REPORT 8 OF THE BOARD OF TRUSTEES (I-22)
The Resolution Committee as a Standing Committee of the House
(Resolution 605-N-21 and Resolution 619-A-22)
(Reference Committee F)

EXECUTIVE SUMMARY

At the November 2021 Special Meeting of the House of Delegates, Texas introduced Resolution 605 seeking the establishment of a resolution committee to review "resolutions submitted for consideration at all meetings of the American Medical Association House of Delegates" to ensure that the resolutions meet the purpose of the meeting. At the 2022 Annual Meeting, another resolution having multiple sponsors proposed establishing a resolution committee that would be operational for all House of Delegates meetings. Both resolutions were referred to the Board of Trustees, and this report addresses both.

While the Interim Meeting is to focus on advocacy matters and ethics concerns, along with matters that require urgent action, the Annual Meeting has no expressly stated purpose beyond serving as the setting for the legislative and policymaking activities of the House of Delegates as described in the AMA Constitution. The bylaws have established a Resolution Committee for the Interim Meeting (§2.13.3).

A fundamental element of parliamentary law is that a body can determine its agenda, but only the House of Delegates can decide whether a resolution committee is the means to set the agenda for its meetings. Your Board of Trustees is not empowered to set House procedures and offers this report to determine the will of the House with respect to establishing a resolution committee.

REPORT OF THE BOARD OF TRUSTEES

B of T Report 8-I-22

Subject:	The Resolution Committee as a Standing Committee of the House (Resolution 605-N-21 and Resolution 619-A-22)
Presented by:	Sandra Adamson Fryhofer, MD, Chair
Referred to:	Reference Committee F

At the November 2021 Special Meeting of the House of Delegates (HOD) Texas introduced the following resolution (605-N-21), which was referred:

> RESOLVED, That the Bylaws of the American Medical Association be amended to provide that the Resolution Committee be responsible for reviewing resolutions submitted for consideration at all meetings of the American Medical Association House of Delegates and determining compliance of the resolutions with the purpose of any such meeting; and be it further
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> RESOLVED, That the membership of the Resolution Committee reflect the diversity of the House of Delegates; and be it further
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> RESOLVED, That the Resolution Committee rules be written to produce impartial results and appropriate changes be made to the AMA Bylaws as necessary to empower the committee.

The reference committee had recommended referral and characterized the testimony in the hearing as follows:

> Your Reference Committee heard robust, yet widely divided testimony on formalizing the Resolution Review Committee as a standing House of Delegates committee. Testimony reflected that the Resolution Review Committee was implemented as a temporary solution to address an unprecedented situation.
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> Opposition to formalizing the Resolution Review Committee entailed concerns, such as inconsistencies with evaluating resolutions, limiting discussion on ideas and emergent issues, ineffective extraction process, lack of inclusivity in policy deliberations, and exclusion of the minority voice in the parliamentary process.
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> Testimony favoring formalization of the resolution review process cited issues regarding members of our AMA House of Delegates not having sufficient time to review a growing volume of business and the need to triage priority items of business.

The resolution was then debated in the House and referred, and much of that debate could be characterized like the testimony in the reference committee.

At the 2022 Annual Meeting, Texas, South Carolina, Florida, Mississippi, New Jersey, and Pennsylvania introduced Resolution 619-A-22, which reads:

RESOLVED, That the Resolutions Committee be formed as a standing committee of the house, the purpose of which is to review and prioritize all submitted resolutions to be acted upon at the annual and interim meetings of the AMA House of Delegates; and be it further

RESOLVED, That the membership of the Resolutions Committee be composed of one Medical Student Section (MSS) member, one Resident and Fellow Section (RFS) member, and one Young Physicians Section (YPS) member, all appointed by the speakers through nominations of the MSS, RFS, and YPS respectively; six regional members appointed by the speakers through nominations from the regional caucuses; six specialty members appointed by the speakers through nominations from the specialty caucuses; three section members appointed by the speakers through nominations from sections other than the MSS, RFS, and YPS; and one past president appointed by the speakers; and be it further

