

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2026 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-26)

Report of Reference Committee on Ethics and Bylaws

Carlos Latorre, MD, Chair

RECOMMENDED FOR ADOPTION

- 1
- 2
- 3 1. BOT Report 02 - New Specialty Organizations Representation in the House of
- 4 Delegates
- 5 2. BOT Report 35 - Specialty Society Representation in the House of Delegates –
- 6 Five-Year Review
- 7 3. CCB Report 02 - HOD Representation and Composition
- 8 4. CCB Report 04 - Credentialing of HOD Delegates and Alternate Delegates
- 9 5. CCB Report 05 - Inclusion of Medical Students and Resident/Fellow Physicians
- 10 in HOD Delegations
- 11 6. CCB Report 06 - Medical Student Regional Delegates and Alternate Delegates
- 12 and Resident and Fellow Sectional Delegates and Alternate Delegates in the
- 13 HOD
- 14 7. CCB Report 07 - HOD Delegate and Alternate Delegate Vacancies and Meeting
- 15 Absences
- 16 8. CCB Report 08 - Business Meetings of the AMA Sections
- 17 9. CCB Report 09 - Continuity of AMA Resident and Fellow Section Governing
- 18 Council Leadership
- 19 10. CEJA 02 - Managing Conflict of Interest Inherent in New Payment Models—
- 20 Patient Disclosure
- 21 11. CEJA 05 - CEJA's Sunset Review of 2016 House Policies
- 22 12. Resolution 001 - Ethical Guidance on Postmortem Sample Collection for Genetic
- 23 Testing
- 24 13. Resolution 003 - Artificial Intelligence to Bolster Physician-Led Team-Based Care
- 25 14. Resolution 008 - Senior Physicians Improving Patient Access
- 26 15. Resolution 009 - Preserving Access to Care for Undocumented Individuals
- 27 16. Resolution 011 - Physician Ability to Render Emergency Medical Aid During
- 28 Immigration Enforcement
- 29

RECOMMENDED FOR ADOPTION AS AMENDED

- 30
- 31
- 32 17. CCB Report 03 - Rights & Privileges of HOD Members
- 33 18. Resolution 002 - Physician Workload and Scheduling
- 34 19. Resolution 004 - Ethical Reproductive Care for Individuals with Intellectual and
- 35 Developmental Disabilities
- 36 20. Resolution 005 - Impersonation of a Physician
- 37 21. Resolution 007 - Supporting Privacy in the Use of Artificial Intelligence Based
- 38 Scribe Software

- 1 22. Resolution 010 - Fatigue Mitigation: Supporting Fully-Funded Transportation for
2 Trainee Physicians After Extended or Overnight Shifts
3

4 **RECOMMENDED FOR REFERRAL**
5

- 6 23. CEJA 01- Guidelines on Chaperones for Sensitive Exams
7 24. CEJA 03 - Supporting Efforts to Strengthen Medical Staffs Through Collective
8 Actions and/or Unionization
9

10 **RECOMMENDED FOR NOT ADOPTION**
11

- 12 25. Resolution 006 - Investigating Moral Injury Related to Organ Procurement
13 Practices
14 26. Resolution 012 - Taking Action on Deaths in Custody
15

16 **RECOMMENDED FOR FILING**
17

- 18 27. BOT Report 36 - Update on the Report of the TRHT Task Force to the AMA
19 Board of Trustees

RECOMMENDED FOR ADOPTION

- 1
2
3
4 (1) BOT REPORT 02 - NEW SPECIALTY ORGANIZATIONS
5 REPRESENTATION IN THE HOUSE OF DELEGATES

6
7 RECOMMENDATION:

8
9 Your Reference Committee recommends that BOT Report
10 02 be adopted and the remainder of the report be filed.

11
12 **HOD ACTION: Recommendations in BOT Report 02 adopted and the remainder of**
13 **the report filed.**
14

15
16 Therefore, the Board of Trustees recommends that the American Association of Hip and
17 Knee Surgeons, the American Epilepsy Society, and the American Society of
18 Neuroimaging be granted representation in the AMA House of Delegates and that the
19 remainder of the report be filed. (Directive to Take Action)

20
21 Limited online testimony was in unanimous support. Your Reference Committee
22 recommends that the report be adopted.

- 23
24
25 (2) BOT REPORT 35 - SPECIALITY SOCIETY
26 REPRESENTATION IN THE HOUSE OF DELEGATES

27
28 RECOMMENDATION:

29
30 Your Reference Committee recommends that BOT Report
31 35 be adopted and the remainder of the report be filed.

32
33 **HOD ACTION: Recommendations in BOT Report 35 be adopted and the remainder**
34 **of the report be filed.**
35

36
37 The Board of Trustees recommends that the following be adopted, and the remainder of
38 this report be filed:

39
40 1. The American Academy of Child and Adolescent Psychiatry, American Association of
41 Clinical Endocrinology, American College of Medical Genetics and Genomics, American
42 College of Radiation Oncology, American Institute of Ultrasound in Medicine, American
43 Orthopaedic Foot and Ankle Society, American Society for Clinical Pathology, American
44 Society of Anesthesiologists, American Society of Colon and Rectal Surgeons, American
45 Society of Dermatopathology, American Society of Neuroradiology, Obesity Medicine
46 Association, Post-Acute and Long-Term Care Medical Association, Renal Physicians
47 Association, Society of Critical Care Medicine, and Society of Interventional Radiology

1 retain representation in the American Medical Association House of Delegates.
2 (Directive to Take Action)

3
4 2. Having failed to meet the requirements for continued representation in the AMA
5 House of Delegates as set forth in the AMA Bylaw B-8.5, the American Association of
6 Physicians of Indian Origin and American Society of Cataract and Refractive Surgery be
7 placed on probation and be given one year to work with AMA membership staff to
8 increase their AMA membership. (Directive to Take Action)

9 3. Having failed to meet the requirements for continued representation in the AMA
10 House of Delegates as set forth in the AMA Bylaw B-8.5 at the end of the one-year
11 grace period, the American Vein and Lymphatic Society lose representation in the AMA
12 HOD but retain it for the AMA Specialty and Service Society (SSS) and may apply for
13 reinstatement in the HOD, through the SSS, when they believe they can comply with all
14 of the current 5 guidelines for representation in the HOD, in accordance with AMA Bylaw
15 B-8.5.3.2.2. (Directive to Take Action)

16
17 Minimal in-person testimony was in unanimous support. Your Reference Committee
18 recommends that the report be adopted.

19
20
21 (3) CCB REPORT 02 - HOD REPRESENTATION AND
22 COMPOSITION

23
24 RECOMMENDATION:

25
26 Your Reference Committee recommends that CCB Report
27 02 be adopted and the remainder of the report be filed.

28
29 **HOD ACTION: Recommendations in CCB Report 02 adopted and the remainder of
30 the report filed.**

31
32 **ADOPTED LANGUAGE:**

33
34 **2—House of Delegates**

35
36 **2.0.1 Composition and Representation. *****

37
38 **2.0.1.1 Qualification of Members of the House of Delegates. Members of the**
39 **House of Delegates must be active members of the AMA, including**
40 **resident and fellow physicians and medical students, and of the**
41 **entity they represent.**

42
43 **2.0.1.2 Representation. The representational role of the delegates is multi-**
44 **Dimensional and includes:**

- 45
46 a. **Advocacy for patients to improve the health of the public and the**
47 **health care system.**

1 **b. Representation of the perspectives of the delegate’s sponsoring**
2 **organization to the House of Delegates.**

3
4 **c. Representation of the delegate’s physician and medical student**
5 **constituents in the decision-making process of the House of**
6 **Delegates.**

7
8 **d. Representation of the AMA and the House of Delegates to**
9 **physicians, medical associations, and others, including resident**
10 **and fellow physicians and medical students.**

11
12 **e. Solicitation of input from and provision of feedback to**
13 **constituents.**

14
15 **2.0.1.2.1 Consideration. In considering business, delegates should**
16 **take into consideration the perspectives of their patients,**
17 **their sponsoring organizations, and their medical student or**
18 **physician constituents. In voting on matters before the House**
19 **of Delegates, delegates should vote on the basis of what is**
20 **best for patients and quality medical care.**

21
22 ***

23
24 **2.0.1.3 Alternate Delegates. Each organization represented in the House of**
25 **Delegates is allotted an alternate delegate for each of its delegates**
26 **entitled to be seated in the House of Delegates. Alternate delegates**
27 **must meet the criteria specified in Bylaw 2.0.1.1 and be similarly**
28 **credentialed per the Bylaws that govern credentialing for the**
29 **delegates representing their organization. Terms for alternate**
30 **delegates shall be the same as for the delegates.**

31
32 **2.0.1.4 Unique Representation. No delegate or alternate delegate may be**
33 **credentialed or seated at any meeting to represent more than one**
34 **organization in the House of Delegates.**

35
36 **2.0.1.5 Registration. All attendees of a House of Delegates meeting must**
37 **register for the meeting.**

38
39 **2.0.1.6 Autonomy. The participation of any organization in the House of**
40 **Delegates is voluntary. Policy actions of the AMA do not in**
41 **themselves bind an organization or subject it to any obligation that it**
42 **does not voluntarily assume.**

43
44 **2.1 Constituent Association Delegations. Constituent associations are**
45 **recognized medical associations of states, commonwealths, districts,**
46 **territories, or possessions of the United States. Each recognized**
47 **constituent association granted representation in the House of Delegates is**
48 **entitled to delegate representation based on the number of seats allocated**
49 **to it by apportionment. Only one constituent association from each U.S.**

1 state, commonwealth, territory, or possession shall be granted
2 representation in the House of Delegates.
3

4 **2.1.1 Apportionment.** The apportionment of delegates from each
5 constituent association is one delegate and one alternate delegate
6 for each 1,000 (or fraction thereof), active members of the AMA
7 including medical students and residents and fellows within the
8 jurisdiction of each constituent association, as recorded by the AMA
9 as of December 31 of each year.

10
11 **2.1.1.1 Effective Date.** Such apportionment shall take effect on
12 January 1 of the following year and shall remain effective for
13 one year. In January of each year, the AMA shall notify each
14 organization of the number of seats in the House of Delegates
15 to which it is entitled during the current year.
16

17 ***

18 **2.1.4 Term.** Delegates and alternate delegates from constituent
19 associations shall be selected for two-year terms and assume office
20 on the date set by the constituent association, provided that such
21 seats are authorized pursuant to these Bylaws. Constituent
22 associations entitled to more than one delegate and one alternate
23 delegate shall select them so that half the number, as near as may
24 be, are selected each year. One-year terms may be provided but only
25 to the extent and for such time as is necessary to accomplish this
26 proportion.
27

28 ***

29 **2.2 National Medical Specialty Society Delegations.** The number of delegates
30 representing national medical specialty societies shall equal the number of
31 delegates representing the constituent societies. Each national medical
32 specialty society granted representation in the House of Delegates is
33 entitled to delegate representation based on the number of seats allocated
34 to it by apportionment. The total number of apportioned to national medical
35 specialty societies under Bylaw 2.2.1 shall be adjusted to be equal to the
36 total number of delegates apportioned to constituent societies under
37 sections 2.1.1 using methods specified in AMA policy.
38

39 **2.2.1 Apportionment.** The apportionment of delegates from each specialty
40 society represented in the AMA House of Delegates is one delegate
41 and alternate delegate for each 1,000, or fraction thereof, physician
42 specialty society members, including residents and fellows, as of
43 December 31 of each year who are eligible to serve on committees
44 or the governing body, are active members of the AMA and are
45 members in good standing and current in payment of applicable
46 dues of both the specialty society and the AMA.
47

48 **2.2.1.1 Effective Date.** Such apportionment shall take effect on
49 January 1 of the following year and shall remain effective for
50 one year. In January of each year, the AMA shall notify each

1 organization of the number of seats in the House of Delegates
2 to which it is entitled during the current year.

3
4 ***

5
6 **2.2.4 Term. Delegates and alternate delegates from specialty societies**
7 **shall be selected for two-year terms, and shall assume office on the**
8 **date set by the specialty society provided that such seats are**
9 **authorized pursuant to these Bylaws. Specialty societies entitled to**
10 **more than one delegate and alternate delegate shall select them so**
11 **that half the number, as near as may be, are selected each year.**
12 **One-year terms may be provided but only to the extent and for such**
13 **time as is necessary to accomplish this proportion.**

14
15 ***

16
17 **2.6 Other Delegates and Alternate Delegates. Each of the following is**
18 **entitled to a delegate and an alternate delegate: AMA Sections; the**
19 **Surgeons General of the United States Army, United States Navy, United**
20 **States Air Force, and United States Public Health Service; the Chief Medical**
21 **Director of the Department of Veterans Affairs; the National Medical**
22 **Association; the American Medical Women’s Association; the American**
23 **Osteopathic Association; and professional interest medical associations**
24 **granted representation in the House of Delegates.**

25
26 ***

27 **2.6.2 Term. Delegates and alternate delegates from these entities shall be**
28 **selected for two-year terms, and shall assume office on the date set by the**
29 **entity.**

30
31 The Council on Constitution and Bylaws recommends that the following Bylaws
32 amendments (shown in red and amended by insertion or deletion) be adopted, and that
33 the remainder of the report be filed. Adoption requires the affirmative vote of two-thirds
34 of the members of the House of Delegates present and voting following a one-day
35 layover.

