

## **Reference Committee on Amendments to Constitution and Bylaws**

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## REPORT OF THE BOARD OF TRUSTEES

B of T Report 01-I-23

Subject: Employed Physicians  
(BOT Report 09-I-22)

Presented by: Willie Underwood, III, MD, MSc, MPH, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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1 At the 2022 Interim Meeting, the American Medical Association (AMA) House of Delegates  
2 (HOD) referred Board of Trustees Report 09, Employed Physicians, which recommended:  
3

- 4 1. That our AMA adopt the following definition of “employed physician”:  
5 An employed physician is any non-resident, non-fellow physician who maintains a  
6 contractual relationship to provide medical services with an entity from which the  
7 physician receives a W-2 to report their income, and in which the physician does not have  
8 a controlling interest, either individually or as part of a collective.  
9
- 10 2. That our AMA re-examine the representation of employed physicians within the  
11 organization and report back at the 2024 Annual Meeting.  
12

13 Testimony suggested that the proposed definition of “employed physician” required further  
14 development, and Report 09 ultimately was referred to the Board for that purpose.  
15

16 Subsequently, at the 2023 Annual Meeting, the HOD adopted the following definition of employed  
17 physician via Resolution 017, rendering moot the first recommendation of referred Report 09:

18 “An employed physician is any physician who derives compensation, financial or otherwise,  
19 from a contractual relationship with a practice, hospital, or other funding entity and has no  
20 direct controlling interest in the entity.”  
21

22 Additionally, since the 2022 Interim Meeting, the Organized Medical Staff Section-convened  
23 Employed Physician Caucus has continued to meet both in conjunction with and between AMA  
24 meetings, lending the group’s expertise to the HOD – for example, by contributing to the  
25 development of Resolution 017-A-23. The Board of Trustees looks forward to reporting more fully  
26 on the evolution of representation of employed physicians within our AMA at the 2024 Annual  
27 Meeting.  
28

### 29 RECOMMENDATION

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31 The Board of Trustees recommends that the following recommendation be adopted in lieu of the  
32 recommendations of BOT Report 09-I-22 and that the remainder of this report be filed:  
33

34 That our AMA re-examine the representation of employed physicians within the organization and  
35 report back at the 2024 Annual Meeting.

Fiscal Note: No significant fiscal impact

## REPORT OF THE BOARD OF TRUSTEES

B of T Report 10-I-23

Subject: Medical Decision-Making Autonomy of the Attending Physician  
(Resolution 009-I-22)

Presented by: Willie Underwood III, MD, MSc, MPH, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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Resolution 009-I-22, “Medical Decision-Making Autonomy of the Attending Physician,” was heard at the I-22 meeting and the House of Delegates (HOD) referred for report at the I-23 meeting. Resolution 009-I-22 (Resolution 009) contains four resolve clauses that ask our American Medical Association (AMA) advocate against administrative encroachment on physicians, particularly encroachment that interferes with the patient-physician relationship and harms patients.

### BACKGROUND

Resolution 009 explains that “the majority of [American] physicians are now employed” by an entity such as a physician group, insurers, or hospital system rather than being self-employed in private practice. Additionally, recent “growth in the number of health care administrators has far outpaced growth in the number of physicians.” [1] The rise of employed physicians and health care administrators—i.e., those administrative roles such as Chief Medical Officer or Chief Health Officer—has created a tension, and there is often a “disconnect” and “lack of understanding” between these professional groups. [1] This tension may be viewed as diverging goals or diverging responsibilities between physicians and administrators, i.e., the professional ethical duties physicians possess contrasted with administrators’ fiduciary obligations to their business interests.[1] For example, Chandrashekar and Jain explain that while physicians and administrators often share certain “core values”, their approaches to health care fundamentally differ as “[p]hysicians are focused on delivering patient-centered care, whereas administrators are focused on managing resources. Physicians are trained to think patient by patient, whereas administrators are trained to create system-level change.” [1]

This tension between physicians and administrators (this report uses the terms “administrators” and “health care administrators” interchangeably) is recognized as a significant source of encroachment on physician autonomy. The “large-scale employment of physicians” is a “sea change” that has yet to be “fully assimilated by the profession,” [2] resulting in ongoing conflicts as traditional physician sovereignty over patient care is eroded as health care administrators’ influence over physicians’ provision of individual patient care increases. Richman and Schulman explain that “[p]hysician independence has always meant more than economic status” and has been “the foundation of a professional ethos” that contains a “devotion to patient welfare, and a broad commitment to the health of the public.” [2] Hence, the key concern is that this new organizational and economic reality of medicine will undermine physician autonomy in a way that harms patients. Resolution 009 notes that there may be “questions of loyalties,” where health care institutions’ financial incentives may conflict with patient well-being. For example, concerns have arisen that physicians may be pressured to make decisions motivated by cost versus high quality patient care, e.g., “hospital-employed physicians may be under pressure to admit patients from the emergency

department who could be treated in an observation setting or as an outpatient” or pressured to “discharg[e] Medicare patients” earlier than clinically appropriate.” [3]

#### RESOLUTION 009-I-22 and AMA POLICY

In response to the concerns regarding the impact on physician autonomy and potential harm towards patients, Resolution 009 proffered four resolve clauses addressing the issue. Below, each of the resolve clauses are detailed and analyzed with regards to AMA policy.

