

## REPORTS OF THE COUNCIL ON CONSTITUTION AND BYLAWS

The following reports were presented by Jerry Abraham, MD, MPH, Chair, Chair:

### 1. BYLAWS REVIEW REPORT

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

#### HOUSE ACTION: REFERRED

Per AMA Bylaw 6.1.1, the Council on Constitution and Bylaws is responsible for recommending changes in the Bylaws as it deems appropriate for action by the House of Delegates. The Council focuses its fact-finding review and proposed bylaw amendments on provisions that are internally inconsistent, incomplete or inaccurate.

In this report, the Council notes that the Bylaw language associated with the process of filling a Medical Student Trustee position is not only inconsistent with language regarding the initial election of the Medical Student Trustee but inconsistent with language about filling other Board vacancies. Also, the Council finds that other language is inaccurate in describing how the medical student members of Councils are appointed and incomplete as to how and when student vacancies may be filled.

The Council has proposed some bylaw amendments to provide consistency, clarity and accuracy.

#### BACKGROUND

Bylaw 3.5.6 and its subprovisions provide for the election of the Medical Student Trustee by the Medical Student Section and detail the position's term, ability for reelection and the filling of vacancies as follows:

- 3.5.6 Medical Student Trustee. The Medical Student Section shall elect the medical student trustee annually. The medical student trustee shall have all of the rights of a trustee to participate fully in meetings of the Board, including the right to make motions and to vote on policy issues, intra-Board elections or other elections, appointments or nominations conducted by the Board of Trustees.
  - 3.5.6.1 Term. The medical student trustee shall be elected at the Business Meeting of the Medical Student Section prior to the Interim Meeting for a term of one year beginning at the close of the next Annual Meeting and concluding at the close of the second Annual Meeting following the meeting at which the trustee was elected.
  - 3.5.6.2 Re-election. The medical student trustee shall be eligible for re-election as long as the trustee remains eligible for medical student membership in AMA.
  - 3.5.6.3 Cessation of Enrollment. The term of the medical student trustee shall terminate and the position shall be declared vacant if the medical student trustee should cease to be eligible for medical student membership in the AMA by virtue of the termination of the trustee's enrollment in an educational program. If the medical student trustee graduates from an educational program during their term, the trustee shall be permitted to continue to serve on the Board of Trustees for up to 200 days after graduation but not extending past the Annual Meeting following graduation.

Bylaw 3.6 sets forth the process for filling any vacancy on the Board, including that of the Medical Student Trustee:

#### 3.6 Vacancies.

- 3.6.1 Appointment. The Board of Trustees may, by appointment, fill any vacancy in the office of Speaker, Vice Speaker or Trustee, except the public trustee, to serve until the next meeting of the House of Delegates. A vacancy in the office of medical student trustee shall be filled by appointment by the Board of Trustees from 2 or more nominations provided by the Medical Student Section Governing Council.

The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointment.

The Council notes that the filling of some but not all Board vacancies is permissive rather than mandatory, and supports consistent language throughout.

The Council also found that there is inconsistent language across the AMA Councils with respect to appointed members. AMA Policy [G-610.090](#) speaks to the need to make “every effort to have two or more candidates for each vacancy.” Policy also directs the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions) to consider the need to enhance and promote diversity. The Council supports consistency between the Bylaws and policy.

Furthermore, the Council notes that there is explicit bylaw language regarding the role of the Medical Student Section (MSS) Governing Council vis-a-vis the appointed student members of the AMA Councils. However, the Council, including the Speakers, know it is ultimately the Board’s responsibility to make all appointments and believes the Bylaw language should be accurate. Conversely, the Bylaws do not address the role of the Resident and Fellow Section in submitting the names of potential candidates for various appointed Councils as the Board considers not only those physicians nominated by the Resident and Fellow Section, but other residents/fellows who are self-nominated or nominated by a Federation entity.

Lastly, the Council also believes that there should be consistent language across the Councils to permit the Board to fill a vacancy in the medical student position, with the lone exception of the Council on Ethical and Judicial Affairs which does not permit any vacancy to be filled by appointment.

6.5 Council on Ethical and Judicial Affairs.

6.5.5 Membership.

6.5.5.1 Nine active members of the AMA, one of whom shall be a resident/fellow physician and one of whom shall be a medical student. Members elected to the Council on Ethical and Judicial Affairs shall resign all other positions held by them in the AMA upon their election to the Council. No member, while serving on the Council on Ethical and Judicial Affairs, shall be a delegate or an alternate delegate to the House of Delegates, or an Officer of the AMA, or serve on any other council, committee, or as representative to or Governing Council member of an AMA Section, with the exception of service on the Committee on Conduct at AMA Meetings (CCAM) as specified in AMA Policy.

