Subject: Establishment of a LGBTQ+ Section
(CLPRD Report 1-A-24)

Presented by: Mark Bair, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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 (CLPRD) Report 1-A-24, Establishment of a LGBTQ+ Section. CLPRD 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 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 To hear such reports as may be appropriate.

7.0.6.2 To consider other business and vote upon such matters as may properly come before the meeting.

7.0.6.3 To adopt resolutions for submission by the Section to the House of Delegates.

7.0.6.4 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.

(Modify Bylaws)

(3) That the balance of the report be filed.
Fiscal Note: Less than $500.

**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)