RESOLVED, That the members of the Resolutions Committee serve staggered two-year terms except for the past president and the MSS and RFS members, who shall serve a one-year term; and be it further

RESOLVED, That members of the Resolutions Committee cannot serve more than four years consecutively; and be it further

RESOLVED, That if a Resolutions Committee member is unable or unwilling to complete his or her term, the speakers will replace that member with someone from a similar member group in consultation with that group the next year, and the new member will complete the unfulfilled term; and be it further

RESOLVED, That each member of the Resolutions Committee confidentially rank resolutions using a 0-to-5 scale (0 – not a priority to 5 – top priority) based on scope (the number of physicians affected), urgency (the urgency of the resolution and the impact of not acting), appropriateness (whether AMA is the appropriate organization to lead on the issue), efficacy (whether an AMA stance would have a positive impact), history (whether the resolution has been submitted previously and not accepted), and existing policy (whether an AMA policy already effectively covers the issue). Resolutions would not have to meet all of these parameters nor would these parameters have to be considered equally; and be it further

RESOLVED, That the composite (or average) score of all members of the Resolutions Committee be used to numerically rank the proposed resolutions. No resolution with a composite average score of less than 2 would be recommended for consideration. The Resolutions Committee would further determine the cutoff score above which resolutions would be considered by the house based on the available time for reference committee and house discussion, and the list of resolutions ranked available for consideration would be titled "Resolutions Recommended to be Heard by the HOD"; and be it further

RESOLVED, That the Resolutions Committee also make recommendations on all resolutions submitted recommending reaffirmation of established AMA policy and create a list titled "Resolutions Recommended for Reaffirmation," with both lists presented to the house for acceptance; and be it further

RESOLVED, That the membership of the Resolutions Committee be published on the AMA website with a notice that the appointed members should not be contacted, lobbied, or coerced; any such activity must be reported to the AMA Grievance Committee for investigation; and

should the alleged violations be valid, disciplinary action of the offending person will follow; and be it further

RESOLVED, That the bylaws be amended to add the Resolution Committee as a standing Committee with the defined charge, composition, and functions as defined above for all AMA HOD meetings effective Interim 2022.

Reference committee testimony on June's resolution echoed the comments that had been heard at the preceding November meeting and acknowledged the referral of the matter at that meeting. This resolution too was referred.

At the outset your Board would note that a decision regarding a resolution committee rightly rests with the House. Your Board is not empowered to establish House procedures, so this report is intended to determine the will of the House in this matter.

BACKGROUND

The House has never restricted the subject matter of resolutions. No subject is foreclosed at any HOD meeting, and aside from a few late resolutions, nearly all resolutions have been accepted over the years. The Annual Meeting has no defined focus. The Interim Meeting, however, is to focus on advocacy-related matters, and when that decision was made, a resolution committee was implemented to ensure that focus. The special meetings of 2020 and 2021 employed resolutions committees to limit the business to urgent or priority issues. Thus the limitations that have been imposed were based not on the subject matter but on the focus (i.e., advocacy) or need for action (i.e., urgency and priority).

Resolution Committee – Interim Meetings

A committee tasked with the review of resolutions did not originate with the special meetings. It was just over twenty years ago that the House of Delegates determined that the Interim Meeting should be focused on advocacy matters, and while June's annual meetings would consider any business properly submitted, November's meetings should consider only resolutions that address advocacy and legislation. Matters concerning ethics were later added as an appropriate topic in November. It should be noted that the Interim Meetings are a full day shorter than our Annual Meetings further supporting a need for a narrow focus of business to be considered.

To ensure the focus on advocacy, AMA bylaws were amended, and bylaw 2.12.1.1, "Business of Interim Meeting," reads:

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. In addition, any other business may be considered at an Interim Meeting by majority vote of delegates present and voting.

