House of Delegates Reference Manual

Procedures, Policies and Practices

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AMA House of Delegates Reference Manual

Procedures, Policies and Practices

Introduction

This Reference Manual provides comprehensive information about the American Medical Association's House of Delegates (HOD) policy development process. Based on our parliamentary authority, the American Institute of Parliamentarians Standard Code (2nd ed.), the current version of this Reference Manual serves as the **standing rules** for the House of Delegates.

This publication is designed to be a reference for experienced delegates, new delegates or alternate delegates, AMA Section representatives, Federation staff, Official Observers, and guests. The early sections of this manual provide an overview, whereas later sections provide more specifics. The appendices include additional details regarding procedures and general reference material.

We hope you find this a valuable resource, and welcome comments on its content. Suggestions for improvement in future versions also are encouraged. Please note, however, that most existing procedures are based on policies that have been ratified by the AMA House of Delegates or set forth in the **AMA Bylaws.** Changes may require further action by the House of Delegates.

In the event of apparent conflict between this Reference Manual and an AMA Bylaw or policy, the text of the Bylaw or policy shall prevail. Please report any apparent conflict by **email**.

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Chapter 1: General Information on the AMA House of Delegates

The **House of Delegates,** also known as the "House" or the HOD, is the AMA's policymaking body, and is the foundation of organized medicine in America. It is a democratic forum that represents the views and interests of a diverse group of member physicians and medical students who come together to establish broad policy on health, medical, professional and governance matters, as well as the broad principles within which AMA's business activities are conducted.

Composition of the House of Delegates

The HOD has nearly 800 voting delegates (and a corresponding number of alternate delegates), each selected by the organization being represented. All delegates are required to be AMA members. Specific roles and responsibilities are covered in **Chapter 2**.

The HOD includes delegates from:

- Constituent medical associations, one association from each U.S. state, commonwealth, territory, or possession (more commonly called geographic medical societies), allocated on a proportional basis with one delegate per every 1,000 active AMA members.
- Each of the national medical specialty organizations represented in the HOD. The number of delegates representing national medical specialty societies equals the number of delegates representing the constituent associations, with **AMA policy** specifying the current method used to ensure parity. Each national medical specialty society granted representation is entitled to delegate representation based on the number of seats allocated to it by apportionment. The apportionment of delegates from each specialty society is one delegate for each 1,000, or fraction thereof, specialty societies members as of December 31 of each year who have full voting privileges, are eligible to hold office in that society, are active members of the AMA and are members in good standing of both the specialty society and the AMA.
- Professional interest medical associations qualifying under the Bylaws (one delegate each).
- Three national medical associations -- American Osteopathic Association, National Medical Association and American Medical Women's Association.
- The five federal services (each with one delegate) -- US Air Force, US Army, US Navy, US Department of Veterans Affairs, and US Public Health Service.
- The twelve AMA Sections -- LGBTQ+, Integrated Physician Practice, International Medical Graduates, Underrepresented in Medicine Advocacy, Academic Physicians, Medical Student, Organized Medical Staff, Private Practice Physicians, Resident and Fellow, Senior Physicians, Women Physicians and Young Physicians (one delegate each).
- Medical student regional delegates, allocated on a proportional basis, with one delegate for every 2,000 active student members within each of the 7 Medical Student Regions in the country. This is in addition to the delegate from the Medical Student Section.
- Resident and fellow sectional delegates from the AMA Resident and Fellow Section, awarded on the basis of one delegate for every 2,000 AMA member resident and fellow physicians. This is in addition to the delegate from the Resident and Fellow Section.

AMA Bylaws set out the criteria for HOD membership for each of these entities. While the **Specialty and Service Society** has a role in administering admittance to the HOD for national medical specialty societies and professional interest medical associations, the HOD remains the ultimate authority in granting additional seats, expanding delegation size, and terminating the participation of any society.

The HOD also has **ex officio members** without the right to vote: AMA Officers (other than the Speaker and the Vice Speaker who have the right to vote), the former Presidents, former Trustees, and the Chairs of AMA Councils who are not delegates.

In addition, **AMA Bylaws** provide for **Official Observer Status** in the HOD. Organizations may apply to the Board for such status, and must demonstrate compliance with the guidelines for official observers adopted by the HOD (AMA **Policy G-600.025**). Official observers have the right to speak and debate on the floor of the HOD upon invitation from the Speaker. Official observers do not have the right to introduce business, introduce an amendment, make a motion, or vote.

A current listing of all represented societies can be found on the **HOD website**.

Meeting Overview

The **AMA Bylaws** specify that the HOD shall meet twice annually, at an annual meeting and at an interim meeting. Typically, the AMA convenes its Annual Meeting in June, and its Interim Meeting in November. AMA Bylaws also outline the procedures under which **special meetings** of the HOD can occur. Information on the dates and location for each Annual and Interim meeting is available on the **HOD website**.

The schedules differ slightly between the Annual and Interim meetings, with the Annual Meeting including events related to elections and the inauguration of the incoming AMA President. The Interim Meeting is shortened by one day. The actual day of adjournment may vary slightly, as the House adjourns when its business is concluded.

AMA Bylaws stipulate that the business of the Interim Meeting be focused on issues related to legislation and advocacy. In addition, resolutions and reports pertaining to ethics, bylaws or other business specifically requiring action at the Interim Meeting may be considered at that meeting, along with any other business which the majority of delegates vote to consider.

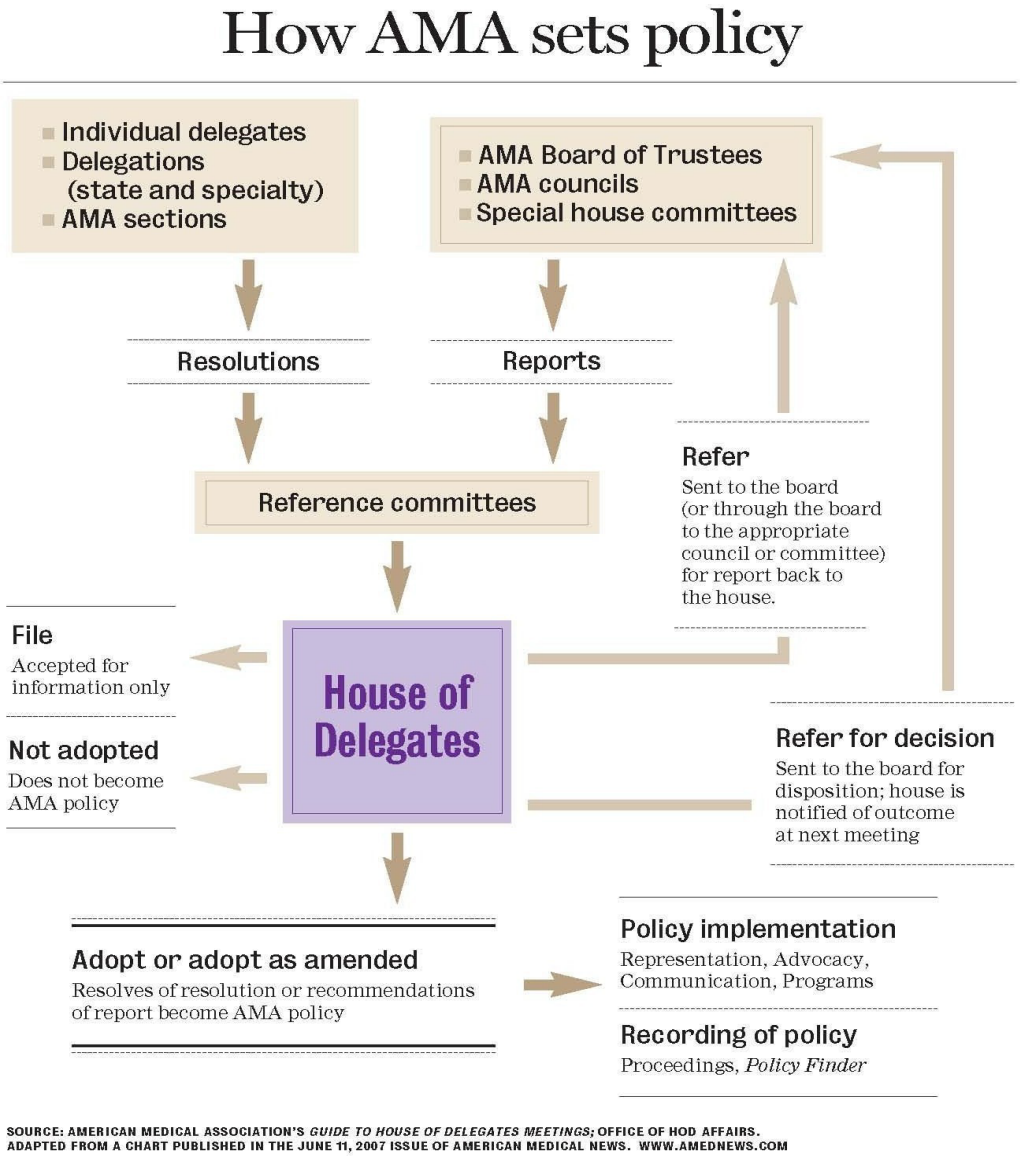
Prior to each meeting, HOD staff confirms with each represented group the official roster of delegates and alternate delegates. A list of names of all delegates and alternate delegates is included in the HOD Handbook and becomes a part of the meeting Proceedings.

A Synopsis of the HOD Policy Development Process

In brief, voting delegates introduce business to the HOD through presentation of resolutions on behalf of their delegation, or as individuals. Reports from the Board and Councils on topics of interest to physicians or in response to previously adopted or referred resolutions also are routinely received as business. Business also includes reports from various convention committees.

Nearly every report and resolution is referred to a reference committee for consideration, although exceptions are noted. Items referred to a reference committee and received by the posted deadline are included in the HOD Delegat**e Handbook which is posted online in advance of the opening of the Online Reference Committees** (ORC). **Testimony to the ORC may only be submitted by AMA members,** without exception.

Disparate points of view expressed in the ORC are considered in the development of the preliminary reference committee report, which includes the reference committee's recommended action on each item of business. Individuals who disagree with those preliminary recommended actions may further present testimony at the in-person reference committee hearings after which the entire body of testimony is considered by the reference committee as it crafts its Final Reference Committee Report. The recommendations in the Final Reference Committee Reports are subsequently considered in a more formal manner by all HOD delegates**. It is the HOD that acts on all items of business**.



Traditions, including Privilege of the Floor

Tradition governs a substantial portion of each formal session of the HOD. The invocation, National Anthem, addresses by the President, remarks by the Speaker, recognition of distinguished guests, and the like are in this category. The Speaker, a member of the Board, is the chief presiding officer over the HOD.

The Speaker has the prerogative to permit as many presentations as may be appropriate without unduly intruding on the time necessary for the HOD to accomplish its regular business.

Unscheduled presentations may be arranged either through the Speaker or in response to a HOD request that receives a two-thirds vote of delegates present and voting.

Meetings held in conjunction with HOD Meetings

The Board, the Councils, the Sections, the Specialty and Service Society, caucuses, and Section Councils are among the groups that meet in conjunction with the HOD meetings. The purposes and roles of these groups are briefly discussed below.

Board of Trustees

The **Board** meets several times before and during the Annual and Interim HOD meetings. The **AMA Constitution and Bylaws** provide additional details about the Board in general and its specific responsibilities throughout the year. The Board is responsible for implementing AMA Policy and acts as AMA's chief fiduciary agent.

The AMA is governed by a Board consisting of the following officers: President, President-Elect, Immediate Past President, Secretary, Speaker, Vice Speaker, and 12 at-large Trustees. There are an additional 3 seats slotted for specific AMA membership groups: medical student trustee, resident and fellow physician trustee, and a young physician trustee. The Board also includes a non-physician public member. The Board annually elects a Chair, Chair-elect and Secretary from among its own members.

Councils

The AMA has 7 Councils, which also typically meet in conjunction with the HOD meetings:

- **Council on Constitution and Bylaws;**
- **Council on Ethical and Judicial Affairs;**
- **Council on Legislation;**
- **Council on Long Range Planning and Development;**
- **Council on Medical Education;**
- **Council on Medical Service;**
- **Council on Science and Public Health**

All Councils, with the exception of the Council on Legislation, develop reports for consideration by the HOD. The Council on Legislation differs from the others in that it presents its recommendations directly to the Board for decision. The Council on Long Range Planning and Development also may present its reports to the Board or to the HOD. The specific charges to the Councils, their scope of responsibilities and their selection processes are in the **AMA Bylaws**.

Specialty and Service Society

The **Specialty and Service Society** (SSS), a special unit of the AMA recognized in its **Bylaws,** meets in conjunction with both Annual and Interim meetings.

Representation in the HOD for national medical specialty organizations requires a series of actions—petitions to participate, documentation of AMA membership, and initial participation in the **Specialty and Service Society** (SSS) prior to HOD admission. The SSS administers the process for granting specialty societies representation in the HOD, periodically reviews the qualification of these societies, and administers a termination mechanism for those societies who no longer qualify for HOD participation, according to Standing Rules ratified by the SSS and approved by the AMA Board. An eight-member Governing Council, elected by the SSS membership, oversees the SSS.

The SSS is made up of the national medical specialty societies, federal services, and professional interest medical associations. There are two categories of groups in the SSS. First are those societies that have seats in the HOD and second are those seeking admission to the HOD. An association must first be represented in the SSS for three years before it is eligible to seek admission to the HOD. In addition to participation in the SSS, societies must also comply with other criteria for admission to the HOD specified in AMA Policies **G-600.020** and **G-600.022.**

AMA Sections

The AMA Sections typically convene one or more business meetings virtually or in person in conjunction with each Annual and Interim HOD meeting. The AMA Sections are:

- **Academic Physicians Section** (APS)
- **Integrated Physician Practice Section** (IPPS)
- **International Medical Graduates Section** (IMGS)
- **LGBTQ+ Section** (LGBTQ+)
- **Medical Student Section** (MSS)
- **Underrepresented in Medicine Advocacy Section** (UMAS)
- **Organized Medical Staff Section** (OMSS)
- **Private Practice Physicians Section** (PPPS)
- **Resident and Fellows Section** (RFS)
- **Senior Physicians Section** (SPS)
- **Women Physicians Section** (WPS)
- **Young Physicians Section** (YPS)

The **AMA Sections website** includes links to Section meetings that occur in conjunction with the HOD meetings, and HOD members are welcome to also participate in those meetings, educational sessions and caucuses. Credentialing for Section meetings is separate from that of the HOD meeting; however, both meetings use the same registration system.

The Sections were created to provide for more active involvement in the AMA by various segments of the physician and medical student population who were not otherwise well represented in the HOD in a focused manner. The specific charges, scope of responsibility, and membership of each Section are in the **AMA Bylaws.** A Section can either be a fixed or delineated Section, and is so identified in the Bylaws. Delineated Sections are required to reconfirm at least every five years their qualifications for continued representation in the HOD via the CLRPD, which applies the criteria adopted by the HOD.

The Sections give voice to groups through a Section delegate who participates in the HOD meetings, thus enabling the groups to submit resolutions and articulate concerns on resolutions affecting their particular constituency.

AMA Advisory Committees

An **advisory committee** is an entity created by the Board under a charter subject to review and renewal by the Board at least every four years. Advisory committee activities relate to education and advocacy. They have a direct reporting relationship to the Board and do not have representation in the HOD.

Caucuses

A caucus consists of a group of physicians and medical students who meet to discuss pending resolutions and reports and possible actions of the HOD. Delegates may participate in multiple caucuses, including those from their specialty, state, and region. In caucus meetings, delegates try to reach a consensus on certain HOD items of business and/or reference committee report recommendations. Caucuses are also venues for networking and leadership development, particularly for those new to the HOD.

To assist the HOD Office and office of Meeting Services in scheduling caucus meetings, caucuses must register with the HOD Office by **emailing** the HOD. Requested information includes:

- Name of the caucus
- Contact information for the chair and staff member responsible for the caucus
- List of the membership of the caucus (individuals, organizations, or both)

Section Councils

Section Councils typically meet in conjunction with HOD meetings, with those meetings being open to all physicians from that specialty, including participants from AMA Section meetings. The AMA Bylaws recognize Section Councils for the following specialties: Allergy; Anesthesiology; Cardiovascular Disease; Clinical Pharmacology and Therapeutics; Dermatology; Digestive Diseases; Disease of the Chest; Emergency Medicine; Endocrinology; Family and General Practice; Federal and Military Medicine; General Surgery; Genetics; Internal Medicine; LGBTQ Health; Neurological Surgery; Neurology; Nuclear Medicine; Obstetrics and Gynecology; Ophthalmology; Orthopedic Surgery; Otolaryngology-Head and Neck Surgery; Pain and Palliative Medicine; Pathology; Pediatrics; Physical Medicine and Rehabilitation; Plastic, Reconstructive and Maxillofacial Surgery; Preventive Medicine; Psychiatry; Radiology; and Urology. The SSS maintains a **directory** of Section Councils, with this resource including a list of each section council's member societies, key contact information and a description of activities.

Ancillary Meetings

AMA policy states that the Speakers are to be notified prior to any planning for ancillary meetings and conferences to be scheduled in conjunction with the HOD meetings in sufficient time to assess the impact of the timing and purpose on HOD deliberations. Prior approval of the Speakers is required before any meeting other than regular meetings of Councils, Committees, Sections, and other groups that are part of the formal structure of our AMA can be scheduled.

Open Forums/Educational Sessions/CME

A number of open forums are mandated by AMA policy while others are continued by tradition. Examples include an **Open Forum on Health Equity,** and open forums convened by the **AMA Litigation Center, Council on Ethical and Judicial Affairs, Council on Legislation,** and the **Forum for Medical Affairs.** Educational sessions open to all and convened by AMA Sections or other groups, are also held in conjunction with the HOD Meetings, with some offering CME credit. To receive Speaker approval prior to each meeting, groups wishing to host an open forum or educational session **must** contact the HOD Office and provide information on the proposed session. The Speakers' Letter, distributed in advance of each HOD meeting and posted online, includes information about open forums and educational sessions convened in conjunction with the HOD meeting.

Social Functions/Hospitality

A variety of social functions and hospitality events convened by state medical associations, specialty societies, or the sections occur in conjunction with HOD meetings and provide networking opportunities. Some events are invitation-only, while others are open to all attendees. At the Annual Meeting, the AMA hosts the AMA Candidate Reception (open to all) and the inaugural reception for the incoming President, usually followed by a dinner (tickets required). Various other receptions are hosted by caucuses and AMA affiliates such as the AMA Foundation, the AMA's philanthropic arm. A comprehensive Master Schedule of all events is available in the meeting app.

Chapter 2: Delegates and Alternates

HOD delegates and alternate delegates play a critical role in the democratic policymaking process that is the foundation of the AMA. Their roles are multi-dimensional, and include:

- Advocacy for patients to improve the health of the public and the health care system;
- Representation of the perspectives of the delegate's sponsoring organization to the HOD;
- Representation of the delegate's physician and medical student constituents in the decision-making process of the HOD;
- Representation of the AMA and its HOD to physicians, medical associations, and others, including resident and fellow physicians and medical students; and
- Solicitation of input from and provision of feedback to constituents.