6.5.6 Nomination and Election. The members of the Council shall be elected by the House of Delegates on nomination by the President-Elect who assumes the office of President at the conclusion of the meeting. State associations, national medical specialty societies, Sections, and other organizations represented in the House of Delegates, and members of the Board of Trustees may submit the names and qualifications of candidates for consideration by the President-Elect.

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6.5.9 Vacancies.

6.5.9.1 Members other than the Resident/Fellow Physician Member. Any vacancy among the members of the Council other than the resident/fellow physician member shall be filled at the next meeting of the House of Delegates. The new member shall be elected by the House of Delegates, on nomination by the President, for the remainder of the unexpired term.

6.5.9.2 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council ceases to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates at the next Annual Meeting, on nomination by the President, for a 2-year term.

6.6 Council on Long Range Planning and Development.

6.6.2 Membership.

6.6.2.1 Ten active members of the AMA. Five members shall be appointed by the Speaker of the House of Delegates as follows: Two members shall be appointed from the membership of the House of Delegates, 2 members shall be appointed from the membership of the House of Delegates or from the AMA membership at-large, and one member appointed shall be a resident/fellow physician. Four members shall be appointed by the Board of Trustees from the membership of the House of Delegates or from the AMA membership at-large. One member appointed shall be a medical student member appointed by the Governing Council of the Medical Student Section with the concurrence of the Board of Trustees.

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6.6.5 Vacancies.

6.6.5.1 Members Other than the Resident/Fellow Physician and Medical Student Member. Any vacancy among the members of the Council other than the resident/fellow physician and the medical student member shall be filled by appointment by either the Speaker of the House of Delegates or by the Board of Trustees as provided in Bylaw 6.6.2. The new member shall be appointed for a 4-year term.

6.6.5.2 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council ceases to complete the term for which appointed, the remainder of the term shall be deemed to have expired. The successor shall be appointed by the Speaker of the House of Delegates for a 2-year term.

6.7 Council on Legislation.

6.7.2 Membership.

6.7.2.1 Twelve active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student. These members of the Council shall be appointed by the Board of Trustees. The medical student member shall be appointed from nominations submitted by the Medical Student Section.

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6.7.5 Vacancies. Any vacancy occurring on the Council shall be filled for the remainder of the unexpired term at the next meeting of the Board of Trustees. Completion of an unexpired term shall not count toward maximum tenure on the Council.

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 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 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.

6.8.2 Medical Student Member. Medical student members of these Councils shall be appointed by the Governing Council of the Medical Student Section with the concurrence of the Board of Trustees.

6.9 Term and Tenure - Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health.

#### 6.9.1 Term.

6.9.1.1 Members other than the Resident/Fellow Physician Member and Medical Student Member. Members of these Councils other than the resident/fellow physician and medical student member shall be elected for terms of 4 years.

6.9.1.2 Resident/Fellow Physician Member. The resident/fellow physician member of these Councils shall be elected for a term of 2 years. Except as provided in Bylaw 6.11, if the resident/fellow physician member ceases to /be a resident/fellow physician at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.9.1.3 Medical Student Member. The medical student member of these Councils shall be appointed for a term of one year. Except as provided in Bylaw 6.11, if the medical student member ceases to be enrolled in an educational program at any time prior to the expiration of the term for which elected, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

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#### 6.9.3 Vacancies.

6.9.3.1 Members other than the Resident/Fellow Physician and Medical Student Member. Any vacancy among the members of these Councils other than the resident/fellow physician and medical student member shall be filled at the next Annual Meeting of the House of Delegates. The successor shall be elected by the House of Delegates for a 4-year term.

6.9.3.2 Resident/Fellow Physician Member. If the resident/fellow physician member of these Councils ceases to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates for a 2-year term.

### RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments (highlighted in RED) to the Bylaws be adopted, and that the remainder 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.

### 3--Officers

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#### 3.6 Vacancies.

**3.6.1 Appointment.** The Board of Trustees may, by appointment, fill any vacancy in the office of Speaker, Vice Speaker or Trustee, except the public trustee, to serve until the next meeting of the House of Delegates. A vacancy in the office of medical student trustee ~~shall~~ **may** be filled by appointment by the Board of Trustees from **a minimum of two 2 or more nominations** ~~nominees submitted provided~~ by the Medical Student Section Governing Council. The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointment.