Determining what business is appropriate for consideration at an Interim Meeting is the province of the Resolution Committee. That section of the bylaws reads:

> 2.13.3 Resolution Committee. The Resolution Committee is responsible for reviewing resolutions submitted for consideration at an Interim Meeting and determining compliance of the resolutions with the purpose of the Interim Meeting.

The Resolution Committee for the Interim Meeting is appointed by the Speaker with broad representation from the House including members from all sections and councils. Our Bylaws restrict the committee to a maximum of 31 delegates. The committee does not meet, rather each member of the committee independently reviews the resolutions and sends their recommendations to the Office of House of Delegates Affairs, which tallies the individual votes. A "resolution shall be accepted for consideration at an Interim Meeting upon majority vote of committee members voting." Items recommended against consideration by the committee are subject to appeal to the House, which can accept the resolution by majority vote as noted above. Your Board is not aware of any objections to the way in which the Interim Meeting Resolution Committee has operated, including the fact that its members have traditionally not been identified.

Resolutions Committees – Special Meetings, 2020 & 2021

Health and safety concerns as well as government-imposed restrictions stemming from the SARS-CoV-19 pandemic disallowed holding in-person meetings of the House of Delegates for the 2020 and 2021 calendar years.[1] Under AMA bylaws, your Board of Trustees can and did call for special meetings of the House of Delegates, with four such meetings in those two years.

The bylaws for special meetings state that notice of the meeting "shall specify the time and place of meeting and the purpose for which it is called, and the House of Delegates shall consider no business except that for which the meeting is called" (§2.12.2). Your Board declared that the purposes of the special meetings included leadership transitions (for the June meetings) and the consideration of urgent or priority business of the Association. Determining what proposals met the defined purposes of the meetings was thought best left to the House, following the model of the Resolution Committee associated with the Interim Meeting. That course was adopted for the November 2020, June 2021, and November 2021 special meetings. The June 2020 special meeting was much more circumscribed, with only a handful of items required by the bylaws considered in a meeting that required only about three hours.

To be clear, the special meetings that were held in June 2021 and November 2020 and 2021 were not annual or interim meetings and were convened under different bylaws. Following the pattern of the Resolution Committee for the Interim Meeting, the Speakers appointed members for the similarly named committees associated with each special meeting to address through their individual assessments the priority or urgency of all resolutions.[2] Volunteers were solicited from across the House, including the sections, regional caucuses, councils, and Specialty and Service Society. The November 2020 committee included 10 delegates; both 2021 meetings included 31 delegates, with representation from all membership segments. (Though not technically applicable to the special meetings, the special meetings resolutions committees adhered to the bylaws-imposed limit of 31 members that applies to an Interim Meeting Resolution Committee.)

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[1] Other meetings, including the State Advocacy Summit, National Advocacy Conference, and various RUC and CPT meetings, were also cancelled or moved to a virtual format. Your Board of Trustees did not meet in person between March 2020 and July 2021, until all had been vaccinated against COVID. Masks and other precautions were standard for the initial face-to-face meetings.

[2] In a similar fashion, the councils and Board limited their report submissions to those deemed most urgent or the greatest priority.

In addition to determining what proposals met the urgency or priority threshold, mechanisms had to be developed to allow debate and voting in accord with Illinois corporate law, AMA bylaws, and the House's procedures. Although the available tools were relatively easy to use, AMA's procedures such as limiting election votes to delegates, substituting alternate delegates for their delegates (and vice versa), and allowing any member to testify in a reference committee presented special challenges related to use and familiarity with new technology. Consequently, concerns arose about the ability of the House to address the usual volume of business in a virtual format, which led to the need to pare the business to a reasonable level. The model of the Interim Meeting Resolution Committee provided the best available solution. A similar mechanism is used by the British Medical Association and was used by some state and specialty societies during the pandemic.