HOD delegates and alternate delegates are expected to foster a positive and useful two-way relationship between grassroots physicians and AMA leadership.

The registration record of the Committee on Rules and Credentials constitutes the official call at each HOD meeting. It includes the physician's name and the organization they represent and becomes a part of the HOD meeting Proceedings.

Delegate Responsibilities

During the meeting, AMA delegates have a number of responsibilities and roles, which may include serving on HOD committees, participating in caucuses, and testifying in the online and in-person reference committee hearings on the merits of reports and resolutions. Also, after reference committees present their reports to the HOD, delegates have the opportunity to testify and vote on the recommendations of the reference committee for action.

Delegates also have pre- and post-meeting responsibilities. They work with their colleagues to draft resolutions for consideration at HOD meetings, submit and/or review online testimony to the ORC, and report highlights of HOD meetings to the leadership or membership of the organizations they represent. For example, they may present such information at meetings of their hospital medical staff, county medical society, state medical association, or specialty society meeting; or write articles for their community newspapers, hospital or medical society newsletters or journals. Delegates also cultivate promising leaders for all levels of organized medicine and informally recruit new AMA members and help retain current members.

Year-round, the delegates and alternate delegates serve as a key source of information on AMA activities, programs, and policies. As such, they are direct contacts for individual members to communicate with and contribute to the formulation of AMA policy positions, identify situations that might be addressed through other AMA efforts, and aid in implementing AMA policies. AMA delegates make themselves accessible to individual members by providing the AMA with their addresses, telephone numbers, and email addresses so that the information can be provided to individual members through the **AMA Pictorial Directory.**

Role of Alternate Delegates

Alternate delegates have many of the same overall roles and responsibilities as delegates during the HOD meetings – they can testify on resolutions and reports in reference committees, participate in caucuses, and serve on HOD committees. But, because alternate delegates are not HOD members, they cannot introduce resolutions. However, they can be seated temporarily at the request of their corresponding delegate, and thus speak and debate on the HOD floor, offer amendments to pending matters, and make motions and vote on the outcome of items of business. It is important to note that in order to vote in elections, alternate delegates must be formally recredentialed as a delegate or temporary delegate, as described in the following section.

Delegates/Alternate Delegates Credentialing and Registration

The AMA Bylaws stipulate the appropriate credentialling procedure, identify the credentialling authority for each organization represented in the HOD, and the credentialling deadline as 45 days prior to each HOD meeting. While credentialing is the responsibility of the society represented in the HOD, individual delegates and alternate delegates may wish to check with their societies to ensure that their credentials have been confirmed.

Registration is a separate process from credentialing. All HOD and Section meeting attendees and their guests must register in advance of each meeting. More details can be found on the HOD website.

Unique badges for each HOD meeting are provided to credentialed delegates in addition to a temporary credential (salmon badge), which can be given to their alternate delegate. Each alternate delegate receives an alternate delegate badge. To receive their badges, delegates and alternate delegates must acknowledge AMA's policy concerning conduct at HOD meetings and accept applicable adjudication and disciplinary processes for violation of the policies (see **Policy H-140.837**). For security purposes, all attendees are required to provide photo identification and emergency contact information. Badges may be picked up at the AMA registration area, the location and hours of which are announced in the Speakers' Letter and in the Handbook. Badges must be worn to enter all AMA HOD sessions and reference committee hearings and other scheduled AMA activities.

Temporary Delegates and Alternate Delegates

Should a delegate be unable to attend an HOD meeting, the credentialing authority of a constituent association, national medical specialty society, AMA section or other group represented in the HOD may credential one of its appropriately selected alternate delegates as a delegate in advance of the credentialing deadline. If the credentialing deadline has passed, the individual credentialed will be designated as a temporary delegate for that meeting only. They also must present proper identification and complete registration as outlined above.

If a delegate is absent for part of the meeting, the delegate may give their temporary credential (salmon badge) to an alternate delegate for all HOD sessions except the Election Session at an Annual meeting. If there is no credentialed alternate delegate available, the society may credential a temporary alternate delegate so long as that individual is an AMA member and member of the society. If the delegate must leave the meeting or is absent for the Election Session, the society they represent must recredential an alternate delegate, or a temporary alternate delegate if no alternate delegates are available, as a temporary delegate at the registration area. A temporary delegate has all the rights and privileges of a delegate, including the right to vote on items of business and vote in any election. The temporary delegate, however, is ineligible for nomination or election as Speaker or Vice Speaker but may be nominated for other Board or Council positions.

All temporary delegates and alternate delegates will be so identified with a yellow background and the word TEMPORARY on their badges.

Appendix C includes examples that better illustrate the process to follow when identifying the appropriate individuals to be recredentialed as temporary delegates or temporary alternate delegates.

Note that there are additional requirements associated with the recredentialing of temporary medical student regional delegates and alternate delegates and temporary resident and fellow sectional delegates and alternate delegates. The bylaws mandate that temporary medical student regional delegates and alternate delegates must be from the same Medical Student Region as the absent

delegate or alternate delegate. They also must have a written endorsement from the constituent association in which their medical school is located. Temporary resident and fellow sectional delegates and alternate delegates must have written endorsement from a society represented in the House of Delegates of which they are a current member. These sections also have provisions for temporarily credentialing alternate delegates when no elected individuals are available.

Seating of Delegates

Delegate seating for the HOD Business Meetings rotates from meeting to meeting. The HOD Office makes delegate seating assignments to ensure that no one society sits in front (or in back) too often. Societies can request to be seated near other societies but must do so well in advance of the meeting. The seating chart for each HOD meeting is included in the HOD Handbook**.** **AMA Bylaws** govern the **seating of the Medical Student Regional Delegates and Resident and Fellow Sectional Delegates.**

Voting devices are placed by AMA staff at each delegate seat based on credential information. The device should not be removed from the seat to which it belongs except in the case of temporary seating of a delegate on committees such as reference committees.

Alternate delegates sit apart from the delegates in a reserved seating area during the formal HOD sessions in seats that are not pre-assigned. Note that local fire codes govern maximum meeting room occupancy, so seating for alternate delegates and others may be in a separate room at some AMA meeting venues.

Seating at reference committee hearings and other programming is unassigned for all participants.

Meetings begin promptly. Delegates, alternate delegates, and guests are urged to arrive early and be in their seats 15 minutes before the stated time. Similarly, delegates are urged to schedule their departures after the meeting adjourns on the last day, so that they can give full consideration to that day's business items.

Conflicts of Interest

The AMA **Conflict of Interest policy** applies to all individuals participating in AMA decision-making activities and as such to those providing testimony at HOD and Section meetings, whether that testimony is presented in the ORC or at the in-person reference committees.

Immediately prior to testifying before the HOD or any Reference Committee, every individual must publicly disclose their actual or potential conflicts of interest, if any. A disclosable "conflict of interest" is an interest that is or may be material to the matter being considered and that would reasonably be expected to impair the objectivity of the individual who is testifying. Conflicts of interest, however, do not include an interest that results solely from the fact the testifying individual is a physician or medical student, in recognition that most testifying individuals have the same interest. When in doubt as to whether a conflict of interest exists or is disclosable, your Speakers recommend that individuals err on the side of caution and disclose any actual or potential conflicts to preserve the integrity of our process.

Upon disclosure of any conflicts of interest, an individual may testify without encumbrance. A delegate who thinks or knows that a testifying individual has an undisclosed actual or potential conflict of interest may ask the Speakers or the Chair of the Reference Committee, as applicable, to have the testifying individual disclose their conflict. The Speakers or the Chair, as applicable, have sole discretion to decide all matters related to the appropriate disclosure and management of conflicts of interests before the HOD or Reference Committee, respectively. The Speakers and Reference Committee Chairs may consult the Office of General Counsel and appropriate others as needed to decide the matter.

Code of Conduct for Delegates and Alternate Delegates

The AMA is committed to a **zero tolerance policy** for harassing conduct at all locations where AMA business is conducted. As a condition of attending and participating in any meeting all attendees must agree to adhere to **The Code of Conduct** for AMA Meetings and Events, which extends beyond formal sessions to include all dinners, receptions, and social gatherings held in conjunction with AMA hosted meetings. It also addresses unacceptable behavior in conjunction with campaigns and elections.

Chapter 3: Roles and Duties of the Speaker and Vice Speaker

The Speaker presides over HOD meetings and performs such duties as custom and parliamentary usage require, or as mandated by the AMA Bylaws. The goal is to keep the HOD meeting moving in a fashion that facilitates debate. The Speaker also is responsible for ensuring the online reference committees (ORC) are opened according to AMA policy and moderating the ORC so that all HOD members and other AMA members can participate fully.

Per AMA Bylaws, the Vice Speaker officiates for the Speaker in the Speaker's absence or at their request. More typically, the Speaker and Vice Speaker work as a team in meeting preparations, communications with HOD members, and conducting the meeting. Because the Speaker and Vice Speaker work together so closely, they are referred to as "the Speakers."

Every June, the Speakers are elected from among the HOD members, each to serve for one year in the elected position or until a successor is elected and installed. On election, the Speakers continue to be members of the HOD, with all of the associated rights and privileges. An individual elected as Speaker or Vice Speaker may serve a maximum tenure of 4 years.

Speakers' Letters and other Communications from the Speakers

Throughout the year, the Speakers communicate with HOD members, with **updates** also posted online on the HOD website. Therefore, it is imperative that the HOD Office has accurate contact information, particularly a current email address, for all delegates and alternate delegates so that this important information can reach them.

A Speakers' Letter is widely distributed prior to each HOD meeting and is also available online. It includes important information about the items of business in the Handbook, the meeting schedule, educational programs, and other events.

The Speakers shall, when appropriate, issue reports to the HOD including reconciliation reports regarding policies that have been countermanded by subsequent HOD action.

Speaker Appointments

The Speaker is responsible for several appointments throughout the year. The following are detailed in the AMA Bylaws:

- 5 members of the Council on Long Range Planning, including one resident/fellow physician;
- Members of the Committee on Compensation of Officers in conjunction with the president;
- 5 members of the Selection Committee for the Public Member for the Board of Trustees;
- Members of the Election Committee;
- Members of Reference Committees;
- Members of the Committee on Rules and Credentials;
- Members of the Resolution Committee (Interim Meeting only);
- Members of any special committees of the HOD; and
- The Chief Teller and Assistant Tellers.

HOD members who are interested in being considered for any of these appointments are encouraged to fill out the appropriate application form included in communications to HOD members A link to the form is also posted on the **Speakers' Update Website**. Interested individuals may also contact the **HOD Office.** More details about the roles and responsibilities of the various HOD committees, and their composition, are provided in **Chapter 4**.

Additional Speaker Responsibilities

The Speaker and Vice Speaker are also members of the AMA Board of Trustees. Although they are designated as ex officio Board members, they have all the rights and privileges of a Trustee to participate fully in Board meetings, including the right to make motions and to vote on policy issues. Neither have the right to vote in intra-Board elections or to serve as an officer of the Board.

The Speaker also has responsibilities related to AMA elections as well as for calling any special HOD meetings under conditions set forth in the **AMA Bylaws.**

The Speakers maintain an onsite Speakers' Office at all HOD meetings.

Chapter 4: HOD Committees: Roles and Responsibilities

The Speakers constitute a number of committees that serve in conjunction with the Annual and Interim meetings of the HOD. Delegates and Alternate Delegates interested in serving on these committees should complete an application that can be found on the **Speakers Update Website** of the HOD website. More information also is available from the **HOD Office**.

As a means of broadening opportunities for service on HOD committees, physicians and medical students who are currently serving on AMA Councils or Task Forces or on Section Governing Councils should not apply for service on HOD committees. In choosing members for HOD committee service, the Speakers do their best to appoint committees diverse in terms of specialty and geographic representation, experience, gender, age, and ethnicity.

Rules and Credentials Committee

The AMA Bylaws specifically provide for a **Committee on Rules and Credentials,** which consists of seven members, appointed by the Speaker. By tradition, at least two are from the AMA Council on Constitution and Bylaws. Membership is restricted to delegates and alternate delegates. A majority of the committee constitutes a quorum.

The Committee on Rules and Credentials is responsible for considering all matters relating to the registration and credentialing of delegates, proposing rules of conduct and procedure for the orderly transaction of HOD business, and issuing reports that HOD acts upon. The committee chair, appointed by the Speaker, has additional responsibilities: verbally stating that a quorum exists by presenting the number of registered delegates at the beginning of each HOD Business session, and overseeing and presenting the committee's reports to the HOD.

At every meeting, the committee presents the Standing Rules (this document) and the Temporary Rules (of the HOD) in a report, which the HOD adopts. The committee presents a Supplementary Report, which makes recommendations on acceptance of Late Resolutions. On the final day of the HOD meeting, it issues a Closing Report. The committee is not a reference committee and does not normally hold open hearings, but does provide sponsors of "late resolutions" an opportunity to explain the reasons for the lateness of their resolution.

Lastly, the Committee on Rules and Credentials oversees AMA elections, in conjunction with the Chief Teller.

Resolution Committee

A **Resolution Committee** is appointed by the Speaker for each Interim Meeting. The committee is responsible for determining if submitted resolutions are in compliance with Bylaw 2.12.1.1 which states, "The business of an Interim Meeting shall be focused on advocacy and legislation. Resolutions pertaining to ethics, and opinions and reports of the Council on Ethical and Judicial Affairs, may also be considered at an Interim Meeting. Other business requiring action prior to the following Annual Meeting may also be considered at an Interim Meeting." The Speakers further clarify this focus in their instructions to the Resolution Committee which state, "All resolutions related to AMA advocacy, medical ethics or those of an urgent nature requiring HOD consideration prior to the next Annual meeting, including those calling for governance or bylaw changes are eligible for consideration at an interim meeting."

The Resolution Committee consists of up to 31 delegates. Members may include AMA Section chairs, chairs of the Regional HOD Caucuses and major Specialty Societies or Section Councils, AMA Council chairs (except for CEJA), and the SSS Governing Council Chair. The work of the Resolution Committee takes place virtually, primarily before the meeting. The committee reports to the Speaker, but may present a report to the HOD at the Speaker's discretion.

Tellers

The Speaker appoints an HOD delegate to serve as the Chief Teller. During elections, the Chief Teller assists in administering the election and reviewing the vote totals as AMA Bylaws require that a candidate receives a majority of the legal votes cast to be elected. Assistant Tellers may also be appointed. Tellers assist the Speakers by running the timer and other duties as needed during the meetings.

Reference Committees

The AMA Bylaws provide for reference committees which review the Online Reference Committee testimony and conduct open hearings on pending matters of business to prepare reports with recommendations to the HOD. More specific information is included in **Chapter 8.**

The Speaker appoints the Chair and other members of all reference committees. Membership on reference committees is restricted to AMA delegates and alternate delegates. Each reference committee consists of 7 members. Service commences upon committee formation and concludes at the end of the meeting for which they are appointed, unless otherwise directed by the HOD. One or more AMA staff persons provide staff support for each reference committee.

The subject matter referred to each reference committee is discussed in **Chapter 8.**

The Speakers also have discretion, depending on the volume of items under consideration on a particular subject matter, for convening any reference committee at any meeting. The Bylaws also allow the Speaker to appoint a special Reference Committee to consider a specific issue.

The role of each reference committee is to review online testimony from the ORC, to conduct an open hearing that provides opportunities for discussion and debate on items of business assigned to it, and to prepare a report with recommendations to HOD members regarding the disposition of all items.

Committee members' responsibilities include:

- Pre-meeting review of all resolutions and reports that have been assigned to the reference committee, as well as pertinent background information, previous HOD actions, and AMA policies;
- Monitoring online testimony in the online reference committees;
- Participation in pre-meeting reference committee's virtual executive session(s);
- Preparation of a preliminary reference committee report based on the online testimony with recommendations;
- Attendance at the reference committee's in-person open hearing;
- Participation in the reference committee's in-person executive session(s);
- Being available to the Speakers and AMA staff until the final language of the reference committee report has been approved by the reference committee chair; and
- Presentation of the reference committee report to the HOD.

The chair of each reference committee has additional responsibilities that include attending an orientation meeting with the Speakers and the other reference committee chairs and staff and presiding over the open hearing.

Reference Committee F

Matters assigned to Reference Committee F traditionally deal with AMA's organizational and fiscal policies, including the AMA's annual plan and budget, business matters and products, long-range planning considerations, governance issues, and membership issues including dues recommendations and member benefits. With respect to the AMA's finances, Reference Committee F is responsible for ensuring that the HOD has adequate information to understand the overall AMA fiscal circumstances.

Delegates tend to be less familiar with the business and financial aspects of the AMA as a corporate entity than they are with issues related more closely to the practice of medicine. It is Reference Committee F's responsibility to make informed decisions based on both the testimony from the online reference committees, and the reference committee hearings and on the background information provided by the Board's Finance Committee.

For this reason, the structure and method of operation of Reference Committee F differs from that of other reference committees in the following ways:

- *Longer Tenure for Committee Members* – To ensure continuity regarding fiscal issues, Reference Committee F members serve for two years (four consecutive HOD meetings). By contrast, members of other reference committees serve for one HOD meeting. The two-year terms for Reference Committee F members are staggered so that at any one point in time members of Reference Committee F may be serving either the first or second year of their term.

- *Longer Tenure for Committee Chair* – The Speaker appoints the Chair of Reference Committee F from among the members of the committee who have fulfilled two years of service. Upon acceptance of the Speaker's appointment, the Chair serves for one additional year (two consecutive HOD meetings) on the committee beyond the standard two-year term.

- *More Extensive Briefings* – Reference Committee F usually meets at least twice with the Board's Finance Committee. One meeting typically is held in conjunction with a Board meeting two to three months in advance of the HOD meeting, and a second meeting is held in conjunction with the HOD meeting. Occasionally, more frequent meetings and/or conference calls are scheduled to provide committee members with additional background information.

Election Committee

An **Election Committee** consisting of nine members of the House is appointed by the Speaker. The Speaker and Vice Speaker are also full members of the committee. The primary role of the committee is to work with the Speakers to adjudicate any election complaint. Additional roles are to be determined by the Speaker and may include monitoring election reforms, considering future campaign rule modifications, and responding to requests from the Speaker for input on election issues as they arise. Individuals serve 1-year terms and are eligible for reappointment for not more than 4 consecutive terms with a lifetime maximum tenure of eight terms. Committee members agree not to be directly involved in a campaign during their tenure and are appointed from various regions, specialties, sections, and interest groups. Lastly, the Election Committee also reviews the Campaign Complaint Reporting, Validation and Resolution Process and makes recommendations to the HOD for additional policy.

Selection Committee for the Public Member of the Board

The AMA Bylaws provide for a **Selection Committee** for the Public Member of the Board of Trustees, consisting of seven members. The Speaker appoints five of the members, and the Chair of the Board appoints the other two members. The Committee selects its Chair biennially. Committee members are appointed for a term of five years, so arranged that at each Annual Meeting the term of one HOD member shall expire. Members are eligible for appointment for two terms.