##### *First Resolve Clause*

The first resolve clause advocates for AMA to recognize the primacy of the patient-physician relationship as a foundation for decision making:

That our American Medical Association advocate that no matter what may change in regard to a physician’s employment or job status, that there is a sacred relationship between an attending physician and his/her patient that leads the patient’s attending physician to hold the ultimate authority in the medical decision-making that affects that patient (Directive to Take Action). (Emphasis added)

The AMA [Code of Medical Ethics](#) supports the fundamental, or sacred, nature of the patient-physician relationship. [Opinion 1.1.1](#), “Patient-Physician Relationships,” states that the “practice of medicine, and its embodiment in the clinical encounter between a patient and a physician, is fundamentally a moral activity that arises from the imperative to care for patients and to alleviate suffering” and that the “relationship between a patient and physician is based on trust.” However, the sanctity of the relationship does not —as the first resolve claims— “lead” a physician to have the “ultimate authority” in medical decision making over the patient. Such a conclusion is an absolutist view of physician autonomy, that conflicts with a collaborative ethical model that also embraces patient-autonomy. [Opinion 1.1.3](#), “Patient Rights,” explains that the “health and well-being of patients depends on a collaborative effort between patient and physician in a mutually respectful alliance.” Physician autonomy is concomitant with patient autonomy, both serving the patient’s best interests in the face of adverse interests that reside outside the sanctity of the patient-physician relationship.

##### *Second Resolve Clause*

The second resolve clause advocates for an ethics committee to adjudicate disputed medical decisions between physicians and administrators. It asks:

That our AMA advocate strongly that if there is a unique circumstance that puts the attending physician’s care into question by a hospital administrator of any sort such as listed above [listed in the resolution’s whereas clauses; list contains examples of administrative roles: Chief Executive Officer, Chief Medical Officer, etc.] but certainly not limited to that list– physician or not- in the event of a disagreement between an administrator and the attending physician regarding a decision one would call a mere judgment call, the onus would be on the administrator to prove to an ethics committee why the attending physician is wrong prior to anyone having the authority to overturn or overrule the order of the physician attending the patient directly (Directive to Take Action). (Emphasis added)

The second resolve clause proposes using ethics committees as arbitrators of disputes between health care administrators and physicians. First, AMA ethics policy makes clear that ethics committees are not adjudicators with the “authority to overturn or overrule” an administrator’s decision. [Opinion 10.7](#), “Ethics Committees in Healthcare Institutions,” states that ethics committees “offer assistance in addressing ethical issues that arise in patient care and facilitate sound decision making that respects participants’ values, concerns, and interests” and that committees “serve as advisors and educators rather than decision makers. Patients, physicians and other health care professionals, health care administrators, and other stakeholders should not be required to accept committee recommendations.” (Emphasis added) Similarly, [Opinion 10.7.1](#), “Ethics Consultations,” states that committees “serve as advisors and educators rather than decision makers.”

Additionally, [H-285.954](#), “Physician Decision-Making in Health Care Systems,” states that “certain professional decisions critical to high quality patient care should always be the ultimate responsibility of the physician regardless of the practice setting, whether it be a health care plan, group practice, integrated or non-integrated delivery system or hospital closed department, whether in primary care or another specialty, either unilaterally or with consultation from the plan, group, delivery system or hospital” and such decision may include “[r]ecommendations to patients for other treatment options, including non-covered care.” (Emphasis added) H-285.954 further states that the AMA “encourages organizations and entities that accredit or develop and apply performance measures for health plans, groups, systems or hospital departments to consider inclusion of plan, group, system or hospital department compliance with any applicable state medical association or medical staff-developed decision-making guidelines in their evaluation criteria,” which would allow for criteria that value the physician-decision making model of care. Thus, existing policy proposes a model that defers to physicians’ professional judgment with respect to treatment recommendations, in conflict with the Resolution 009’s request to grant an ethics committee the role of adjudicator.

#### *Third Resolve Clause*

The third resolve clause asks AMA to reaffirm that physician decision making should be upheld absent an egregious lapse in judgment or mistake:

That our AMA reaffirm that the responsibility for the care of the individual patient lies with a prudent and responsible attending physician, and that his/her decisions should not easily be overturned unless there has been an egregious and dangerous judgment error made, and this would still call for an ethics committee consult in that instance (Reaffirm HOD Policy). (Emphasis added)

As noted above, H-285.954 addresses prioritizing the physician-decision making model and how this model should be encouraged by health care organizations when developing decision making guidelines. Hence, the substance of H-285.954 substantially addresses and accomplishes the aim of the third resolve clause.

