

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 606
(A-26)

Introduced by: American Society of Plastic Surgeons; American Association for Hand Surgery; American Society for Aesthetic Plastic Surgery; American Society for Maxillofacial Surgeons; American Society for Reconstructive Microsurgery; Michigan State Medical Society; Missouri State Medical Association

Subject: Further Enabling AMA BOT Expediency for Actions, Advocacy, and Responses During Urgent Situations

Referred to: Reference Committee F

1 Whereas, our American Medical Association Board of Trustees is charged through its duties
2 and privileges to conduct the affairs, work and activities of the AMA and to exercise broad
3 oversight and guidance for the AMA with respect to the management systems of the AMA
4 through its oversight of the AMA's Executive Vice President; and
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6 Whereas, current policy G-600.071 and current practice yield authority to BOT on AMA action in
7 urgent situations, and further allow the BOT to make a determination of what it deems best
8 represent the interests of patients, physicians, and the AMA; and
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10 Whereas, current policy does not yield primary authority to or allow the independent authority to
11 AMA management on AMA action in urgent situations or the determination of what best
12 represents the interests of patients, physicians, and the AMA; and
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14 Whereas, notable major AMA efforts to lobby and negotiate with Congress have resulted in
15 legislative packages that profoundly negatively impacted health system financing and physician
16 reimbursement, ¹⁻⁹ administrative burden in clinical settings, ^{1,2} and the widespread loss of
17 coverage for patients; ^{8,9} and
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19 Whereas, the results of these efforts suggest opportunity to strengthen the processes that
20 underpin the BOT's (1) duty to implement the charges delivered by the House in its capacity as
21 the legislative and policymaking body of the AMA, and (2) duty to oversee AMA management's
22 management and direction of day-to-day duties of the AMA, including advocacy activities; and
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24 Whereas, there is currently no clear AMA policy requiring the BOT to be informed or consulted,
25 let alone appropriately directly involved, in times of direct negotiation with federal policymakers
26 or their representatives on matters that have significant impact on the economic or clinical
27 experience of patients or physicians; therefore be it
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29 RESOLVED, that our American Medical Association amend G.600.071, "Actions and Decisions
30 by the AMA House and Policy Implementation" to read as follows:

1 8. Our AMA shall develop such processes as the BOT deems appropriate to ensure the
2 BOT is apprised on a weekly basis of AMA activity related to the policy actions and
3 directives adopted by the House of Delegates that occurred through:

4 a. the formal meetings and notable informal meetings with stakeholders and
5 policymaking entities;

6 b. the formal correspondence, comments, or testimony submitted by the AMA

7 c. notable informal correspondence exchanged between AMA management and
8 policymakers or other stakeholders;

9 d. the relevant correspondence received from the leadership of entities in
10 organized medicine, the federal government, or any other relevant sector; and

11 e. any developments with respect to new or existing policy concepts, policy
12 negotiations, or policy proposals on transformational national health policies.

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14 9. Our AMA BOT will be directly informed and consulted prior to the onset of and
15 throughout the course of any negotiations between AMA management and federal
16 policymakers on transformational changes to national health policies, such as alteration
17 of the methodology for reimbursing physicians under any component of the public sector
18 payer apparatus or the sunseting or creation of any program that is likely to impact more
19 than half of all Medicare participating providers. (Modify Current HOD Policy)

Fiscal Note: Modest – between \$5,000 - \$10,000

Received: 4/13/26

REFERENCES

1. American Medical Association, "Joint Letter on MACRA Implementation and the Future of Physician Payment," PDF letter, May 26, 2021, [http://searchf.ama-assn.org/letter/documentDownload?uri=/unstructured/binary/letter/LETTERS/2021-5-26-Joint-letter-to-WM-MACRA-Implementation-and-Future-of-Physician-Payment_ACS_ACP_AMA-\(1\).pdf](http://searchf.ama-assn.org/letter/documentDownload?uri=/unstructured/binary/letter/LETTERS/2021-5-26-Joint-letter-to-WM-MACRA-Implementation-and-Future-of-Physician-Payment_ACS_ACP_AMA-(1).pdf). Accessed September 29, 2025.
2. American Medical Association, "Letter to Reps. Cathy McMorris Rodgers, H. Morgan Griffith, Frank Pallone Jr., and Kathy Castor Regarding MACRA Hearing," PDF letter, June 21, 2023, <https://searchf.ama-assn.org/letter/documentDownload?uri=/unstructured/binary/letter/LETTERS/lfct.zip/2023-6-21-Letter-to-McMorris-Rodgers-Griffith-Pallone-Castor-re-MACRA-Hearing-v3.pdf>. Accessed September 29, 2025.
3. American Medical Association, "Patients and Physicians Grateful for Congress Fending Off Medicare Cuts," press release, <https://www.ama-assn.org/press-center/ama-press-releases/ama-patients-and-physicians-grateful-congress-fending-medicare-cuts>. Accessed September 29, 2025.
4. American Medical Association, "AMA Statement on Medicare Cuts," press release, <https://www.ama-assn.org/press-center/ama-press-releases/ama-statement-medicare-cuts>. Accessed September 29, 2025.
5. American Medical Association, "Congress Prevents Chaos but Medicare Cuts Remain," press release, <https://www.ama-assn.org/press-center/ama-press-releases/ama-congress-prevents-chaos-medicare-cuts-remain>. Accessed September 29, 2025.
6. American Medical Association, "Congress Fails Patients and Physicians," press release, <https://www.ama-assn.org/press-center/ama-press-releases/ama-congress-fails-patients-and-physicians>. Accessed September 29, 2025.
7. American Medical Association, "Congress Abandons Medicare Patients and Their Physicians," press release, <https://www.ama-assn.org/press-center/ama-press-releases/congress-abandons-medicare-patients-and-their-physicians>. Accessed September 29, 2025.
8. American Medical Association, "Letter to Speaker Mike Johnson and Leader Hakeem Jeffries Regarding House Rules on Reconciliation Text," PDF letter, May 20, 2025, <https://searchf.ama-assn.org/letter/documentDownload?uri=/unstructured/binary/letter/LETTERS/lf.zip/lf/2025-5-20-Letter-to-Johnson-and-Jeffries-re-House-Rules-on-Reconciliation-Text-v3.pdf>. Accessed September 29, 2025.
9. American Medical Association, "Congress Moves Health Care in Wrong Direction," press release, <https://www.ama-assn.org/press-center/ama-press-releases/ama-congress-moves-health-care-wrong-direction>. Accessed September 29, 2025.