The Selection Committee solicits nominees from the Federation, individual HOD members, and Board members. It investigates the qualifications of persons considered as nominees. The Selection Committee submits to the HOD a report putting forth its nomination for the public trustee, including stating their qualifications. Nominations are submitted for consideration prior to the expiration of the current public trustee's four-year term.

Committee on Compensation of the Officers

The AMA Bylaws provide for a **Committee on Compensation of the Officers**, which is responsible for annually recommending the structure, form and level of total compensation of all AMA Officers (defined in the AMA Constitution as all Board members). The committee does not direct the nature of the work of the Board, the mechanisms to accomplish its work, or the method utilized in designating work assignments.

The Speaker and President jointly appoint the three members of the committee, each of whom has a single three-year term, with membership restricted to delegates. The committee selects its chair annually. If there is a vacancy, the Speaker and President jointly appoint a delegate to fill the position for the remainder of the unexpired term. A member appointed to fill a vacancy of less than 18 months of the three-year term is eligible for appointment to a subsequent 3-year term on the committee.

Special Committees

The HOD may also create **special committees** for specified terms of one to three years. The number of members, the manner of their appointment, and the functions of these special committees are in accordance with the terms of the motions authorizing their appointment. Any active member of the AMA is eligible to serve on a special committee. Members of special committees who are not HOD members may present their reports in person to the HOD and may participate in debate thereon, but cannot vote in the HOD.

Other HOD Committees

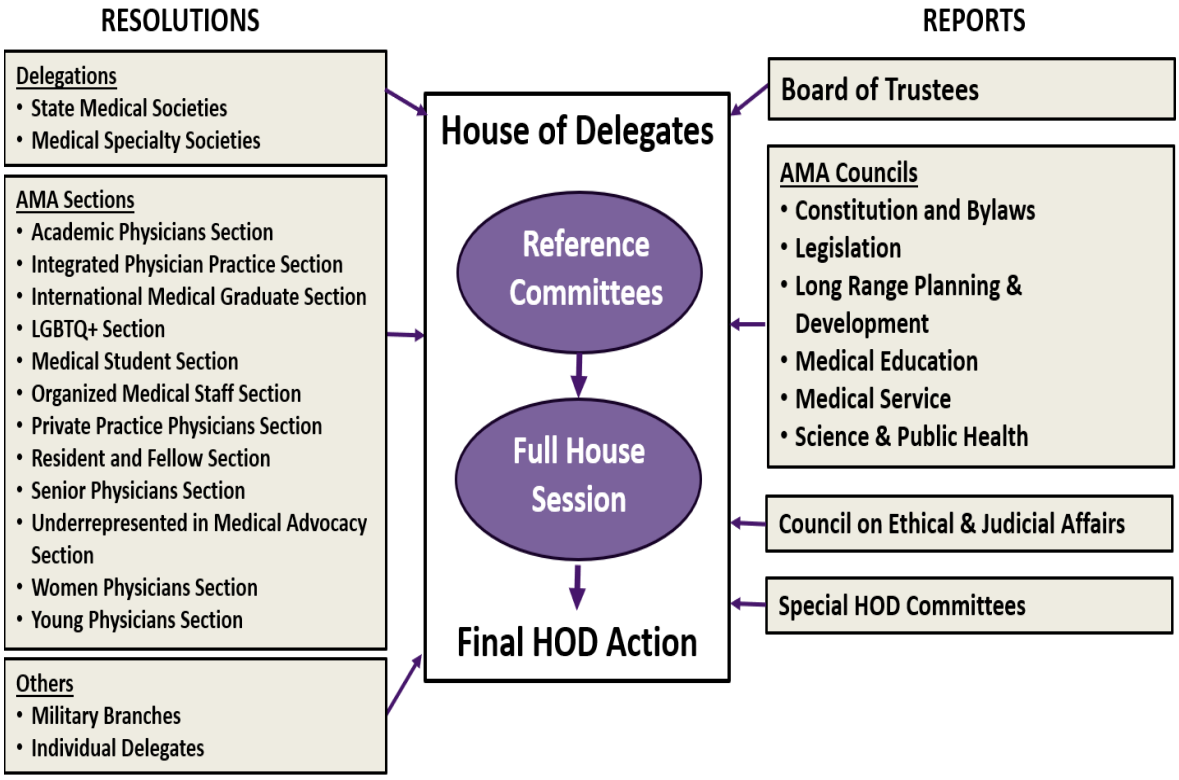
The Speaker also may appoint **other committees** as may be desirable for the efficient transaction of business of the HOD. The Speaker shall appoint the chair and other members of the committees, with membership restricted to delegates and alternate delegates. Each committee shall consist of seven members, unless otherwise provided. A majority of the members of each committee shall constitute a quorum.

Chapter 5: HOD Business Items

The business of the HOD consists primarily of resolutions, reports for action, informational reports, information statements, and Opinions of the Council on Ethical and Judicial Affairs (CEJA). With a few exceptions, all resolutions and reports are referred to a reference committee for open discussion and to allow the reference committee to propose its recommendation for HOD action. If adopted by the HOD, the resolution or report may become the foundation of a new AMA program, establish or modify policy on an issue, or become a new directive for action.

Delegates submit resolutions on behalf of their constituent medical association, national medical specialty society, professional interest medical association, federal service, AMA Section, or as individuals.

Reports, either for HOD action or informational in nature, come from the Board, Councils or Sections, special committees of the House, and certain officials of the Association.



AMA's Office of General Counsel (GC) review items of business upon submission. A legal objection could be raised if a proposed resolution, report, recommendation, or amendment creates legal risk to the AMA (e.g. using the name of an individual), impairs the editorial independence of its publications (e.g., seek to circumvent established editorial processes to update CPT codes), requires action that the AMA does not have standing to mandate (e.g., direct action by an entity that it does not control), or requires action that would be inconsistent with current processes to modify Bylaws. Additionally, the HOD office reviews all resolutions to confirm that they comport with the **Resolution Template.** **All resolutions must be submitted one week prior to the 45-day deadline** to allow for these reviews and completion of any necessary edits to achieve compliance prior to the on-time deadline. Resolutions received after the earlier deadline may not be reviewed in time to be considered on-time.

Additionally, the HOD Office and the AMA Office of General Counsel conduct Resolution Office Hours to answer any questions in the preparation of resolutions for submission. Authors are encouraged to take advantage of this opportunity to expedite approval of resolutions. Information regarding office hours prior to each meeting is shared on Speaker communications and can be found on the **Speakers Update Website**.

AMA Section resolutions that are adopted at section meetings convened after the HOD meeting on-time deadline may be submitted as on-time prior to the opening session of the meeting per bylaw 2.11.3.1.1.1. However, section resolutions adopted prior to the 45-day deadline should be submitted one week prior to the 45-day deadline as discussed in the preceding paragraph.

Resolutions

A resolution is fundamentally a way to express an idea or to identify a problem or opportunity. Although resolutions may deal with complex issues, most begin simply when an AMA member recognizes a problem and attempts to suggest a solution. Resolutions are structured to express the background of the problem in "whereas" clauses and to specify a specific position or course of action in one or more "resolved" clauses. Each "resolved" clause should stand alone (e.g. consist of an independent statement that is not reliant on the "whereas" clauses or other "resolved" clauses).

In addition to its "whereas" and "resolved" clauses, each resolution includes:

- A title that is appropriate and concisely reflects the action for which the resolution calls.
- Resolution number.
- The name of the individual delegate or delegation(s) that submits the resolution.
- The name of the reference committee to which the resolution has been assigned for its open hearing.
- Citations of previous AMA policy to facilitate independent review by delegates of pending resolutions. To the extent possible, each Resolved statement should make adjustment, addition or elaboration to existing policy rather than creating possibly redundant policy. This does not preclude new policy on new issues.
- Reference citations if possible or applicable.
- A fiscal note indicating the estimated financial costs of AMA staff time and resources necessary to implement the action or directive contained in the resolve of the resolution. Fiscal notes are generated primarily by AMA staff but may include consultation with the sponsor if the intent of the resolution is unclear. Estimated expenses may include salaries, professional fees, travel and meetings, etc. Fiscal notes will appear at the end of resolutions if they are available at the posting deadline and are typically categorized as minimum, modest or moderate. Fiscal notes with estimates of $50,000 or more contain a more detailed explanation of the assumptions used. A summary list of all fiscal notes for each resolution is included in the Meeting Tote.
- A conflict of interest disclosure, if applicable. A conflict is noted on the resolution itself if one or more delegates has a conflict of interest with respect to the matters addressed in the resolution.

Each "resolved statement" must also be categorized as follows:

- New HOD Policy [Should be stated as a broad guiding principle that sets forth the general philosophy of the Association on specific issues of concern to the medical profession. If adoption of the new policy could render obsolete or supersede one or more existing policies, those policies should be identified by number and recommended for rescission or revision.]
- Modify Current HOD Policy [This designation is intended for resolutions that call for specific amendments to existing policy. The pertinent text of the existing policy, citing the policy number, and the proposed modifications should be clearly identified. If adoption of modified policy could render obsolete or supersede one or more existing policies, those policies should be identified by number and recommended for rescission.]
- Rescind HOD Policy.
- Consolidate Existing HOD Policy.
- Reaffirm HOD Policy [Reaffirmation of existing policy should contain a clear restatement of the existing policy, citing the policy number].
- Directive to Take Action [This designation is for use if the intent of the resolution is to have the AMA take a specific action (conduct a study, lobby Congress, etc.] Directives to take action

should include all elements required for establishing a new policy as well as a clear statement of existing policy, citing the policy number underlying the directive.

Given that AMA bylaw amendments require an overnight layover prior to being adopted by ⅔ vote of the House, the Speakers have determined that a resolution or report (see discussion of reports below), other than those from the Council on Constitution and Bylaws, may not directly amend AMA Bylaws, but rather should ask that AMA Bylaws be amended to reflect the intended action. Subsequently, the Council on Constitution and Bylaws will prepare a report to accomplish the requested bylaw amendment. In practice, the council typically reviews all resolutions and reports that propose possible bylaw amendments and prepares reports in advance so that this can be accomplished in a timely manner, often at the same meeting. Note that such council reports may be amended on the floor of the HOD and do not require further layover. However, adoption of the amended report still requires a ⅔ vote of the HOD.

Amendments to existing AMA policy may only be offered when the policy is specifically being amended as a proposed action of a resolution or report. This in effect "opens" that portion of the existing policy to further amendment. AMA policies may not be amended by a reference committee or from the floor of the HOD if they have not been previously "opened" in the resolution or report under consideration.

Complete resolutions are distributed to all delegates and alternate delegates by the HOD Office. **However, it is only the resolved statements that are adopted and published in meeting proceedings and become an AMA policy statement or directive.** Materials are also posted to the **HOD website** in advance of the meeting, except for any reports from the Council on Ethical and Judicial Affairs and the Council on Science and Public Health that are intended for publication in peer- reviewed journals.

Resolutions are further classified as follows:

"On-time" Resolutions

Under **AMA Bylaws**, **"on-time" resolutions** are those received prior to the on-time deadline which is 45 days prior to the commencement of the meeting at which they are to be presented. The on-time resolution deadline is on **the HOD website** and communicated to the delegates and the societies by the Speakers.

In order to be considered on-time, each resolution must be **electronically submitted** to the HOD Office, with email confirmation of receipt and must be reviewed for proper formatting and approved by the Office of General Counsel. To allow for this review to be completed and any necessary edits to be completed, all resolutions must be submitted one week prior to the 45-day deadline. This earlier deadline will be posted and communicated to the House by the Speakers.

AMA Bylaws provide a **single exception** to the on-time deadline for resolutions emanating from Section meetings that convene prior to the coinciding House of Delegates meeting but after the HOD 45-day on-time deadline. These Section resolutions must be presented for HOD consideration upon adoption by the Section and no later than the commencement of the House of Delegates meeting to be accepted as regular business. **AMA policy** urges restraint in submitting items on the day preceding the HOD's opening.

For the Annual Meeting, resolutions are referred to one of the HOD's reference committees by the Speakers. For the Interim Meeting, all resolutions are additionally referred to the Resolution Committee to determine if they meet the criteria for inclusion (focus on advocacy or ethics) or are of an urgent nature. Resolutions focusing on bylaws or pertaining to governance of the organization are also traditionally accepted.

"Late" Resolutions

"Late" resolutions are those received after the 45-day resolution deadline and before the start of the opening session of the House of Delegates with the exception of AMA Section resolutions as previously discussed. Late resolutions are not accepted automatically as HOD business, but rather referred to the Committee on Rules and Credentials for review and its recommendations for acceptance or nonacceptance. The Committee is not a reference committee and does not hold open hearings but does provide sponsors of late resolutions an opportunity to explain the reasons for the lateness of their resolution. HOD delegates accept late resolutions as business of the HOD by a two-thirds vote of those present and voting. If accepted, the Speaker assigns each resolution to a reference committee.

Late resolutions presented orally from the floor are not accepted.

Resolutions "Not for Consideration"

Under **AMA Bylaws**, the **Interim Meeting** is to focus on advocacy or ethics and that focus is implemented by having the Resolution Committee review each resolution with respect to whether it meets the criteria to be considered at the Interim Meeting. The Resolution Committee is responsible for reviewing all "on-time" resolutions submitted for consideration at an Interim meeting.

The standard against which resolutions are to be measured defines advocacy as "the active use of communication and influence with public and private sector entities responsible for making decisions that directly affect physician practice, payment for physician services, funding and regulation of education and research, and access to and delivery of medical care." Resolutions that are urgent (i.e., cannot wait for next year's Annual Meeting) or that concern matters of ethics are also appropriate for the Interim Meeting. Resolutions requesting bylaw changes or pertaining to governance issues are typically also considered at an Interim meeting. The intent is not to limit the amount of business per se but rather to provide a forum in which the HOD can address matters that warrant AMA's advocacy efforts.

Resolutions submitted that do not meet the above criteria according to a majority vote of committee members voting are considered "resolutions not for consideration," and are distributed in a separate section of the Handbook or the Meeting Tote. At the meeting, delegates vote to accept or not accept these resolutions. A majority vote is required to accept a resolution recommended as not for consideration. Any resolution not accepted may be resubmitted for consideration at the Annual Meeting.

Deferred Resolutions

When a resolution presents a legal or ethical problem, the Speaker, legal counsel or other AMA staff will contact the sponsor and discuss the problem with the resolution as submitted. If the sponsor is able to remedy the situation by the on-time deadline, then the resolution will be distributed in a routine manner. However, if for whatever reason (such as a state association mandate that the resolution not be altered) it is not possible to resolve the legal or ethical problem, the Speaker will designate that resolution as a "deferred" resolution, and it will be referred to the Committee on Rules and Credentials for its recommendation. No "deferred" resolution will be distributed in the Handbook.

The Committee on Rules and Credentials will consider deferred resolutions prior to the second opening of the HOD. A representative of the Office of General Counsel and the sponsor will be invited to the meeting to discuss the resolution. A majority vote of the Committee is required for acceptance.

Commendation Resolutions

The HOD has a tradition prohibiting the introduction of commendation resolutions. Since there is a potential for these resolutions to be controversial in nature and, because unanimous approval is assumed without debate, commendation resolutions may serve to embarrass the Association.

Instead, commendation requests should be sent to the Board for consideration for an award or other appropriate recognition.

Memorial Resolutions

Memorial resolutions remember a physician or nonphysician who has made significant contributions to the AMA or Federation societies. All memorial resolutions for distribution at an HOD meeting must be received by the HOD Office by the end of the HOD's Opening Session, so that they subsequently can be distributed in the Meeting Tote.

Emergency Resolutions

Resolutions of an emergency nature may be presented by a delegate any time after the commencement of the opening session of the HOD. The author may present why the resolution is emergency in nature and must be considered at the current meeting but there will be no further debate. Emergency resolutions will be accepted as business only upon a three-fourths vote of delegates present and voting, and if accepted shall be presented to the HOD without consideration by a reference committee.

Reports

Reports calling for action or of an informational nature come from the Board, Councils, Sections, committees of the House, the Speakers, and certain officials of the Association.

Per the **AMA Bylaws**, the Board and the Councils may present business at any time during a meeting. Items of business presented before the opening session of the HOD by the Board, a council of the AMA or a special committee will be accepted as regular business. Items of business presented after the opening session of the HOD will be accepted as emergency business and shall be presented to the HOD without consideration by a reference committee. A two-thirds vote of the delegates present and voting shall be required for adoption. Informational items are not referred to a reference committee.

The AMA Board reviews all Board reports prior to transmitting the reports to the HOD, as does AMA legal counsel. Council reports are reviewed by the board liaisons assigned to each council during the drafting of reports. The liaisons may make non-binding recommendations regarding the report(s) as deemed appropriate. AMA legal counsel also reviews all Council reports.

Each report also includes:

- Genesis of the report [Resolution #, title, and author, and adopted amendments, if applicable, if the report is responding to a prior referred resolution];
- Reference citations (if applicable);
- Citations of previous AMA policy;
- A fiscal note (indicating the financial implications of the report's recommendations);
- Conflict of interest disclosure (if applicable).
- Reports exceeding six pages are accompanied by a one-page executive summary.

All report recommendations must also be categorized as follows:

- New HOD Policy;
- Modify Current HOD Policy;
- Modify Bylaws (reports from the Council on Constitution and Bylaws only);
- Consolidate Existing HOD Policy;
- Rescind HOD Policy;
- Reaffirm HOD Policy; or
- Directive to Take Action.

Although the full text of all reports is made available to delegates and published in the meeting Proceedings, it is only the recommendations that are subject to amendment, and only the recommendations adopted by the HOD that subsequently become AMA policy.

The HOD typically files informational reports, the text of which are subsequently published in their entirety in the meeting Proceedings. The HOD also has two other options to dispose of an informational report: refer and not accept. Furthermore, the HOD may also amend an informational report, like any other report, for clarification and/or accuracy with the concurrence of the author. If an informational report is amended for action, however, it is no longer considered an informational report. The HOD may also grant the author leave to withdraw an informational report.

Any informational report that the HOD votes to not accept will be published in the Proceedings in its entirety but be clearly labeled with HOD action. The Proceedings of our AMA HOD meetings will use a prominent "not accepted" watermark to designate any informational report that the HOD votes to not accept.

Board Reports

The Board is mandated by the AMA Bylaws and policy to provide several reports to the HOD. The following list is not inclusive of all mandated reports:

- At each Annual Meeting of the House, the Board submits a **report** that provides highlights on the AMA's performance, activities, membership, and status in the previous calendar year as well as a recommendation for the Association's dues levels for the next year.
- As the principal planning agent for the AMA, the Board provides **a report** at each Interim Meeting that recommends the Association's strategic directions and plan for the next year and beyond. The report includes a discussion of the AMA's membership strategy.
- At each Interim Meeting, the Board provides **an informational report** on the AMA's legislative and regulatory activities, including the Association's accomplishments in the previous 12 months and a forecast of the legislative and regulatory issues that are likely to occupy the Council on Legislation and other components of the AMA's for the next year.
- The Board submits a **report to the HOD** when it takes actions that differ from current AMA policy; when the Board determines that the expenditures associated with recommendations and resolves that were adopted by the House would be inadvisable; and when important developments occur with regard to Federation organizations, including their relationships with any approved examining board.
- The Board also issues reports when its review of the AMA's **Principles on Corporate Relationships** results in recommendations for changes to the Principles.
- The Board may also submit written recommendations regarding Council and Section reports to the HOD.
- The Board will provide an annual report to the HOD regarding AMA's **health equity activities** and achievements.