#### *Fourth Resolve Clause*

The fourth resolve clause advocates for resistance against encroachment of administrators upon physicians’ medical decision making. It asks:

That our AMA aggressively pursue any encroachment of administrators upon the medical decision making of attending physicians that is not in the best interest of patients as strongly as

possible, for there is no more sacred relationship than that of a doctor and his/her patient, and as listed above, first, we do no harm (Directive to Take Action). (Emphasis added)

The first part of the resolve: “That our AMA aggressively pursue any encroachment of administrators upon the medical decision making of attending physicians” is sound. The concept aligns well with H-285.954. Also, placing checks and balances on administrator encroachment is truly what lies at the heart of Resolution 009’s goals of promoting physician autonomy and patient well-being. However, the resolve’s claim that “there is no more sacred relationship of a doctor and his/her patient” is unsupported puffery. The importance and therapeutic nature of the relationship is well-established in both ethics literature and the *Code* (e.g., Opinion 1.1.1 and 1.1.3), but the claim that the patient-physician relationship is most sacred of *all* relationships, should not be codified as AMA policy.

### *Broad Themes of Concerns*

Additionally, emergent from Resolution 009’s resolves are three themes of concern regarding physician autonomy: (1) the primacy and sanctity of the patient-physician relationship; (2) deference to physician decision making, (e.g. ethics committees used to resolve disputes and reluctance to overturn physician judgment that is made in the best interest of the patient, and respect for a physician’s due process) and (3) the well-being and best interests of patients prioritized over the business or financial interests promoted by administrators.

Broadly, the key concerns and issues raised by Resolution 009 are reflected by voluminous current AMA policy—both House and ethics policy—in numerous contexts, underscoring the AMA’s enveloping commitment to valuing and addressing these concerns.

### Primacy of the Patient-Physician Relationship

- [H-285.910](#) – “The Physician’s Right to Engage in Independent Advocacy on Behalf of Patients, the Profession and the Community”
- [H-225.950](#) – “AMA Principles for Physician Employment”
- [H-165.837](#) – “Protecting the Patient-Physician Relationship”
- [Opinion 1.1.1](#) – “Patient-Physician Relationships”
- [Opinion 1.1.3](#) – “Patient Rights”
- [Opinion 10.1](#) – “Ethics Guidance for Physicians in Nonclinical Roles”
- [Opinion 11.2.1](#) – “Professionalism in Health Care Systems”
- [Opinion 11.2.6](#) – “Mergers of Secular and Religiously Affiliated Health Care Institutions”

### Deference to Physician Decision-Making

- [D-125.997](#) – “Interference in the Practice of Medicine”
- [D-285.959](#) – “Prevent Medicare Advantage Plans from Limiting Care”
- [D-285.954](#) – “Physician Decision-Making in Health Care System”
- [H-285.931](#) – “The Critical Role of Physicians in Health Plans and Integrated Delivery Systems”
- [H-225.957](#) – “Principles for Strengthening the Physician-Hospital Relationship”
- [H-285.910](#) – “The Physician’s Right to Engage in Independent Advocacy on Behalf of Patients, the Profession and the Community”
- [H-285.954](#) – “Physician Decision-Making in Health Care Systems”
- [H-225.942](#) – “Physician and Medical Staff Member Bill of Rights”

- [H-225.947](#) – “Physician Employment Trends and Principles”
- [H-225.950](#) – “AMA Principles for Physician Employment”
- [H-285.959](#) – “Prevent Medicare Advantage Plans from Limiting Care”
- [H-285.920](#) – “Criteria for Level of Care Status”
- [H-285.983](#) – “Organized Medical Staffs in Medical Delivery Systems”
- [H-235.980](#) – “Hospital Medical Staff Self-Governance”
- [Opinion 10.2](#) – “Physician Employment by a Nonphysician Supervisee”
- [Opinion 9.4.1](#) – “Peer Review & Due Process”

#### Well-Being and Best Interests of Patients

- [H-285.910](#) – “The Physician's Right to Engage in Independent Advocacy on Behalf of Patients, the Profession and the Community”
- [H-285.931](#) – “The Critical Role of Physicians in Health Plans and Integrated Delivery Systems”
- [H-225.957](#) – “Principles for Strengthening the Physician-Hospital Relationship”
- [H-285.910](#) – “The Physician's Right to Engage in Independent Advocacy on Behalf of Patients, the Profession and the Community”
- [H-285.954](#) – “Physician Decision-Making in Health Care Systems”
- [H-225.942](#) – “Physician and Medical Staff Member Bill of Rights”
- [H-225.947](#) – “Physician Employment Trends and Principles”
- [H-225.950](#) – “AMA Principles for Physician Employment”
- [H-285.998](#) – “Managed Care”
- [H-285.951](#) – “Financial Incentives Utilized in the Management of Medical Care”
- [H-320.953](#) – “Definitions of ‘Screening’ and ‘Medical Necessity’”
- [Opinion 1.1.1](#) – “Patient-Physician Relationships”
- [Opinion 1.1.6](#) – “Quality”
- [Opinion 10.1.1](#) – “Ethical Obligations of Medical Directors”
- [Opinion 10.2](#) – “Physician Employment by a Nonphysician Supervisee”
- [Opinion 10.7](#) – “Ethics Committees in Health Care Institutions”
- [Opinion 10.7.1](#) – “Ethics Consultations”
- [Opinion 11.2.1](#) – “Professionalism in Health Care Systems”
- [Opinion 11.2.6](#) – “Mergers of Secular and Religiously Affiliated Health Care Institutions”
- [Opinion 11.2.2](#) – “Conflicts of Interest in Patient Care”
- [Opinion 11.2.3](#) – “Contract to Deliver Health Care Services”