### 6--Councils

#### 6.6 Council on Long Range Planning and Development.

##### 6.6.2 Membership.

**6.6.2.1** Ten active members of the AMA. Five members shall be appointed by the Speaker of the House of Delegates as follows: Two members shall be appointed from the membership of the House of Delegates, ~~2~~ two members shall be appointed from the membership of the House of Delegates or from the AMA membership at-large, and one member appointed shall be a resident/fellow physician. Four members shall be appointed by the Board of Trustees from the membership of the House of Delegates or from the AMA membership at-large. One member ~~appointed~~ shall be a medical student member-appointed by the Board of Trustees from a minimum of two-nominees submitted by the Medical Student Section Governing Council ~~of the Medical Student Section with the concurrence of the Board of Trustees. The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointment.~~

**6.6.5 Vacancies.**

**6.6.5.1 Members Other than the Resident/Fellow Physician and Medical Student Member.** Any vacancy among the members of the Council ~~other~~ than the resident/fellow physician ~~member~~ and the medical student member shall be filled by appointment by either the Speaker of the House of Delegates or by the Board of Trustees as provided in Bylaw 6.6.2. The new member shall be appointed for a ~~4~~four-year term.

**6.6.5.2 Resident/Fellow Physician Member.** If the resident/fellow physician member of the Council ceases to complete the term for which appointed, the remainder of the term shall be deemed to have expired. The successor shall be appointed by the Speaker of the House of Delegates for a ~~2~~two-year term.

**6.6.5.3 Medical Student Member.** If the medical student member of the Council ceases to complete the term for which appointed, the Board of Trustees may appoint a successor to fill the remainder of the unexpired term from a minimum of two nominees submitted by the Medical Student Section Governing Council. The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointment.

**6.7 Council on Legislation.**

**6.7.2 Membership.**

**6.7.2.1** Twelve active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student. These members of the Council shall be appointed by the Board of Trustees. The medical student member shall be appointed by the Board of Trustees from a minimum of two nominees ~~nominations~~ submitted by the Medical Student Section Governing Council. The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointment.

**6.7.3 Term.**

**6.7.3.1** Members of the Council on Legislation shall be appointed for terms of one year, beginning at the conclusion of the Annual Meeting. Except as provided in Bylaw 6.11, if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which appointed, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant. Except as provided in Bylaw 6.11, if the medical student member ceases to be enrolled in an educational program the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

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- 6.7.5** Vacancies. Any vacancy occurring on the Council ~~shall~~ may be filled for the remainder of the unexpired term at the next meeting of the Board of Trustees. Completion of an unexpired term shall not count toward maximum tenure on the Council.
- 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 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 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.
- 6.8.2 Medical Student Member.** Medical student members of these Councils shall be appointed by the Board of Trustees from a minimum of two nominees submitted by the Medical Student Section Governing Council ~~of the Medical Student Section with the concurrence of the Board of Trustees. The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointments.~~
- 6.9 Term and Tenure - Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health.**
- 6.9.1 Term.**
- 6.9.1.3 Medical Student Member.** The medical student member of these Councils shall be appointed for a term of one year. Except as provided in Bylaw 6.11, if the medical student member ceases to be enrolled in an educational program at any time prior to the expiration of the term for which elected, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.
- 6.9.2 Tenure.** Members of these Councils may serve no more than 8eight years. The limitation on tenure shall take priority over a term length for which the member was elected. Medical student members who are appointed shall assume office at the close of the Annual Meeting with the exception of a medical student who is appointed to fill a vacancy.
- 6.9.3 Vacancies.**
- 6.9.3.1 Members other than the Resident/Fellow Physician and Medical Student Member.** Any vacancy among the members of these Councils other than the resident/fellow physician and medical student member shall be filled at the next Annual Meeting of the House of Delegates. The successor shall be elected by the House of Delegates for a 4four-year term.
- 6.9.3.2 Resident/Fellow Physician Member.** If the resident/fellow physician member of these Councils ceases to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates for a 2two-year term.
- 6.9.3.3 Medical Student Member.** If the medical student member of these Councils ceases to complete the term for which appointed, the Board may appoint a medical student member from a minimum of two nominees submitted by the Medical Student Section Governing Council to fill the remainder of the one-year term. The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointment.
- 6.11 Term of Resident/Fellow Physician or Medical Student Member.** A resident/fellow physician member of a Council who completes residency or fellowship within 90 days prior to an Annual Meeting shall be



permitted to serve on the Council until the completion of the Annual Meeting. A medical student member of a Council who graduates from an educational program during their term shall be permitted to serve on the Council for up to 200 days after graduation but not extending past the completion of the Annual Meeting following graduation. Service on a Council as a resident/fellow physician and/or medical student member shall not be counted in determining maximum Council tenure.