Nothing in AMA policy precludes the Board from issuing reports on additional topics. AMA **policy** calls for a list of forthcoming reports to be posted on the HOD website to allow HOD members, other AMA parties (e.g., councils, sections, etc.), AMA members and others to provide comments on the activities and work of the Board on a timely basis.

The AMA Bylaws also permit the Board to present a report to the HOD at any time during the meeting. Reports, recommendations, resolutions or other new business presented by the Board on the final day of an HOD meeting are accepted as business but are not referred to a reference committee.

Board Status Reports

The Board reports on actions taken in support of items previously adopted or items referred (for decision or for report) by publishing on the **HOD website** a chart of actions taken by the Board, Councils, Committees, and staff on resolutions and report recommendations from the past two HOD meetings. The chart is entitled "Follow-up Implementation of Resolutions and Reports Recommendations."

Reports from AMA Councils

Each Council (with the exception of the Council on Legislation) is able to issue reports of an informational nature, reports in response to a resolution referred to it for further study from a past meeting, or reports that establish new AMA policy or a directive on an issue. If prepared in response to a referred resolution, the resolved clauses of that resolution or its last amended form, are included in the report.

AMA policy calls for a list of forthcoming reports to be posted on the HOD website to allow HOD members, other AMA parties (e.g., councils, sections, etc.), AMA members and others to provide comments on the activities and work of the Councils on a timely basis.

Council reports are reviewed by the board liaisons assigned to each council during the drafting of reports. They may make non-binding recommendations regarding the report(s) as deemed appropriate. Each Council also may issue reports with recommendations for rescinding or consolidating policies and directives. AMA legal counsel reviews all Council reports.

Reports from the AMA Officials

The Executive Vice President (EVP) submits a report to the HOD detailing the items of business received from the Federation, which they consider significant (or when a constituent medical association or national medical specialty society requests them to do so), and the specific actions taken in response to such contacts.

The reports from the EVP are typically of an informational nature. They are not assigned to a reference committee, but are included in the proceedings.

Reconciliation Reports from the Speakers

AMA **Policy G -600.111,** Consolidation and Reconciliation of AMA Policy notes that "AMA's policy database should not include duplicative, conflicting or inconsistent AMA policies" and calls for reports to be presented to HOD when "a new or modified policy supersedes or renders obsolete one or more existing AMA policies." The policy encourages any entity seated in the HOD to identify inconsistent or obsolete policies and calls for the "Speaker [to] present one or more reconciliation reports for action by the HOD relating to newly passed policies from recent meetings that caused one or more existing policies to be redundant and/or obsolete. Where a report is needed to reconcile disparate policies, the Speakers will identify the appropriate council or group responsible for the reconciliation report on a specific topic."

Other Reports

Reports from the Committee on Rules and Credentials

The Committee on Rules and Credentials presents several reports to the HOD during each Annual or Interim HOD meeting regarding:

- Rules;
- Late Resolutions; and
- Deferred Resolutions.

The committee also routinely issues verbal reports related to the existence of a quorum during the HOD meetings.

Reports from Reference Committee

A preliminary reference committee report based on the testimony submitted in the ORCs is prepared and posted to the HOD website prior to the start of each HOD meeting. Each reference committee will then issue a final report following the in-person reference committee hearings. Reports of the reference committees are typically treated as consent calendars to expedite the review of their recommendations. These consent calendars are described in detail in other sections of this publication.

Reports from other Committees

The Committee on Compensation of the Officers presents an annual report recommending the structure, form and level of total compensation of the AMA Officers. The report of this committee is assigned to Reference Committee F.

Every four years, the Selection Committee for the Public Member of the Board presents a report that includes its nomination for the public trustee member. The report, however, is not referred to a reference committee; rather the HOD as a whole votes on the committee's recommendation.

Other special committees may report as well.

Information Statements

Information statements were instituted to bring an issue to the awareness of the HOD or the public, draw attention to existing policy for purposes of emphasis, or simply make a statement. By their very nature, information statements are intended to require no action. Such items will be included in the section of the HOD Handbook for informational items and include appropriate attribution but will not go through the reference committee process, be voted on in the HOD or be incorporated into the Proceedings.

If an information statement is extracted, however, it will be managed by the Speaker in an appropriate manner, which may include a simple editorial correction up to and including withdrawal of the information statement.

CEJA Opinions

The **Council on Ethical and Judicial Affairs** (CEJA) informs the HOD of an Ethical Opinion adopted by the Council by presenting the Opinion to the House. The Council:

(1) Identifies the Opinion as information;
(2) May provide a description or discussion of the underlying facts and circumstances leading to the development of the Ethical Opinion, and also an explanation of the Opinion and the reasons for its adoption by the council. This explanatory material is neither the opinion of the Council nor policy of the Association.
(3) Will identify one or more **Principles of Medical Ethics** that form the basis for issuing the Ethical Opinion.
(4) Will provide the text of the Ethical Opinion.

CEJA Opinions are placed on the consent calendar as informational reports, but may be extracted for discussion upon a motion of any HOD member and then referred to a reference committee where they can be debated. CEJA Opinions are discussed in more detail in **Chapter 10.**

Chapter 6: The HOD Handbook and Distribution of other HOD Materials

The HOD Handbook for each meeting typically contains the following general information:

- Memorandum from the Speaker
- Declaration of Professional Responsibility – Medicine's Social Contract with Humanity
- Delegate/Alternate Job Description, Roles and Responsibilities
- Seating Allocation and Seating Chart for the HOD
- Hotel Floor Plan
- Reference Committee Room Assignments
- Official Call to the Officers and Members of the AMA (Officials of the Association and AMA Councils, Listing of Delegates and Alternate Delegates, and Committees of the House)
- Order of Business

The Handbook also includes the following materials, some of which may be provided on-site:

- Speeches
- Memorial Resolutions
- Reports of the Board of Trustees
- Opinions of the Council on Ethical and Judicial Affairs
- Reports of AMA Councils
- Resolutions
- Resolutions Recommended Against Consideration (Interim Meeting only)

Resolutions that were received and approved by the HOD Office prior to the announced on-time resolution deadline are included in the Handbook, which is posted on the meeting website and in one of the ORC forums approximately 5 weeks before the meeting, All items of business posted online include the following disclaimer, "Readers of this material are reminded that it refers only to items to be considered by the House. No action has been taken on anything herein contained and it is informational only. Only those items that have been acted upon by the House can be considered official."

Additional reports and resolutions from Section meetings after the on-time deadline will be made available in the HOD Meeting Tote and posted online.

Resolutions assigned to Reference Committees

Resolutions submitted for consideration at each HOD meeting are typically assigned to a reference committee for deliberation. Resolutions are organized in the Handbook under the name of the reference committee to which they have been assigned. Informational reports are grouped under a separate tab and are not assigned to a reference committee. Emergency resolutions — those presented after the commencement of the opening session of the HOD and which need to be accepted as business of the HOD by a three-fourths vote of delegates present and voting—also are not referred to a reference committee.

Reference Committees, Their Content and Numbering

Annual Meeting

Reference Committee	Content Area	Resolution Numbering
Reference Committee on Ethics and Bylaws	AMA Constitution; AMA Bylaws; Principles of Medical Ethics; Ethics	Resolutions assigned to this committee have a # under 100
Reference Committee A	Medical Service	Resolutions assigned to this committee begin with 101
Reference Committee B	Legislation	Resolutions assigned to this committee begin with 201
Reference Committee C	Medical Education	Resolutions assigned to this committee begin with 301
Reference Committee D	Public Health	Resolutions assigned to this committee begin with 401
Reference Committee E	Science and Technology	Resolutions assigned to this committee begin with 501
Reference Committee F	AMA Finance; AMA Governance	Resolutions assigned to this committee begin with 601
Reference Committee G	Medical Practice	Resolutions assigned to this committee begin with 701

Interim Meeting

Reference Committee	Content Area	Resolution Numbering
Reference Committee on Ethics and Bylaws	AMA Constitution; AMA Bylaws; Principles of Medical Ethics; Ethics	Resolutions assigned to this committee have a # under 100
Reference Committee B	Legislative Advocacy issues	Resolutions assigned to this committee begin with 201
Reference Committee C	Advocacy related to Medical Education	Resolutions assigned to this committee begin with 301
Reference Committee F	AMA Finance; AMA Governance	Resolutions assigned to this committee begin with 601
Reference Committee J	Advocacy related to Medical Service, Medical Practice, Insurance and related topics	Resolutions assigned to this committee begin with 801
Reference Committee K	Advocacy related to Science, Public Health and related topics	Resolutions assigned to this committee begin with 901

A sponsor may withdraw their resolution prior to it being accepted as business of the HOD. Any reports, including informational reports, are subject to revision up until the HOD's Second session. Depending on when revisions are received, revised reports, including their highlighted revisions, are reposted online as revised, and/or included in the Meeting Tote.

Meeting Tote

A Meeting Tote containing excepted section resolutions, additional Board reports, the agendas for the in-person reference committee hearings, a Supplementary Report of the Committee on Rules and Credentials with recommendations on acceptance of late resolutions, any revised reports, withdrawn resolutions, resolutions with additional sponsors, memorial resolutions, and a summary of fiscal notes will be distributed during the meeting and posted online. The agendas for the in-person reference committee hearings will include the items from the Preliminary Reference Committee reports, Board reports, excepted Section resolutions, and late resolutions if accepted for consideration by House action. Interim meeting reference committee agendas may also include items accepted by the HOD as business from the not for consideration list.

Other items made available onsite later in the meeting include emergency resolutions and business, including reports from the Board or Councils issued after the opening session of the HOD, and Final Reference Committee Reports. These additional materials also are made available electronically through the **HOD website,** as well as duplicated and distributed to HOD members as they become available.

Reference Committee Reports, including Versions annotated with HOD Action

Preliminary and Final Reference Committee Reports are made available online as soon as they are approved, but because they are not actions of the HOD, they appear on the members-only section of the HOD website. Print copies of the Final Reference Committee Reports are placed in a lobby area near the HOD meeting. Annotated reports which include the final HOD actions and final language as adopted are available online ONLY on the HOD website following the meeting. A disclaimer is included on all annotated reports stating that it is a preliminary report of actions taken by the House of Delegates and should not be considered final. Only the Official Proceedings of the Houe of Delegates reflect official policy of the AMA.

Chapter 7: Sessions of the AMA House of Delegates

The Order of Business of HOD meetings is proposed by the Speaker and approved by the HOD. At any meeting, the HOD, by majority vote, may change the order of business.

The First Session of the HOD typically include the following additional elements:

- Call to order by the Speaker
- Invocation
- National Anthem
- Address of the President
- Remarks of the Executive Vice President
- Remarks from the Speaker and Speaker Announcements
- Verbal report from the chair of the Committee on Rules and Credentials citing the number of registered and credentialed delegates (to establish a quorum)
- Nomination of officer and council candidates
- Election by acclamation of uncontested candidates
- Unfinished business
- New business*

The Second Session of the HOD generally includes the following items:

- Call to order by the Speaker
- Remarks from the Speaker
- Presentations from the AMA Foundation, AMPAC and the American Medical Association Alliance
- Announcements of Changes in Reference Committee Assignments
- Reports of the Board of Trustees
- Reports of the Councils of the AMA
- Verbal report from the chair of the Committee on Rules and Credentials citing the number of registered and credentialed delegates to establish a quorum
- Presentation, correction, and adoption of the minutes
- Rules Report from the Committee on Rules and Credentials
- Presentation of Items recommended to Not be Considered (Interim Meeting only)**
- Supplementary Reports of the Committee on Rules and Credentials re: Late Resolutions
- Acceptance of reports and resolutions as business of the House
- Memorial Resolutions
- Unfinished business
- New business*

The Subsequent Business Sessions of the HOD typically consist of the following elements:

- Call to order by the Speaker
- Verbal report from the chair of the Committee on Rules and Credentials citing the number of registered and credentialed delegates to establish a quorum
- Reports of Reference Committees of the House of Delegates
- Announcements
- Unfinished business
- Business (resolutions or reports) of an Emergency Nature
- New business*

The Election Session of the HOD, convened only at the Annual Meeting, typically includes the following:

- Call to order by the Speaker
- Voting by delegates (alternate delegates may not vote) on all contested elections, sequentially, including any run-offs as necessary
- Announcement of election results, sequentially

The Final Session of the HOD usually has the following components:

- Call to order by the Speaker
- Verbal report from the chair of the Committee on Rules and Credentials citing the number of registered and credentialed delegates to establish a quorum
- Business (resolutions or reports) of an Emergency Nature
- Unfinished business
- New business*
- Closing Report of the Committee on Rules and Credentials

***New Business**

Those resolutions submitted prior to the HOD deadlines and included in the Handbook as well as those section resolutions included in the Meeting Tote, are accepted as business of the HOD after presentation by the Speaker of the House at the Second Session of the HOD. Before this is done, however, the Speaker gives resolution sponsors an opportunity to withdraw any resolution. All resolutions introduced after the meeting has commenced are considered as emergency resolutions.

****Items Recommended Against Consideration (Interim Meeting only)**

In accordance with AMA Bylaws that focus the Interim Meeting on advocacy and legislation, but including resolutions related to ethics, bylaw changes or urgent matters, the Resolution Committee recommends that some resolutions not be considered. Those resolutions are located in a separate section of the Handbook.

The sponsor or other delegates may request consideration of any resolution recommended against consideration by asking to extract the item from the consent calendar. The request should identify the resolution number and briefly explain why it should be considered at this meeting, with the explanation limited to how the resolution fits the defined categories of advocacy, legislation, or matters of an urgent nature. The merits of the resolution itself are not discussed at this time. A majority vote of the HOD is required to admit these items of business for consideration.

Resolutions that are not accepted for consideration at the Interim Meeting must be resubmitted if the sponsors wish them to be considered at a future meeting.

Chapter 8: Reference Committee Hearings and Reports

To get through the large volume of reports and resolutions at each meeting, the work of the HOD is divided among reference committees. The Online Reference Committees (ORC) provide an opportunity for all AMA members and delegates to weigh in on its items of business, including discussions of potential reaffirmation of existing policy in lieu of the proposed resolution. After the ORC closes, each reference committee crafts a Preliminary Reference Committee Report with recommendations. Details regarding the ORC are provided below, in the Speakers' Letter and in other communications from the Speakers regarding the meeting.

Issues assigned to each Reference Committee

The reference committees are organized by topic areas, with each having a common set of topics to handle.

Because the focus of the Annual and Interim Meetings is slightly different, with the Interim Meeting having an advocacy agenda, the reference committees differ slightly from meeting to meeting. The traditional reference committees and their areas of responsibility are listed in **Chapter 6**.

Reference Committee Schedules

Following the Second Session of the HOD, in-person reference committee hearings begin, typically 15 minutes after the session concludes.

The time and location of each reference committee hearing is published in the Handbook, in the Speakers' Letter and online. Any changes are announced at the end of the Second Session of the HOD.

Agenda

The Preliminary Reference Committee Report will serve as the agenda for the in-person reference committee hearings. Items of business that were not considered on the Online Reference Committees will be added to the end of this agenda.

Online Reference Committees

Pursuant to Policy G-600.045 adopted at A-24, our HOD will convene Online Reference Committees (ORC) prior to each meeting. Notice when the ORC opens will be sent by the Speakers approximately 5 weeks prior to the meeting. The ORC will remain open for 3 weeks with the final day reserved exclusively for authors. After the ORC closes, reference committees will convene to develop their Preliminary Reference Committee Reports.

Only AMA members may submit comments to the ORC. The only exception is when Reference Committee staff, identified as "AMA Staff," comment on items which could be considered for reaffirmation. These comments include the list of relevant AMA policies that could be reaffirmed. Authors are encouraged to submit their comments first. Comments should begin with the following elements in **ALL CAPS** at the start of the post **within the comment box**:

- Name
- All appropriate roles (e.g. author, HOD Delegate or Alternate from X Delegation, Section Member, Council Member, etc.)
- For whom you are speaking (on behalf of yourself or your group)

Comments should be directed to the "chair" although reference to previous comments is certainly possible and appropriate. Ad hominem comments and other inappropriate comments will be deleted.

There is no restriction on length for comments. Supplemental materials may also be included; however, commenters are encouraged to limit the addition of photos and graphics and utilize hyperlinks as an alternative where possible.

Rules Governing Reference Committee Hearings

Equitable hearings are the responsibility of the committee chair, and the committee may establish its own rules on the presentation of testimony with respect to multiple presentations by the same speaker, repetitive statements, etc. Use of no-flash photography and recording devices are permitted with the consent of the subject; however, recording of the Zoom livestream is prohibited. Reference committee chairs are instructed not to ask for an expression of the sentiments of the overall group attending the hearing by an informal vote on particular items (i.e., "straw vote"). Committee members may ask questions to be sure that they understand the opinions being expressed, or may answer questions if a member seeks clarification, but they may not argue with those presenting testimony or express opinions during the hearings. Their responsibility is to listen carefully and evaluate all the opinions presented so that the reference committee may provide the voting body with a carefully considered recommendation.

Hearings are open to all AMA members, guests, official observers, interested outsiders and the press. Any member of the Association is privileged to speak on the resolution or report under consideration. Non-member physicians, guests or interested outsiders may, upon recognition by the chair, be permitted to speak. Each reference committee chair has the privilege of calling on anyone attending the hearing if the individual called may have information that would be helpful to the committee.

Testimony

Each individual speaking to an issue must be recognized by the reference committee chair while at a microphone. When called upon, the individual should:

- Identify oneself by name;
- Specify whether testifying as an individual, or offering testimony on behalf of a delegation, caucus or Section (and if so, state the name of the group);
- Disclose any conflicts of interest with respect to the issue at hand. (See **Chapter 2** for further information on conflicts of interest.)
- Clearly state their intent in offering comments – support or opposition – and to what they are referring – original language or language of the Preliminary Reference Committee Report.
- Offer general background or propose alternative language, if appropriate; and
- Direct testimony to the Reference Committee, not to other hearing participants.

Wording for alternative language should also be submitted in writing to reference committee staff. The preferred method of submission is via email using the designated email address for that reference committee. Other written material that accompanies the testimony may also be presented to the reference committee staff for discussion at the committee's executive session. An email address specific to each reference committee is listed on its agenda to facilitate the sharing of alternative language or supplemental materials.

Executive Session

Following the open hearing, each reference committee goes into executive session to deliberate and to construct its final report. It has the prerogative to call into its executive session anyone it may wish to hear or question.

The reference committee reviews the testimony and discusses its options for disposing of each item. During the executive session, the reference committee may review existing AMA policy and directives, background material from other sources, or medical journals. The reference committee may also consider alternative language. Legal counsel is available to all reference committees during their

deliberations.