36
37 **2—House of Delegates**

38
39 **2.0.1 Composition and Representation. *****

40
41 **2.0.1.1 Qualification of Members of the House of Delegates.** Members of the House
42 of Delegates must be active members of the AMA, including resident and fellow
43 physicians and medical students, and of the entity they represent.

44 **2.0.1.2 Representation.** The representational role of the delegates is multi-
45 dimensional and includes:

- 46 a. Advocacy for patients to improve the health of the public and the health care system.
47 b. Representation of the perspectives of the delegate’s sponsoring organization to the
48 House of Delegates.
49 c. Representation of the delegate’s physician and medical student constituents in the
50 decision-making process of the House of Delegates.

1 d. Representation of the AMA and the House of Delegates to physicians, medical
2 associations, and others, including resident and fellow physicians and medical students.

3 e. Solicitation of input from and provision of feedback to constituents.

4 **2.0.1.2.1 Consideration.** In considering business, delegates should take into
5 consideration the perspectives of their patients, their sponsoring organizations, and
6 their medical student or physician constituents. In voting on matters before the House of
7 Delegates, delegates should vote on the basis of what is best for patients and quality
8 medical care.

9
10 ***

11 **2.0.1.3 2-8 Alternate Delegates.** Each organization represented in the House of
12 Delegates may select is allotted an alternate delegate for each of its delegates entitled to
13 be seated in the House of Delegates. Alternate delegates must meet the criteria
14 specified in Bylaw 2.0.1.1 and be similarly credentialed per the Bylaws that govern
15 credentialing for the delegates representing their organization. Terms for alternate
16 delegates shall be the same as for the delegates.

17
18 **2.10.7**

19 **2.0.1.4 Unique Representation.** No delegate or alternate delegate may be
20 credentialed or seated at any meeting to represent more than one organization in the
21 House of Delegates.

22
23 **2.0.1.5 Registration.** All attendees of a House of Delegates meeting must register for
24 the meeting.

25
26 **2.0.1.3**

27 **2.0.1.6 Autonomy.** The participation of any organization in the House of Delegates is
28 voluntary. Policy actions of the AMA do not in themselves bind an organization or
29 subject it to any obligation that it does not voluntarily assume.

30 **2.1 Constituent Associations Delegations.** Constituent associations are
31 recognized medical associations of states, commonwealths, districts, territories, or
32 possessions of the United States. Each recognized constituent association granted
33 representation in the House of Delegates is entitled to delegate representation based on
34 the number of seats allocated to it by apportionment. Only one constituent association
35 from each U.S. state, commonwealth, territory, or possession shall be granted
36 representation in the House of Delegates.

37 **2.1.1 Apportionment.** The apportionment of delegates from each constituent
38 association is one delegate and one alternate delegate for each 1,000 (or fraction
39 thereof), active members of the AMA including medical students and residents and
40 fellows within the jurisdiction of each constituent association, as recorded by the AMA as
41 of December 31 of each year.

42 **2.1.1.1 Effective Date.** Such apportionment shall take effect on January 1 of the
43 following year and shall remain effective for one year. **2-10-1-Notification** In January of
44 each year, the AMA shall notify each organization of the number of seats in the House of
45 Delegates to which it is entitled during the current year.

46 ***

47 **2.1.4 Term.** Delegates and alternate delegates from constituent associations shall be
48 selected for two 2-year terms and assume office on the date set by the constituent
49 association, provided that such seats are authorized pursuant to these Bylaws.
50 Constituent associations entitled to more than one delegate and one alternate

1 delegate shall select them so that half the number, as near as may be, are selected
2 each year. One-year terms may be provided but only to the extent and for such time as
3 is necessary to accomplish this proportion.

4 ***

5 **2.2 National Medical Specialty Societies-Delegations.** The number of delegates
6 representing national medical specialty societies shall equal the number of delegates
7 representing the constituent societies. Each national medical specialty society granted
8 representation in the House of Delegates is entitled to delegate representation based on
9 the number of seats allocated to it by apportionment. The total number of apportioned to
10 national medical specialty societies under Bylaw 2.2.1 shall be adjusted to be equal to
11 the total number of delegates apportioned to constituent societies under sections 2.1.1
12 using methods specified in AMA policy.

13 **2.2.1 Apportionment.** The apportionment of delegates from each specialty society
14 represented in the AMA House of Delegates is one delegate and alternate delegate for
15 each 1,000, or fraction thereof, physician specialty society members, including residents
16 and fellows, as of December 31 of each year who are eligible to serve on committees or
17 the governing body, are active members of the AMA and are members in good standing
18 and current in payment of applicable dues of both the specialty society and the AMA.

19 **2.2.1.1 Effective Date.** Such apportionment shall take effect on January 1 of the
20 following year and shall remain effective for one year. ~~2.10.1. Notification.~~ In January of
21 each year, the AMA shall notify each organization of the number of seats in the House of
22 Delegates to which it is entitled during the current year.

23 ***

24 **2.2.4 Term.** Delegates and alternate delegates from specialty societies shall be
25 selected for two 2-year terms, and shall assume office on the date set by the specialty
26 society provided that such seats are authorized pursuant to these Bylaws. Specialty
27 societies entitled to more than one delegate and alternate delegate shall select them so
28 that half the number, as near as may be, are selected each year. One-year terms may
29 be provided but only to the extent and for such time as is necessary to accomplish this
30 proportion.

31 ***

32 **2.6 Other Delegates and Alternate Delegates.** Each of the following is entitled to a
33 delegate and an alternate delegate: AMA Sections; the Surgeons General of the United
34 States Army, United States Navy, United States Air Force, and United States Public
35 Health Service; the Chief Medical Director of the Department of Veterans Affairs; the
36 National Medical Association; the American Medical Women's Association; the American
37 Osteopathic Association; and professional interest medical associations granted
38 representation in the House of Delegates.

39 ***

40 **2.6.2 Term.** Delegates and alternate delegates from these entities shall be selected
41 for two 2-year terms, and shall assume office on the date set by the entity. ***

42 (Modify Bylaws)

43
44 Online testimony was in near unanimous support. An amendment was proffered to
45 revise 2.0.1.1 for clarity and to delete 2.1.4 and 2.2.4 in their entirety. The authors noted
46 that the Council proposed deleting reference to the "2-year term" at I-25, but the
47 proposed deletion was rejected at that meeting. Your Reference Committee
48 recommends that the report be adopted.

1 (4) CCB REPORT 04 - CREDENTIALING OF HOD DELEGATES AND ALTERNATE
2 DELEGATES
3

4 RECOMMENDATION:
5

6 Your Reference Committee recommends that CCB Report
7 04 be adopted and the remainder of the report be filed.
8

9 **HOD ACTION: Recommendations in CCB Report 04 adopted and the remainder of
10 the report filed.**
11

12 **ADOPTED LANGUAGE:**
13

14 **2.1.3 Credentialing. The president or chief executive officer of each constituent
15 association, or their designee, shall provide the AMA Office of House of
16 Delegates Affairs with the names and contact information of their delegates
17 and alternate delegates at least 45 days prior to each meeting of the House
18 of Delegates. These appropriately identified individuals shall be duly
19 credentialed for that meeting only.**
20

21 ***
22

23 **2.2.3 Credentialing. The president or chief executive officer of each specialty
24 society, or their designee, shall provide the AMA Office of House of
25 Delegates Affairs with the names and contact information of their delegates
26 and alternate delegates at least 45 days prior to each meeting of the House
27 of Delegates. These appropriately identified individuals shall be duly
28 credentialed for that meeting only.**
29

30 ***
31

32 **2.3.4 Credentialing. The chair of the Medical Student Section Governing Council
33 or the director of the Medical Student Section, or their designee, shall
34 provide the AMA Office of House of Delegates Affairs with the names and
35 contact information of the delegates and alternate delegates for each
36 Medical Student Region elected in accordance with 2.3.3. Credentialing
37 must occur at least 45 days prior to each meeting of the House of
38 Delegates. These appropriately identified individuals shall be duly
39 credentialed for that meeting only.**
40

41 ***
42

43 **2.4.4 Credentialing. The chair of the Resident and Fellow Section Governing
44 Council or the director of the Resident and Fellow Section, or their
45 designee, shall provide the AMA Office of House of Delegates Affairs the
46 names and contact information of the resident and fellow sectional
47 delegates and alternate delegates elected in accordance with 2.4.3.
48 Credentialing of delegates and alternate delegates must occur at least 45**

1 days prior to each meeting of the House of Delegates. These appropriately
2 identified individuals shall be duly credentialed for that meeting only.

3
4 ***

5
6 **2.6.1 Credentialing.** The president, chief executive officer, AMA Section chair or
7 director, or other authorized individual of each entity described in Bylaw
8 2.6 shall provide the AMA Office of House of Delegates Affairs with the
9 names and contact information of their respective delegate and alternate
10 delegate at least 45 days prior to each meeting of the House of Delegates.
11 These appropriately identified individuals shall be duly credentialed for that
12 meeting only.
13

14
15 The Council on Constitution and Bylaws recommends that the following Bylaws
16 amendments and deletions (shown in red and amended by insertion or ~~deletion~~) be
17 adopted, and that the remainder of the report be filed. Adoption requires the affirmative
18 vote of two-thirds of the members of the House of Delegates present and voting
19 following a one-day layover.

20
21 **2.1.3 ~~Certification-Credentialing.~~** The president or chief executive officer of each
22 constituent association, or ~~the president's their~~ designee, shall provide certify to the
23 AMA Office of House of Delegates Affairs with the names and contact information
24 of their delegates and alternate delegates ~~from their respective associations.~~
25 Certification must occur at least 45 days prior to each meeting the Annual or Interim
26 Meeting of the House of Delegates. These appropriately identified individuals shall be
27 duly credentialed for that meeting only.

28
29 ***

30 **2.2.3 ~~Certification Credentialing.~~** The president or chief executive officer of each
31 specialty society, or ~~the president's their~~ designee, shall provide certify to the
32 AMA Office of House of Delegates Affairs with the names and contact information
33 of their delegates and alternate delegates ~~from their respective societies.~~ Certification
34 must occur at least 45 days prior to each meeting the Annual or Interim Meeting of the
35 House of Delegates. These appropriately identified individuals shall be duly credentialed
36 for that meeting only.

37
38 ***

39 **2.3.4 ~~Certification Credentialing.~~** The ~~C~~chair of the Medical Student Section
40 Governing Council or the director of the Medical Student Section, or
41 ~~their~~ Chair's designee, shall provide certify to the AMA Office of House of Delegates
42 Affairs with the names and contact information of the delegates and alternate delegates
43 for each Medical Student Region elected in accordance
44 with 2.3.3. Certification Credentialing must occur at least 45 days prior to each
45 meeting the Annual Meeting of the House of Delegates. These appropriately identified
46 individuals shall be duly credentialed for that meeting only.

47
48 ***

1 **2.4.4 Certification Credentialing.** The ~~C~~chair of the Resident and Fellow Section
2 Governing Council or the director of the Resident and Fellow Section,
3 or their Chair's designee, shall ~~provide~~ certify to the AMA Office of House of Delegates
4 Affairs the names and contact information of the resident and fellow sectional delegates
5 and alternate delegates elected in accordance with 2.4.3. ~~Certification Credentialing~~ of
6 delegates and alternate delegates must occur at least 45 days prior to ~~each meeting the~~
7 Annual Meeting of the House of Delegates. These appropriately identified individuals
8 shall be duly credentialed for that meeting only.

9
10 ***

11 **2.6.1 Certification Credentialing.** The president, chief executive officer, AMA
12 Section chair or director, or other authorized individual of each entity described in Bylaw
13 2.6 shall ~~provide~~ certify to the AMA Office of House of Delegates Affairs with the names
14 and contact information of their respective delegate and alternate delegate at least 45
15 days prior to each meeting the Annual or Interim Meeting of the House of Delegates.
16 These appropriately identified individuals shall be duly credentialed for that meeting only.

17
18 **2.6.2 Term.** ~~***Certification of delegates and alternate delegates must occur at least 45~~
19 ~~days prior to the Annual or Interim Meeting of the House of Delegates.~~
20 (Modify Bylaw)

21
22 Online testimony was in unanimous support. Your Reference Committee recommends
23 that the report be adopted.

- 24
25
26 (5) CCB REPORT 05 - INCLUSION OF MEDICAL
27 STUDENTS AND RESIDENT/FELLOW PHYSICIANS IN
28 HOD DELEGATIONS

29
30 RECOMMENDATION:

31
32 Your Reference Committee recommends that CCB Report
33 05 be adopted and the remainder of the report be filed.

34
35 **HOD ACTION: Recommendations in CCB Report 52 adopted and the remainder of**
36 **the report filed.**

37
38 **ADOPTED LANGUAGE:**

39
40 **2.1.2 Selection.** Each constituent association shall select and adjust the
41 number of delegates and alternate delegates to conform with the
42 number of seats authorized under this bylaw.

43
44 ***

45
46 **2.1.6 Resident/Fellow Physician and Medical Student Delegates and**
47 **Alternate Delegates.** A constituent association may designate one or
48 more of its delegate and alternate delegate seats to be filled by a
49 resident/fellow physician member or a medical student member.

1
2 **2.1.6.1 Term.** Such resident/fellow physician or medical student
3 delegate or alternate delegate shall serve for a one-year term.
4

5 **2.1.6.2 No Restriction on Selection.** Nothing in this bylaw shall
6 preclude a resident/fellow physician or medical student
7 member from being selected to fill a full two-year term as a
8 delegate or alternate delegate from a constituent association
9 as provided in Bylaw 2.1.4.