(Modify Bylaws)

## 2. CONCURRENT SERVICE ON COUNCILS AND SECTION GOVERNING COUNCILS

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

### HOUSE ACTION: RECOMMENDATIONS ADOPTED REMAINDER OF REPORT FILED *Bylaws amended*

Our AMA's parliamentary authority, the American Institute of Parliamentarians Standard Code of Parliamentary Procedure (AIPSC), states that no member can hold two incompatible offices, and recommends that if it is unclear whether certain offices are incompatible, an organization should clarify the compatibility or lack thereof in its bylaws. Per AIPSC (2<sup>nd</sup> ed.) 26.26, "Incompatibility not only consists of practical impossibility to perform the duties of both offices but also includes a conflict between the duties of the two offices." AIPSC (2<sup>nd</sup> ed.) further clarifies that unless the bylaws provide otherwise, a member who holds an office may be a candidate for another office without first giving up the current office, but if the member is elected to and accepts an incompatible office, the former office is forfeited. The Council, as part of its responsibilities embodied in Bylaw 6.1.1, examined the AMA Bylaws, Council rules and section Internal Operating Procedures for existing language regarding concurrent service.

AMA Bylaw 3.2.1.1 states, "Trustees shall resign all other positions held by them in the AMA upon their election and/or appointment," with a few exceptions: 1) The Speaker and Vice Speaker, under Bylaw 6.1.2.2, are ex officio members of the Council on Constitution and Bylaws without the right to vote, and 2) the House of Delegates' Selection Committee for the Public Member of the Board of Trustees (Bylaw 2.15.5) includes two appointed trustees; and 3) Bylaws 2.13.6 whereby the membership of Special Committees of the House of Delegates are in accordance with the motions authorizing their appointment and may include Board members. The Council recognizes that there also are several task forces or committees in which Board and/or Council members have a role, notably the AMA Foundation Board, Search Committee for the AMA Executive Vice President, Task Force on Digital Health and AI, and Task Force to Preserve the Patient-Physician Relationship When Evidence-Based, Appropriate Care Is Banned or Restricted. The Council also knows that each AMA Council, each AMA Section and the AMPAC Board has one or more trustees who are designated as Board liaisons.

AMA Bylaw 6.5.1.1 states, "No member, while serving on the Council on Ethical and Judicial Affairs, shall be a delegate or an alternate delegate to the House of Delegates, or an Officer of the AMA, or serve on any other council, committee, or as representative to or Governing Council member of an AMA Section, with the exception of service on the Committee on Conduct at AMA Meetings (CCAM) as specified in AMA Policy." Beyond that, the AMA Bylaws are silent on concurrent service on more than one Council or Section Governing Councils or concurrent service on an AMA Council and a Section Governing Council. While rare, there have been instances over the years where concurrent service has occurred.

The Council found that some but not all Sections have language in their Rules (known as Internal Operating Procedures) prohibiting concurrent service on a Section Governing Council and an AMA Council. To bring our AMA Bylaws into compliance with AIPSC (2<sup>nd</sup> ed.), the Council believes it is appropriate that there be AMA Bylaw language specifically prohibiting concurrent service as a voting member on multiple Councils, multiple Section Governing Councils or on a Council and a Section Governing Council. Codifying such language is especially important since most Councils and Section Governing Councils meet in conjunction with the HOD meetings. Council/Section meetings often overlap, as do member responsibilities. Lastly, the Council believes such an explicit prohibition in our AMA Bylaws will eliminate potential conflicts of interest that can occur when holding two leadership positions simultaneously, provide consistency across Councils, and expand a finite number of leadership opportunities to more members.

## RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments (highlighted in RED) to the Bylaws be adopted, and that the remainder 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.

### 6 Councils

#### 6.0.1 Responsibilities

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**6.0.1.4 Concurrent Service.** A Council member may not serve concurrently as a voting member of more than one Council or on a Council and a Section Governing Council.

### 7 Sections

**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. A Section Governing Council member may not serve concurrently as a voting member of more than one Section Governing Council or on an AMA Council while a voting member of a Section Governing Council.