A reference committee has wide latitude in its efforts to facilitate expression of its recommendations on assigned business and to give credence to the testimony. A reference committee may choose to amend a resolution, consolidate kindred resolutions by constructing a single alternative, or recommend that an item be adopted, not adopted, referred, or reaffirm existing policy in lieu of one or more resolutions.

Reference Committee Final Report

Each reference committee develops its final report based on the combined testimony from the ORC and the in-person hearings. The report then becomes the basis for upcoming House debate and action. In order that they may be made available to the delegates as far in advance of formal presentation to the House as possible, reports are constructed swiftly and succinctly after completion of the hearings and the executive session.

Each Final Reference Committee Reports to the House addresses each item referred to it as follows:

- The resolution number and title, or the number and name of the report;
- A concise statement of the reference committee's recommendation;
- A summary of the issue under consideration;
- A summary of the debate, as appropriate; and
- Rationale for the committee's recommendations.

The reference committee as a whole reviews the draft Final Reference Committee Report and works with staff to finalize it. The draft Final Report also is reviewed by AMA legal counsel for clarity and potential legal or restraint of trade concerns, and by the Speaker and/or Vice Speaker for parliamentary correctness and clarity of the rationale given for the recommended action. For the avoidance of doubt, AMA legal counsel does not review early drafts of the Final Reference Committee Reports.

The original language of report recommendations and the original resolve clauses from resolutions are included in the Final Reference Committee Reports with a gray background. In addition, where the reference committee proposes policy changes in addition to or different from changes proposed by the original item of business, those changes are shown with double underscore or double strikethrough, and are highlighted in yellow.

A minority report from one or more reference committee members is allowed. Any committee member who intends to make a minority report makes their intention known to the other members of the reference committee while it is in executive session and prior to the presentation of the majority report to the HOD.

Consent Calendar

Each reference committee report includes a consent calendar that groups all items under one of several recommended actions. The order of categories for the consent calendar is as follows:

- Recommended for Adoption
- Recommended for Adoption as Amended
- Recommended for Adoption in Lieu of
- Recommended for Referral
- Recommended for Referral for Decision
- Recommended for Not Adoption
- Recommended for Reaffirmation in Lieu of
- Recommended for Filing

In rare situations, the reference committee report may also include a recommendation for **Withdrawal** or to **Not Accept** (an Informational Report).

Grouping like actions on a consent calendar also facilitates House action on those items. Chapter 9 discusses the meanings of the above recommended actions, as well as how the reports are presented using a consent calendar format.

Reference Committee Report Availability and Distribution

As soon as the Final Reference Committee Reports are approved, they are posted online. Once reproduced, typically several hours after being posted, print copies are made available in a public area near the room in which the HOD meeting is held.

Schedule of Reference Committee Report Presentations

The Speakers determine the order in which the various Final Reference Committee Reports will be considered by the HOD. This schedule specifying the order is distributed along with the Final Reference Committee Reports and is posted online.

Caucusing on Reference Committee Report Recommendations

Delegations, caucuses, and individuals typically review the recommendations on the consent calendar of each reference committee report to determine whether any further action on the part of individual delegates or delegations is necessary. Such action may include extracting an item from the consent calendar for further discussion, offering an amendment to the language proposed by the reference committee, or introducing alternative language to be adopted in lieu of the reference committee's proposed language.

Amendments

The language of proposed amendments should be submitted to the AMA Office of General Counsel through the link provided in advance of HOD deliberations, found at the bottom of each reference committee report or via the posted QR code. Submissions for items in each reference committee should be completed before the HOD begins reviewing the reference committee report. In addition, submitters should allow time for amendments to be reviewed and processed prior to the deliberation of the reference committee report.

The actions recommended by the reference committee on each item are the first order of business up for discussion. As such, proposed amendments should be submitted using the language from the reference committee report with a description of the changes being suggested. Submitters are also required to provide a mobile number, email address and their location within the House to facilitate contact with the author. The submitter will receive an automated on-screen response once submitted. AMA staff prepares the amendment in the proper format for display in the House and will confirm the accuracy of the draft amendment with the submitter (via email or other electronic means). **The amendment may not be projected on the House floor unless legal counsel receives acknowledgement that the amendment has been reviewed and is confirmed accurate.** In addition, staff is available to assist with wording that is correct from a parliamentary perspective.

Each submitted amendment will receive an identifier consisting of a letter denoting the reference committee and the amendment number. The delegate should cite the amendment identifier when presenting the amendment on the HOD floor. Note that any amendment previously offered to a reference committee but not incorporated into the reference committee report must be resubmitted to the Office of the General Counsel if one wishes to offer that same amendment on the floor of the HOD.

Chapter 9: Parliamentary Procedure and the House of Delegates: An Overview

[Chapter/paragraph #s that correspond to AIPSC (2nd ed.) are included for easy reference]

The House of Delegates (HOD) transacts its business according to a blend of rules imposed by the AMA Bylaws, this document, and the current edition of the American Institute of Parliamentarians Standard Code of Parliamentary Procedure) [hereinafter AIPSC (2nd ed.)]. Use of parliamentary procedure allows the HOD to transact its business in an orderly, expeditious and equitable manner.

The majority opinion of the HOD determines what it wants to do and how it wants to do it and should always remain the ultimate determinant. The Speakers have an obligation to sense the will of the HOD, to preside accordingly, and to hold their rulings ever subject to challenge from and reversal by the HOD.

HOD Rules of Order [AIPSC (2nd ed.) 4.41-4.57]

The following are the specific standing rules that apply to each HOD meeting:

1. House Security

Maximum security shall be maintained at all times to prevent disruptions of the HOD, and only those individuals who have been properly badged will be permitted to attend.

2. Credentials

The registration record of the Committee on Rules and Credentials shall constitute the official roll call at each meeting of the HOD.

3. Order of Business

The order of business as published in the Handbook shall be the official order of business for all sessions of the HOD. This may be varied by the Speaker if, in their judgment, it will expedite the business of the House, subject to any objection sustained by the House.

4. Privilege of the Floor

The Speaker may grant the privilege of the floor to such persons as may be presented by the President, or Chair of the Board of Trustees, or others who may expedite the business of the House, subject to objections sustained by the House.

5. Procedures of the House of Delegates

The current edition of the "House of Delegates Reference Manual: Procedures, Policies and Practices" shall be the official method of procedure in handling and conducting the business before the HOD.

6. Conflict of Interest

Members of the HOD who have an interest that is or may be material to the matter being considered and that would reasonably be expected to impair the objectivity of the individual who is testifying, must publicly disclose that interest immediately prior to testifying at a reference committee on the matter or speaking on the floor of the HOD on the matter.

7. Conduct of Business by the House of Delegates

Each member of the HOD and the AMA Officers resolutely affirm a commitment to abide by our AMA Code of Conduct.

8. Respectful Behavior

Courteous, collegial and respectful behavior in all interactions with others, including delegates, AMA and Federation staff, and other parties, are expected of all attendees at HOD meetings, including social events apart from HOD meetings themselves.

Per AIPSC (2nd ed.), temporary rules may be adopted at each meeting and apply only to that meeting. The HOD's temporary rules include the following plus any others deemed necessary by the Committee on Rules and Credentials.

1. Specifying the Limitation on Debate

   There will be a limitation on debate per presentation as presented in a Rules Report by the Committee on Rules and Credentials for each meeting, subject to waiver by the Speaker for just cause.

2. Nominations and Elections (included in Rules reports only at the Annual Meeting)

   The HOD will receive nominations for president-elect, speaker, vice speaker, trustees and council members at the Opening Session of the HOD. After nominations are closed there will be no further nominations. All nominated candidates for any open or potentially open position will be included on the ballot unless they specifically ask for their name to be withdrawn from nomination. The Association's annual election balloting shall be held during an Election Session. The date, time and process will be established and announced by the speakers.

Introduction of Business

Earlier chapters discuss the resolution submission process, the Handbook, the online reference committees and the supplemental packet (Meeting Tote) that includes items not previously distributed. It is important to note that despite advance distribution of these items, the HOD must officially accept them as business through a formal process that takes place during the Second Session of the HOD. The Speakers manage business items in broad categories including the following:

- Reports from the Board of Trustees and councils
  - Informational reports may be extracted and referred to a reference committee
- Memorial resolutions
- On-time resolutions that require action (at the Interim Meeting, the Resolution Committee may recommend that some resolutions not be considered; these are dealt with before other on- time resolutions)
- Late resolutions, as a two-thirds vote is required for acceptance

If a delegate believes an item of business should not be discussed, they may use the motion, "Object to Consideration" after the motion has been made and seconded to accept items as HOD business. By HOD action at A-16, this motion is unique to the HOD, and is an infrequently used motion. Because this limits debate, per AIPSC (2nd ed.) it is not debatable. To pass, three-quarters of those present and voting must vote to not accept the item for consideration.

Once accepted as business of the HOD, items become the property of the HOD. Up to that point, a

resolution sponsor or report author can withdraw their item from consideration. But after the HOD has formally accepted an item as business, permission is required for withdrawal. [The AMA Bylaws also specify the HOD's ability to grant "leave to withdraw," which is addressed later in this chapter.]

Once the HOD formally accepts the items of business and routine matters are handled, the HOD recesses and reference committee hearings are convened. **Chapter 8** provides information on the reference committee hearings and process.

Presentation of the Reference Committee Reports [AIPSC (2nd ed.) 25.42-25.58]

After deliberation each reference committee prepares a final report of its recommendations for HOD consideration. Reference committee reports comprise the bulk of the official business of the HOD, and voting on the recommendations in those reports begins at the third session of the HOD, typically held on Monday at the Annual and Interim Meetings.

The reference committee report makes specific recommendations on each item of business that was assigned to it, although in some cases it may combine related items into a single item of business. Each report is prepended by a consent calendar with the items of business grouped together according to the committee's recommended course of action. Options for recommended action include the following and explanatory comments are provided later in this chapter:

- Adopt (as submitted)
- Adopt as Amended
- Adopt in Lieu of (one item adopted as written in lieu of one or more others; one item amended and adopted in lieu of one or more others; alternate resolution in lieu of)
- Refer
- Refer for Decision
- Not Adopt
- Reaffirm in Lieu of
- File (rarely used)

The specific recommendations for HOD action follow in the body of the report along with the original language of the resolution resolved clauses or report recommendations and commentary describing the rationale for the committee's recommendation(s). The reference committee's recommendations are treated as motions when the report is considered. When the reference committee recommendation is to Not Adopt, the original resolution will be placed before the HOD as the main motion and the Speakers will note that the reference committee has recommended a "no" vote.

The Speakers determine and announce the order of consideration of all reference committee reports Typically, the report of the Reference Committee on Ethics and Bylaws is considered on the first day, so that any proposed bylaw amendments can be drafted, distributed and acted upon on a subsequent day after the required "layover."

The chair of each reference committee introduces the committee's report at which point the Speaker asks if there are extractions from the consent calendar. Any delegate or properly credentialed alternate delegate may extract an item of business from the consent calendar for debate or individual treatment without the need for a second, a vote, or permission to separate it from the other items. The effect is to permit full consideration of the business at hand, unrestricted to any specific motion for its disposal. It should be emphasized that it is only the recommendations of the reference committee that should be debated on the floor of the HOD, and the title of the item under discussion. It is out of order to seek to amend language in the report describing the item or the committee's rationale for its recommendation.

Once items are extracted from the consent calendar, the Speaker calls for a vote to accept the remainder of the items in the manner recommended by the reference committee. If there are items on the consent calendar that require a two-thirds vote for adoption, the Speaker notes that adoption of the consent calendar constitutes the required vote.

Debate on Extracted Items

After the consent calendar has been handled, each extracted item is brought before the HOD for debate and action, and in the absence of other motions, the Speaker asks the reference committee chair to read the reference committee's recommendation. If a particular item has multiple recommendations, each is handled in turn. The reference committee chair does not describe the rationale for the committee's recommendation, although the Speaker may request the chair to make comments during debate.

The most important point to remember is that the reference committee's recommendation is the starting point for any debate that ensues in the HOD. Thus comments—debate, motions—should deal with the particular recommendation being considered, regardless of the number of recommendations on the same item of business from the reference committee. Delegates who wish to speak to a particular item should line up at a microphone and wait to be recognized by the Speaker, who will call on a specific microphone by number (generally 1–6). The Speaker should be addressed as "Madam Speaker" or "Mister Speaker," and when recognized, a delegate should identify themselves by name and indicate whether speaking as an individual or on behalf of a delegation or caucus. This self-introduction should be provided each time they speak, whether on the same or a different item and regardless of how recently they were at the microphone. The delegate should also disclose any conflicts of interest they (or the delegation being represented) have with respect to the issue at hand (see **Chapter 2** for more information on Conflicts of Interest). **All comments should be addressed to the Speaker.**

The delegate then should make a specific motion or provide further debate. Specific motions utilized by the HOD are addressed later in this chapter. If a motion is made on behalf of a delegation, a second is not needed and the Speaker acknowledges that fact. If it is an individual making a motion as an individual, the Speaker calls for a second. If a second is received or not needed, the delegate may continue to comment. Typically, there is a limitation on debate per delegate speaking on each item of business, which is established when the HOD ratifies the Rules Report from the Committee on Rules and Credentials. The Speaker may waive the rule for just cause. If proposing an amendment, the amendment should be submitted in advance to the onsite Office of the Speaker, which will provide an identifier including the specific reference committee and amendment number when it is received. When an individual proffers the amendment, the identifier should be cited for projection. If the amendment is relatively minor, a change of few words, a written amendment may not need to be submitted, but the wording changes still need to be projected. The process for submitting amendments is described in **Chapter 8.**

HOD Motions

While following the debate can be confusing, the point of parliamentary procedure is to ensure that business is transacted in an orderly fashion, ensuring that decisions are made by the majority while protecting minority interests. It is helpful to remember that each recommendation in a report or resolve clause in a resolution is a motion and a well-formed recommendation or resolve clause will stand alone, not requiring reference to accompanying statements to be understood.

From a parliamentary point of view, each recommendation/resolve is a main motion. That is, the motion is a proposal from its sponsor for the HOD to take a specific action or declare its position.

The reference committee's recommendations are treated as specific-purpose main motions. Motions have an order of precedence as outlined in the following table: a motion with a lower precedence

cannot displace one of higher precedence. In addition, the Speaker may rule that the motion is not in order (e.g., it may not be timely). Appendix B includes a chart of motions that may be helpful in understanding the language of the motion, when the motion can be used, and the rules that apply to the various motions.

Precedence	Motion	
Highest	Adjourn	}Privileged motions
2	Recess	
3	Question of privilege	
4	Object to consideration	}Subsidiary motions[1]
5	Table[2]	
6	Close debate and vote immediately	
7	Limit or extend debate	
8	Postpone to a certain time	
9	Refer for decision	
10	Refer for report	
11	Amend	
Lowest	Main motion/specific-purpose main motions[3]	

[1] Subsidiary motions are subsidiary to (derive from) a main motion.
[2] Per HOD action, the motion to table a report or resolution is in order only until the HOD takes final action on that item.
[3] See Appendix B for a list of main motions and specific-purpose main motions.

Definitions of Subsidiary and Main Motions

The procedural motions used by the HOD are listed in order of precedence. In general, these motions are used as described in the AIPSC (2nd ed.), but exceptions are noted and explanatory comments are offered.

- *Object to Consideration* -- The HOD has established a motion to "object to consideration." Any delegate has the freedom to propose a resolution on any topic, and the HOD has placed very few limits on submitted resolutions. The unfiltered open access of our HOD demands some mechanism for the assembly to object to consideration of an item, and our tradition of protecting the minority voice demands that this mechanism requires a high hurdle. Accordingly, the motion requires a three-fourths vote for passage. The motion cannot interrupt a speaker, requires a second, cannot be amended, takes precedence over all subsidiary motions and cannot be renewed. Per AIPSC (2nd ed.), this motion is no longer debatable. It is anticipated that this motion will rarely be used.

  After reports and resolutions have been accepted as items of business of the HOD the motion is no longer in order. If a delegate wishes to dispose of an item that has been accepted for business without further discussion or action, the appropriate motion is the "motion to table".

- *Table* -- The motion "to table" is the second highest subsidiary motion that can be applied to a main motion. When adopted, a motion to table disposes of a main motion without a direct vote on the main motion. For example, during consideration of an item in a reference committee report it may become clear that the HOD is best served by disposing of the item without further debate or a formal vote. A two-thirds vote without debate is required. The motion to table is not renewable and may not be reconsidered. However, the underlying motion (i.e., the motion that was "tabled") may be reconsidered through the usual "motion to reconsider," which is a specific-purpose main motion. Limited debate on the reason(s) to reconsider is allowed, but debate on the underlying motion itself would be "out of order." Reconsideration requires only a majority vote. While

passage of a motion to table a main motion removes all pending amendments as well as the main motion, reconsideration, if successful, returns only the main motion, with any amendments that had been adopted prior to the motion to table, but amendments that were pending at the time the main motion was tabled do not return. By HOD action at A-16, the motion to table is only in order after an item of business has been referred to reference committee. Thus, your Speakers have interpreted this to mean that the motion to table a report or resolution that has not yet been considered at a reference committee is out of order. The appropriate motion to prevent an item from being discussed at reference committee is the "motion to object to consideration" proffered at the second session of the HOD when items are proposed as business of the HOD. The motion to table is also subject, of course, to the underlying item being before the House as the main motion and before the time that the HOD has taken final action on that item. [ASPSC (2nd ed.) 14.116-14.124]

- *Close Debate and Vote Immediately* -- This subsidiary motion is sometimes referred to informally as "calling the question." The HOD has adopted policy that both pro and con debate must have been heard before a motion to close debate and vote immediately is in order. While AIPSC (2nd ed.) recommends making this motion amendable, your Speakers have determined that the practice of allowing the maker of the motion to apply it to as many matters as they wish, will continue. This motion is not subject to discussion, cannot interrupt a speaker and requires a two-thirds affirmative vote. A motion to vote immediately may not be made as part of one's comments during debate on an issue, and the delegate may not comment beyond the fact that they believe that both sides of the issue have been heard. If this motion prevails the HOD proceeds to vote on the item of business without further debate. [AIPSC (2nd ed.) 14.100-14.115]

- *Limit or Extend Debate* -- At the outset of the HOD meeting, through adoption of Temporary Rules proposed by Committee on Rules and Credentials, the HOD establishes a time limit that governs how long an individual can debate any particular issue. There are times when an HOD member may move to either further limit the time for debate, or, alternatively, may move to remove restrictions of the time limit for a particular issue or for the remainder of the meeting. The maker of the motion should be specific. For example, "I move that we establish a 2-minute limitation on debate." Because this motion suspends the rules of procedure it requires a 2/3 majority to be adopted and applies to the remainder of the meeting unless specified otherwise. [AIPSC (2nd ed.)14.87-14.99]\

- *Postpone to a Certain Time* -- The purpose of this motion is to delay consideration, or further consideration, of a pending item until a certain time. This motion may delay to a specified time or after a specified event (e.g., after the arrival of a particular delegate who has important information, after lunch or after the HOD considers a different pending item). This motion can be amended only as to the definite time for postponement, with debate limited to a brief discussion of the time or reason for postponement. Any pending motions adhere to the main motion and are also postponed. The motion to postpone temporarily without time certain is not permitted. [AIPSC (2nd ed.)14.63-14.86]

- *Refer* -- On occasion, particularly on complex issues, the HOD decides that more information is required to make a final decision on a recommendation or resolution. In these circumstances, a delegate may make the motion to refer the item to the Board for further examination before the Board determines the best course of action for the Association (referral for decision) or for further study with a report back to the HOD allowing the HOD to review the information to determine the best policy (refer for report).