#### CONCLUSION

Resolution 009 recognizes concerns about physician autonomy in consideration of practice changes involving the newfound realities of employed physicians and health care administrators. However, the AMA currently has policy that already addresses those concerns.

- Existing policy recognizes the primacy of patient-physician relationships and the physician’s responsibility and authority to exercise professional judgment in making recommendations for care, as requested by the first and third resolve clauses.
- Moreover, existing policy recognizes that the primary role of ethics committees is to serve consultative and educational functions and to foster ethically sound decision making within the context of patient-physician relationships, in keeping with consensus in the ethics

1 community. The second resolve clause of Resolution 009 conflicts with this established  
2 consensus in the field and AMA policy.

- 3
- 4 • The fourth resolve clause should be adopted in part. The first part of the clause regarding  
5 the encroachment of administrators should be adopted as a new directive to take action,  
6 while the second part of the resolve regarding the supremacy of the patient-physician  
7 relationship should not be adopted.

8  
9 RECOMMENDATION

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11 In light of the foregoing, your Board of Trustees recommends that the:

- 12
- 13 1. First, second, and third resolve clauses of Resolution 009, “Medical Decision-Making  
14 Autonomy of the Attending Physician” not be adopted; and
  - 15 2. Fourth resolve clause of Resolution 009 be adopted with amendment as follows:  
16 That our AMA ~~aggressively pursue~~ continue to strongly oppose any encroachment of  
17 administrators upon the medical decision making of attending physicians that is not in the  
18 best interest of patients ~~as strongly as possible, for there is no more sacred relationship than~~  
19 ~~that of a doctor and his/her patient, and as listed above, first, we do no harm.~~ (Directive to  
20 Take Action)  
21

Fiscal note: Minimal - less than \$500



## REFERENCES

1. Chandrasheker P, Jain SH. Understanding and Fixing the Growing Divide Between Physicians and Healthcare Administrators. *Medical Practice Management*. 2019; March/April:264-268.
2. Richman BD, Shulman KA. Restoring Physician Authority in an Era of Hospital Dominance. *JAMA*. 2022;328(24):2400-2401.
3. Crosson FJ. Physician Professionalism in Employed Practice. *JAMA*. 2015;313(18):1817-1818.

## REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS

CEJA Report 1-I-23

Subject: Physicians' Use of Social Media for Product Promotion and Compensation  
(Resolution 25, A-22)

Presented by: David Fleming, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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At its 2022 Annual Meeting, the House of Delegates referred Resolution 025-A-22 (Resolution 025), "Use of Social Media for Product Promotion and Compensation" which asked that the American Medical Association (AMA) "study the ethical issues of medical students, residents, fellows, and physicians endorsing non-health related products through social and mainstream media for personal or financial gain."

This report by the Council on Ethical and Judicial Affairs (CEJA) explores ethical issues posed by this use of social media and reviews existing guidance in the [AMA Code of Medical Ethics](#) (Code).

### BACKGROUND

Resolution 025 details the recent phenomenon of physicians' involvement in promotions and endorsements on social media. While Resolution 025 is limited to the context of physicians promoting non-health related products through social media, it also raises issues connected to the practice of physicians selling and promoting products and services in general. As such, this report discusses a range of issues associated with the sale and promotion of all types of products, as well as the use of social media specifically for this purpose. "Sale" refers to a physician's actual selling of a product or service to consumers for financial or other consideration. Products or services may be sold from a physician's office, via the internet, or from a business venture separate from the physician's practice of medicine. "Promotion" refers to a physician's advertising of a product or service that they are personally selling or the compensated endorsement of another entity's product or services. Products or goods may be promoted via traditional media or via the internet or social media.

The ethical concerns of physician sales and promotions of both health-related and non-health related products and services are interrelated and worth exploring holistically, rather than separately as Resolution 025 suggests.