(Modify Bylaws)

## 3. CLARIFYING BYLAW LANGUAGE

*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*

The Council on Constitution and Bylaws has responsibility per AMA Bylaw 6.1.1 for recommending changes in the Bylaws as it deems appropriate for action by the House of Delegates. In this report, the Council focuses its fact-finding review and proposed bylaw amendments on various provisions relating to membership and representation that are no longer accurate or relevant.

## BACKGROUND

Membership Categories (Bylaw Section 1). Our AMA Constitution Article III states, “The American Medical Association is composed of physician members who are represented in the House of Delegates through state associations and other constituent associations, national medical specialty societies and other entities, as specified in the Bylaws.” The Bylaws further define constituent associations as “recognized medical associations of states, commonwealths, districts, territories, or possessions of the United States of America.”

The Council is aware that current Bylaw language may be confusing as AMA members are defined by how they pay their dues. At one time, some but not all constituent medical societies sent a single dues invoice to physicians and medical students for dues associated with the constituent medical society, the county medical society and AMA, and the constituent society subsequently transmitted the AMA dues to the AMA along with a list of their AMA dues-paying and dues-exempt members. Those who joined via this mechanism were known as Active Constituent Members. Those physicians and medical students who paid their dues directly to the AMA were categorized as Active Direct Members.



Additional language identifies the other categories of membership (Affiliate Members, Honorary Members and International Members) and specifies the rights and privileges of those members. The Council noted that while these membership categories comprehensively define the rights and privileges of members, the current language for Active and Direct Members does not, and provides only for receipt of the *Journal of the American Medical Association* and such other publications as the Board of Trustees may authorize.

Lastly, the Constitution Article VIII states that “Funds may be raised by annual dues or by assessment on the active members of the Association on recommendation by the Board of Trustees and after approval by the House of Delegates.” Bylaw 1.1.1.5 states that active members are liable for such dues as are determined and fixed by the House of Delegates, and Bylaw 1.1.1.5.4 states that “active members are delinquent if their dues and assessments are not received by the House of Delegates.” The Council notes the latter is inaccurate as it is the Board of Trustees, not the House of Delegates, which establishes the dues delinquency date.

House of Delegates (Bylaw Section 2). This section identifies the types of entities represented in the HOD, and sets forth the apportionment of the constituent medical societies and the national medical specialty societies. The Bylaws for constituent medical societies and the national medical specialty societies grant an extra delegate to those societies that are ‘unified’ (require all its members to also be AMA members). The Council learned that there have been no unified societies since 2007.

Another bylaw awards an additional delegate to those constituent societies who are not unified but where 75 percent or more of their members are AMA members. The Council learned that it has been many years since any constituent society had such a large percentage of AMA members.

Young Physicians Section (Bylaws Section 7.5) Similarly, in Section 7, unified societies receive additional delegates to the Young Physicians Section.

## RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments (highlighted in RED) to the Bylaws be adopted, and that the remainder 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.

### 1—Membership

#### 1.1.1 Categories.

Categories of membership in the American Medical Association (AMA) are: Active ~~Constituent, Active Direct, Members,~~ Affiliate Members, Honorary Members, and International Members.

#### 1.1.1 Active Membership.

~~1.1.1.1 Active Constituent. Constituent associations are recognized medical associations of states, commonwealths, districts, territories, or possessions of the United States of America. Active constituent members are members of constituent associations who are entitled to exercise the rights of membership in their constituent associations, including the right to vote and hold office, as determined by their respective constituent associations and who meet one of the following requirements:~~

~~a. Possess the United States degree of doctor of medicine (MD) or doctor of osteopathic medicine (DO), or a recognized international equivalent.~~

~~b. Are medical students in educational programs provided by a college of medicine or osteopathic medicine accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation leading to the MD or DO degree. This includes those students who are on an approved sabbatical, provided that the student will be in good standing upon returning from the sabbatical.~~

~~1.1.1.1.1~~ **Admission.** Active constituent members are admitted to membership upon certification by the constituent association to the AMA, provided there is no disapproval by the Council on Ethical and Judicial Affairs.

1.1.1.1 **Active Members.**

~~1.1.1.1~~ **Active Direct.** Active direct members are those who apply for membership in the AMA directly. Applicants residing in states where the constituent association requires all of its members to be members of the AMA are not eligible for this category of membership unless the applicant is serving full time in the Federal Services that have been granted representation in the House of Delegates.

