluded meeting and that the body directed that the resolution be submitted to the AMA House of Delegates.~~

2.11.3.1.12 AMA Sections. Resolutions presented from the business meetings of the AMA Sections may be presented for consideration by the House of Delegates no later than the recess of the House of Delegates opening session to be accepted as regular business. Resolutions presented after the recess of the opening session of the House of Delegates will be accepted in accordance with Bylaw 2.11.3.1.34.

2.11.3.1.23 Late Resolutions. Late resolutions may be presented by a delegate any time after the 45-day resolution deadline until ~~prior to the recess~~ of the opening session of the House of Delegates, and will be accepted as business of the House of Delegates only upon two-thirds vote of delegates present and voting.

2.11.3.1.34 Emergency Resolutions. Resolutions of an emergency nature may be presented by a delegate any time after the opening session of the House of Delegates ~~is recessed~~. Emergency resolutions will be accepted as business only upon a three-fourths vote of delegates present and voting, and if accepted shall be presented to the House of Delegates without consideration by a reference committee. A simple majority vote of the delegates present and voting shall be required for adoption.

2.11.3.2 Business from the Board of Trustees. Reports, recommendations, resolutions or other new business, may be presented by the Board of Trustees at any time during a meeting. Items of business presented before the ~~recess of the~~ opening session of the House of Delegates will be accepted as regular business. Items of business presented after the ~~recess of the~~ opening session of the House of Delegates will be accepted as emergency business and shall be presented to the House of Delegates without consideration by a reference committee. A two-thirds vote of the delegates present and voting shall be required for adoption.

2.11.3.3 Business from the Councils. Reports, opinions or recommendations from a council of the AMA or a special committee of the House of Delegates may be presented at any time during a meeting. Items of business presented before the ~~recess of the~~ opening session of the House of Delegates will be accepted as regular business. Items of business presented after the ~~recess of the~~ opening session of the House of Delegates will be accepted as emergency business and shall be presented to the House of Delegates without consideration by a reference committee. A two-thirds vote of the delegates present and voting shall be required for adoption.

2.11.4 Referral to Reference Committee. Reports, recommendations, resolutions or other new business presented prior to the ~~recess of the~~ opening session of the House of Delegates shall be referred to an appropriate reference committee for hearings and report, subject to acceptance as business of the House of Delegates. Items of business presented after the ~~recess of the~~ opening session are not referred to reference committee, but rather heard by the House of Delegates as a whole, subject to acceptance as business of the House of Delegates. Informational items are not referred to a reference committee.

7. BYLAW AMENDMENTS PURSUANT TO SPEAKERS' REPORT 01-A-24 -- SERVICE ON COMMITTEES OF THE HOUSE OF DELEGATE

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

HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS REMAINDER OF REPORT FILED

Bylaws amended

At the 2024 Annual Meeting of the American Medical Association (AMA) House of Delegates (HOD), the HOD adopted the recommendation of Speakers Report 1-A-24, Report of the Resolution Modernization Task Force Update, asking that the bylaws be amended so that the term of committees of the House of Delegates shall commence upon their formation and shall conclude at the end of the meeting for which they were appointed, unless otherwise directed by the House of Delegates.

The Council has prepared the appropriate bylaw language to implement HOD action.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments to the Bylaws be adopted, and that the balance of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting following a one-day layover.

2.13 Committees of the House of Delegates.

2.13.1 Reference Committees of the House of Delegates.

2.13.1.3 Appointment. The Speaker shall appoint the Chair and other members of the reference committees. Membership on reference committees is restricted to delegates and alternate delegates.

2.13.1.4 Size. Each reference committee shall consist of 7 members, unless otherwise provided.

2.13.1.5 Term. Service shall commence upon committee formation and shall conclude at the end of the meeting for which appointed. ~~Reference committees shall serve only during the meeting at which they are appointed,~~ unless otherwise directed by the House of Delegates.

2.13.1.7 Procedure and Reports.

2.13.1.7.1 Method. Resolutions, reports, extracted opinions and proposals presented to the House of Delegates prior to the ~~recess of the~~ opening session of the House of Delegates shall be referred to appropriate reference committees, subject to acceptance as business of the House of Delegates. The reports of reference committees shall be presented to the House of Delegates before final action may be taken on such resolutions, reports and proposals, unless otherwise provided in these Bylaws, or unless otherwise unanimously decided by the House of Delegates.

2.13.2 Committee on Rules and Credentials. The Committee on Rules and Credentials is responsible for consideration of all matters relating to the registration and certification of delegates, and is also responsible for proposing rules of conduct and procedure for the orderly transaction of the business of the House of Delegates.

2.13.2.1 Appointment. The Speaker shall appoint the Chair and other members of the committee. Membership on this committee is restricted to delegates and alternate delegates.

2.13.2.2 Size. The committee shall consist of 7 members, unless otherwise provided.

2.13.2.3 Term. Service shall commence upon its formation and shall conclude at the end of the meeting for which appointed. ~~The committee shall serve only during the meeting at which it is appointed,~~ unless otherwise directed by the House of Delegates.

2.13.3 Resolution Committee. The Resolution Committee is responsible for reviewing resolutions submitted for consideration at an Interim Meeting and determining compliance of the resolutions with the purpose of the Interim Meeting.

2.13.3.1 Appointment. The Speaker shall appoint the members of the committee. Membership on this committee is restricted to delegates.

2.13.3.2 Size. The committee shall consist of a maximum of 31 members.

2.13.3.3 Term. Service shall commence upon its formation and shall conclude at the end of the meeting for which appointed. ~~The committee shall serve only during the meeting at which it is appointed,~~ unless otherwise directed by the House of Delegates.

2.13.7 Other Committees. The Speaker may appoint such other committees as may be desirable for the efficient transaction of business of the House of Delegates.

2.13.7.1 Appointment. The Speaker shall appoint the Chair and other members of the committees. Membership on these committees is restricted to delegates and alternate delegates.

2.13.7.2 Size. Each committee shall consist of 7 members, unless otherwise provided.

2.13.7.3 Term. Service shall commence upon its formation and shall conclude at the end of the meeting for which appointed. ~~Each committee shall serve only during the meeting at which it is appointed,~~ unless otherwise directed by the House of Delegates.