Additionally, the concept of social media has changed dramatically in the last couple of decades and has altered how consumer goods and services are advertised, promoted, and sold. Social media now accounts for a broad range of communication—e.g. Tik Tok, Instagram, Facebook, X (formerly Twitter), YouTube—that can reach millions of people, and now often involves "influencing", where individuals

\* Reports of the Council on Ethical and Judicial Affairs are assigned to the Reference Committee on Amendments to Constitution and Bylaws. They may be adopted, not adopted, or referred. A report may not be amended, except to clarify the meaning of the report and only with the concurrence of the Council.

promote or sell goods and services or promote themselves (e.g. their personality or lifestyle) as a financial venture.

## ETHICAL CONCERNS

Physicians' and medical students' sale and promotion of products or services and use of social media raises several ethical concerns. (1) These practices may damage the patient-physician relationship. If patients feel pressured to purchase products or services, this may undermine the trust that grounds patient-physician relationships, since it raises questions about whether physicians are fulfilling their fiduciary duty to put patients' interests above their own financial interests. (2) If inappropriate pressure is applied, then selling and promotion of products may result in the exploitation of patient vulnerability. (3) If physicians lend their credibility as medical professionals to products or services that are not supported by peer-reviewed evidence or are of questionable value, then they may put patient well-being and the integrity of the profession in jeopardy in the interest of profit-making.

### *Welfare of the Patient and the Patient-Physician Relationship*

The sale and promotion of goods and services by physicians has the potential to negatively affect the welfare of patients. If a physician puts their financial interests above the interests of the patients, then this undercuts the foundational ethical principle that physicians must regard their "responsibility to the patient as paramount. [Principle VIII]. In addition, since patients are "vulnerable and dependent on the doctor's expertise" and there is an "asymmetry of knowledge" between patients and physicians, there is a risk that patients may be exploited and this, in turn, can "undermine a patient's trust" [1]. Further, if patients find out about a physician's financial incentive to recommend certain products or services after the fact, they may feel that they have been purposefully deceived, and so have reason to distrust both that individual physician and the profession as a whole. It is therefore imperative that physicians conscientiously distinguish when they are acting in their professional capacity by recommending products or services intended for patient benefit or public health, and when they are acting as commercial agents independent of their professional identity.

### *Integrity of the Profession*

Physician sales and promotion of products and services may also damage the integrity of the profession. Physicians have an ethical duty to uphold professional standards in their role as physician in all areas of life. A key principle of professional integrity is that physicians should recognize that they carry the authority of their professional role with them into other social spheres. Physicians "engage in a number of roles" which include conveyors of information, advocates, experts, and commentators on medically related issues [2]. For many physicians, "navigating successfully among the potentially overlapping roles ...poses challenges." [2] Physicians "carry with them heightened expectations as trusted...representatives of the medical profession." [2] Physicians should be aware that these expectations cannot be entirely separated from their personal identity either online or elsewhere and should take care to curate their social media presence accordingly.

## PHYSICIAN SALES AND PROMOTIONS

The *Code* addresses the ethical concerns reflected above--both with regards to the physician sale of health and non-health related products--in [Opinion 9.6.4](#), "Sale of Health Related Products" and [Opinion 9.6.5](#), "Sale of Non-Health Related Goods". Opinion 9.6.4 directly acknowledges conflict of interest and states that "[p]hysician sale of health-related products raises ethical concerns about financial conflict of interest, risks placing undue pressure on the patient, threatens to erode patient trust, undermine the primary obligation of physicians to serve the interests of their patients before their own, and demean the

profession of medicine.” It specifies that physicians have obligations to offer only peer-reviewed products, to “fully disclos[e] the nature of their financial interest,” to limit “sales to products that serve immediate and pressing needs to their patients,” and to avoid exclusive distributorships. Opinion 9.6.5 acknowledges the importance of physicians serving “the interests of their patients above their own” and explains that sales of non-health related goods can be acceptable under the following conditions: when the goods being sold are “low cost,” when a physician takes “no share in profit” from such sales, or when the sales are “for the benefit of community organizations.”

While the guidance offered by these opinions is valuable and relevant, it is limited to only some of the possible contexts in which physicians are promoting products and services, and does not include the social media scenario outlined in Resolution 025. These opinions also do not reflect the reality of physicians being involved with side businesses that are independent of their medical practices. Opinion 9.6.5 seems to suggest that physicians selling non-health-related products are doing so only for the good of the patient and should not expect to make a profit on these ventures, which is unrealistic.

#### *Health-related products or services marketed to patients*

This scenario is the one most closely aligned and envisioned by the guidance offered in Opinion 9.6.4, which encompasses the context of a physician selling health-related products (often in their office), marketed directly to their patients. Patients are often “vulnerable and dependent” on the physician’s expertise” [3], so when a health-related product is promoted to a patient (especially in the physician’s office) the power imbalance in the relationship makes the ethical risk particularly acute. Additionally, because the products in question are health-related, it also carries physician obligations to ensure that the products are peer reviewed and safe and that proper disclosure of the risks and benefits are given to patients. [Opinion 9.6.4]. To avoid taking advantage of patients, sale of health-related goods should be limited to only to those that serve their immediate needs, and goods should be offered at a reasonable cost.