10 ***

11
12
13 **2.2.2 Selection.** Each specialty society shall select and adjust the number
14 of delegates and alternate delegates to conform with the number of
15 seats authorized under this bylaw.
16

17 ***

18 **2.2.6 Resident/Fellow Physician and Medical Student Delegates and**
19 **Alternate Delegates.** A national medical specialty society may
20 designate one or more of its delegate and alternate delegate seats to
21 be filled by a resident/fellow physician member or a medical student
22 member.
23

24 **2.2.6.1 Term.** Such resident/fellow physician or medical student
25 delegate or alternate delegate shall serve for a one-year term.

26 **2.2.6.2 No Restriction on Selection.** Nothing in this bylaw shall
27 preclude a resident/fellow physician or medical student
28 member from being selected to fill a full two-year term as a
29 delegate or alternate delegate from a specialty association as
30 provided in Bylaw 2.2.4.

31 ***

32
33 **2.6 Other Delegates.** ***
34

35 ***

36
37 **2.6.2 Term.** ***
38

39 **2.6.2.1 Resident/Fellow Physician and Medical Student Delegates.**
40 These entities may designate their delegate and/or alternate
41 delegate seat to be CCB Rep. 5-A-26 -- page 4 of 4 filled by a
42 resident/fellow physician member or a medical student
43 member.
44

45 **2.6.2.1.1 Term.** Such resident/fellow physician or medical student
46 delegate or alternate delegate shall serve for a one-year term.
47

48 **2.6.2.1.2 No Restriction on Selection.** Nothing in this bylaw shall
49 preclude a resident/fellow physician or medical student
50 member from being selected to fill a full two-year term as a

1 **delegate or alternate delegate from a specialty association as**
2 **provided in Bylaw 2.6.2.**
3

4
5 The Council on Constitution and Bylaws recommends that the following Bylaws
6 amendments and deletions (shown in red and amended by insertion or deletion) be
7 adopted, and that the remainder of the report be filed. Adoption requires the affirmative
8 vote of two-thirds of the members of the House of Delegates present and voting
9 following a one-day layover.

10
11 **2.1.2 Selection.** Each constituent association shall select and adjust the number of
12 delegates and alternate delegates to conform with the number of seats authorized under
13 this bylaw.

14
15 ***

16 **2.1.6 Resident/Fellow Physician and Medical Student Delegates and Alternate**
17 **Delegates.** A constituent association may designate one or more of its delegate and
18 alternate delegate seats to be filled by a resident/fellow physician member or a medical
19 student member.

20
21 **2.1.6.1 Term.** Such resident/fellow physician or medical student delegate or
22 alternate delegate shall serve for a one-year term ~~beginning as of the date of certification~~
23 ~~of the delegate or alternate delegate by the constituent association to the AMA.~~

24
25 **2.1.6.2 No Restriction on Selection.** Nothing in this bylaw shall preclude a
26 resident/fellow physician or medical student member from being selected to fill a full
27 ~~two~~-year term as a delegate or alternate delegate from a constituent association as
28 provided in Bylaw 2.1.4.

29
30 ***

31 **2.2.2 Selection.** Each specialty society shall select and adjust the number of
32 delegates and alternate delegates to conform with the number of seats authorized under
33 this bylaw.

34
35 ***

36 **2.2.6 Resident/Fellow Physician and Medical Student Delegates and Alternate**
37 **Delegates.** A national medical specialty society may designate one or more of its
38 delegate and alternate delegate seats to be filled by a resident/fellow physician member
39 or a medical student member.

40
41 **2.2.6.1 Term.** Such resident/fellow physician or medical student delegate or
42 alternate delegate shall serve for a one-year term.

43
44 **2.2.6.2 No Restriction on Selection.** Nothing in this bylaw shall preclude a
45 resident/fellow physician or medical student member from being selected to fill a full two-
46 year term as a delegate or alternate delegate from a specialty association as provided in
47 Bylaw 2.2.4.

48
49 ***

1 **2.6 Other Delegates. *****

2 ***

3 **2.6.2 Term. *****

4
5 **2.6.2.1 Resident/Fellow Physician and Medical Student Delegates.** These entities
6 may designate their delegate and/or alternate delegate seat to be filled by a
7 resident/fellow physician member or a medical student member.

8
9 **2.6.2.1.1 Term.** Such resident/fellow physician or medical student delegate or alternate
10 delegate shall serve for a one-year term.

11
12 **2.6.2.1.2 No Restriction on Selection.** Nothing in this bylaw shall preclude a
13 resident/fellow physician or medical student member from being selected to fill a full two-
14 year term as a delegate or alternate delegate from a specialty association as provided in
15 Bylaw 2.6.2.

16 (Modify Bylaws)

17
18 Online testimony was in unanimous support. Your Reference Committee recommends
19 that the report be adopted.

- 1 (6) CCB REPORT 06 - MEDICAL STUDENT REGIONAL
2 DELEGATES AND ALTERNATE DELEGATES AND
3 RESIDENT AND FELLOW SECTIONAL DELEGATES
4 AND ALTERNATE DELEGATES IN THE HOD
5

6 RECOMMENDATION:
7

8 Your Reference Committee recommends that CCB Report
9 06 be adopted and the remainder of the report be filed.
10

11 **HOD ACTION: Recommendations in CCB Report 06 adopted and the remainder of
12 the report filed.**
13

14 **ADOPTED LANGUAGE:**
15

16 **2.3 Medical Student Regional Delegates and Alternate Delegates. In addition to
17 the delegate and alternate delegate representing the Medical Student
18 Section, medical student regional delegates and regional alternate
19 delegates shall be apportioned and elected as provided in this bylaw.**
20

21 **2.3.1 Qualifications. Medical student regional delegates and alternate
22 delegates must be active medical student members of the AMA. In
23 addition, medical student regional delegates and alternate delegates
24 must be members of and have received written endorsement from
25 the constituent association where their educational program is
26 located. The Medical Student Region in which the endorsing society
27 is located determines the student's region, and a medical student
28 may only serve as a regional delegate, alternate delegate or a
29 temporary delegate or temporary alternate delegate for that region.**
30

31 **2.3.2 Apportionment. The total number of medical student regional
32 delegates and alternate delegates is based on one delegate and one
33 alternate delegate for each 2,000 active medical student members of
34 the AMA, as recorded by the AMA on December 31 of each year.
35 Each Medical Student Region, as defined by the Medical Student
36 Section, is entitled to one delegate and one alternate delegate for
37 each 2,000 active medical student members of the AMA in an
38 educational program located within the jurisdiction of the Medical
39 Student Region. Any remaining medical student regional delegates
40 and alternate delegates shall be apportioned one delegate and one
41 alternate delegate per region(s) with the greatest number of active
42 AMA medical student members in excess of a multiple of 2,000. If
43 two Regions have the same number of active AMA medical student
44 members, ties will be broken by lottery by the Medical Student
45 Section Governing Council.**
46

47 **2.3.2.1 Effective Date. In January of each year the AMA shall notify
48 the chair of the Medical Student Section Governing Council
49 and the Director of the Medical Student Section of the number**

1 of seats in the House of Delegates to which each Medical
2 Student Region is entitled. Such apportionment shall take
3 effect on January 1 of the following year and shall remain
4 effective for one year.
5

6 **2.3.3 Election.** Medical student regional delegates and alternate delegates
7 shall be elected by the medical student representatives to the
8 appropriate Medical Student Region in accordance with rules
9 adopted by the Medical Student Section and approved by the Board
10 of Trustees. Regional delegates and alternate delegates shall be
11 elected at the Business Meeting of the Medical Student Section held
12 in conjunction with the Interim Meeting of the House of Delegates.
13 Regional delegates and alternate delegates shall assume office at
14 the subsequent meeting of the House of Delegates.
15

16 ***

17
18 **2.3.5 Term.** Medical student regional delegates and alternate delegates
19 shall be elected for one-year terms.
20

21 ***

22 **2.3.7 Medical Student Regional Delegate Seating.** Each medical student
23 regional delegate shall be seated with the student's endorsing
24 constituent association. Alternate delegates, temporary delegates,
25 or temporary alternate delegates shall be assigned to the original
26 medical student regional delegate's seat location during the time
27 they are seated for the original delegate.
28

29 **2.4 Resident and Fellow Sectional Delegates and Alternate Delegates.** In
30 addition to the delegate and alternate delegate representing the Resident
31 and Fellow Section, resident and fellow physician delegates and alternate
32 delegates shall be apportioned and elected in a manner as provided in this
33 bylaw.
34

35 **2.4.1 Qualifications.** Resident and fellow sectional delegates and alternate
36 delegates must be active members of the Resident and Fellow
37 Section of the AMA. In addition, resident and fellow sectional
38 delegates and alternate delegates must be members of and have
39 written endorsement from an organization currently seated in the
40 HOD, in a capacity appropriate to their level of training.
41

42 **2.4.2 Apportionment.** The apportionment of delegates from the Resident
43 and Fellow Section is one delegate and alternate delegate for each
44 2,000 active resident and fellow physician members of the AMA, as
45 recorded by the AMA on December 31 of each year.
46

47 **2.4.2.1 Effective Date.** In January of each year, the AMA shall notify
48 the chair of the Resident and Fellow Section Governing
49 Council and the Director of the Resident and Fellow Section
50 of the number of seats in the House of Delegates to which the

1 **Resident and Fellow Section is entitled. Such apportionment**
2 **shall take effect on January 1 of the following year and shall**
3 **remain effective for one year.**
4

5 **2.4.3 Election. Resident and fellow sectional delegates and alternate**
6 **delegates shall be elected by the Resident and Fellow Section in**
7 **accordance with rules adopted by the Section and approved by the**
8 **Board of Trustees. Sectional delegates and alternate delegates shall**
9 **be elected at the Business Meeting of the Resident and Fellow**
10 **Section held in conjunction with the Interim Meeting of the House of**
11 **Delegates. Sectional delegates and alternate delegates shall assume**
12 **office at the subsequent meeting of the House of Delegates.**
13

14 ***

15
16 **2.4.5 Term. Resident and fellow sectional delegates and alternate**
17 **delegates shall be elected for one-year terms.**
18

18 ***

19
20 **2.4.7 Resident and Fellow Sectional Delegate Seating. Each resident and**
21 **fellow sectional delegate shall be seated with the physician's**
22 **endorsing society or organization. In the case where a delegate has**
23 **been endorsed by multiple entities, the delegate must choose, prior**
24 **to the election, with which delegation the delegate wishes to be**
25 **seated. Alternate sectional delegates, temporary delegates, or**
26 **temporary alternate delegates shall be assigned to the original**
27 **resident and fellow sectional delegate's seat location during the time**
28 **they are seated for the original delegate.**
29

30
31 The Council on Constitution and Bylaws recommends that the following Bylaws
32 amendments and deletions (shown in red and amended by insertion or deletion) be
33 adopted, and that the remainder of the report be filed. Adoption requires the affirmative
34 vote of two-thirds of the members of the House of Delegates present and voting
35 following a one-day layover.
36

37 **2.3 Medical Student Regional Delegates and Alternate Delegates.** In addition to
38 the delegate and alternate delegate representing the Medical Student Section, medical
39 student regional delegates and regional alternate delegates shall be apportioned and
40 elected as provided in this bylaw.
41

42 **2.3.1 Qualifications.** Medical student regional delegates and alternate delegates
43 must be active medical student members of the AMA. In addition, medical student
44 regional delegates and alternate delegates must be members of and have received
45 written endorsement from ~~their endorsing~~ constituent association where their educational
46 program is located. The Medical Student Rregion in which the endorsing society is
47 located determines the student's region, and a medical student may only serve as a
48 regional delegate, alternate delegate or any temporary delegate or temporary alternate
49 delegate form of substitute (pursuant to Bylaws 2.8.5 or 2.10.4) only for that region.

1 **2.3.2 Apportionment.** The total number of ~~M~~medical ~~S~~student ~~R~~regional delegates
2 and alternate delegates is based on one delegate and one alternate delegate for each
3 2,000 active medical student members of the AMA, as recorded by the AMA on
4 December 31 of each year. Each Medical Student Region, as defined by the Medical
5 Student Section, is entitled to one delegate and one alternate delegate for each 2,000
6 active medical student members of the AMA in an educational program located within
7 the jurisdiction of the Medical Student Region. Any
8 remaining ~~M~~medical ~~S~~student ~~R~~regional delegates and alternate delegates shall
9 be apportioned one delegate and one alternate delegate per region(s) with the greatest
10 number of active AMA medical student members in excess of a multiple of 2,000. If
11 two ~~R~~regions have the same number of active AMA medical student members, ties will
12 be broken by lottery by the Medical Student Section Governing Council.

13
14 **2.3.2.1 Effective Date.** In January of each year the AMA shall notify the chair of
15 the Medical Student Section Governing Council and the director of the Medical Student
16 Section of the number of seats in the House of Delegates to which each Medical Student
17 Region is entitled. Such apportionment shall take effect on January 1 of the following
18 year and shall remain effective for one year.

19
20 **2.3.3 Election.** Medical student regional delegates and alternates delegates shall be
21 elected by the medical student representatives to the appropriate Medical
22 Student ~~Section~~ Region in accordance with rules procedures adopted by the Medical
23 Student Section and approved by the Board of Trustees. ~~Each elected delegate and~~
24 ~~alternate delegate must receive written endorsement from their constituent association in~~
25 ~~accordance with procedures adopted by the Medical Student Section and approved by~~
26 ~~the Board of Trustees.~~ Regional dDelegates and alternate delegates shall be elected at
27 the Business Meeting of the Medical Student Section held in conjunction with prior to the
28 Interim Meeting of the House of Delegates. Regional dDelegates and alternate
29 delegates shall ~~be seated~~ assume office at the subsequent next Annual Meeting
30 meeting of the House of Delegates.