  Under AIPSC the motion is "refer to committee," but the HOD uses distinct motions of "refer for decision" and "refer for report." While this distinction is not specified by AIPSC (2nd ed.), it has served our HOD well over time and allows the will of the assembly to be clear. The HOD has determined that the motion to "refer for decision" is one step higher in precedence than the motion to "refer for report". This allows the shift from a motion to "refer for report" to a motion to "refer for decision" but not vice versa. As such, a motion to "refer for decision" must be defeated before a motion to "refer for report" would be in order. During debate on "referral for

decision", comments as to the reason to defeat the motion to allow a motion to refer for report would be in order. Because both motions to refer have a higher precedence than the underlying main motion, it is necessary to defeat the motion to refer in order to amend or otherwise act on that underlying main motion (i.e., the report recommendations or resolution clauses).

If the reference committee's recommendation is to refer the item, whether for decision or for report, the motion before the HOD becomes referral of the item. If referral is defeated, the motion on the floor is the original resolution or report. When a motion to "refer" an item is made from the floor and fails to pass, the HOD then resumes consideration of the item at the point at which the motion to refer was proffered. If the item was amended prior to the motion to refer and referral is defeated, the HOD resumes discussion of the item as amended. If the motion to refer was made when an amendment was still being debated and referral is defeated the HOD would resume discussion of the pending amendment.

Traditionally in our HOD the motion to refer applies to the entire pending item of business. Referral of a single resolve of a resolution with multiple resolves or a single recommendation of a report with multiple recommendations may be allowed, at the discretion of the Speaker, provided that the resolve or recommendation is able to "stand alone" and referral of the resolve or recommendation does not render the remainder of the item illogical or meaningless.

- *Refer for Decision* -- When the HOD refers an item of business to the Board for decision, the HOD delegates to the Board the decision as to what action is appropriate. Once the Board determines the appropriate action, it proceeds to implement the decision. Even without a request to report back, the Board subsequently informs the HOD of the action via the status chart submitted to the Delegates posted on the HOD website, and may use other appropriate means to communicate the action A motion to "refer for action" is equivalent to a motion to "refer for decision."

- *Refer for Report* -- The motion to "refer for report" will send the item to the Board (or to an AMA council through the Board) for study and report back to the HOD. In the absence of a specific motion to refer for decision or report, the Speakers will interpret a simple motion to "refer" as a motion to refer for report. Also, a motion to "refer for study" is equivalent to a motion to "refer for report." The HOD may request a specific time for the report to be returned (for example, "with a report back at the next Interim Meeting of the House of Delegates"). Without such a request, the matter of reporting back and its timing is up to the body receiving the referral. If the motion to refer is adopted, all pending or adopted amendments as well as the main motion are referred. All referrals to specific councils are made through the Board.

- *Amend* -- A motion to amend is to change a motion being considered by the HOD, usually by addition, deletion, or addition *and* deletion, (see also discussion re: the motion to "adopt in lieu" below). Proposed changes to the main motion are called "first order amendments." Amendments are handled in the reverse order in which they are made. Amendments must be germane to the original motion and may not delete the entirety of the original motion.

  - *Second Order Amendment* -- An amendment to a pending first order amendment is considered a "second order amendment." Second order amendments are dealt with by the HOD before returning to discuss the first order amendment. Parliamentary rules do not allow any proposed changes (third order amendments) to a pending second order amendment. If the HOD does not like the pending second order amendment exactly as proposed it should defeat the second order amendment, and once the HOD returns to discussing the first order amendment a delegate may propose new language by addition and deletion (a new second order amendment). Once all amendments are voted upon the HOD attention returns to the main motion. The section below provides further details on Main and Specific-Purpose Main Motions. [AIPSC (2nd ed.) 14.2-14.51]

- *Amendments preferred by Reference Committee* -- The Speaker initially places before the HOD the amended language from the reference committee (this is a first order amendment as discussed above), together with the committee's recommendation for adoption. It is then in order for the HOD to apply amendments of the second order in the usual fashion. Amendments of the second order need to be germane or pertinent to the first order amendment and relate only to that amendment. Amendments proposed by a delegate are projected. Subsequent amendments of the second order or of the first order after the reference committee amendments have been disposed of can also be made. The matter may be restored to its original (unamended) form by defeating the reference committee's recommended amendment. After each reference committee recommendation for an item has been considered, the Speaker will call for a vote on the entire item as it has been altered by the HOD. At that point, a delegate may move a new first order amendment on another part of the item of business. [AIPSC (2nd ed.) 14.2-14.51]

- *Adopt in Lieu of* -- The reference committee may recommend the adoption of alternative language in lieu of some or all of the original language, or it may combine items into a single item of business and recommend adoption in lieu of the originals. Under AIPSC (2nd ed.) the motion to "adopt in lieu of" is a specific-purpose main motion, subject to first and second order amendments like any other main motion. If the motion to adopt in lieu of is adopted, it enacts the motion itself while simultaneously defeating the underlying motion or motions. If it is defeated, the original item or items are further considered only if a member moves the adoption of one or more; none automatically becomes the item of business. If it were to be the case that no one moves an underlying resolution, all would be considered to have been defeated. To be clear, when the recommendation to "adopt in lieu of" has been made and someone wishes to have an underlying resolution considered separately this can be accomplished in two ways: 1) by defeating the motion and then raising the underlying original resolution as a separate motion; or 2) proffering the language in one of the original proposals as an amendment to the "adopt in lieu of" language which is a pending main motion. [AIPSC (2nd ed.) 13.3-13.8]

- *Reconsider* -- This motion, if passed, allows the HOD to debate and vote again on an item previously voted on at the same meeting, if legally and physically possible to do so. Under AIPSC (2nd ed.), the motion to reconsider can only be applied to a main motion, but within our HOD the motion for reconsideration of a subsidiary motion may be allowed at the Speaker's discretion, when the will of the HOD is to reconsider a single first or second order amendment within debate of a complex issue. The motion to reconsider can be proposed at any time before the meeting adjourns and may be made by any delegate. Only a simple majority is required to reconsider the requested item. The motion to reconsider must be made prior to adjournment. AMA policy clearly states that adjournment of any HOD meeting finalizes all matters considered at that meeting. Items from one meeting are not subject to a motion to recall from committee, a motion to reconsider or any other motion at a succeeding meeting. If an item is reconsidered, the original item, as though no action had been taken, is taken up for debate and vote. [AIPSC (2nd ed.) 13.28-13.41]

Privileged and Incidental Motions

Privileged motions address basic member rights, actions requiring immediate attention and actions of the assembly as a whole. They do not relate to pending business but when moved take priority over any main motion, specific-purpose main motion or pending subsidiary motions. Privileged motions can interrupt if immediate action is required and do not require a second.

The HOD typically uses the *privileged motion* of "point of personal privilege" to notify the Speaker, when a microphone is out of order, the room is excessively hot (or cold) or if presentations cannot be seen or heard [AIPSC (2nd ed.) 15.1-15.14].

While your Speakers appreciate everyone's desire to share information, questions of personal privilege should "pertain to an individual member or a small group of members and usually relate to

their rights, reputation, conduct, safety, or convenience as members of the body." Points of personal privilege that do not pertain to such matters (e.g., speeches, sports updates, and competitive challenges), no matter how worthy the cause, are deemed requests and are not proper and will be ruled out of order. As has been our custom, at appropriate times, the Speaker does allow brief announcements of upcoming functions and events that occur during the meeting.

Incidental Motions are motions that deal with how the assembly conducts its business rather than with the substance of the business itself. Such motions include the motion to appeal, point of order, and parliamentary and factual inquiries, and motion to divide.

If a delegate chooses to *appeal* the Speaker's ruling, business is deferred until the appeal is decided, usually in consultation between the Speaker and Vice Speaker, but occasionally with AMA legal counsel and/or other members of the Board. The Speaker will announce the decision at which point if the response is not acceptable to the delegate, the Speaker may ask for a vote of the HOD. The Speaker and the delegate then are each allowed to explain their respective positions, and then the HOD votes whether to sustain the Speaker's decision or to overrule the decision. [AIPSC (2nd ed.) 16.32-16.46]

A *point of order* calls the attention of the Speaker and the HOD to a violation or potential violation of the rules, an omission, a mistake or an error in procedure. A point of order interrupts business until the Speaker rules that the point of order is or is not well taken. If well taken, the Speakers orders the mistake or omission corrected. [AIPSC (2nd ed.) 16.19-16.30]

A *parliamentary inquiry* allows a delegate to ask the Speaker a question relating to procedure in conjunction with a pending motion or with a motion the delegate wishes to make. A *factual inquiry* allows a delegate to ask for facts about the pending motion or for information on its meaning or effect. [AIPSC (2nd ed.) 16.47-16.61]

There are two types of *motions to divide*.

- *Division of a question* is used to divide a main motion or specific-purpose main motion containing at least two distinct proposals into individual proposals that may be voted on separately. This is most often used when there are multiple resolved clauses in a resolution or multiple recommendations in a report and there has been a great deal of discussion on one of them. Once each clause has been voted upon and either accepted or denied, then the whole matter is voted on in totality. [16.69-16.85]

- *Division of the House* is used to verify an indecisive voice vote. Typically, in our HOD, electronic voting is then used [AIPSC (2nd ed.) 16.86-16.94].

Understanding House Action

In the interest of clarity, the Speakers provide the following explanatory comments so that the HOD clearly understands the precise effect of the language used in disposing of items of business, whether using a consent calendar or considered individually on the floor of the House.

- *Adopted:* The HOD acknowledges that the recommendations of a report or a resolution have been considered and on adoption will be implemented according to what is stated in the recommendation(s) or resolution: new HOD policy, modify current HOD policy, modify AMA Bylaws, rescind HOD policy, reaffirm HOD policy, or directive to take action. [The body of a report is never adopted but rather filed; only the recommendations are adopted. For resolutions, only the resolved statements become policy and are subsequently published in the HOD Proceedings.]

- *Adopted as Amended:* The HOD acknowledges that the recommendations of a report or a resolution or a title as amended by the reference committee or the HOD have been considered and on adoption will be implemented according to what is stated in the amended recommendation(s) or resolution: new HOD policy, modify current HOD policy, modify AMA Bylaws, rescind HOD policy, reaffirm HOD policy, or directive to take action.

- *Adopted in Lieu of:* The HOD acknowledges that one item has been adopted as written in lieu of one or more other items, or that one item was amended and adopted in lieu of one or more other items. Adoption in lieu of can also mean that the HOD acknowledges that it adopted alternate language in lieu of the original or amended item, or that it is reaffirming existing policy in lieu of the pending item(s).

- *Referred for Decision*: The HOD acknowledges that it does not wish to make a final decision on a report's recommendation(s) or the resolution(s) in its (their) existing form(s), and it wishes to delegate to the Board the decision as to determine what action is appropriate. Once the Board determines the appropriate action, the Board subsequently will inform the HOD of the action via the status chart submitted to the Delegates with the Handbook prior to the next meeting, and may use other appropriate means to communicate the action, such as AMA publications.

- *Referred or Referred for Report*: The HOD acknowledges that it does not wish to make a final decision on a report's recommendation(s) or the resolution(s) in its(their) existing form(s) at this time, and it wishes to refer the matter to the Board (or to an AMA Council through the Board) for further study and report back to the HOD at a subsequent meeting. Unless the motion specifies a specific time for the report to be returned (for example, "with a report back at the next Interim Meeting"), the matter of reporting back and its timing is up to the Board.

- *Reaffirmed in Lieu of:* The House acknowledges that the existing policy has been reaffirmed. This resets the sunset review clock for 10 years.

- *Withdrawn*: The HOD acknowledges that a report or resolution was withdrawn. As previously noted, a resolution's sponsor may withdraw a resolution without HOD action prior to it being formally accepted for business at the Second Session of the HOD. However, a request for withdrawal after that time requires HOD approval. If the HOD approves this action, the resolution is withdrawn and is recorded in the minutes of the meeting as having been withdrawn without action.

- *Filed*: The HOD acknowledges that a report has been received and considered, but that no formal position upon it is either necessary or desirable. This does not establish HOD policy or have the effect of placing the Association on record as approving or accepting responsibility for any of the material in the report. This action dispenses with informational reports (those reports with no recommendations) or the body of reports that have recommendations. Any recommendations from reports are handled with the above actions prior to the motion to "file the remainder of the report." The body of reports, even when "filed," do not create new HOD policy, modify current HOD policy, modify AMA Bylaws, rescind HOD policy, reaffirm HOD policy, or direct AMA action.

- *Not Accepted*: This action is used only for informational reports that the HOD votes not to accept and is an action equivalent to "not adopt" for a resolution. An informational report that is not accepted appears in its entirety as an informational report in the Proceedings, but nonacceptance is prominently notated in a watermark to make clear the House action.

Voting Options/Methods

A simple majority vote of the HOD is required for most items of business (with exceptions clarified in a later chapter). The affirmative vote is taken first, followed by the negative vote.

The Speakers utilize one of 2 voting methods to establish the will of the HOD on how it wishes to handle a particular item: 1) Oral (voice) vote; or 2) Electronic vote. When the vote is taken by oral vote and after the Speaker has announced the result, the Speaker or any HOD member may ask for "division of the House" or simply "division," meaning a counted vote.

The Dynamic Nature of HOD Rules

Despite the formality of the proceedings, the Speakers are willing to help a delegate achieve their desired goal. The Speakers convene the Speakers' Open Forum during meetings of the HOD to bring together those delegates, alternate delegates and others who are interested in HOD procedure, and attendees are encouraged to bring concerns to the Speaker so they can be addressed by a larger body. Additionally, the Speakers have made available an online open forum for comments in between meetings. It should be noted that the rules under which the HOD operates are constantly being fine-tuned by the HOD and/or the Speakers to help the HOD deal with its business as easily and expeditiously as possible.

Chapter 10: Special Items and their Treatment in the HOD

Items of Business which may not be Modified by the House

The **Bylaws of the Association** establish that certain matters of business may be accepted or rejected by the House but not modified by it. The nomination by the President-Elect to fill a vacancy on the Council on Ethical and Judicial Affairs and the nomination by the Selection Committee for the Public Member of the Board of Trustees are such matters. The nominee so presented may be elected or rejected but nominations from the floor are not in order.

Reports which may be Modified by the House and Criteria applied

Opinions and Reports of the Council on Ethical and Judicial Affairs (CEJA) -- CEJA issues both **Opinions and reports**. CEJA may provide a description or discussion of the underlying facts and circumstances leading to the development of the Ethical Opinion, and also an explanation of the Opinion and the reasons for its adoption. This explanatory material is neither the opinion of the Council nor the policy of the Association. CEJA also will identify one or more **Principles of Medical Ethics** that form the basis for issuing the Ethical Opinion. CEJA Opinions will be placed on the Consent Calendar for filing, but may be extracted from the Consent Calendar on motion of any HOD member and referred to a reference committee. HOD members may discuss an Ethical Opinion fully in reference committee and on the floor of the HOD. Motions are in order to request that CEJA reconsider or withdraw the opinion, but may not mandate such action. After the HOD concludes its discussion of Ethical Opinions, Opinions that are not withdrawn by CEJA are filed. CEJA reports may be amended for clarification with the concurrence of the Council, and may be adopted, not adopted or referred.

Reports from the Council on Science and Public Health (CSAPH) -- CSAPH reports that establish scientific policy also may be treated differently than other council reports. The Speakers shall alert the HOD to those scientific reports of the CSAPH which should be adopted, not adopted, filed or referred back but may not be amended without the concurrence of the CSAPH chair. Any ruling of the Speakers on those CSAPH reports that fall within the above proscription against amendment is subject to the right of appeal from the decision of the Speaker. Those restricted reports shall be identified directly on the report.

Reports from other AMA Councils -- **AMA policy** allows for: (a) correcting factual errors in AMA reports, (b) rewording portions of a report that are objectionable, and (c) rewriting portions that could be misinterpreted or misconstrued, so that the "revised" or "corrected" report can be presented for House action at the same meeting whenever possible. The exceptions are CEJA reports and some CSAPH reports.

The Speakers have interpreted that AMA policy as meaning that only the recommendations of a report may be modified at the HOD's discretion. The body of the report may only be modified (for instance, if there is a factual error in the text) with the concurrence of the report's author.

Informational Reports

Informational reports provide data, facts, feedback, and other types of information, but do not include recommendations. They are intended to provide information without being actionable unless extracted. The HOD typically files informational reports, the text of which are subsequently published in their entirety in the meeting Proceedings. The HOD also has two other options to dispose of an informational report: refer and not accept. Furthermore, the House may also amend an informational report, like any other report, for clarity and/or accuracy with the concurrence of the author. If an informational report is amended for action, however, it is no longer considered an informational report. The HOD may also grant the author leave to withdraw an informational report.

Any informational report that the HOD votes to not accept will be published in the Proceedings in its entirety, but be clearly labeled with the HOD action. The Proceedings will use a prominent "not accepted" watermark to designate any informational report that the HOD votes to not accept.

Information Statements

Information statements, by their very nature, are intended to require no action and are simply brought to the HOD for its attention. However, if an information statement is extracted, it is managed by the Speakers in an appropriate manner, which may include a simple editorial correction up to and including withdrawal of the information statement. Information statements do not become part of the meeting proceedings.

Amendments to the AMA Constitution and Bylaws

Constitution -- The **AMA Constitution** may not be amended during the course of a single Annual or Interim Meeting. **Changes to the AMA Constitution** must be introduced at one meeting and receive a simple majority vote of those present and voting. The matter is then automatically referred by the Board to the Council on Constitution and Bylaws for presentation at the next HOD meeting.

At the ensuing meeting, the proposal may be adopted and the Constitution accordingly amended by a two-thirds affirmative vote of the voting delegates registered with the Credentials Committee as long as the exact wording of the amendment is the exact language approved by the HOD at the prior meeting. If the exact wording is different, then it must lay over until the subsequent meeting.

Bylaws -- The **AMA Bylaws** may be **amended** during the course of an Annual or Interim Meeting if the Council on Constitution and Bylaws report proposing the amendment is submitted and accepted as business of the HOD so that it may lay over at least until the next day before adoption. Resolutions may not directly offer amendments to the Bylaws but rather should request the desired outcome. If such a request is planned it is highly desirable that advance notice be given to the Council on Constitution and Bylaws which is charged with developing a report with the proposed new bylaw language.

If the reference committee has recommended that the Bylaws language proposed by a report of the Council on Constitution and Bylaws be adopted, the sustaining vote must be two-thirds of those present and voting. Note that such council reports may be amended on the floor of the HOD and do not require further layover. However, adoption of the amended report still requires a ⅔ vote of the HOD."