Aside from a different focus for the special meetings, namely urgency or priority as noted in the call to each meeting, the special meeting resolutions committees functioned like the Interim Meeting Resolution Committee, with each member making independent judgments about every resolution. Each resolution was rated on a five-point scale from "a top priority" to "not a priority at this time," using a priority matrix that had been developed by a subcommittee of the initial committee.[3] The initial priority matrix was modified slightly and approved by the subsequent committees. The average score for each resolution was calculated, and every resolution that was collectively rated as at least a medium priority (a "3" on the five-point scale) along with a handful that scored slightly below medium priority was recommended for acceptance, with the remaining items recommended against acceptance. Recommendations were based on each item's rating—at least medium priority, although a few items rated slightly less than medium priority were proposed for acceptance. It was thought better to err on the side of inclusion. The committee's recommendations were presented to the House as a consent calendar from which any delegate could extract an item, with the House determining whether to consider that item by a majority vote.

The votes by the House were taken without oral debate, which is not ordinary practice in the House. This was intended to avoid debate about what would be debated, but the delegate requesting extraction could prepare a written statement on why the item should be considered, with that statement provided to the House in various ways: as part of the committee's written report, appearing on screen before and during the vote, and at the November 2021 meeting appearing on screen while read aloud by the Speaker before the vote. In no case across the three meetings was a committee recommendation overturned, which has led some to call foul and argue that the process was unfair and dismissive of the minority view. Complying with AMA bylaws, which meant considering only the business for which the meetings had been called, was the reason for using resolutions committees across the special meetings.

VIEWS ON A RESOLUTION COMMITTEE

The divergent views expressed about the referred resolutions derive from different perspectives. Those favoring the resolutions want to focus the work of the House of Delegates on matters that our AMA can effectively address and that are deemed important and relevant to the largest number of physicians. They favor in-depth discussion and debate about fewer issues over limited debate about a multitude of business items.

[3] Members of the Interim Meeting Resolution Committee are typically presented with a binary choice for each resolution: it is or is not advocacy, but the special meetings' purpose being urgency or priority augured for a finer gradation.

Those opposed to the resolutions are generally more concerned about ensuring that all resolutions are considered, with those concerns characterized in terms of fairness, member engagement and process transparency.

PROCESS FOUNDATION AND OUTCOMES OF THE SPECIAL RESOLUTIONS COMMITTEE

AMA-sponsored meetings, including the House of Delegates meetings, are conducted according to the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure*, albeit with slight modifications such as the distinction between referral for report and referral for decision. Noted therein is that "the purpose of parliamentary procedure is to facilitate the orderly transaction of business and to promote cooperation and harmony" (p 7). Shortly thereafter is stated that "The majority vote decides. The ultimate authority of an organization is, as a general matter, vested in a majority of its members" (p 8).

Your Board believes that the resolutions committees employed for the special meetings were implemented in good faith to allow the House to exercise its legislative and policymaking authority cooperatively using tools and a format that are inherently less efficient than our AMA's traditional in-person meetings while staying true to our parliamentary processes and House practices.

A fundamental aspect of the deliberative process is that a legislative body has the right to determine its agenda. A full debate, discussion and vote on every proposal is not guaranteed. Indeed, House procedures provide two motions that preclude full consideration of specific items: the motion to object to consideration and the motion to table. Other House procedures, the reaffirmation calendar (initiated in 1991) and the Interim Meeting Resolution Committee, effectively operate to the same end. Insofar as these mechanisms generally become operable on the basis of a majority (or even supermajority) vote—extractions from the reaffirmation calendar being an exception—they fully comport with parliamentary procedure and, by inference, represent the majority's view.

That none of the items extracted from the resolution committee reports was successfully added to the agenda of one of the special meetings does not mean the process was ineffective or unfair. At the November 2021 meeting, 165 resolutions were submitted. From that pool, the resolutions committee had recommended that 39 be accepted, as those were of at least medium priority or nearly so. Of those recommended against acceptance, 98 were not extracted, and among the 28 extracted items, three-fifths (i.e., 60%) or more of those voting supported the committee's recommendation against consideration for 23 items, and the smallest margin was a four-point difference (52% to 48%).