31 ***

32 **2.3.5 Term.** Medical ~~s~~Student ~~r~~Regional delegates and alternate delegates shall be
33 elected for one-year terms ~~and shall assume office on the date set by the Medical~~
34 ~~Student Section Governing Council.~~

35
36 ***

37 2.3.7

38 **2.10.8 Medical Student Regional Delegate Seating.** Each medical student regional
39 delegate shall be seated with the student's endorsing constituent association.
40 Alternate delegates, ~~substitute~~ temporary delegates, or temporary alternate
41 delegates shall be assigned to the original medical student regional delegate's seat
42 location during the time they are seated for the original delegate.

43
44 **2.4 ~~Delegates from the Resident and Fellow Sectional Delegates and Alternate~~**
45 **Delegates.** In addition to the delegate and alternate delegate representing the Resident
46 and Fellow Section, resident and fellow physician delegates and alternate delegates
47 shall be apportioned and elected in a manner as provided in this bylaw.

48
49 **2.4.1 Qualifications.** Resident and fellow sectional Ddelegates and alternate
50 delegates from the Resident and Fellow Section must be active members of the

1 Resident and Fellow Section of the AMA. In addition, resident and
2 fellow ~~sectional physician~~ delegates and alternate delegates must be members of and
3 have written endorsement from an their endorsing organization currently seated in the
4 HOD, in a capacity appropriate to their level of training.
5

6 **2.4.2 Apportionment.** The apportionment of delegates from the Resident and Fellow
7 Section is one delegate and alternate delegate for each 2,000 active resident and fellow
8 physician members of the AMA, as recorded by the AMA on December 31 of each year.
9

10 **2.4.2.1 Effective Date.** In January of each year, the AMA shall notify the chair of
11 the Resident and Fellow Section Governing Council and the director of the Resident and
12 Fellow Section of the number of seats in the House of Delegates to which the Resident
13 and Fellow Section is entitled. Such apportionment shall take effect on January 1 of the
14 following year and shall remain effective for one year.
15

16 **2.4.3 Election.** Resident and fellow sectional Dd delegates and alternate delegates
17 shall be elected by the Resident and Fellow Section in accordance with rules adopted by
18 the Section and approved by the Board of Trustees. Sectional delegates and alternate
19 delegates shall be elected at the Business Meeting of the Resident and Fellow Section
20 held in conjunction with the Interim Meeting of the House of Delegates. Sectional
21 delegates and alternate delegates shall assume office at the subsequent meeting of the
22 House of Delegates. Each delegate and alternate delegate must receive written
23 endorsement from a society or organization currently seated in the House of Delegates
24 and in accordance with procedures adopted by the Resident and Fellow Section and
25 approved by the Board of Trustees.
26

27 ***

28 **2.4.5 Term.** Resident and fellow sectional Dd delegates and alternate delegates from
29 the Resident and Fellow Section shall be elected for one-year terms and shall assume
30 office on the date set by the Resident and Fellow Section Governing Council.
31 ***

32 ~~2.10.9~~

34 **2.4.7 Resident and Fellow Sectional Delegate Seating.** Each delegate from
35 the Rresident and Ffellow Ssectional delegate shall be seated with the physician's
36 endorsing society or organization. In the case where a delegate has been endorsed by
37 multiple entities, the delegate must choose, prior to the election, with which delegation
38 the delegate wishes to be seated. Alternate sectional delegates, substitute
39 temporary delegates, or temporary alternate delegates shall be assigned to the
40 original resident and fellow sectional delegate's seat location during the time they are
41 seated for the original delegate.

42 (Modify Bylaws)
43

44 Online testimony was in unanimous support. One amendment was proffered to clarify
45 language in 2.3.3; your Reference Committee notes, however, that "rules" is consistent
46 terminology throughout the Constitution and Bylaws. Your Reference Committee
47 recommends that the report be adopted.

1 (7) CCB REPORT 07- HOD DELEGATE AND ALTERNATE
2 DELEGATE VACANCIES AND MEETING ABSENCES
3

4 RECOMMENDATION:
5

6 Your Reference Committee recommends that CCB Report
7 07 be adopted and remainder of the report be filed.
8

9 **HOD ACTION: Recommendations in CCB Report 07 adopted and the remainder of
10 the report filed.**
11

12 **ADOPTED LANGUAGE:**
13

14 **2.1.5 Vacancies. The delegate or alternate delegate selected to fill a
15 vacancy before the credentialing deadline shall assume office
16 immediately after selection and serve for the remainder of that term.**
17 ***

18 **2.2.5 Vacancies. The delegate or alternate delegate selected to fill a
19 vacancy before the credentialing deadline shall assume office
20 immediately after selection and serve for the remainder of that term.**
21 ***

22 **2.3.6 Vacancies. A medical student who fills a vacancy before the
23 Credentialing deadline as a medical student regional delegate or
24 alternate delegate must be from the same Medical Student Region
25 as the vacating student, must be endorsed by the appropriate
26 endorsing constituent association, and must be elected by the
27 appropriate electorate. A medical student regional delegate or
28 alternate delegate who fills such a vacancy shall assume office
29 immediately after election and serve for the remainder of that term.**
30 ***

31 **2.4.6 Vacancies. A resident or fellow who fills a vacancy for a resident
32 and fellow sectional delegate or alternate delegate before the
33 credentialing deadline must be elected by the Resident and Fellow
34 Section and must be endorsed by an entity represented in the House
35 of Delegates. A resident and fellow sectional delegate or alternate
36 delegate who fills a vacancy shall assume office immediately after
37 election and serve for the remainder of the term.**
38 ***

39 **2.6.3 Vacancies. The delegate or alternate delegate selected to fill a
40 vacancy before the credentialing deadline shall assume office
41 immediately after selection and serve for the remainder of that term.**
42

43 **2.10 Temporary Delegates and Alternate Delegates.**
44 /

45 **2.10.1 Temporary Delegates. The credentialing authority of any entity
46 represented in the House of Delegates may credential a temporary
47 delegate, who shall be eligible to serve in the House of Delegates at
48 that meeting only.**

1 **2.10.1.1** When there is no delegate credentialed by the 45-day
2 credentialed deadline, a delegate who was appropriately
3 selected via the entity's rules may be credentialed as a
4 temporary delegate, who shall be eligible to serve in the
5 House of Delegates at that meeting only.
6

7 **2.10.1.2** When there is no appropriately selected delegate available
8 an alternate delegate may be credentialed as a temporary
9 delegate, who shall be eligible to serve in the House of
10 Delegates at that meeting only.
11

12 **2.10.1.3** When there is no appropriately selected alternate delegate
13 available a temporary alternate delegate may be credentialed
14 as a temporary delegate, who shall be eligible to serve in the
15 House of Delegates at that meeting only.
16

17 **2.10.1.4** Temporary delegates must be credentialed the day before
18 an AMA election in order to vote in that election.
19

20 **2.10.2** Temporary Alternate Delegates. The credentialing authority of any
21 entity represented in the House of Delegates may credential a
22 temporary alternate delegate, who shall be eligible to serve at that
23 meeting only.
24

25 **2.10.2.1** When there is no alternate delegate credentialed by the 45-
26 day credentialing deadline, an alternate delegate who was
27 appropriately selected via the entity's rules may be
28 credentialed as a temporary alternate delegate for that
29 meeting only.
30

31 **2.10.2.2** When there is no appropriately selected alternate delegate
32 available, a member of the entity who is also an AMA member
33 may be credentialed as a temporary alternate delegate, who
34 shall be eligible to serve at that meeting only.
35

36 **2.10.2.3** Temporary Medical Student Regional Alternate Delegate.
37 The credentialing authority for the Medical Student Section
38 may credential a member of the Medical Student Section who
39 has a written endorsement from their constituent association
40 and who is from the same Medical Student Region as the
41 absent alternate delegate as a medical student regional
42 temporary alternate delegate. This individual shall be eligible
43 to serve at that meeting only.
44

45 **2.10.2.4** Temporary Resident and Fellow Sectional Alternate
46 Delegate. The credentialing authority for the Resident and
47 Fellow Section may credential a member of the Resident and
48 Fellow Section who has a written endorsement from an entity
49 represented in the House of Delegates as a resident and

1 **fellow sectional temporary alternate delegate. This individual**
2 **shall be eligible to serve at that meeting only.**
3

4
5 The Council on Constitution and Bylaws recommends that the following Bylaw
6 amendments and deletions (shown in red and amended by insertion or deletion) be
7 adopted and that the remainder of the report be filed. Adoption requires the affirmative
8 vote of two-thirds of the members of the House of delegates present and voting following
9 a one-day layover.

10
11 **2.1.5 Vacancies.** The delegate or alternate delegate selected to fill a vacancy before
12 the credentialing deadline shall assume office immediately after selection and serve for
13 the remainder of that term.

14 ***

15 **2.2.5 Vacancies.** The delegate or alternate delegate selected to fill a vacancy before
16 the credentialing deadline shall assume office immediately after selection and serve for
17 the remainder of that term.

18 ***

19 **2.3.6 Vacancies.** ~~A medical student who The delegate selected to fill~~ a
20 vacancy before the credentialing deadline as a medical student regional delegate or
21 alternate delegate must be from the same Medical Student Region as the vacating
22 student, must be endorsed by the appropriate endorsing constituent association, and
23 must be elected by the appropriate electorate. A medical student regional delegate or
24 alternate delegate who fills such a vacancy shall assume office immediately
25 after selection and serve for the remainder of that term.

26 ***

27 **2.4.6 Vacancies.** ~~A resident or fellow who The delegate selected to fill~~ a vacancy for
28 a resident and fellow sectional delegate or alternate delegate before the credentialing
29 deadline must be elected by the Resident and Fellow Section and must be endorsed by
30 an entity represented in the House of Delegates. A resident and fellow sectional
31 delegate or alternate delegate who fills a vacancy shall assume office immediately
32 after selection and serve for the remainder of the term.

33 ***

34 **2.6.3 Vacancies.** The delegate or alternate delegate selected to fill a vacancy before
35 the credentialing deadline shall assume office immediately after selection and serve for
36 the remainder of that term.

37
38 **2.10 ~~Registration and Seating of Delegates. Temporary Delegates and Alternate~~**
39 **Delegates.**

40
41 **2.10.4 ~~Substitute Delegates.~~**

42 **2.10.1 Temporary Delegates.** The credentialing authority of any entity represented in
43 the House of Delegates may credential a temporary delegate, who shall be eligible to
44 serve in the House of Delegates at that meeting only.

45
46 **2.10.1.1** When there is no delegate credentialed by the 45-day credentialing deadline,
47 a delegate who was appropriately selected via the entity's rules may be credentialed as
48 a temporary delegate, who shall be eligible to serve in the House of Delegates at that
49 meeting only.

1 2.10.1.2 When there is no appropriately selected delegate available an alternate
2 delegate may be credentialed as a temporary delegate, who shall be eligible to serve in
3 the House of Delegates at that meeting only.

4
5 2.10.1.3 When there is no appropriately selected alternate delegate available a
6 temporary alternate delegate may be credentialed as a temporary delegate, who shall be
7 eligible to serve in the House of Delegates at that meeting only.

8
9 2.10.1.4 Temporary delegates must be credentialed the day before an AMA election in
10 order to vote in that election.

11
12 2.10.2 Temporary Alternate Delegates. The credentialing authority of any entity
13 represented in the House of Delegates may credential a temporary alternate delegate,
14 who shall be eligible to serve at that meeting only.

15 2.10.2.1 When there is no alternate delegate credentialed by the 45-day credentialing
16 deadline, an alternate delegate who was appropriately selected via the entity's rules may
17 be credentialed as a temporary alternate delegate for that meeting only.

18
19 2.10.2.2 When there is no appropriately selected alternate delegate available, a
20 member of the entity who is also an AMA member may be credentialed as a temporary
21 alternate delegate, who shall be eligible to serve at that meeting only.

22
23 2.10.2.3 Temporary Medical Student Regional Alternate Delegate. The
24 credentialing authority for the Medical Student Section may credential a member of the
25 Medical Student Section who has a written endorsement from their constituent
26 association and who is from the same Medical Student Region as the absent alternate
27 delegate as a medical student regional temporary alternate delegate. This individual
28 shall be eligible to serve at that meeting only.

29
30 2.10.2.4 Temporary Resident and Fellow Sectional Alternate Delegate. The
31 credentialing authority for the Resident and Fellow Section may credential a member of
32 the Resident and Fellow Section who has a written endorsement from an entity
33 represented in the House of Delegates as a resident and fellow sectional temporary
34 alternate delegate. This individual shall be eligible to serve at that meeting only.