#### *Health-related products or services marketed to the general public*

An example of this scenario might be where a physician has some side business or paid promotion to sell a health-related good, but the business is aimed at the general public. It is not performed in a physician’s office nor specifically directed at patients. Hence, in most cases like this, the concern about harming the patient-physician relationship is somewhat minimized. However, it is still the case that the well-being of the general public should not be diminished for the financial gain of the physician. In all cases of the sale and promotion of health-related goods, physicians must disclose the nature of their financial interest in the product or service, and ensure that they only promote products offering benefits supported by peer-reviewed scientific evidence.

#### *Non-health related product or service marketed to patients*

This scenario is the one envisioned by the guidance of Opinion 9.6.5, which encompasses physicians selling non-health related products to their patients. An example in this case might be where a physician has a side business unrelated to their practice, but they promote the business in their office and to their patients. Here, there still may be improper influence upon the patient and such behavior may impact the trust of the patient-physician relationship while also undermining professional integrity. Opinion 9.6.5 reflects these concerns by requiring that physicians conduct such sales in a “dignified manner” and that “patients are not pressured in to making purchases” [Opinion 9.6.5]. In general, physicians should refrain from leveraging their professional role as physicians to promote unrelated business ventures and should not allow the sale or promotion of non-health-related goods or services to be a regular part of their practice of medicine.

### *Non-health related products to marketed to the general public*

This scenario involves physicians who are selling or promoting non-health related products or services and marketing them to the general public. An example is when a physician operates a side business, such as a restaurant or a used-car dealership, and the business is promoted through the usual channels to a wide audience. This is the scenario imagined in Resolution 025, where physicians are promoting non-health-related goods through social media. Physicians should be mindful that it is still possible that patients could be customers of a physician's "side business," and in such contexts, patients may still feel pressured to become customers. Additionally, physicians must take care not to abuse their professional authority in such commercial activities and thus risk demeaning the profession. Such abuses of authority might include wearing a white coat or emphasizing medical professional credentials while selling or promoting a product. Physicians should also ensure that the information they provide about non-health-related products is trustworthy and not deceptive.

### PROFESSIONALISM IN THE USE OF SOCIAL MEDIA

The concept of social media has changed since the technology's first appearance and widespread adoption. Today, social media are broadly internet-enabled technologies that enable individuals to have a presence online and ability to share opinions and self-generated media content to a wide audience.

[Opinion 2.3.2](#) "Professionalism in Social Media" reflects an outdated understanding of the types and uses of social media, modeling its guidance on traditional sites such as Facebook, where the primary purposes are social networking among friends and colleagues, and perhaps also disseminating beneficial public health messages. While guidance that addresses these uses is still necessary (and so should be retained), modifications are required to reflect the fact that social media can now be used as a form of marketing intended to financially benefit individuals and corporations. The ethical concerns that arise in this context mirror those that arise in other situations where physicians are selling and promoting goods and services, that is, use of social media by medical professionals can undermine trust and damage the integrity of patient-physician relationships and the profession as a whole when physicians inappropriately use their social media presence to promote personal interests.

### CONCLUSION

Combining the relevant parts of Opinion 9.6.4 and Opinion 9.6.5 into a single opinion and broadening the scope will allow for the *Code* to better address the full range of scenarios in which physicians may now sell and promote products or services. Updating 2.3.2 "Professionalism in the Use of Social Media" so that it includes guidance on using these media to sell and promote products makes it clear that the consolidated guidance clearly applies to the concerns raised in Resolution 025. Revising these opinions also provides an opportunity to update language to reflect the current realities of technology and contemporary business practices.

### RECOMMENDATION

In consideration of the foregoing, the Council on Ethical and Judicial Affairs recommends that:

1. Opinion 9.6.4, "Sale of Health-Related Products," and Opinion 9.6.5, "Sale of Non-Health-Related Products" be consolidated and amended by substitution to read as follows:

The sale or promotion of products or services by physicians may offer benefit to patients or the public but may also conflict with their professional ethical responsibilities. Whether intended or not, they may be perceived to use their professional knowledge and stature as inducements to consumers. There

are four key scenarios of sales or promotion: (1) health-related products or services marketed to patients, (2) health-related products or services marketed to the general public, (3) non-health-related product or services marketed to patients, and (4) non-health-related products or services marketed to the general public.

Of greatest concern are commercial practices in which physicians sell or promote goods or services to patients. In these circumstances patients may feel pressured to purchase the product or service, which may compromise the physician's fiduciary obligation to put patients' interests above their own financial interests and undermine the trust that grounds patient-physician relationships. Similarly, if physicians lend their credibility as medical professionals to products or services that are not supported by peer-reviewed evidence or are of questionable value they may put patient well-being and the integrity of the profession in jeopardy.