Active ~~direct~~ members must meet one of the following requirements:

- a. Possess the United States degree of doctor of medicine (MD) or doctor of osteopathic medicine (DO), or a recognized international equivalent.
- b. Are medical students in educational programs provided by a college of medicine or osteopathic medicine accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation leading to the MD or DO degree. This includes those students who are on an approved sabbatical, provided that the student will be in good standing upon returning from the sabbatical.

1.1.1.1.1  
~~1.1.1.2.1~~

**Admission.** Active ~~direct~~ members are admitted to membership upon application to the AMA or through a constituent association, provided that there is no disapproval by the Council on Ethical and Judicial Affairs or an objection to membership from a society represented in the House of Delegates.

1.1.1.1.1.1

~~1.1.1.2.1.1~~ **Notice.** The AMA shall notify each constituent association of the name and address of those applicants for ~~active direct~~ membership residing within its jurisdiction.

1.1.1.1.1.2

~~1.1.1.2.1.2~~ **Objections.** ~~Objections to applicants for active direct membership must be received by the Executive Vice President of the AMA within 45 days of receipt by the constituent association of the notice of the application for such membership.~~ All objections to membership will immediately be referred to the Council on Ethical and Judicial Affairs for prompt disposition pursuant to the rules of the Council on Ethical and Judicial Affairs.

1.1.1.2  
~~1.1.1.3~~

**Council on Ethical and Judicial Affairs Review.** The Council on Ethical and Judicial Affairs may consider information pertaining to the character, ethics, professional status and professional activities of the applicant for membership. The Council shall provide by rule for an appropriate hearing procedure to be provided to the applicant.

1.1.1.3  
~~1.1.1.4~~

**Rights and Privileges.** Active members may attend AMA meetings, hold office, and are entitled to receive the *Journal of the American Medical Association* and such other publications as the Board of Trustees may authorize.

1.1.1.4  
~~1.1.1.5~~

**Dues and Assessments.** Active members are liable for such dues and assessments as are determined and fixed by the House of Delegates.

~~1.1.1.5.1~~ ~~**Active Constituent Members.** Active constituent members shall pay their annual dues to the constituent associations for transmittal to the AMA, except as may be otherwise arranged by the Board of Trustees.~~

~~1.1.1.5.2~~ ~~**Active Direct Members.** Active direct members shall pay their annual dues directly to the AMA.~~

1.1.1.4.1  
~~1.1.1.5.3~~

**Exemptions.** On request, active members may be exempt from the payment of dues on January 1 following their sixty-fifth birthday, provided they are fully retired from the practice of medicine. Additionally, the Board of Trustees may exempt members from payment of dues to alleviate financial hardship or because of retirement from medical practice due to medical disability. The Board of Trustees shall establish appropriate standards and procedures for granting all dues exemptions. Members who were exempt from payment of dues based on age and retirement under Bylaw provisions applicable in prior years shall be entitled to maintain their dues-exempt status in all subsequent years. Dues exemptions for financial hardship or medical disability shall be reviewed annually.

1.1.1.4.2  
~~1.1.1.5.4~~

**Delinquency.** Active members are delinquent if their dues and assessments are not received by the date determined by the Board of Trustees ~~House of Delegates~~, and shall forfeit their membership in the AMA if such delinquent dues and assessments are not received by the AMA within 30 days after a notification to the delinquent member has been made on or following the delinquency date.

**1.1.2 Affiliate Members.**

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**1.1.3 Honorary Members.**

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**1.1.4 International Members.**

Physicians who have graduated from medical schools located outside the United States and its territories and are ineligible ~~to be for~~ Active ~~Members Constituent or Active Direct membership~~ and who can fulfill and document the following requirements:

- a. Graduation from a medical school listed in the World Health Organization Directory.
- b. Possession of a valid license in good standing in the country of graduation or practice location documented by one of the following:
  - (i) verification that the applicant is an international member of a national medical specialty society seated in the House of Delegates that has a procedure to verify the applicant's educational credentials;

- (ii) certification from the national medical association in the country of practice attesting to the applicant's valid authorization to practice medicine without limitation; or
- (iii) certification from the registry or licensing authority of the country of practice attesting to the applicant's valid license in good standing.

**1.1.4.1 Admission.** International members are admitted to membership by providing a completed application accompanied by the required documentation. The Council on Ethical and Judicial Affairs shall provide by rule for an appropriate hearing procedure to be provided to the applicant should denial of membership be based on information pertaining to the applicant's character, ethical conduct, or professional status.

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## **1.2 Maintenance of Membership.**

A member may hold only one category of membership in the AMA at any one time. Membership may be retained as long as the member complies with the provisions of the Constitution and Bylaws and Principles of Medical Ethics of the AMA.