35
36 ***

37 ~~2.10.1— Notification.~~ ~~In January of each year, the AMA shall notify each organization of~~
38 ~~the number of seats in the House of Delegates to which it is entitled during the current~~
39 ~~year.~~

40
41 ~~2.10.2— Credentials.~~ ~~A delegate or alternate delegate may only be seated if there~~
42 ~~is certification on file stating that the delegate or alternate delegate has been properly~~
43 ~~selected to serve in the House of Delegates.~~

44
45 ~~2.10.3— Lack of Credentials.~~ ~~A delegate or alternate delegate may be seated without~~
46 ~~the certificate defined in Bylaw 2.10.2 provided proper identification as the delegate or~~
47 ~~alternate delegate selected by the respective entity is established, and so certified to the~~
48 ~~AMA.~~

49
50 ***

~~**2.10.4.1 Temporary Substitute Delegate.** A delegate whose credentials have been accepted by the Committee on Rules and Credentials and whose name has been placed on the roll of the House of Delegates shall remain a delegate until final adjournment of that meeting of the House of Delegates. However, if the delegate is not able to remain in attendance, that delegate's place may be taken during the period of absence by an alternate delegate, or a substitute alternate delegate selected in accordance with Bylaw 2.10.4 if an alternate delegate is not available. The person who takes the place of the delegate must have certification on file and shall be known as a temporary substitute delegate. Such temporary substitute delegate shall have all of the rights and privileges of a delegate while serving as a temporary substitute delegate, including the right to vote in the House of Delegates and to vote in any election conducted by the House of Delegates. The temporary substitute delegate shall not be eligible for nomination or election as Speaker or Vice Speaker of the House of Delegates.~~

(Modify Bylaws)

Online testimony was in unanimous support. Your Reference Committee recommends that the report be adopted.

(8) CCB REPORT 08 - BUSINESS MEETINGS OF THE AMA SECTIONS

RECOMMENDATION:

Your Reference Committee recommends that CCB Report 08 be adopted and the remainder of the report be filed.

HOD ACTION: Recommendations in CCB Report 08 adopted and the remainder of the report filed.

ADOPTED LANGUAGE:

7.0.6 Business Meetings. There shall be a Business Meeting of members of each Section prior to each 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.

1 **7.0.6.2.1 The Business Meeting shall be open to all members of the**
2 **AMA.**

3
4 **7.0.6.2.2 Only duly selected representatives who are AMA members**
5 **shall have the right to vote at the Business Meeting.**

6
7 **7.0.6.2.3 The Business Meeting shall be conducted pursuant to rules**
8 **of procedure adopted by the Section and approved by the**
9 **Board of Trustees. The rules of procedure may specify the**
10 **rights and privileges of Section members, including any**
11 **limitations on participation or vote.**
12

13
14 The Council on Constitution and Bylaws recommends that the following Bylaw
15 amendments and deletions (shown in red and amended by insertion or deletion) be
16 adopted and that the remainder of the report be filed. Adoption requires the affirmative
17 vote of two-thirds of the members of the House of Delegates present and voting
18 following a one-day layover.

19
20 **7.0.6 Business Meeting.** There shall be a Business Meeting of members of each
21 Section. ~~The Business Meeting shall be held on a day~~ prior to each ~~Annual and~~
22 ~~Interim~~ Meeting of the House of Delegates.

23
24 **7.0.6.1 Purpose.** The purposes of the Business Meeting shall be:

25
26 **7.0.6.1.1** To hear such reports as may be appropriate.

27
28 **7.0.6.1.2** To consider other business and vote upon such matters as may properly
29 come before the meeting.

30
31 **7.0.6.1.3** To adopt resolutions for submission by the Section to the House of
32 Delegates.

33
34 **7.0.6.1.4** To hold elections.

35
36 **7.0.6.2 Meeting Procedure.**

37
38 **7.0.6.2.1** The Business Meeting shall be open to all members of the AMA.

39
40 **7.0.6.2.2** Only duly selected representatives who are AMA members shall have the
41 right to vote at the Business Meeting.

42
43 **7.0.6.2.3** The Business Meeting shall be conducted pursuant to rules of procedure
44 adopted by the ~~Governing Council~~ Section and approved by the Board of Trustees. The
45 rules of procedure may specify the rights and privileges of Section members, including
46 any limitations on participation or vote.

47 (Modify Bylaws)

1 Online testimony was in unanimous support. An amendment was proffered to change
2 language in 7.0.6.1 from “the Business Meeting” to “a Business Meeting”. The authors
3 noted that this language was discussed and that while AMA Sections must have “a”
4 Business Meeting, this language does not preclude AMA Sections from conducting
5 additional meetings. Your Reference Committee recommends that the report be
6 adopted.

7
8
9 (9) CCB REPORT 09 - CONTINUITY OF AMA RESIDENT
10 AND FELLOW SECTION GOVERNING COUNCIL
11 LEADERSHIP

12
13 RECOMMENDATION:

14
15 Your Reference Committee recommends that CCB Report
16 09 be adopted and the remainder of the report be filed.

17
18 **HOD ACTION: Recommendations in CCB Report 09 adopted and the remainder of**
19 **the report filed.**

20
21 **ADOPTED LANGUAGE:**

22
23 **7.1 Resident and Fellow Section. The Resident and Fellow Section is a fixed**
24 **Section.**

25
26 **7.1.1 Membership. All active resident/fellow physician members of the**
27 **AMA shall be members of the Resident and Fellow Section.**

28
29 **7.1.1.1 Definition of a Resident. For purposes of membership in the**
30 **Resident and Fellow Section, the term Resident shall be**
31 **applied to any physicians who meet at least one of the**
32 **following criteria:**

33
34 **a) Members who are enrolled in a residency approved by the**
35 **Accreditation Council for Graduate Medical Education.**

36 **b) Members who are active duty military or public health**
37 **service residents required to provide service after their**
38 **internship as general medical officers (including underseas**
39 **medical officers or flight surgeons) before their return to**
40 **complete a residency.**

41 **c) Members who are serving, as their primary occupation, in a**
42 **structured educational, vocational, or research program of at**
43 **least one year to broaden competency in a specialized field**
44 **prior to completion of their residency.**

45
46 **7.1.1.2 Definition of a Fellow. For purposes of membership in the**
47 **Resident and Fellow Section, the term Fellow shall be applied**
48 **to any physicians who have completed a residency and meet**
49 **at least one of the following criteria:**

- a) **Members who are serving in fellowships approved by the Accreditation Council for Graduate Medical Education.**
- b) **Members who are serving, as their primary occupation, in a structured clinical, educational, vocational, or research training program of at least six months to broaden competency in a specialized field.**

7.1.2 Cessation of Eligibility. If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.1.1 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. If the officer or member completes residency or fellowship within 90 days prior to an Annual Meeting, the officer or member shall be permitted to continue to serve in office until the completion of the Annual Meeting. An immediate past chair who completes residency or fellowship during their term as immediate past chair shall be permitted to serve as a nonvoting ex officio member of the Governing Council for the remainder of their immediate past chair term.

The Council on Constitution and Bylaws recommends that the following amendments to the Bylaws (shown in red and amended by insertion or deletion) be adopted, that Policy D-600.950 be sunset, 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.

7.1 Resident and Fellow Section. The Resident and Fellow Section is a fixed Section.

7.1.1 Membership. All active resident/fellow physician members of the AMA shall be members of the Resident and Fellow Section.

7.1.1.1 Definition of a Resident. For purposes of membership in the Resident and Fellow Section, the term Resident shall be applied to any physicians who meet at least one of the following criteria:

- a) Members who are enrolled in a residency approved by the Accreditation Council for Graduate Medical Education.
- b) Members who are active duty military or public health service residents required to provide service after their internship as general medical officers (including underseas medical officers or flight surgeons) before their return to complete a residency.
- c) Members who are serving, as their primary occupation, in a structured educational, vocational, or research program of at least one year to broaden competency in a specialized field prior to completion of their residency.

7.1.1.2 Definition of a Fellow. For purposes of membership in the Resident and Fellow Section, the term Fellow shall be applied to any physicians who have completed a residency and meet at least one of the following criteria:

1 a) Members who are serving in fellowships approved by the Accreditation Council for
2 Graduate Medical Education.

3 b) Members who are serving, as their primary occupation, in a structured clinical,
4 educational, vocational, or research training program of at least six months to broaden
5 competency in a specialized field.

6
7 **7.1.2 Cessation of Eligibility.** If any officer or Governing Council member ceases to
8 meet the membership requirements of Bylaw 7.1.1 prior to the expiration of the term for
9 which elected, the term of such officer or member shall terminate and the position shall
10 be declared vacant. If the officer or member completes residency or fellowship within 90
11 days prior to an Annual Meeting, the officer or member shall be permitted to continue to
12 serve in office until the completion of the Annual Meeting. An immediate past chair who
13 completes residency or fellowship during their term as immediate past chair shall be
14 permitted to serve as a nonvoting ex officio member of the Governing Council for the
15 remainder of their immediate past chair term.

16
17 (Modify Bylaws)

18
19 Online testimony was in unanimous support. Your Reference Committee recommends
20 that the report be adopted.

21
22
23 (10) CEJA REPORT 02 - MANAGING CONFLICT OF
24 INTEREST INHERENT IN NEW PAYMENT MODELS—
25 PATIENT DISCLOSURE

26
27 RECOMMENDATION:

28
29 Your Reference Committee recommends that CEJA
30 Report 02 be adopted and the remainder of the report be
31 filed.

32
33 **HOD ACTION: Recommendations in CEJA Report 02 adopted and the remainder of**
34 **the report filed.**

35
36
37 The Council on Ethical and Judicial affairs recommends that Policy D-140.946 be
38 rescinded as having been accomplished by this report.

39
40 Online testimony was in unanimous support. Your Reference Committee recommends
41 that the report be adopted.

1 (11) CEJA REPORT 05 - CEJA'S SUNSET REVIEW OF 2016
2 HOUSE POLICIES
3

4 **RECOMMENDATION:**
5

6 **Your Reference Committee recommends that CEJA**
7 **Report 05 be adopted and the remainder of the report**
8 **be filed.**
9

10 **HOD ACTION: Recommendations in CEJA Report 05 adopted and the remainder of**
11 **the report filed.**
12

13
14 The Council on Ethical and Judicial Affairs recommends that the House of Delegates
15 policies that are listed in the Appendix to this report be acted upon in the manner
16 indicated and the remainder of this report be filed. (Directive to Take Action)
17

18 Limited online testimony was in unanimous support. Your Reference Committee
19 recommends that the report be adopted.
20

21
22 (12) RESOLUTION 001 - ETHICAL GUIDANCE ON
23 POSTMORTEM SAMPLE COLLECTION FOR GENETIC
24 TESTING
25

26 **RECOMMENDATION:**
27

28 **Your Reference Committee recommends that Resolution**
29 **001 be adopted.**
30

31 **HOD ACTION: Resolution 001 adopted.**
32

33
34 **RESOLVED**, that our American Medical Association study the ethical responsibility of
35 physicians in the collection and storage of postmortem biological samples for genetic
36 testing and research when clinically indicated and aligned with existing specialty
37 guidelines. (Directive to Take Action)
38

39 Online testimony was in unanimous support. Your Reference Committee recommends
40 the resolution be adopted.

1 (13) RESOLUTION 003 - ARTIFICIAL INTELLIGENCE TO
2 BOLSTER PHYSICIAN-LED TEAM-BASED CARE
3

4 RECOMMENDATION:
5

6 Your Reference Committee recommends that Resolution
7 003 be adopted.
8

9 **HOD ACTION: Resolution 003 adopted.**

11
12 RESOLVED, that our American Medical Association make efforts to educate physicians
13 on evidence-based artificial intelligence (AI) tools that can strengthen collaboration with
14 non-physician clinicians through improved interdisciplinary communication, decision
15 support, and workflow integration (Directive to Take Action); and be it further
16

17 RESOLVED, that our AMA support the development and dissemination of best practices
18 for AI integration into physician-led care teams, with emphasis on safety monitoring,
19 transparency, cyber hygiene, and preserving physician leadership in clinical decision-
20 making (New HOD Policy); and be it further
21

22 RESOLVED, that our AMA encourage further research on AI interventions that
23 demonstrate how AI can enhance physician-led team effectiveness, reduce
24 misalignment of clinical risk perception, and improve coordination of care. (New HOD
25 Policy)
26

27 Online testimony was in unanimous support. An amendment to the first resolve clause
28 was proffered to explicitly call out the physician-led framework reflected in the remainder
29 of the resolution; however, your Reference Committee believes this would
30 unintentionally have a limiting effect on the directive. Testimony requested report back at
31 the I-26 meeting due to the urgency of the matter. Your Reference Committee
32 recommends the report be adopted.
33

34
35 (14) RESOLUTION 008 - SENIOR PHYSICIANS IMPROVING
36 PATIENT ACCESS
37

38 RECOMMENDATION:
39

40 Your Reference Committee recommends that Resolution
41 008 be adopted.
42

43 **HOD ACTION: Resolution 008 adopted.**

1 RESOLVED, that our American Medical Association look for innovative approaches to
2 help alleviate the workload of actively practicing physicians while at the same time
3 providing late-career physicians with opportunities for fulfilling part-time work (Directive
4 to Take Action); and be it further

5
6 RESOLVED, that our American Medical Association study programs [such as WIN
7 CUBED¹] that enable timely follow-up after hospital discharge or ambulatory services by
8 providing meaningful part-time work opportunities to late-career physicians (both semi-
9 retired and retired). (Directive to Take Action)

10
11 Online testimony was in unanimous support. Your Reference Committee recommends
12 the resolution be adopted.

13
14
15 (15) RESOLUTION 009 - PRESERVING ACCESS TO CARE
16 FOR UNDOCUMENTED INDIVIDUALS

17
18 RECOMMENDATION:

19
20 Your Reference Committee recommends that Resolution
21 009 be adopted.