Physicians and medical students therefore should:

- (a) Refrain from leveraging their professional role to promote unrelated business ventures.
- (b) Fully disclose the nature of their financial interest in the product or service.
- (c) Avoid exclusive distributorship arrangements that make products or services available only through the individual's commercial venue.
- (d) Limit the sale or promotion of health-related goods or services only to those that serve the immediate needs of patients and strive to make the product or service available at a reasonable cost.
- (e) Refrain from the sale or promotion of non-health-related goods or services as a regular part of their professional activities. (Modify HOD/CEJA Policy); and

2. Opinion 2.3.2, "Professionalism in the Use of Social Media" be amended by substitution to read as follows:

Social media—internet-enabled communication technologies—enable individual medical students and physicians to have both a personal and a professional presence online. Social media can foster collegiality and camaraderie within the profession as well as provide opportunities to disseminate public health messages and other health communication widely. However, use of social media by medical professionals can also undermine trust and damage the integrity of patient-physician relationships and the profession as a whole, especially when medical students and physicians use their social media presence to promote personal interests.

Physicians and medical students should be aware that they cannot realistically separate their personal and professional personas entirely online and should curate their social media presence accordingly. Physicians and medical students therefore should:

- (a) Use caution when publishing any content that could damage their individual professional reputation or impugn the integrity of the profession.
- (b) Respect professional standards of patient privacy and confidentiality and refrain from publishing identifiable patient information online. When they use social media for educational purposes or to exchange information professionally with other physicians or medical students they should follow ethics guidance regarding confidentiality, privacy, and informed consent.

1 (c) Maintain appropriate boundaries of the patient-physician relationship in accordance with ethics  
2 guidance if they interact with patients through social media, just as they would in any other  
3 context.

4  
5 (d) Use privacy settings to safeguard personal information and content, but be aware that once on the  
6 Internet, content is likely there permanently. They should routinely monitor their social media  
7 presence to ensure that their personal and professional information and content published about  
8 them by others is accurate and appropriate.

9  
10 (e) Disclose any financial interests related to their social media content, including, but not limited to,  
11 paid partnerships and corporate sponsorships.

12  
13 (f) When using social media platforms to disseminate medical health care information, ensure that  
14 such information is useful and accurate. They should likewise ensure to the best of their ability  
15 that non-health-related information is not deceptive. (Modify HOD/CEJA Policy); and  
16

17 3. The remainder of this report be filed.

Fiscal Note: Less than \$500

## REFERENCES

1. Council on Ethical and Judicial Affairs, CEJA Report 5-I-97, "Sale of Non-Health Related Goods." <https://code-medical-ethics.ama-assn.org/sites/default/files/2022-08/9.6.5%20Sale%20of%20non-health-related%20goods%20--%20background%20reports.pdf>.
2. Council on Ethical and Judicial Affairs, CEJA Report 2-I-17, "Ethical Physician Conduct in the Media." <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/about-ama/councils/Council%20Reports/council-on-ethics-and-judicial-affairs/ceja-report-2-i17.pdf>.
3. Council on Ethical and Judicial Affairs, CEJA Report 1-A-99, "Sale of Health-Related Products form Physician's Offices." <https://code-medical-ethics.ama-assn.org/sites/default/files/2022-08/9.6.4%20Sale%20of%20health-related%20products%20--%20background%20reports.pdf>.



REPORT2 OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS (I-23)  
Research Handling of De-Identified Patient Data  
(D-315.969)  
(Constitution and Bylaws)

EXECUTIVE SUMMARY

In adopting policy D-315.969, “Research Handling of De-Identified Patient Data,” the House of Delegates directed the Council on Ethical and Judicial Affairs (CEJA) to examine guidance related to the use of de-identified patient data and the risks of re-identification. In response to this directive, CEJA carried out an extensive review of relevant philosophical and empirical literature and presented an informational report at the 2023 Annual Meeting.

This report expands on that previous work to articulate a series of recommendations on how best to respond to the increasing collection, sale, and use of de-identified patient data and the associated risks. The report outlines how health data exist within digital information ecosystems, how such complex ecosystems pose challenges to data privacy, how de-identified data functions as a public good for clinical research, and how de-identified data derived within the context of health care institutions lead to certain ethical standards for and protections of that data.

Because CEJA recognizes both the promise of de-identified datasets for advancing health and the concerns surrounding the use of de-identified patient data including the risks of re-identification that extend from the level of individual physicians collecting clinical data to hospitals and other health care institutions as repositories and stewards of data, this report proposes a new *Code of Medical Ethics* opinion be adopted in conjunction with amendments to four existing opinions to provide ethics guidance in this rapidly evolving digital health ecosystem.

## REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS\*

CEJA Report 2-I-23

Subject: Research Handling of De-Identified Patient Data  
(D-315.969)

Presented by: David A. Flemming, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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1 Policy D-315.969, “Research Handling of De-Identified Patient Data,” adopted by the American  
2 Medical Association (AMA) House of Delegates in November 2021, asked the Council on Ethical  
3 and Judicial Affairs (CEJA) to examine guidance related to the use of de-identified patient data and  
4 the risks of re-identification.