Alternatively, if the reference committee recommended referral to the Board, referral requires a simple majority. A positive vote on referral means that the Bylaws are not yet amended.

Principles of Medical Ethics

The **Principles of Medical Ethics** of the American Medical Association may be amended at any convention on the approval of two-thirds of the members of the HOD present and voting, provided that the proposed amendment was introduced at the preceding meeting, and that the exact wording from the previous meeting is approved. If delegates choose to further amend the language, it must lay over until the subsequent meeting.

Chapter 11: Elections

The AMA officers (e.g. positions on the Board of Trustees, excluding the secretary, the medical student trustee, and the public member of the board) and four councils are elected by the American Medical Association House of Delegates (AMA-HOD) at an Election Session at the Annual Meeting. Candidates for these offices are widely solicited throughout the Federation. Candidates officially announce their candidacy by submitting an announcement card to the HOD Office. Announcement cards may only include the following elements: the candidate's name, a single photograph of only the candidate, the office sought, the sponsoring group, if any, and a list of endorsing groups, if any. Cards are first projected at the close of the Annual Meeting one year in advance of the elections and are posted on the **AMA election website** following the meeting. Cards are also projected at the conclusion of the following Interim Meeting. The **HOD website** provides links to various materials useful to those contemplating seeking an office. These resources include election bylaws, election policies (including a glossary of election terms), and candidate endorsement guidelines.

Candidates may only be "**sponsored**," a specific type of endorsement, by the single HOD member entity (e.g. state or specialty society, PIMA, federal service, or AMA Section) for which they are an identified representative (e.g. the candidate serves as an AMA-HOD delegate or alternate delegate for the organization). The only exception is for current trustees seeking re-election who may be sponsored by the entity for which they served as an HOD delegate or alternate delegate prior to their election as a trustee. Sponsoring groups are not required to be listed on the Group Endorsement List.

Candidates may only receive **endorsements** from groups other than their sponsoring group, found on the corresponding election cycle's **official Group Endorsement List** posted by the HOD Office on the **AMA election website**. Any groups wishing to endorse candidates are required to submit information for **each** election cycle by the deadline established by the HOD Office. Endorsements may only be offered to candidates during the endorsement window for **each** election cycle as posted by the HOD Office.

All **nominations**, including those for previously announced candidates and those who wish to be "nominated from the floor," are offered at the Opening Session of the House of Delegates meeting at which an Election Session will be convened. Per bylaw 3.3, nominations for officers are made by a member of the House of Delegates. For the office of president-elect, nominating speeches are traditionally offered by a member of the House chosen by the candidate. When uncontested, the speaker and vice speaker nominations are typically offered by the chair of their delegation.

Nominations for contested officer positions are offered by the candidate in a self-nominating speech. For uncontested officer elections, the candidate's name will be placed in nomination by the speaker. Per bylaw 6.8.1, nominations for candidates of the elected councils, excluding the medical student member, are presented by the chair of the board of trustees and entered into nomination by the speaker.

Campaigns are conducted under **rules** established by the AMA-HOD. A Candidate Guide is distributed to all candidates and identified campaign team members which further delineates the rules and guidelines to be followed for AMA campaigns. All candidates are required to attest that they will abide by these rules and guidelines.

The elections are conducted under the supervision of the Committee on Rules and Credentials and the chief teller, who are appointed by the Speakers. The Speaker and Vice Speaker are responsible for the overall administration of the elections. Voting is conducted by secret ballot. Further details regarding AMA- HOD elections policy and bylaws and campaign rules can be found on the AMA Election website.

The Councils on Legislation and Long Range Planning and Development are appointed by the Board of Trustees, and there are other appointed AMA leadership positions as well. Information on those positions and the selection process can be found **online.** Each AMA Section holds elections for its governing council and elects or appoints other leadership positions. Information about these positions can be found on the individual **Section websites.**

Chapter 12: Post Meeting

Annotated Reports

Final Reports of each Reference Committee, annotated with final action and clean language as adopted by the HOD, are posted on the recent meeting's webpage as soon as available. Each contains the following DISCLAIMER: The following is a preliminary report of actions taken by the HOD at its (year) (Annual, Interim or Special) Meeting and should not be considered final. **Only the official Proceedings of the House of Delegates reflect official action of the House of Delegates.** Each meeting proceedings is posted when completed at which time the Annotated Reports will be removed.

PolicyFinder

After each House meeting, the Speakers oversee the process of updating the AMA policy database to reflect the actions taken by the HOD, changes to the AMA Constitution and Bylaws, and any modifications that CEJA has made in its Current Opinions. New policies are categorized and added; rescinded policies are deleted; and policies that have been amended are modified to reflect the action of the House.

The AMA policy database is maintained in **PolicyFinder**, which enables keyword searches of the policy database. PolicyFinder includes the AMA Bylaws, CEJA Opinions, and AMA policies and directives. It also includes links from recent policies derived from a report to the report. This program is very helpful in assisting delegates and alternate delegates in researching AMA policy prior to introducing a resolution, in preparing for reference committee and HOD debate, and in communicating AMA policy.

Sunset Process

Each AMA policy and/or directive is reviewed for relevance at least every ten years. A **sunset mechanism** is in place to review every policy that is 10 years old, and to issue a report to the HOD to rescind or retain the policy. The objective is to ensure that the AMA policy database is current, coherent, and relevant by eliminating outmoded, duplicative, and inconsistent policies. Also, when an existing policy is reaffirmed in lieu of a resolution or report recommendation, that resets the "sunset clock" so such policies will remain viable for 10 years from the date of reaffirmation. Note, however, that a policy may be altered or rescinded at any time.

Reconciliation Process

Per Policy **G-600.111,** Consolidation and Reconciliation of AMA Policy, AMA's policy database should not include duplicative, conflicting or inconsistent AMA policies. Any group seated in the HOD is urged to identify inconsistent or obsolete policies and report those to the HOD Office. The Speakers will review and present one or more reconciliation reports for action by the HOD relating to newly passed policies from recent meetings that caused one or more existing policies to be redundant and/or obsolete. Where a report is needed to reconcile disparate policies, the Speakers will identify the appropriate council or group responsible for the reconciliation report on a specific topic.

Proceedings

Only the **Proceedings of the House of Delegates** reflect official policy of the Association. The Proceedings include the disposition of all resolutions and reports. Resolutions appear with the

ratified "Resolved" clauses. Reports from the Board, Councils, and special committees appear in their entirety, including informational reports. Other elements included are:

- Detailed Table of Contents
- Listing of retiring delegates and executives
- Roster of reference committees and their members
- Memorial resolutions
- Election results (if applicable)
- Reports from the Committees on Rules and Credentials
- Reference Committee Reports Annotated with final House action (recent online Proceedings only)
- Listing of General Officers, Board of Trustees and Councils
- Listing of HOD delegates and alternate Delegates
- Speeches
- An index to the volume

Meeting Proceedings are available **online** on the HOD website, generally for ten years. The AMA also maintains a digital **AMA Archives,** which includes AMA historical documents, including meeting proceedings going back to 1883.

Reports under Development

AMA **policy** calls for **a list of forthcoming reports** to be posted on the HOD website to allow HOD members, other AMA parties (e.g., councils, sections, etc.), AMA members and others to provide comments on the activities and work of the AMA Councils on a timely manner.

Board Review of HOD Actions

The Board reviews all resolutions and recommendations adopted by the HOD to determine how to fulfill the charge from the HOD. When situations preclude successful implementation of specific resolutions, the HOD and authors, when they can be identified, are advised of such situations so that further or alternative actions can be taken if warranted.

In determining how to implement an action, the Board will consider the scope of the proposed expenditure and whether it is consistent with the AMA's vision, goals, and priorities. When the Board recommends that a proposed expenditure is not prudent and is inadvisable, the Board will present alternative actions, if feasible, in its report to the HOD.

Board Updates on Items Adopted or Referred

The Board keeps the HOD apprised of the status of adopted or referred resolutions and recommendations in reports and what actions have been taken on them over a one-year period.

The Board also publishes **online a chart of actions** taken by the Board, Councils, Committees, and staff on resolutions and report recommendations from the past two HOD meetings, entitled "Follow-up Implementation of Resolutions and Report Recommendations." This chart includes those items referred to the Board for decision. The website contains multiple years of implementation charts.

Board Actions When Existing AMA Policy is Incomplete, Lacking or Contrary

The Board conducts the affairs of the AMA in keeping with current policy actions adopted by the HOD. According to **Policy G-600.071**, the most recent policy actions shall be deemed to supersede contradictory past actions. In the absence of specifically applicable current statements of policy, the Board determines what it considers to be the position of the HOD based upon the tenor of past and current actions that may be related in subject matter.

Such determinations are considered to be AMA policy until modified or rescinded at the next regular or special meeting of the HOD. Further, the Board has the authority in urgent situations to take those policy actions that the Board deems best represent the interests of patients, physicians, and the AMA.

In representing AMA policy in critical situations, the Board takes into consideration existing policy. The Board will immediately inform the Speaker and direct the Speaker to promptly inform the members of the HOD when the Board has taken actions which differ from existing policy. Any action taken by the Board which is not consistent with existing policy requires a 2/3 vote of the Board. When the Board takes action which differs from existing policy, such action must be placed before the HOD at its next meeting.

Appendix A: General Meeting Information

Meeting location

Annual meetings are held in Chicago, but interim meetings are convened in other cities. **AMA policy** provides some general guidelines on when and where HOD meetings may take place. Meeting sites are chosen based on their size, available services, location, cost and similar factors. HOD meetings can only be held in a town, city, or state that has enacted comprehensive legislation requiring smoke-free worksites and public places (including restaurants and bars). **AMA policy** also precludes meetings in cities, counties, or states, with exclusionary policies, including, but not limited to, policies based on, race, color, religion, national origin, ethnic origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age unless intended or existing contracts or special circumstances justify an exception.

Upcoming HOD meeting dates are posted on the **HOD website**. Dates and locations are typically established five years in advance. The Board may change the dates and the city at any time, but no later than 60 days prior to the dates selected for that meeting.

Hotel and Air Reservations

The AMA contracts centrally with one or more hotels for sleeping accommodations and/or meeting space. Information regarding hotel rates and availability are made available to HOD representatives and other meeting attendees, as well as published on the **HOD website.** Similarly, HOD delegates are notified of any airline discounts, with information also made available on that same HOD website.

Meeting Attire

The Speakers set the dress code for each HOD meeting and announce it in various communications in advance of the meeting, including the Speakers' Letter. When the dress is designated as "business casual," that means long- or short-sleeved shirts with collars for men, and dresses or blouses with skirts or slacks for women. Jackets or sweaters are optional, and ties are not required. Those seated at the head tables during general business sessions of the HOD, including reference committees, are requested to wear business attire. Business attire is also proper for the inaugural and dinner-dance, with formal attire (black tie) optional. Exceptions are announced in the Speakers' Letter.

Credentialing and Meeting Registration

Under AMA Bylaws, all delegates and alternate delegates must be properly credentialed. Societies represented in the HOD are responsible for credentialing. Prior to each meeting, delegates and alternate delegates should check with their sponsoring society to ensure that their names have been correctly submitted to the HOD Office by the credentialing deadline 45 days in advance of each meeting. Individuals whose credentials have not been confirmed prior to the meeting will have to be accompanied to the AMA Registration Desk by the credentialling authority for their society in order to be credentialed. All individuals credentialed after the 45-day deadline will be listed as temporary delegates or temporary alternate delegates.

All delegates and alternate delegates, Federation and AMA staff, guests and others who will be attending the HOD meetings and/or reference committees are required to register. Registration details appear on the **HOD meeting website.** Participants also are requested to provide emergency contact information.

Per Policy **H-140.837, HOD meeting a**ttendees, including delegates, alternate delegates and staff, are expected to provide current contact information, including email addresses, mailing addresses, and mobile numbers. By providing the requested information, attendees are consenting to be contacted by email, mail, phone, and text by the AMA. This contact information is necessary for essential

communication from the HOD Office throughout the year.

Attendees pick up badges onsite at the AMA Registration desk. For security purposes, attendees are required to provide photo identification to receive their badge which will not be duplicated onsite and must be kept free of pins, stickers or any other unapproved items.

Attendees with Special Needs

HOD attendees may request special accommodations (e.g., an assistive listening device, wheelchair assistance, etc.) by so indicating on their registration form or by contacting the **HOD Office.**

Nursing Mothers

Mothers who are nursing can take advantage of a designated location within the hotel or convention center for breastfeeding or pumping.

Childcare

AMA **policy** is to offer supervised childcare at no cost to members attending AMA Annual and Interim meetings. Known as CampAMA, the specifics of the program are announced in mailings to HOD and section members, included in the *Speakers' Letter* and published online. Advance reservation is required.

Meeting Security

Maximum security is maintained at all times to prevent disruptions of the House. Only those individuals who have been properly badged are permitted to attend. Additional measures will be implemented as necessary.

Respectful Behavior

Our AMA has a robust Code of Conduct and strong antiharassment policy. Delegates must attest to follow the code of conduct for themselves and their guests when registering for each meeting. In addition at the opening session of each HOD meeting, delegates are reminded of their attestation to the code of conduct which reaffirms their commitment to be courteous, respectful and collegial in the conduct of HOD business. Courteous and respectful dealings in all interactions with other delegates and with AMA staff are expected of all attendees at all meeting and ancillary functions—including social events. Delegates are reminded of their personal responsibility, while engaging with others, to consider how others will interpret their actions and words. A conduct liaison is named for each meeting along with contact information. Policy **H-140.837** provides details.

Recycling

Over the last several years, our AMA has reduced its production of printed materials. In addition, it is the **policy** of our AMA to use recycled paper whenever reasonable for its in-house printed matter and publications, including materials used by the HOD. During HOD meetings, recycling bins will be made available to participants.

Broadband access in HOD meetings

Wireless internet access is available in the meeting rooms. Meeting participants are urged to use internet access only for reasons related to HOD business—downloading materials from the AMA website, checking policy on AMA PolicyFinder, and viewing HOD reference committee reports.

HOD Pictorial

AMA offers an online **pictorial directory of HOD members** on a password-protected website offering the ability to search using one of several parameters (name, affiliation, specialty or state) to find contact information for HOD delegates and alternate delegates. The directory also includes contact information for Board members, council members and former presidents. This information is available to members for the sole purpose of facilitating personal communication and networking among House members. Commercial use or use of the pictorial directory for any other purpose, including republication or distribution, is prohibited. Questions concerning this directory may be directed to the **HOD Office.**

To add or update contact information or photos for the **Pictorial Directory** follow the link to the form found on its opening site. Photos must be headshots with a file size of between 600 KB and 1.5 MB. The image can be either a JPEG or PNG. High resolution is preferred. For pixel size, photos should be a minimum of 500x500. Delegates are urged to send up-to-date photos.

HOD Office Responsibilities and Contact Information

The HOD Office is a central point of contact for all questions related to the HOD meetings and questions about election campaigns. General contact information is as follows:

Phone: 312-464-4463
Email: **hod@ama-assn.org**

The HOD Office works closely with the Speaker and Vice Speaker. General responsibilities include: **HOD website**; Speakers' Letter; Candidate Guide for elections; delegate allocation; committee appointments (rules and credentials, reference committees, resolution committee, tellers); receipt of resolutions and council reports; fiscal notes for resolutions; assistance with prior AMA policy; online reference committees; HOD Handbook; credentialing; memorial resolutions; retiring delegates; annotated reference committee reports; HOD Proceedings; and **PolicyFinder**.

During the HOD meetings, the HOD Office maintains an onsite office at the meeting facility.

Speaker/Vice Speaker Contact Information

The HOD Office serves as a point of contact to reach the Speakers with questions relating to resolutions, meeting hospitality opportunities, service on a committee, campaign activities, etc. The Speakers may also be reached at **hod@ama-assn.org** or directly by email:
FirstName.lastName@ama-assn.org

Other AMA Departments key to the HOD Meeting

The Department of Federation Relations staffs the **Specialty and Service Society** (SSS), and maintains relationships with constituent associations and medical specialty societies on an ongoing basis. A dedicated meeting space is maintained for staff executives at the annual and interim meetings. Requests for meeting space for all caucuses, ancillary sessions and meeting hospitality, delegation suites, etc. must be requested from the Department of Meeting Management. The Department of Registration Services is responsible for registering and distributing badges for all attendees. AMA legal counsel is available in advance of the meeting and onsite and is responsible for reviewing resolutions and reports submitted in advance and at the meeting and reviewing and processing amendments.

Retiring Members

Organizations that wish to announce the retirement of any of their delegates, alternate delegates, or medical society executives should notify our AMA in sufficient time to have the individuals' names collated and published for the HOD meetings. Names should be **emailed** or submitted to AMA staff at the onsite office of the HOD Office. The names are published on a roster in lieu of entertaining points of personal privilege to acknowledge retirees.

Memorial Resolutions

All memorial resolutions for distribution at an Annual or Interim meeting must be received by the HOD Office by the end of the Opening Session of the House for subsequent distribution.

Computers, other Office Equipment and Copying Facilities

The AMA makes available computers with internet access including printers for limited use to AMA HOD members. Other onsite computers, office equipment and copying facilities are provided solely for the use of AMA staff, AMA Board members and council members. Alternatively, most hotels offer a business office with computers and copying equipment for guest use.

Recordings

Proceedings of AMA meetings may be recorded by audiotape, videotape or otherwise, for use by the AMA. Participation in/attendance at a meeting shall be deemed to confirm the participant's consent to recording and to the AMA's use of such recording. Participants are prohibited from recording the livestream Zoom broadcasts. Participants may use personal devices to record reference committee or HOD testimony only with consent of the individual providing the testimony.

Mobile App

An AMA mobile app can help participants navigate the venue, create a personalized agenda and locate meetings of interest. The Speakers' Letter includes details on how to access the AMA mobile app. Details also will be posted on the **HOD website.**

Appendix B: Parliamentary Quick Tips

Adapted from AIPSC (2nd ed.) for AMA House of Delegates

Table of Precedence of Motions

Types of motions are listed in order of precedence from highest to lowest. A second motion cannot be accepted unless it has a higher precedence than the motion already before the group.

Type of Motion			Procedures				
			May Interrupt Speaker?	Requires a Second?	Is motion debatable?	May be Amended?	Vote Needed?
	Privileged	Adjourn the meeting	No	Yes	No	Yes	Majority
		Recess the meeting	No	Yes	No	Yes	Majority
		Question of privilege[1]	Yes	No	No	No	None
	Subsidiary	Object to consideration[2]	No	Yes	No	No	Three-fourths
		Table**	No	Yes	No	No	Two-thirds
		Close debate and vote immediately	No	Yes	No	No	Two-thirds
		Limit or extend debate	No	Yes	No	Yes	Two-thirds
		Postpone to a certain time	No	Yes	Yes	Yes	Majority
		Referred for decision[3]	No	Yes	Yes	Yes	Majority
		Referred for report	No	Yes	Yes	Yes	Majority
		Amend	No	Yes	Yes	Yes	Majority
	Main	a. The main motion (introduce)	No	Yes	Yes	Yes	Majority
		b. Specific-purpose main motions:					
		Adopt in lieu of	No	Yes	Yes	Yes	***
		Reconsider	Yes*	Yes	Yes	No	Majority
	Incidental	**Motions**					
		Appeal a decision by the Speaker	Yes	Yes	Yes	No	Majority
		Suspend the Rules	No	Yes	No	No	Two-thirds
		Requests					
		Point of order[4]	Yes	No	No	No	None
		Inquiries[5]	Yes	No	No	No	None
		Division of question	No	No	No	No	None
		Division of House	Yes	No	No	No	None

Definitions:

[1] Question of privilege: Raising a question of privilege allows a single member to request immediate action affecting safety, health, security, comfort, or integrity, including the rights and privileges of a member or members or of the HOD generally.