### ~~1.3 — Transfer of Membership.~~

~~Members of the AMA, except members serving full time in the Federal Services, who move to a jurisdiction in which the constituent association requires that all members of the constituent association be members of the AMA, must apply for membership in the constituent association within one year after moving into the jurisdiction to continue membership in the AMA. Unless membership in the constituent association has been granted within 2 years after application, membership in the AMA shall cease.~~

### 1.3

### ~~1.4~~

## **Discrimination.**

Membership in the AMA or in any constituent association, national medical specialty society or professional interest medical association represented in the House of Delegates, shall not be denied or abridged because of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, age, or for any other reason unrelated to character, competence, ethics, professional status or professional activities.

### 1.4.

### ~~1.5~~

## **Termination of Membership or Other Discipline.**

The Council on Ethical and Judicial Affairs, after due notice and hearing may censure, suspend, expel, or place on probation any member of the AMA for an infraction of the Constitution or these Bylaws, for a violation of the Principles of Medical Ethics, or for unethical or illegal conduct.

## **2—House of Delegates**

**2.0.1 Composition and Representation.** The House of Delegates is composed of delegates selected by recognized constituent associations and specialty societies, and other delegates as provided in this bylaw.

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**2.1 Constituent Associations.** Constituent associations are recognized medical associations of states, commonwealths, districts, territories, or possessions of the United States. Each recognized constituent association granted representation in the House of Delegates is entitled to delegate representation based on the number of seats allocated to it by apportionment, ~~and such additional delegate seats as may be provided under Bylaw 2.1.1.2.~~ Only one constituent association from each U.S. state, commonwealth, territory, or possession shall be granted representation in the House of Delegates.

**2.1.1 Apportionment.** The apportionment of delegates from each constituent association is one delegate for each 1,000, (or fraction thereof), ~~active constituent and active direct~~ members of the AMA within the jurisdiction of each constituent association, as recorded by the AMA as of December 31 of each year.

**2.1.1.1 Effective Date.** Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year.

**2.1.1.1.1 Retention of Delegate.** If the membership information as recorded by the AMA as of December 31 warrants a decrease in the number of delegates representing a constituent association, the constituent association shall be permitted to retain the same number of delegates, without decrease, for one additional year, if it promptly files with the AMA a written plan of intensified AMA membership development activities among its members. At the end of the one year grace period, any applicable decrease will be implemented.

~~**2.1.1.2 Unified Membership.** A constituent association that adopts bylaw provisions requiring all members of the constituent association to be members of the AMA shall not suffer a reduction in the number of delegates allocated to it by apportionment during the first 2 years in which the unified membership bylaw provisions are implemented.~~

~~**2.1.2 Additional Delegates.** A constituent association meeting the following criteria shall be entitled to the specified number of additional delegates.~~

~~**2.1.2.1 Unified Membership.** A constituent association shall be entitled to 2 additional delegates if all of its members are also members of the AMA. If during any calendar year a constituent association adopts bylaw provisions requiring unified membership, and such unified membership is to be fully implemented within the following calendar year, the constituent association shall be entitled to the 2 additional delegates. The constituent association shall retain the 2 additional delegates only if the membership information as recorded by the AMA as of each subsequent December 31 confirms that all of the constituent association's members are members of the AMA.~~

~~**2.1.2.2 Minimum 75% Membership.** A constituent association shall be entitled to one additional delegate if 75% or more of its members, but not all of its members, are members of the AMA. The constituent association shall retain the additional delegate only if the membership information as recorded by the AMA as of each subsequent December 31 confirms that 75% or more of the constituent association's members are members of the AMA. If the membership information indicates that less than 75% of the constituent association's members are members of the AMA, the constituent association shall be permitted to retain the additional delegate for one additional year if it promptly files with the AMA a written plan of intensified AMA membership development activities among its members. If the membership information for the constituent association, as recorded by the AMA as of the following December 31 indicates that for the second successive year less than 75% of the constituent association's members are members of the AMA, the constituent association shall not be entitled to retain the additional delegate.~~

~~**2.1.2.3 Maximum Additional Delegates.** No constituent association shall be entitled to more than 2 additional delegates under Bylaw 2.1.2.~~

~~**2.1.2.3.1 Effective Date.** The additional delegates provided for under this bylaw shall be based upon membership information recorded by the AMA as of December 31 of each year. Allocation of these seats shall take effect on January 1 of the following year.~~

**2.2 National Medical Specialty Societies.** The number of delegates representing national medical specialty societies shall equal the number of delegates representing the constituent societies. Each national medical specialty society granted representation in the House of Delegates is entitled to delegate representation based on the number of seats allocated to it by apportionment, ~~and such additional delegate seat as may be provided under Bylaw 2.2.2.~~ The total number of delegates apportioned to national medical specialty societies under Bylaw 2.2.1 shall be adjusted to be equal to the total number of delegates apportioned to constituent societies under sections 2.1.1 ~~and 2.1.2~~ using methods specified in AMA policy.