OPERATION OF THE HOUSE OF DELEGATES

Commentary from both supporters and opponents of the resolutions committee noted the need for efficiency in the House of Delegates, although no concrete changes for improving efficiency were heard beyond the perceived pros or cons of a resolution committee. Efficiency in House of Delegates meetings has long been sought, and multiple changes have been implemented by various Speakers toward this goal. The previously mentioned reaffirmation calendar is one, and another is treating reference committee reports as a consent calendar from which items are extracted for debate in the House, which dates from the mid-1990s. The Interim Meeting Resolution Committee was instituted not as an efficiency measure but as a mechanism to allow the House to ensure the meeting is focused on advocacy.

The table below shows the number of resolutions submitted to each meeting since 2007, not including memorial resolutions and without regard to whether each resolution was considered. The four meetings in 2020 and 2021 were of course the special meetings conducted online.

Resolutions Submitted to House of Delegates Meetings, 2007-2022

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020*	2021*	2022
June	246	233	220	195	183	212	176	197	194	182	193	200	233	0	148	265
Nov.	97	112	93	109	119	82	93	117	98	103	101	107	99	100	165	-

* These were the special meetings.

The number of items of business is inarguably correlated with the time required for reference committee hearings and likely related to the duration of business sessions and debate in the House as well.[4] Few would question the assertion that items considered late in a reference committee or on the last day at the House of Delegates meeting typically get a less thorough hearing than items considered earlier. Reference committees frequently rush through the last few items on their agendas, and delegates' comments and testimony are not uncommonly constricted—forced into 60 second time slots—on the last day of the meeting. Prioritizing the business to be considered would be better than the somewhat random consignment of items to late in the agenda, whereby they receive foreshortened consideration.

CONCLUSION

In many ways a resolution committee would parallel efforts to focus the activities of our AMA across strategic arcs. Whether a resolution committee is viewed as a means to focus deliberations on priority issues or a cudgel to limit business, particularly business that is perceived to come from minority viewpoints or to propose possibly unpopular policies, is clearly a subjective evaluation. Also true is that the effect of a resolution committee on the proceedings of a House of Delegates meetings is unknown.

Your Board believes a process that would allow the House of Delegates to focus on key concerns of patients and our profession may merit a test. That decision, however, rests solely with the House. Your Board is not empowered to set out House procedures, and this report should be considered a vehicle to determine whether the House of Delegates wishes to implement a trial of a standing resolution committee for future meetings. Should the House favor a test, your Board will come back with a detailed proposal at the June 2023 House of Delegates Meeting (June 10-14, 2023) recommending both the parameters for a resolution committee and the necessary bylaws changes.

The idea that a resolution committee would recommend which resolutions should be considered strikes some as an affront to the democratic nature of the House of Delegates. Others view it as a means to focus the work of the House on matters of greatest importance to the profession. Virtually any issue can be presented to the House for consideration, and the House has the right to choose which items should be considered or whether any limits should be imposed.

The nature of the virtual format of the special meetings limited the volume of business that could be considered. The limit was imposed, however, not primarily based on volume but on the collective evaluation of a proposal's urgency or priority. In fact, the special meetings were called by the Board to only handle urgent and priority business. For in-person meetings, the House has

[4] Consider that the Interim Meeting is a full day shorter than the Annual Meeting and typically has only about half the number of items of business, which are handled in two fewer reference committees.

previously decided to focus the Interim Meeting on advocacy matters and not to restrict the business considered at the Annual Meeting.

A decision whether to change the procedures of the House by implementing a resolution committee for all House of Delegates meetings appropriately rests with the House of Delegates, not your Board of Trustees. This report is intended to be a vehicle to determine the will of the House.

RECOMMENDATION

Your Board of Trustees offers the following recommendation to be adopted in lieu of Resolutions 605-N-21 and 619-A-22 and the remainder of the report filed.

That the Board of Trustees prepare a report for consideration at the 2023 Annual Meeting recommending a trial of a resolution committee, including the make-up and operation of the committee and create measures of fairness and effectiveness of the trial. (Directive to Take Action)

Fiscal Note: Within current budget