[2] Object to consideration: Per HOD action at A-16, this motion is unique to the AMA and is used when a delegate objects to HOD consideration of an item. It cannot interrupt a speaker, requires a second, cannot be amended and takes precedence over all subsidiary motions and cannot be renewed. It requires a ¾ vote. However, per AIPSC (2nd ed.) as it limits debate, it will no longer be debatable.

[3] Refer for decision: Per HOD action at A-16, this motion is used when a delegate wants the Board to determine the appropriate course of action and proceed, and report back on its decision and the action taken. It is one step higher in precedence than the Motion to Refer.

[4] Point of order: A point of order calls to the attention of the Speaker and the HOD an alleged violation of the rules, an omission, a mistake, or an error in procedure and secures a ruling on the question raised.

[5] Inquiries: An inquiry allows a member (1) to ask the Speaker a question relating to procedure in connection with the pending motion or with a motion the delegate may wish to bring immediately before the HOD (Parliamentary Inquiry); or (2) to request substantive information or facts about the pending motion or for information on the meaning or effect of the pending question from the Speaker or a delegate (Factual Inquiry)

* May interrupt the proceedings but not another speaker

** In order only after item is referred to reference committee and until the House takes final action on the item

***Same vote as required for original item. For example, if the motion related to a bylaw change that required a two-thirds vote, the motion to adopt in lieu of would require the same.

Appendix C – Vacancies and Meeting Absences

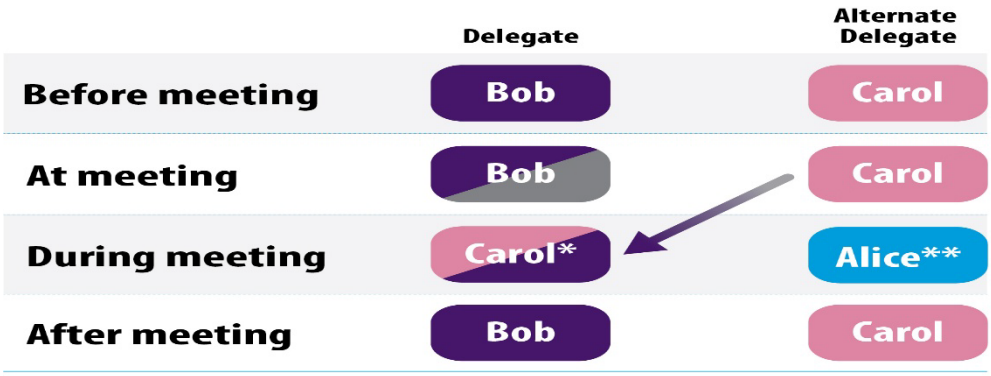
The following examples and graphics are excerpted from CCB Report 8-A-26 adopted by the HOD.

Vacancies are typically addressed by filling the position via the procedures as defined by the entity represented in the House of Delegates. This may be via selection of a new individual to complete the term or to start a new term per the entity's internal rules.

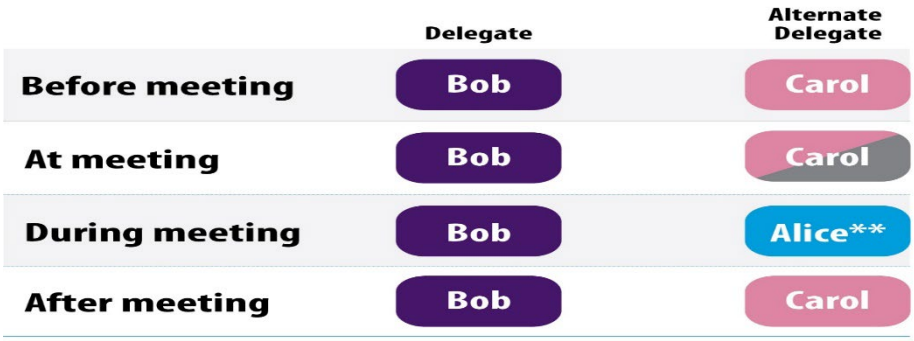
> **Example A:** ***A Medical Association Chooses Bob as its Delegate for a 2-year Term.***
> Bob duly attends an HOD meeting as a delegate but must resign shortly thereafter. The medical association then chooses, via its established procedures for filling vacancies, Carol to serve as delegate for the remainder of Bob's term.

Meeting Absences are addressed via the appointment of temporary delegates and temporary alternate delegates who fill positions that become open transiently, with the original holder of the position expected to fulfill the term. This includes occasions when the duly selected individuals were not credentialed by the 45-day credentialing deadline.

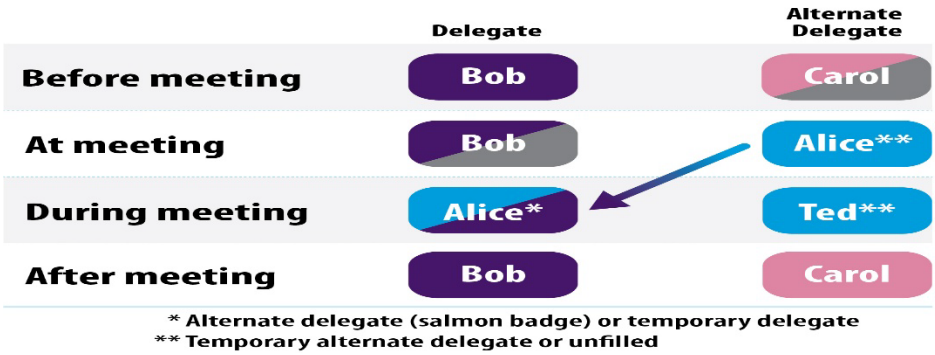
> **Example B*: Bob, the Delegate, Leaves the Meeting.***
> A medical association has chosen Bob as its delegate and Carol as its alternate delegate. They are credentialed by the 45-day deadline. Alice, a member of the association and the AMA, attends the meeting but is not serving as a delegate or alternate delegate. Bob must leave the meeting before it concludes. Carol, the alternate delegate, may function as the delegate using Bob's salmon badge, but she may not vote in elections. Alternatively, the medical association may choose to recredential her as a temporary delegate. If Carol is recredentialed as a temporary delegate, her alternate delegate position opens. This position may be left open or may be filled by credentialing a temporary alternate delegate. In this instance, the medical association chooses to credential Alice as a temporary alternate delegate for that meeting only. Following the meeting, Bob and Carol resume their roles for the remainder of their terms.



Example C*: Carol, the Alternate Delegate, Leaves Meeting.*
Bob and Carol are the medical association's credentialed delegate and alternate delegate for an HOD meeting, but Carol has to leave the meeting early. Carol's position may remain unfilled for the rest of the meeting or the association may choose to credential Alice as the temporary alternate delegate for that meeting only. Following the meeting, Bob and Carol resume their roles for the remainder of their terms.



Example D: *Bob Must Leave and Carol is Absent for the Meeting.*
Bob and Carol are the medical association's credentialed delegate and alternate delegate for an HOD meeting. Carol learns she is unable to attend, so the medical association chooses to credential Alice as a temporary alternate delegate. At the meeting, Bob learns he must leave urgently. Alice may function as the delegate using Bob's salmon badge, but she may not vote in elections. Alternatively, the medical association may choose to credential her as a temporary delegate. If so, the alternate delegate position could remain unfilled, or the association could credential Ted, another eligible association member in attendance, as the temporary alternate delegate. Following the meeting, Bob and Carol resume their roles for the remainder of their terms.



Appendix D: Understanding the Recording of American Medical Association Policy

Current American Medical Association (AMA) policy is catalogued in PolicyFinder, an electronic database that is updated after each AMA House of Delegates (HOD) meeting and available online. Each policy is assigned to a topical or subject category. Those category headings are alphabetical, starting with "abortion" and running to "women"; the former topic was assigned the number 5, and "women" was assigned 525.

Within a category, policies are assigned a 3-digit number, descending from 999, meaning that older policies will *generally* have higher numbers within a category (e.g., 35.999 was initially adopted before 35.984). A policy number is not affected when it is modified, however, so a higher number may have been altered more recently than a lower number. Numbers are deleted and not reused when policies are rescinded.

AMA policy is further categorized into one of six types, indicated by a prefix:

- "B" – for bylaw provisions that have been adopted by the AMA-HOD
- "C" – for Constitutional provisions that have been adopted by the AMA-HOD
- "H" – for statements that one would consider positional or philosophical on an issue
- "D" – for statements that direct some specific activity or action. There can be considerable overlap between H and D statements, with the assignment made on the basis of the core nature of the statement.
- "G" – for statements related to AMA governance
- "E" – for ethical opinions, which are the recommendations put forward in reports prepared by the Council on Ethical and Judicial Affairs and adopted by the AMA-HOD

AMA policy can be accessed in PolicyFinder.

The actions of the AMA-HOD in developing policy are recorded in the *Proceedings*, which are available online as well. Annotations at the end of each policy statement trace its development, from initial adoption through any changes. If based on a report, the annotation includes the following abbreviations:

BOT – Board of Trustees
CCB – Council on Constitution and Bylaws
CEJA – Council on Ethical and Judicial Affairs
CLRPD – Council on Long Range Planning and Development
CME – Council on Medical Education CCB –
CMS – Council on Medical Service
CSAPH – Council on Science and Public Health

If a resolution was involved, "Res" is indicated. The number of the report or resolution and meeting (A for Annual; I for Interim) and year (two digits) are also included (e.g., BOT Rep. 1, A-14 or Res. 319, I-12).

AMA policy is recorded in the following categories, and any particular policy is recorded in only a single category.

5.000 Abortion	10.000 Accident Prevention/Unintentional Injuries
15.000 Accident Prevention: Motor Vehicles	20.000 Acquired Immunodeficiency Syndrome
25.000 Aging	30.000 Alcohol and Alcoholism
35.000 Allied Health Professions	40.000 Armed Forces
45.000 Aviation Medicine	50.000 Blood
55.000 Cancer	60.000 Children and Youth
65.000 Civil and Human Rights	70.000 Coding and Nomenclature
75.000 Contraception	80.000 Crime
85.000 Death and Vital Records	90.000 Disabled
95.000 Drug Abuse	100.000 Drugs
105.000 Drugs: Advertising	110.000 Drugs: Cost
115.000 Drugs: Labeling and Packaging	120.000 Drugs: Prescribing and Dispensing
125.000 Drugs: Substitution	130.000 Emergency Medical Services
135.000 Environmental Health	140.000 Ethics

145.000 Firearms: Safety and Regulation	150.000 Foods and Nutrition
155.000 Health Care Costs	160.000 Health Care Delivery
165.000 Health Care/System Reform	170.000 Health Education
175.000 Health Fraud	180.000 Health Insurance
185.000 Health Insurance: Benefits and Coverage	190.000 Health Insurance: Claim Forms and Claims Processing
195.000 Health Maintenance Organizations	200.000 Health Workforce
205.000 Health Planning	210.000 Home Health Services
215.000 Hospitals	220.000 Hospitals: Accreditation Standards
225.000 Hospitals: Medical Staff	230.000 Hospitals: Medical Staff - Credentialing and Privileges
235.000 Hospitals: Medical Staff - Organization	240.000 Hospitals: Reimbursement
245.000 Infant Health	250.000 International Health
255.000 International Medical Graduates	260.000 Laboratories
265.000 Legal Medicine	270.000 Legislation and Regulation
275.000 Licensure and Discipline	280.000 Long-Term Care
285.000 Managed Care	290.000 Medicaid and State Children's Health Insurance Programs
295.000 Medical Education	300.000 Medical Education: Continuing
305.000 Medical Education: Financing and Support	310.000 Medical Education: Graduate
315.000 Medical Records and Patient Privacy	320.000 Medical Review
330.000 Medicare	335.000 Medicare: Carrier Review
340.000 Medicare: PRO	345.000 Mental Health
350.000 Minorities	355.000 National Practitioner Data Bank
360.000 Nurses and Nursing	365.000 Occupational Health
370.000 Organ Donation and Transplantation	373.000 Patients
375.000 Peer Review	380.000 Physician Fees
383.000 Physician Negotiation	385.000 Physician Payment
390.000 Physician Payment: Medicare	400.000 Physician Payment: Medicare - RBRVS
405.000 Physicians	406.000 Physician-Specific Health Care Data
410.000 Practice Parameters	415.000 Preferred Provider Arrangements
420.000 Pregnancy and Childbirth	425.000 Preventive Medicine
430.000 Prisons	435.000 Professional Liability
440.000 Public Health	445.000 Public Relations
450.000 Quality of Care	455.000 Radiation and Radiology
460.000 Research	465.000 Rural Health
470.000 Sports and Physical Fitness	475.000 Surgery
478.000 Technology - Computer	480.000 Technology - Medical
485.000 Television	490.000 Tobacco Use, Prevention and Cessation
495.000 Tobacco Products	500.000 Tobacco: AMA Corporate Policies and Activities
505.000 Tobacco: Federal and International Policies	510.000 Veterans Medical Care
515.000 Violence and Abuse	520.000 War
525.000 Women	600.000 Governance: AMA House of Delegates
605.000 Governance: AMA Board of Trustees and Officers	610.000 Governance: Nominations, Elections, and Appointments
615.000 Governance: AMA Councils, Sections, and Committees	620.000 Governance: Federation of Medicine
625.000 Governance: Strategic Planning	630.000 Governance: AMA Administration and Programs
635.000 Governance: Membership	640.000 Governance: Advocacy and Political Action

Glossary

Alternate Delegate
Each member entity in the HOD (e.g. state or specialty society, PIMA, federal service, or AMA section) is allotted an alternate delegate for each of its delegates. Alternate delegates must be AMA members as well as members of the entity they represent. Alternate delegates may not introduce resolutions or vote in any election. However, at the request of their corresponding delegate, an alternate delegate may be seated for them by displaying the corresponding delegate's temporary credential (e.g., salmon badge). While seated for a delegate, the alternate delegate may speak and debate on the floor of the HOD, offer an amendment to a pending matter, make motions, and vote.

Amendment
A proposed change to a resolution, report recommendation, or other main motion. Amendments may add, delete, or modify language and must be germane to the item being considered.

Annotated Report
A version of a Final Reference Committee Report that includes the final House actions and adopted language. Posted after each meeting for reference but not considered official policy until reflected in the Proceedings.

Bylaws
The governing rules of the Association that outline structure, roles, responsibilities, and procedures. Amendments to the Bylaws require special processes including layover and a two-thirds vote.

Caucus
A group of delegates, alternates, or other HOD participants who meet to discuss pending business, share perspectives, or coordinate positions. Caucuses may be based on specialty, geography, demographic group, or shared interests.

Consent Calendar
The final reference committee report presented for action by the HOD. Items in the report that are recommended for the same action are grouped together. Items not extracted from the calendar are approved collectively in one vote.

Credentialing
The process of validating the status and representation of delegates and alternate delegates before each meeting. Distinct from meeting registration.

Delegate
A voting member of the HOD representing a constituent association, national medical specialty society, professional interest medical association, federal service, or AMA Section.

Emergency Resolution
A resolution submitted after the meeting begins that addresses urgent issues requiring immediate action. Acceptance requires a three-fourths vote and is considered by the House without prior reference committee review.

Executive Session (Reference Committee)
A closed meeting of reference committee members held after hearings to deliberate on testimony, consider amendments, and draft recommendations.

Final Reference Committee Report
The document produced by a reference committee after hearings and deliberation that sets forth recommendations for House action on assigned items.

Fiscal Note
An estimate of the cost associated with implementing a resolution or report recommendation. Prepared by AMA staff and included with each resolution.

HOD (House of Delegates)
The AMA's principal policymaking body composed of physician and medical student leaders representing state and specialty societies, Sections, federal services, and other organizations.

Informational Report
A report provided for information only. May be filed, referred, not accepted, or amended for clarity with author concurrence.

Late Resolution
A resolution submitted after the on-time deadline but before the opening session. Late resolutions are reviewed by the Rules & Credentials Committee who recommend whether to accept them as business. Acceptance requires a two-thirds vote of the House.

Memorial Resolution
A resolution presented in recognition of a deceased individual who made significant contributions to the AMA or organized medicine.

On-Time Resolution
A resolution submitted and approved after legal and formatting review by the deadline (45 days prior to the meeting).

Online Reference Committees (ORC)
Three-week virtual forums allowing AMA members to submit testimony virtually on posted items prior to the meeting.

PolicyFinder
AMA's online database of all active AMA policy, CEJA Opinions, and Bylaws. Updated after each HOD meeting.

Preliminary Reference Committee Report
The reference committee's recommendations based on ORC testimony that is posted before the meeting and used as the agenda for in-person hearings.

Proceedings of the House of Delegates
The official, final record of House actions, including adopted resolutions, reports, and meeting documentation. The Proceedings define official AMA policy.

Reference Committee
A body of delegates and alternates appointed by the Speaker to review testimony and prepare recommendations on resolutions and reports assigned to it.

Reconsider
A motion permitting the HOD to reopen debate on a previously decided item, used only during the same meeting and before adjournment.

Reconciliation Report
A report identifying and resolving duplicative or conflicting AMA policies following House action.

Referral
A motion directing that an item be sent to the Board (or council via the Board) for further study (refer for report) or for a Board decision (refer for decision).

Resolution
A proposed statement of policy or directive, consisting of "whereas" clauses and one or more "resolved" statements. Only the resolved clauses become policy.

Rules and Credentials Committee
A committee responsible for matters of registration, credentialing, meeting rules, and recommendations for acceptance of late or deferred resolutions.

Section
Organized groups within the AMA representing specific subsets of AMA membership, such as residents, medical students, women physicians, or young physicians.

Speaker / Vice Speaker
Presiding officers of the HOD responsible for managing debate, ensuring procedure, appointing committees, and facilitating effective deliberation.

Standing Rules
The procedures delineated in the House of Delegates Reference Manual that govern debate, conduct, and parliamentary operations for HOD meetings.

Temporary Delegate and Temporary Alternate Delegate
Any individual who was credentialed after the credentialing deadline 45 days prior to each HOD meeting is denoted as either a temporary delegate or temporary alternate delegate and receives a badge that appropriately identifies them. Temporary delegates and temporary alternate delegates are eligible to serve only at the meeting for which they were credentialed.

Testimony
Verbal or written comments presented in the ORC or in-person reference committee hearings regarding proposed policy or reports.