**2.2.1 Apportionment.** The apportionment of delegates from each specialty society represented in the AMA House of Delegates is one delegate for each 1,000, or fraction thereof, physician specialty society members as of December 31 of each year who are eligible to serve on committees or the governing body, are active members of the AMA and are members in good standing and current in payment of applicable dues of both the specialty society and the AMA. ~~The delegates eligible for seating in the House of Delegates by apportionment are in addition to the additional delegate and alternate delegate authorized for unified specialty societies meeting the requirements of Bylaw 2.2.2.~~

**2.2.1.1 Effective Date.** Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year.

~~**2.2.2 Additional Delegate.** A specialty society that has adopted and implemented bylaw provisions requiring unified membership is entitled to one additional delegate. If during any calendar year the specialty society adopts bylaw provisions requiring unified membership, and such unified membership is to be fully implemented within the following calendar year, the specialty society shall be entitled to the additional delegate. The specialty society shall retain the additional delegate only if the membership information recorded by the AMA as of each subsequent December 31 confirms that all of the specialty society's members are members of the AMA.~~

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## 6—Councils

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### 6.5 Council on Ethical and Judicial Affairs.

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**6.5.3 Original Jurisdiction.** The Council on Ethical and Judicial Affairs shall have original jurisdiction in:

**6.5.3.1** All questions involving membership as provided in the Bylaws 1.1.1.1.1, 1.1.4.1 and 1.4 1.1.1.1, 1.1.1.2, 1.1.2, 1.1.4, and 1.5.

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## 7—Sections

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### 7.5 Young Physicians Section.

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**7.5.3 Representatives to the Business Meeting.** The Business Meeting shall consist of representatives from constituent associations, Federal Services, and national medical specialty societies represented in the House of Delegates. There shall be no alternate representatives.

**7.5.3.1 Constituent Associations, National Medical Specialty Societies, and Federal Services.** Each constituent association and Federal Service shall be entitled to representation based on the number of seats allocated to it by apportionment. Each national medical specialty



society granted representation in the House of Delegates shall be entitled to representation based on the number of seats allocated to it by apportionment. ~~In addition, unified constituent associations and specialty societies that are entitled to additional representation pursuant to Bylaw 2.1.1.2 or Bylaw 2.2.1 shall be entitled to 2 additional representatives.~~

(Modify Bylaws)

#### 4. AMENDMENTS TO THE BYLAWS TO RENAME THE MINORITY AFFAIRS SECTION

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

#### HOUSE ACTION: RECOMMENDATIONS ADOPTED REMAINDER OF REPORT FILED

*Bylaws amended*

The House of Delegates adopted Resolution 603-A-25, submitted by the Minority Affairs Section (MAS), to rename the MAS as the Underrepresented in Medicine Advocacy Section (UMAS).

The Council presents the appropriate Bylaw changes to accomplish the renaming, and will work with the UMAS to ensure that its Rules/Internal Operating Procedures are similarly updated and approved by the Board of Trustees, per Bylaws 6.1.1.4 and 7.0.7.

#### RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments to the Bylaws be adopted, and that the remainder 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.

#### 7—Sections

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- 7.7 ~~Minority Affairs Section Underrepresented in Medicine Advocacy Section.~~ The ~~Minority Affairs Section Underrepresented in Medicine Advocacy Section~~ is a delineated Section.

**7.7.1 Membership.** All active members of the AMA, including residents and fellows and medical students, who express an interest in racial or ethnic minority issues shall be eligible for membership in the ~~Minority Affairs Section Underrepresented in Medicine Advocacy Section~~. Physicians or medical students who are not AMA members may join the Section for up to 2 years as provisional members without the right to vote.

**7.7.2 Elections.** Membership on the Governing Council shall be determined through election by members of the ~~Minority Affairs Section Underrepresented in Medicine Advocacy Section~~. All members of the ~~Minority Affairs Section Underrepresented in Medicine Advocacy Section~~, except provisional members, shall be entitled to vote in elections of Governing Council members. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

(Modify Bylaws)