RELEVANT AMA POLICY

G-600.071 Actions and Decisions by the AMA House and Policy Implementation

1. AMA policy on House actions and decisions includes the following:

a. Other than CEJA reports and some CSAPH reports, the procedures of our AMA House allow for: (i) correcting factual errors in AMA reports, (ii) rewording portions of a report that are objectionable, and (iii) rewriting portions that could be misinterpreted or misconstrued, so that the "revised" or "corrected" report can be presented for House action at the same meeting whenever possible.

b. A negative vote by the House of Delegates on resolutions which restate AMA policy does not change the existing policy. AMA policy can only be amended by means of a positive action of the House specifically intended to change that policy.

c. Minor editorial changes to existing policies are allowed for accuracy, so long as such changes are reported to the House of Delegates so as to be transparent. Editorially amended policies, however, do not reset the sunset clock.

2. AMA policy on implementation of policy includes the following:

a. Our AMA House of Delegates shall be apprised of the status of adopted or referred resolutions and report recommendations and specific actions that have been taken on them over a one-year period. When situations preclude successful implementation of specific resolutions, the House and authors should be advised of such situations so that further or alternative actions can be taken if warranted.

b. Our AMA shall inform and afford an opportunity for each delegation to send a representative for any resolution introduced that is referred to a council or other body to the meeting at which that resolution will be considered. Our AMA shall incur no expense as a result of inviting the sponsors of resolutions to discuss their resolutions.

c. Any resolution which is adopted by our AMA House remains the policy of the Association until amended, rescinded or sunset by the House.

3. Except as noted herein and consistent with the AMA Bylaws, the Board of Trustees shall conduct the affairs of the Association in keeping with current policy actions adopted by the House of Delegates. The most recent policy actions shall be deemed to supersede contradictory past actions. In the absence of specifically applicable current statements of policy, the Board of Trustees shall determine what it considers to be the position of the House of Delegates based upon the tenor of past and current actions that may be related in subject matter. Such determinations shall be considered to be AMA policy until modified or rescinded at the next regular or special meeting of the House of Delegates.

4. In urgent situations, the Board of Trustees will exercise its authority to take appropriate action. The Board shall make decisions that it deems to best represent the interests of patients, physicians, and to advocate for science and public health. The Board will take into consideration existing AMA policy, recommendations from AMA policy staff, and input solicited or obtained from the House of Delegates or its Councils and Sections to inform its position on the interests of patients, physicians, and the AMA. The Board will immediately inform the Speaker of the House of Delegates and direct the Speaker to promptly inform the members of the House of Delegates when the Board has taken actions which differ from existing policy. Any action taken by the Board which is not consistent with existing policy requires a 2/3 vote of the Board. When the Board takes action which differs from existing policy, such action must be placed before the House of Delegates at its next meeting for deliberation.

5. Our AMA considers transformational occurrences, including public health phenomena, sudden changes to national health policies, and sudden disruptions of health and science funding, to be urgent situations worthy of AMA Board of Trustees advocacy and action.
6. Our AMA considers sudden federal funding cuts to foundational institutions of science research and public health to be urgent situations and requests the Board of Trustees take immediate action to respond responsibly, clearly, and expediently as an advocate for science, health care, and public health.
7. Our AMA will provide an online list of AMA Council and Board reports under development, including a staff contact for providing stakeholder input.
Our AMA will provide an online list of AMA Council and Board reports under development, including a staff contact for providing stakeholder input. [Res. 45, I-89Res. 609, I-95Res. 605, I-98Reaffirmed: Sunset Report and Modified: BOT Rep. 15, A-00 Consolidated: CLRPD Rep. 3, I-01Appended: BOT Rep. 19, A-04Modified: CCB/CLRPD Rep. 1, A-12Appended: Res. 618, A-19Modified: Res. 602, A-25]