22
23 **HOD ACTION: Resolution 009 adopted.**

24
25
26 RESOLVED, that our American Medical Association study the impacts of the One Big
27 Beautiful Bill on Medicaid-expansion and health safety net programs and insurance
28 coverage for undocumented people with recommendations to improve healthcare
29 coverage for undocumented individuals with a report back. (New HOD Policy)

30
31 Online testimony was in unanimous support. Your Reference Committee recommends
32 that the resolution be adopted.

33
34
35 (16) RESOLUTION 011 - PHYSICIAN ABILITY TO RENDER
36 EMERGENCY MEDICAL AID DURING IMMIGRATION
37 ENFORCEMENT

38
39 RECOMMENDATION:

40
41 Your Reference Committee recommends that Resolution
42 011 be adopted.

43
44 **HOD ACTION: Resolution 011 adopted.**

45

1 RESOLVED, that our American Medical Association study the ethical responsibilities of
2 physicians to render emergency medical care as bystanders when such care is
3 obstructed for patients in legal custody, including immigration enforcement activities

4

5 In-person testimony was in near unanimous support. Your Reference Committee
6 recommends that the resolution be adopted.

RECOMMENDATION FOR ADOPTION AS AMENDED

(17) CCB REPORT 03 - RIGHTS & PRIVILEGES OF HOD MEMBERS

RECOMMENDATION A:

Your Reference Committee recommends that section 2.0.1.3.2 of CCB Report 03 be amended by addition as follows:

2.0.1.3.2 Alternate Delegate Seated for a Delegate. ~~2-8-5~~ At the request of their corresponding delegate, An alternate delegate may be seated for them substitute for a delegate, on the floor of the House of Delegates, at the request of the delegate by complying with the procedures established by the Committee on Rules and Credentials. The alternate delegate must display their corresponding delegate's temporary credential (e.g., salmon badge). While seated substituting for a delegate, the alternate delegate may speak and debate on the floor of the House, offer an amendment to a pending matter, make motions, and vote. ~~2-8-6~~ The alternate delegate must immediately relinquish their position on the floor of the House of Delegates at upon the request of the delegate for whom the alternate delegate is substituting their corresponding delegate.

RECOMMENDATION B:

That CCB Report 03 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in CCB Report 02 adopted as amended and the remainder of the report filed.

ADOPTED LANGUAGE:

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. A delegate may introduce resolutions into the House of Delegates, speak and debate on the floor of the House, offer an amendment to a pending matter, make motions, vote on items of business and vote in elections.

1 ***

2
3 **2.0.1.1 Qualification of Members of the House of Delegates. *****

4 /

5 **2.0.1.2 Representation. *****

6
7 **2.0.1.3 Alternate Delegates. *****

8
9 **2.0.1.3.1—Rights and Privileges. The alternate delegate is not a**
10 **“member of the House of Delegates” as that term is used in**
11 **these Bylaws. Accordingly, an alternate delegate may not**
12 **introduce resolutions into the House of Delegates or vote in**
13 **any election conducted by the House of Delegates. An**
14 **alternate delegate is not eligible for nomination or election as**
15 **Speaker or Vice Speaker of the House of Delegates.**

16
17 **2.0.1.3.2 Alternate Delegate Seated for a Delegate. At the request of**
18 **their corresponding delegate, an alternate delegate may be**
19 **seated for them on the floor of the House of Delegates. The**
20 **alternate delegate must display their corresponding**
21 **delegate’s temporary credential (e.g., salmon badge). While**
22 **seated for a delegate, the alternate delegate may speak and**
23 **debate on the floor of the House, offer an amendment to a**
24 **pending matter, make motions, and vote. The alternate**
25 **delegate must immediately relinquish their position on the**
26 **floor of the House of Delegates at the request of their**
27 **corresponding delegate.**

28
29 ***

30
31 **2.5 Speaker and Vice Speaker Additional Delegates. Upon election of the**
32 **Speaker and Vice Speaker of the House of Delegates from among the**
33 **members of the House of Delegates, the organizations represented by the**
34 **delegates elected to be Speaker and Vice Speaker of the House of**
35 **Delegates shall be entitled to an additional delegate for the term of service**
36 **of the Speaker and Vice Speaker. The additional delegates so selected shall**
37 **have the full rights and privileges of delegates in the House of Delegates.**

38
39 **2.5.1 Rights and Privileges. Upon their election, the Speaker and**
40 **Vice Speaker shall continue to be members of the House of**
41 **Delegates, with all of the rights and privileges of members of**
42 **the House of Delegates. They shall be entitled to vote in**
43 **the House of Delegates. The Speaker and Vice Speaker, as**
44 **members of the House of Delegates, shall be eligible to be**
45 **nominated for re-election to the office of Speaker and Vice**
46 **Speaker of the House of Delegates.**

1 ***

2
3 **2.8 Additional Alternate Delegates.**

4
5 **2.8.1 Constituent Association President.** The current president of a
6 constituent association may also be credentialed as an additional
7 alternate delegate at the discretion of each constituent association.

8
9 **2.8.2 National Medical Specialty Society or Professional Interest Medical**
10 **Association President.** The current president of a national medical
11 specialty society or a professional interest medical association may
12 also be credentialed as an additional alternate delegate at the
13 discretion of each national medical specialty society or professional
14 interest medical association.
15

16
17 The Council on Constitution and Bylaws recommends that the following Bylaws
18 amendments and deletions (shown in red and amended by insertion or deletion) be
19 adopted, and that the remainder of the report be filed. Adoption requires the affirmative
20 vote of two-thirds of the members of the House of Delegates present and voting
21 following a one-day layover.

22
23 **2—House of Delegates**

24 ***

25 **2.0.1 Composition and Representation.** The House of Delegates is composed of
26 delegates selected by recognized constituent associations and specialty societies, and
27 other delegates as provided in this bylaw. A delegate may introduce resolutions into the
28 House of Delegates, speak and debate on the floor of the House, offer an amendment to
29 a pending matter, make motions, vote on items of business and vote in elections.

30
31 ***

32 **2.0.1.1 Qualification of Members of the House of Delegates.** ***

33
34 **2.0.1.2 Representation.** ***

35
36 **2.0.1.3 ~~2.8~~ Alternate Delegates.** ***

37
38 **2.0.1.3.1—2.8.5 Rights and Privileges.** ~~An alternate delegate may substitute for a~~
39 ~~delegate, on the floor of the House of Delegates, at the request of the delegate by~~
40 ~~complying with the procedures established by the Committee on Rules and~~
41 ~~Credentials. **2.8.6 Status.**~~ The alternate delegate is not a “member of the House of
42 Delegates” as that term is used in these Bylaws. Accordingly, an alternate delegate may
43 not introduce resolutions into the House of Delegates, nor vote in any election conducted
44 by the House of Delegates. An alternate delegate is not eligible for nomination or
45 election as Speaker or Vice Speaker of the House of Delegates.

46
47 **2.0.1.3.2 Alternate Delegate Seated for a Delegate.** ~~2.8.5~~ At the request of their
48 corresponding delegate, An alternate delegate may be seated for them ~~substitute for a~~
49 ~~delegate, on the floor of the House of Delegates, at the request of the delegate by~~

1 ~~complying with the procedures established by the Committee on Rules and~~
2 ~~Credentials. The alternate delegate must display their corresponding delegate's~~
3 ~~temporary credential (salmon badge). While seated substituting for a delegate, the~~
4 ~~alternate delegate may speak and debate on the floor of the House, offer an amendment~~
5 ~~to a pending matter, make motions, and vote.~~ ~~2.8.6~~ ~~The alternate delegate must~~
6 ~~immediately relinquish their position on the floor of the House of Delegates at upon the~~
7 ~~request of the delegate for whom the alternate delegate is substituting their~~
8 ~~corresponding delegate.~~

9
10 ~~2.8.1—Qualifications. Alternate delegates must be active members of the AMA and of~~
11 ~~the entity they represent.~~

12 ~~2.8.2—Certification. Alternate delegates shall be certified to the AMA in the same~~
13 ~~manner as delegates.~~

14 ~~2.8.3—Term. Alternate delegates shall be selected for a 2-year term, and shall assume~~
15 ~~office on the date set by the organization, unless otherwise provided in these Bylaws.~~

16 ~~2.8.4—Vacancies. Alternate delegates selected to fill a vacancy shall assume office~~
17 ~~immediately after selection and shall serve for the remainder of that term.~~

18
19 ***

20 **2.5 Speaker and Vice Speaker Additional Delegates.** Upon election of the
21 Speaker and Vice Speaker of the House of Delegates from among the members of the
22 House of Delegates, the organizations represented by the delegates elected to be
23 Speaker and Vice Speaker of the House of Delegates shall be entitled to an additional
24 delegate for the term of service of the Speaker and Vice Speaker. The additional
25 delegates so selected shall have the full rights and privileges of delegates in the House
26 of Delegates.

27
28 **2.5.1 Rights and Privileges Status of Speaker and Vice Speaker.** Upon their
29 election, the Speaker and Vice Speaker shall continue to be members of the House of
30 Delegates, with all of the rights and privileges of members of the House of Delegates.
31 They shall be entitled to vote in the House of Delegates. The Speaker and Vice Speaker,
32 as members of the House of Delegates, shall be eligible to be nominated for re-election
33 to the office of Speaker and Vice Speaker of the House of Delegates.

34
35 ***

36 **2.8 Additional Alternate Delegates.**

37
38 **2.8.1**

39 **2.10.5 Constituent Association President.** The current president of a constituent
40 association may also be ~~certified~~ credentialed as an additional alternate delegate at the
41 discretion of each constituent association.

42
43 **2.8.2**

44 **2.10.6 National Medical Specialty Society or Professional Interest Medical**
45 **Association President.** The current president of a national medical specialty society or
46 a professional interest medical association may also be ~~certified~~ credentialed as an
47 additional alternate delegate at the discretion of each national medical specialty society
48 or professional interest medical association.

49 (Modify Bylaws)

1 Online testimony was in strong support of amending the report. An amendment was
2 proffered to move 2.0.1 to a new 2.11.2 titled "Rights and Privileges" (and renumber
3 accordingly). A clarifying amendment was proffered to change "corresponding delegate"
4 to "corresponding delegation" in the first sentence of 2.0.1.3.2, and revise the remainder
5 of the sentence to read: "an alternate delegate may be seated for a delegate." Another
6 amendment was proffered to amend 2.0.1.3.2 by deletion to remove reference to
7 "salmon badge" to allow more flexibility to change the temporary credentials in the future
8 without a Bylaws change. The authors noted that the term "Salmon Badge" has been
9 widely used and accepted for many years, that the Council has considered the
10 "Delegation" versus "Delegate" language, and continues to recommend the language
11 and order as written. Your Reference Committee recommends that the report be
12 adopted as amended.

1 (18) RESOLUTION 002 - PHYSICIAN WORKLOAD AND
2 SCHEDULING
3

4 RECOMMENDATION A:
5

6 Your Reference Committee recommends that the first
7 resolve of Resolution 002 be amended by addition and
8 deletion as follows:
9

10 RESOLVED, that our American Medical Association ~~adopt~~
11 ~~policy affirming that physicians have the ethical duty,~~
12 ~~professional right and authority, notwithstanding~~
13 ~~extraordinary situations such as mass casualty incidents~~
14 ~~and disasters, to decline, modify, or limit administratively~~
15 ~~determined patient volume- expectations, scheduling~~
16 ~~mandates, and staffing conditions when the physician feels~~
17 ~~these that conditions would harm patients or negatively~~
18 ~~impact compromise patient safety or their ability to provide~~
19 ~~safe, thorough, and patient-centered care. (New HOD~~
20 ~~Policy)~~

21
22 RECOMMENDATION B:
23

24 That Resolution 002 be adopted as amended.
25

26 **HOD ACTION: First resolve clause in Resolution 002 amended by addition and**
27 **deletion as follows:**
28

29 **RESOLVED, that our American Medical Association**
30 **~~adopt policy affirming that physicians have the ethical~~**
31 **~~duty, professional right and authority, notwithstanding~~**
32 **~~extraordinary situations such as mass casualty~~**
33 **~~incidents and disasters, to decline, modify, or limit~~**
34 **~~administratively determined patient volume-~~**
35 **~~expectations, scheduling mandates, and staffing~~**
36 **~~conditions when the physician, utilizing clinical~~**
37 **~~judgment, believes feels these that conditions would~~**
38 **~~harm patients or negatively impact compromise~~**
39 **~~patient safety or their ability to provide safe, thorough,~~**
40 **~~and patient-centered care. (New HOD Policy)~~**

41
42 **Resolution 002 adopted as amended.**

1 **ADOPTED LANGUAGE:**

2
3 **RESOLVED, that our American Medical Association affirm that physicians have**
4 **the professional right and authority, notwithstanding extraordinary situations**
5 **such as mass casualty incidents and disasters, to decline, modify, or limit**
6 **administratively determined patient volume expectations, scheduling mandates,**
7 **and staffing conditions when the physician, utilizing clinical judgment, believes**
8 **these conditions would harm patients or negatively impact patient-centered care.**
9 **(New HOD Policy)**

10
11
12 RESOLVED, that our American Medical Association adopt policy affirming that
13 physicians have the professional right and authority to decline, modify, or limit patient
14 volume- expectations, scheduling mandates, and staffing conditions that compromise
15 patient safety or their ability to provide safe, thorough, and patient-centered care (New
16 HOD Policy); and be it further

17
18 RESOLVED, that our AMA advocate for and support state and federal legislation or
19 regulation that ensures local practicing physicians direct and control the development
20 and implementation of patient scheduling protocols, workload standards, patient panel
21 limits, and clinical staffing models within their practices and health systems, based on
22 clinical complexity, time required for direct and indirect care, and safe practice standards
23 rather than productivity or revenue targets. (Directive to Take Action)

24
25 Online testimony was in strong support. In-person testimony was in unanimous support
26 of an amendment proffered by the authors. Your Reference Committee recommends that
27 the resolution be adopted as amended.