HOD C- Article IV

The House of Delegates is the legislative and policymaking body of the Association. It is composed of elected representatives and others as provided in the Bylaws. The House of Delegates transacts all business of the Association not otherwise specifically provided for in this Constitution and Bylaws and elects the officers except as otherwise provided in the Bylaws. [Last modified 2017]

B-5.3 Duties and Privileges

In addition to the rights and duties conferred or imposed upon the Board of Trustees by law and custom and elsewhere in the Constitution and Bylaws, the Board of Trustees shall:

5.3.1 Management. Manage or direct the management of the property and conduct the affairs, work and activities of the AMA consistent with the policy actions and directives adopted by the House of Delegates, except as may be otherwise provided in the Constitution or these Bylaws.

5.3.1.1 The Board is the principal governing body of the AMA and it exercises broad oversight and guidance for the AMA with respect to the management systems and risk management program of the AMA through its oversight of the AMA's Executive Vice President.

5.3.1.2 Board of Trustee actions should be based on policies and directives approved by the House of Delegates. In the absence of specifically applicable House policies or directives and to the extent feasible, the Board shall determine AMA positions based on the tenor of past policy and other actions that may be related in subject matter.

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

5.3.2.1 Planning focuses on the AMA's goals and objectives and involves decision-making over allocation of resources and strategy development. Planning is a collaborative process involving all of the AMA's Councils, Sections, and other appropriate AMA components.

5.3.2.2 The House of Delegates and the Council on Long Range Planning and Development have key roles in identifying and making recommendations to the Board regarding important strategic issues and directions related to the AMA's vision, goals, and priorities.

5.3.3 Fulfillment of House of Delegates Charge. Review all resolutions and recommendations adopted by the House of Delegates to determine how to fulfill the charge from the House. Resolutions and recommendations pertaining to the expenditure of funds also shall be reviewed. If it is decided that the expenditure is inadvisable, the Board shall report, at its earliest convenience, to the House the reasons for its decisions.

5.3.3.1 In determining expenditure advisability, the Board will consider the scope of the proposed expenditure and whether it is consistent with the AMA's vision, goals, and priorities. Where the Board recommends that a proposed expenditure is not prudent and is inadvisable, the Board will present alternative actions, if feasible, in its report to the House.

5.3.4 Publication. Within the policies adopted by the House of Delegates, provide for the publication of The Journal of the American Medical Association and such specialty journals, periodicals, and other publications and electronic media information as it may deem to be desirable in the best interests of the public and the medical profession.

5.3.5 Election of Secretary. Select a Secretary from one of its members annually.

5.3.6 Selection of Executive Vice President. Select and evaluate an Executive Vice President.

5.3.6.1 The Executive Vice President is the chief executive officer of the AMA and as such is responsible for AMA management and performance in accordance with the vision, goals, and priorities of the AMA. The Executive Vice President is both a key leader for the organization and the bridge between AMA management and the Board of Trustees.

5.3.6.2 The Executive Vice President shall manage and direct the day-to-day duties of the AMA, including advocacy activities, and perform the duties commonly required of the chief executive officer of a corporation.

5.3.6.3 The Executive Vice President shall ensure that there is an active and effective risk management program.

5.3.6.4 No individual who has served as an AMA Officer or Trustee shall be selected or serve as Executive Vice President until 3 years following completion of the term of the AMA office.

5.3.7 Finances. Maintain the financial health of the AMA. The Board shall:

5.3.7.1 Oversee the development and approve the annual budget for the AMA, consistent with the AMA's vision, goals, and priorities.

5.3.7.2 Ensure that the AMA's resource allocations are aligned with the AMA's plan and budget.

5.3.7.3 Evaluate membership dues levels and make related recommendations to the House of Delegates.

5.3.7.4 Review and approve financial and business decisions that significantly affect the AMA's revenues and expenses.

5.3.7.5 Have the accounts of the AMA audited at least annually.

5.3.8 Financial Reporting. Make proper financial reports concerning AMA affairs to the House of Delegates at its Annual Meeting.

5.3.9 Appointment of Committees. Appoint such committees as necessary to carry out the purposes of the AMA.

5.3.9.1 An advisory committee will be constituted for purposes of education and advocacy.

5.3.9.1.1 It will have a governing council and a direct reporting relationship to the Board.

5.3.9.1.2 An advisory committee will not have representation in the House of Delegates.

5.3.9.1.3 An advisory committee will operate under a charter that will be subject to review and renewal by the Board at least every four years.

5.3.9.2 An ad hoc committee will be constituted as a special committee, workgroup or taskforce.

5.3.9.2.1 It will operate for a specific purpose and for a prescribed period of time.

5.3.10 Committee Vacancies. Fill vacancies in any committee where such authority is not delegated elsewhere by these Bylaws.

5.3.11 Litigation. Initiate, defend, settle, or otherwise dispose of litigation involving the interests of the AMA.