28
29
30 (19) RESOLUTION 004 - ETHICAL REPRODUCTIVE CARE
31 FOR INDIVIDUALS WITH INTELLECTUAL AND
32 DEVELOPMENTAL DISABILITIES

33
34 RECOMMENDATION A:

35
36 Your Reference Committee recommends that the
37 recommended addition to Policy H-215.981 in the second
38 resolve clause be amended by addition and deletion as
39 follows:

40
41 d. Clinicians to obtain direct, task-specific informed
42 consent from individuals with intellectual and
43 developmental disabilities, ~~IDD~~, including
44 discussing genetic diagnoses, =whenever they
45 demonstrate capacity for the decision at hand and,
46 when legally required, the consent of a guardian or
47 other authorized decision-maker.

1 RECOMMENDATION B:
2

3 That the third resolve clause of Resolution 004 be
4 amended by addition and deletion as follows:
5

6 RESOLVED, that our AMA support clinician
7 education on disability-competent reproductive
8 care, including accessible communication
9 strategies, historical context, and best practices for
10 ethical contraceptive counseling for individuals with
11 intellectual and developmental disabilities ~~IDD~~.
12

13 RECOMMENDATION C:
14

15 That Resolution 004 be adopted as amended.
16

17 **HOD ACTION: Resolution 004 adopted as amended.**
18

19 **ADOPTED LANGUAGE:**
20

21 **d. Clinicians to obtain direct, task-specific informed consent from individuals with**
22 **intellectual and developmental disabilities, including discussing genetic**
23 **diagnoses, whenever they demonstrate capacity for the decision at hand and,**
24 **when legally required, the consent of a guardian or other authorized**
25 **decision-maker.**
26

27 **RESOLVED, that our AMA support clinician education on disability-competent**
28 **reproductive care, including accessible communication strategies, historical**
29 **context, and best practices for ethical contraceptive counseling for individuals**
30 **with intellectual and developmental disabilities.**
31

32
33 RESOLVED, that our American Medical Association affirm that individuals with
34 intellectual and developmental disabilities (IDD) have the right to meaningful
35 participation in all reproductive healthcare decisions to the maximum extent of their
36 abilities (New HOD Policy); and be it further
37

38 RESOLVED, that our AMA amend H-90.968 "Medical Care of Persons with Disabilities"
39 by addition to read as follows:
40

41 1. Our American Medical Association encourages:
42

43 a. clinicians to learn and appreciate variable presentations of complex functioning
44 profiles in all persons with disabilities including but not limited to physical,
45 sensory, developmental, intellectual, learning, and psychiatric disabilities and
46 chronic illnesses.

1 b. medical schools and graduate medical education programs to acknowledge
2 the benefits of education on how aspects in the social model of disability (e.g.
3 ableism) can impact the physical and mental health of persons with disabilities.
4

5 c. medical schools and graduate medical education programs to acknowledge
6 the benefits of teaching about the nuances of uneven skill sets, often found in the
7 functioning profiles of persons with developmental disabilities, to improve quality
8 in clinical care.
9

10 d. education of physicians on how to provide and/or advocate for
11 developmentally appropriate and accessible medical, social and living support for
12 patients with disabilities so as to improve health outcomes.

13 e. medical schools and residency programs to encourage faculty and trainees to
14 appreciate the opportunities for exploring diagnostic and therapeutic challenges
15 while also accruing significant personal rewards when
16 delivering care with professionalism to persons with profound disabilities and
17 multiple co-morbid medical conditions in any setting.
18

19 f. medical schools and graduate medical education programs to establish and
20 encourage enrollment in elective rotations for medical students and residents at
21 health care facilities specializing in care for the disabled.
22

23 g. cooperation among physicians, health & human services professionals, and a
24 wide variety of adults with disabilities to implement priorities and quality
25 improvements for the care of persons with disabilities.
26

27 2. Our AMA seeks:

28 a. legislation to increase the funds available for training physicians in
29 the care of individuals with disabilities, and to increase the reimbursement for the
30 health care of these individuals.
31

32 b. insurance industry and government reimbursement that reflects the true
33 cost of health care of individuals with disabilities.
34

35 3. Our AMA entreats health care professionals, parents, and others participating
36 in decision-making to be guided by the following principles:
37

38 a. All people with disabilities, regardless of the degree of their disability, should
39 have access to appropriate and affordable medical and dental care throughout
40 their lives.
41

42 b. An individual's medical condition and welfare must be the
43 basis of any medical decision. Our AMA advocates for the highest
44 quality medical care for persons with profound disabilities; encourages support
45 for health care facilities whose primary mission is to meet the
46 health care needs of persons with profound disabilities; and informs physicians
47 that when they are presented with an opportunity to care for
48 patients with profound disabilities, that there are resources available to them.

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4. Our AMA will collaborate with appropriate stakeholders to create a model general curriculum/objective that
- a. incorporates critical disability studies.
 - b. includes people with disabilities as patient instructors in formal training sessions and preclinical and clinical instruction.
5. Our AMA recognizes the importance of managing the health of children and adults with developmental and intellectual disabilities as a part of overall patient care for the entire community.
6. Our AMA supports efforts to educate physicians on health management of children and adults with intellectual and developmental disabilities, as well as the consequences of poor health management on mental and physical health for people with intellectual and developmental disabilities.
7. Our AMA encourages the Liaison Committee on Medical Education, Commission of Osteopathic College Accreditation, and allopathic and osteopathic medical schools to develop and implement a curriculum on the care and treatment of people with a range of disabilities.
8. Our AMA encourages the Accreditation Council for Graduate Medical Education and graduate medical education programs to develop and implement curriculum on providing appropriate and comprehensive health care to people with a range of disabilities.
9. Our AMA encourages the Accreditation Council for Continuing Medical Education, specialty boards, and other continuing medical education providers to develop and implement continuing programs that focus on the care and treatment of people with a range of disabilities.
10. Our AMA will advocate that the Health Resources and Services Administration include persons with disabilities as a medically underserved population.
11. Specific to people with developmental and intellectual disabilities, a uniquely underserved population, our AMA encourages:
- a. Medical schools and graduate medical education programs to acknowledge the benefits of teaching about the nuances of uneven skill sets, often found in the functioning profiles of persons with developmental and intellectual disabilities, to improve quality in clinical education.
 - b. Medical schools and graduate medical education programs to establish and encourage enrollment in elective rotations for medical students and residents at health care facilities specializing in care for individuals with developmental and intellectual disabilities.

1
2 c. Cooperation among physicians, health and human services professionals, and
3 a wide variety of adults with intellectual and developmental disabilities to
4 implement priorities and quality improvements for
5 the care of persons with intellectual and developmental disabilities.
6

7 d. Clinicians to obtain direct, task-specific informed consent from individuals with
8 IDD whenever they demonstrate capacity for the decision at hand and, when
9 legally required, the consent of a guardian or other authorized decision-maker.

10
11 (Modify Current HOD Policy); and be it further
12 RESOLVED, that our AMA support clinician education on disability-competent
13 reproductive care, including accessible communication strategies, historical context, and
14 best practices for ethical contraceptive counseling for individuals with IDD. (New HOD
15 Policy)
16

17 Online testimony was in universal support. Two amendments were proffered, which the
18 authors noted as consistent with the intent of the resolution. Your Reference Committee
19 recommends that the resolution be adopted as amended.
20

21
22 (20) RESOLUTION 005 - IMPERSONATION OF A PHYSICIAN
23

24 RECOMMENDATION A:
25

26 Your Reference Committee recommends that Resolution
27 005 be amended by deletion as follows:
28

29 RESOLVED, that our American Medical
30 Association recognizes physician impersonation as
31 a significant threat to public health and patient
32 safety; ~~supports the creation and enforcement of~~
33 ~~state laws prohibiting such conduct; encourages~~
34 ~~clear public reporting mechanisms through state~~
35 ~~medical boards; and promotes improved~~
36 ~~coordination among regulatory bodies to prevent~~
37 ~~and address impersonation of licensed physicians.~~
38 (New HOD Policy)
39

40 RECOMMENDATION B:
41

42 That Resolution 005 be amended by the addition of a
43 second resolve clause as follows:
44

45 RESOLVED, that our AMA support the creation and
46 enforcement of state laws prohibiting physician
47 impersonation; (New HOD Policy)

1 RECOMMENDATION C:

2
3 That Resolution 005 be amended by the addition of a third
4 resolve clause as follows:

5
6 RESOLVED, that our AMA encourage the
7 development of clear public reporting mechanisms
8 and collaboration among medical boards, law
9 enforcement, and legislative bodies to ensure
10 accurate identification and record of physician
11 impersonation and effective, enforceable
12 consequences; (New HOD Policy)

13
14 RECOMMENDATION D:

15
16 That Resolution 005 be amended by the addition of a
17 fourth resolve clause as follows:

18
19 RESOLVED, that our AMA promote improved
20 coordination among regulatory bodies to prevent
21 and address impersonation of licensed physicians.
22 (New HOD Policy)

23
24 RECOMMENDATION E:

25
26 That Resolution 005 be adopted as amended.
27

28 **HOD ACTION: Resolution 005 adopted as amended.**

29
30 **ADOPTED LANGUAGE:**

31
32 **RESOLVED, that our American Medical Association recognizes physician**
33 **impersonation as a significant threat to public health and patient safety; (New**
34 **HOD Policy)**

35
36 **RESOLVED, that our AMA support the creation and enforcement of state laws**
37 **prohibiting physician impersonation; (New HOD Policy)**

38
39 **RESOLVED, that our AMA encourage the development of clear public reporting**
40 **mechanisms and collaboration among medical boards, law enforcement, and**
41 **legislative bodies to ensure accurate identification and record of physician**
42 **impersonation and effective, enforceable consequences; (New HOD Policy)**

43
44 **RESOLVED, that our AMA promote improved coordination among regulatory**
45 **bodies to prevent and address impersonation of licensed physicians. (New HOD**
46 **Policy)**
47

1 RESOLVED, that our American Medical Association recognizes physician impersonation
2 as a significant threat to public health and patient safety; supports the creation and
3 enforcement of state laws prohibiting such conduct; encourages clear public reporting
4 mechanisms through state medical boards; and promotes improved coordination among
5 regulatory bodies to prevent and address impersonation of licensed physicians. (New
6 HOD Policy)

7
8 Online testimony was in unanimous support. An amendment was proffered to address
9 the fact that medical boards regulate licensed physicians and do not have jurisdiction to
10 discipline individuals who are not licensed. Your Reference Committee recommends
11 separating the resolve clause for clarity and that the resolution be adopted as amended.

12
13
14 (21) RESOLUTION 007 - SUPPORTING PRIVACY IN THE
15 USE OF ARTIFICIAL INTELLIGENCE BASED SCRIBE
16 SOFTWARE

17
18 RECOMMENDATION A:

19
20 Your Reference Committee recommends that Resolution
21 007 be amended by deletion as follows:

22
23 RESOLVED, that our American Medical Association
24 pursue federal regulation of artificial intelligence (AI) scribe
25 technologies that protects clinician and patient privacy ~~by~~
26 ~~mandating informed consent, opt-in for secondary use,~~
27 ~~data minimization, and federal vendor accountability.~~

28
29 RECOMMENDATION B:

30
31 That Resolution 007 be adopted as amended.

32
33 **HOD ACTION: Resolution 007 adopted as amended.**

34
35 **ADOPTED LANGUAGE:**

36
37 **RESOLVED, that our American Medical Association pursue federal regulation of**
38 **artificial intelligence (AI) scribe technologies that protects clinician and patient**
39 **privacy.**

40
41
42 RESOLVED, that our American Medical Association pursue federal regulation of artificial
43 intelligence (AI) scribe technologies that protects clinician and patient privacy by
44 mandating informed consent, opt-in for secondary use, data minimization, and federal
45 vendor accountability. (Directive to Take Action)

46
47 Online testimony was mixed. At the in-person hearing, the author proffered an
48 amendment. Testimony was in unanimous support of adoption as amended. Your
49 Reference Committee recommends that the resolution be adopted as amended.

1 (22) RESOLUTION 010 - FATIGUE MITIGATION:
2 SUPPORTING FULLY-FUNDED TRANSPORTATION
3 FOR TRAINEE PHYSICIANS AFTER EXTENDED OR
4 OVERNIGHT SHIFTS

5
6 RECOMMENDATION A:

7
8 Your Reference Committee recommends that Resolution
9 010 be amended by addition and deletion as follows:

10
11 RESOLVED, that our American Medical
12 Association supports the requirement for
13 sponsoring institutions to fully fund ~~provision of~~
14 ~~fully-funded~~ transportation options (including, but
15 not limited to, rideshares and taxis) for ~~intern,~~
16 ~~resident, and fellow physicians~~ trainees after
17 extended or overnight shifts as a core fatigue
18 mitigation strategy, with costs not borne by
19 trainees.

20
21 RECOMMENDATION B:

22
23 That Resolution 010 be adopted as amended.

24
25 **HOD ACTION: Alternate Resolution 010 adopted in lieu of Resolution 010.**

26
27 **ADOPTED LANGUAGE:**

28
29 **RESOLVED, that our American Medical Association supports sponsoring**
30 **institutions providing access to financially-supported transportation assistance**
31 **and other appropriate fatigue-mitigation resources for trainee physicians**
32 **following extended duty periods when fatigue may impair safe travel, with**
33 **consideration given to local resource availability, geographic constraints, and**
34 **institutional capacity.**

35
36
37 **RESOLVED, that our American Medical Association supports the provision of fully-**
38 **funded transportation options (including, but not limited to, rideshares and taxis) for**
39 **intern, resident, and fellow physicians after extended or overnight shifts as a core fatigue**
40 **mitigation strategy, with costs not borne by trainees. (New HOD Policy)**

41
42 Online testimony was in strong support. An amendment was proffered to clarify who
43 should be responsible for the financial burden. A second amendment was proffered to
44 replace “intern, resident, and fellow physicians” with “trainee” to better reflect the title of
45 the resolution and use more inclusive language. In-person testimony was mixed
46 between support of the resolution and referral, with a slight majority in favor of adoption
47 as amended by the Reference Committee. Testimony in support of referral referenced
48 unintended consequences including prohibitive cost, potential risk, and liability.
49 Testimony in support of the Reference Committee’s recommendation voiced the

- 1 importance of addressing fatigue mitigation, safety concerns, and liability. Your
- 2 Reference Committee recommends that the resolution be adopted as amended.

RECOMMENDED FOR REFERRAL

(23) CEJA REPORT 01 - GUIDELINES ON CHAPERONES
FOR SENSITIVE EXAMS

RECOMMENDATION:

Your Reference Committee recommends that CEJA
Report 01 be referred.

HOD ACTION: CEJA Report 01 referred.

The Council on Ethical and Judicial Affairs recommends the following be adopted and the remainder of the report be filed:

1. Opinion 1.2.4 "Use of Chaperones" be amended by deletion and addition as follows:

Chaperones should be authorized members of the health care team. All chaperones should understand the responsibilities of the role and be aware of mechanisms for reporting unprofessional conduct in keeping with ethics guidance and without fear of retaliation. Physicians should establish clear expectations that chaperones will uphold professional and legal standards of privacy and confidentiality.

Respecting patient boundaries and promoting patient dignity requires providing a safe and therapeutic clinical encounter during sensitive examinations and procedures while also empowering patients. Efforts to provide a comfortable and considerate atmosphere for the patient and the physician are part of respecting patients' dignity. Such ~~These~~ efforts may include measures that promote patient privacy, such as providing appropriate gowns, private facilities for undressing, sensitive use of draping, clearly explaining various components of the physical examination, and the use of having a chaperone available. While a sensitive exam is typically understood as one involving any examination of, or procedure involving, the genitalia, breasts, perianal region or the rectum, physicians should be aware that a patient's personal history, beliefs or identity may broaden their definition of what constitutes a sensitive examination or procedure.

Having a chaperones present also during a sensitive exam helps protect the integrity of the patient-physician relationship prevent misunderstandings between patient and physician. Physicians should, as always, be mindful of any applicable legal or regulatory requirements regarding the use of chaperones. Additionally, Physicians should:

(a) Provide a chaperone for all sensitive exams, regardless of patient capacity, unless the delay in obtaining a chaperone would result in significant harm to the patient.

(b) Allow patients to decline the presence of a chaperone, unless the physician deems a chaperone necessary for the exam.

1 i) If the patient and physician cannot come to an agreement, then the physician may
2 defer non-emergent examinations or procedures and refer the patient to another
3 clinician.

4 ii) In emergency situations, the physician may proceed in providing care with the
5 presence of a chaperone and document the rationale.

6
7 ~~(c) Have an authorized member of the health care team serve as a chaperone.~~
8 ~~Physicians should establish clear expectations that chaperones will uphold professional~~
9 ~~standards of privacy and confidentiality.~~

10
11 ~~(d) In general, use a chaperone even when a patient's trusted companion is present.~~

12
13 ~~(e)(c) Minimize inquiries or history taking of a sensitive nature while a chaperone is~~
14 ~~present.~~

15
16 (d) Make a reasonable effort to accommodate the expressed preferences of the patient
17 regarding the characteristics of their chaperone, consistent with the interests of patients,
18 physicians, and the maintenance of professional boundaries.

19
20 (e) Allow a parent or guardian to act as the chaperone for young pediatric patients. If a
21 parent or guardian is unavailable, or their presence may interfere with the examination,
22 another chaperone should be present. For adolescent patients, it is appropriate to use a
23 chaperone either in addition to, or instead of, a family member or guardian as
24 determined during shared decision making between patient and physician.

25
26 All outpatient practices and inpatient services should have a policy regarding sensitive
27 examinations and procedures that includes the use of chaperones to protect patients
28 and minimize risk.

29
30 For non-sensitive examinations and procedures, patients may request a chaperone, and
31 reasonable efforts should be made to make one available upon request.

32 (Modify HOD/CEJA Policy)

33
34 2. Policy D-140.950 be rescinded as it has been accomplished by this report. (Rescind
35 AMA Policy)

36
37 Online testimony was mixed, split between support and referral. In-person testimony was
38 mixed with a majority in favor of referral. Calls for referral noted that the
39 recommendations are overly prescriptive and difficult to implement. Your Reference
40 Committee recommends that the report be referred.

1 (24) CEJA REPORT 03 - SUPPORTING EFFORTS TO
2 STRENGTHEN MEDICAL STAFFS THROUGH
3 COLLECTIVE ACTIONS AND/OR UNIONIZATION
4

5 **RECOMMENDATION:**
6

7 **Your Reference Committee recommends that CEJA**
8 **Report 03 be referred.**
9

10 **HOD ACTION: CEJA Report 03 referred.**
11

12
13 The Council on Ethical and Judicial Affairs recommends that the following be adopted
14 and the remainder of the report be filed:

15
16 1. That Opinion 1.2.10 be amended by addition and deletion with a change in title as
17 follows:

18
19 Advocacy and Collective Actions by Physicians ~~Political Action by Physicians~~
20

21 Like all Americans, physicians enjoy the right to advocate for change in law and policy,
22 in the public arena, and within their institutions. Indeed, physicians have an ethical
23 responsibility to seek change when they believe the requirements of law, ~~or~~ policy, or
24 practice are contrary to the best interests of patients. However, advocacy actions should
25 not put the wellbeing of patients in jeopardy.
26

27 Collective action is one means by which physicians can advocate for patients, the health
28 of communities, the profession, and their own health. Physicians have a responsibility to
29 avoid disruption to patient care when engaging in any collective action. When
30 considering collective actions that have the potential to be disruptive, whether aimed at
31 changing the policies of government, the private sector, or their own institutions, there
32 are additional considerations that should be addressed. These include avoiding harm to
33 patients, minimizing the impact of actions on patient access to care, maintaining trust in
34 the patient-physician relationship, fulfilling the responsibility to improve patient care,
35 avoiding mental and physical harms to physicians, promoting physician wellbeing,
36 upholding the values and integrity of the profession, and considering alternative
37 measures that could reasonably be expected to achieve similar results with less
38 potential effect on patient and physician wellbeing.
39

40 When considering participation ~~Physicians who participate~~ in advocacy activities,
41 including collective actions:
42

43 ~~(a) Ensure that the health of patients is not jeopardized, and that patient care is not~~
44 ~~compromised.~~ Physicians should recognize that, in pursuing their primary commitment to
45 patients, physicians can, and at times may have an obligation to, engage in collective
46 political action to advocate for changes in law and institutional policy aimed at promoting
47 patient care and wellbeing.

1 ~~(b) Avoid using disruptive means to press for reform. Strikes and other collective actions~~
2 ~~may reduce access to care, eliminate or delay needed care, and interfere with continuity~~
3 ~~of care and should not be used as a bargaining tactic. In rare circumstances, briefly~~
4 ~~limiting personal availability may be appropriate as a means of calling attention to the~~
5 ~~need for changes in patient care. Physicians should be aware that some actions may put~~
6 ~~them or their organizations at risk of violating antitrust laws or laws pertaining to medical~~
7 ~~licensure or malpractice. Physicians may also engage in collective action to advocate for~~
8 ~~changes within their institutions, including changes in patient care practices, physician~~
9 ~~work conditions, health and wellbeing, and/or institutional culture that negatively affect~~
10 ~~patient care.~~

11
12 i) Physicians should refrain from collective action that would likely jeopardize the health
13 of patients or compromise patient care.

14
15 ii) Physicians may, if non-disruptive actions fail, consider engaging in disruptive forms of
16 collective action that do not compromise patient care, with the primary objective to
17 improve patient care and outcomes by calling attention to and/or making needed
18 changes in practices, protocols, incentives, expectations, structures, and/or institutional
19 culture.

20
21 iii) Physicians should avoid disruptive collective actions that could directly compromise
22 patient care, including strikes, due to their potential to undermine physicians' primary
23 duty to patient welfare, and should not use such actions primarily for physician self-
24 interest.

25
26 c) Physicians should avoid forming workplace or other alliances, such as unions,
27 with workers colleagues and others who do not share physicians' primary and overriding
28 commitment to patients.

29
30 d) Physicians should refrain from using undue influence or pressure colleagues punitive
31 or coercive means to force others to participate in advocacy activities or collective
32 actions, or to penalize others and should not punish colleagues, overtly or covertly, for
33 deciding not to participate in such activities.

34
35 2. That Policy H-405.946(2) be rescinded as having been accomplished by this report.
36 (Rescind AMA Policy)

37
38 Online testimony was mixed, with a slight majority in favor of referral. In-person
39 testimony was strongly in favor of referral, noting that some of the language was too
40 broad and needed greater clarification. Your Reference Committee recommends that the
41 report be referred.

RECOMMENDED FOR NOT ADOPTION

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2
3
4 (25) RESOLUTION 006 - INVESTIGATING MORAL INJURY
5 RELATED TO ORGAN PROCUREMENT PRACTICES

6
7 RECOMMENDATION:

8
9 Your Reference Committee recommends that Resolution
10 006 be not adopted.

11
12 **HOD ACTION: Resolution 006 not adopted.**

13
14
15 RESOLVED, that our American Medical Association study the national scope and
16 causes of physician moral injury related to organ procurement, and to develop ethical
17 guidelines and best practices that prioritize patient dignity and physician integrity in
18 organ procurement practices. (Directive to Take Action)

19
20 Online testimony was mixed, with a majority opposed. In-person testimony was mixed,
21 with a majority opposed. Testimony in favor of adoption noted concerns for present
22 moral distress that warrant urgency in addressing the matter. Testimony in opposition
23 noted that OPTN and HRSA are actively reviewing this issue, and that it is essential to
24 hold off on any decisions until there is a clear understanding of the new processes and
25 polices that are in development. Your Reference Committee recommends that the
26 resolution be not adopted.

1 (26) RESOLUTION 012 - TAKING ACTION ON DEATHS IN
2 CUSTODY

3
4 RECOMMENDATION:

5
6 Your Reference Committee recommends that Resolution
7 012 be not adopted.

8
9 **HOD ACTION: Resolution 012 referred.**

10
11
12 RESOLVED, that our American Medical Association endorse and support the
13 recommendations of the National Academies of Science Committee on Advancing the
14 Field of Forensic Pathology: Lessons Learned from Death-in-Custody Investigations
15 Consensus Report to strengthen the U.S. medicolegal death investigation system. (New
16 HOD Policy)

17
18 In-person testimony was mixed. Those in opposition supported the intent of the
19 resolution but would prefer to have AMA policy not be tied to policy from an external
20 organization. Testimony in favor of referral suggested report back at I-26. Testimony in
21 support noted that action is needed on this issue. All testimony was in general support
22 for the spirit of the resolution, but concern was raised that American College of
23 Correctional Physicians and American Academy of Psychiatry were not included in the
24 drafting of the policy or this resolution. Your reference committee recommends that the
25 resolution be not adopted.

RECOMMENDED FOR FILING

(27) BOT REPORT 36 - UPDATE ON THE REPORT OF THE TRHT TASK FORCE TO THE AMA BOARD OF TRUSTEES

RECOMMENDATION:

Your Reference Committee recommends that BOT Report 36 be filed.

HOD ACTION: Addition of a recommendation adopted and the remainder of the report filed.

ADOPTED LANGUAGE:

That our American Medical Association establish a multi-session educational series for the House of Delegates, commencing at I-26, focused on the work of the Truth, Reconciliation, Healing, and Transformation (TRHT) Task Force, including:

- 1. Opportunities for members to directly engage in programming regarding the Task Force’s process, historical findings, framework, and lessons learned;**
- 2. Sessions organized around major areas of historical examination undertaken by the Task Force; and**
- 3. An open forum as part of this educational series to provide members an opportunity to participate in dialogue regarding truth, reconciliation, healing, and transformation, strengthen organizational capacity, and identify opportunities to advance TRHT principles to the extent allowed by fiduciary, legal, and financial review.**

In-person testimony was in near universal support of adoption with a proffered amendment to add a resolve clause to the informational report. During testimony, the Board acknowledged their shortcomings, including a lack of transparency, and committed to additional action. In consultation with the Office of General Counsel, it was determined that the proffered amendment as written would waive attorney-client privilege. Accordingly, your Reference Committee rejected the proffered amendment and recommends that the report be filed.

Madam Speaker, this concludes the report of Reference Committee on Ethics and Bylaws. I would like to thank Dr. Elizabeth Ignacio, Dr. Hemant Kalia, Dr. Vivek Rao, Dr. Ryan Singerman, Dr. Donald Swikert, and Dr. Valencia Walker and all those who testified before the committee.

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