5  
6 In its informational report on de-identified data [[CEJA 6-A-23](#)], CEJA examined a range of  
7 challenges that health care professionals and institutions are now confronted with as technological  
8 innovations rapidly evolve both within and outside of health care, blurring the boundary  
9 distinctions between these spheres. The Council’s exploration suggested that in this dynamic  
10 environment, foundational ethical concepts of privacy and consent likely need to be revisited to  
11 better reflect that personal health information today exists in digital environments where  
12 responsibilities are distributed among multiple stakeholders.

13  
14 This report expands on the previous work to articulate a series of recommendations on how best to  
15 respond to the increasing collection, sale, and use of de-identified patient data and the associated  
16 risks. The report outlines how health data exist within digital information ecosystems, how such  
17 ecosystems pose challenges to data privacy, what the *Code* says about data privacy and informed  
18 consent, how de-identified data functions as a public good for clinical research, how privacy  
19 scholars are reconceptualizing privacy as contextual integrity, and how de-identified data derived  
20 within the context of health care institutions lead to certain ethical standards for and protections of  
21 that data.

22  
23 Because CEJA recognizes both the promise of de-identified datasets for advancing health and the  
24 concerns surrounding the use of de-identified patient data including the risks of re-identification  
25 that extend from the level of individual physicians collecting clinical data to hospitals and other  
26 health care institutions as repositories and stewards of data, this report proposes a new ethics  
27 opinion in conjunction with amendments to four existing opinions to provide ethics guidance in  
28 this rapidly evolving digital health ecosystem.

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\* Reports of the Council on Ethical and Judicial Affairs are assigned to the Reference Committee on Amendments to Constitution and Bylaws. They may be adopted, not adopted, or referred. A report may not be amended, except to clarify the meaning of the report and only with the concurrence of the Council.

## HEALTH DATA & DIGITAL ECOSYSTEMS

De-identified patient data are a subset of health data that exists within larger digital health information ecosystems [1]. Such ecosystems are highly dynamic and distributed, with health information often being combined from multiple datasets and distributed among multiple stakeholders [1]. Traditionally, health data has referred to patient health information produced from patient–physician interactions and stored by health care organizations [2]. This type of data is typically recorded as identifiable patient data and entered into the patient’s Electronic Medical Record (EMR); from there, it can be de-identified and bundled together with other patient data to form an aggregated dataset. In the age of Big Data, however, where large datasets can reveal complex patterns and trends, diverse sets of information are increasingly brought together. Health data now extends to all health-relevant data, including data collected anywhere from individuals both passively and actively that can reveal information about health and health care use [2].

Within digital health ecosystems, health-related data can be generated by health care systems (e.g., EMRs, prescriptions, laboratory data, radiology), the consumer health and wellness industry (e.g., wearable fitness tracking devices, wearable medical devices such as insulin pumps, home DNA tests), digital exhaust from daily digital activities (e.g., social media posts, internet search histories, location and proximity data), as well as non-health sources of data (e.g., non-medical records of race, gender, education level, residential zip code, credit history) [2]. The ethical challenges raised by such widely distributed data ecosystems, with their vast array of data types and multiple stakeholders, require a holistic approach to the moral issues caused by digital innovation. Digital ethics has arisen as a theoretical framework to analyze these recent challenges and examine such ethical concerns from multiple levels of abstraction. The digital ethics framework takes into account the general environment in which ethical concerns arise and examines ethical dilemmas as they relate to information and data, algorithms, practices and infrastructure, and their impact on the digital world [3].

## CHALLENGES TO DATA PRIVACY

In the U.S., the Health Insurance Portability and Accountability Act (HIPAA) imposes constraints on the sharing of “protected health information,” including individually identifiable health information contained in the EMR, by “covered entities,” including physicians, hospitals, pharmacies, and third-party payers. HIPAA’s scope is narrow and does not cover other health-relevant data, such as data generated voluntarily by patients themselves, for example, through the use of commercial health-related apps or devices, or identifiable data individuals provide to municipal authorities, utilities, retailers, or on social media. Furthermore, information that began in the medical record can take on a new, independent life when linked with personal information widely available through datasets generated outside of health care. As McGraw and Mandl explain, “since HIPAA’s coverage is about ‘who’ holds the data, but not what type of data, much of the health-relevant data collected today are collected by entities outside of HIPAA’s coverage bubble and thus resides outside of HIPAA’s protections” [2]. HIPAA is thus limited in its ability to protect patient data within digital health information ecosystems.

Complicating the matter is the fact that once patient health data has been de-identified, it is no longer protected by HIPAA, and can be freely bought, sold, and combined with other datasets. Hospitals now frequently sell de-identified datasets to researchers and industry. Recent

developments in AI and its use within health care have similarly created new difficulties. While many within health care are hopeful that the use of generative AI technologies will improve care and efficiency, the input of any identifiable private health information into an AI chatbot from a private company that has not signed an agreement with the health care institution means the input of any private health information is an unauthorized disclosure under HIPAA [4].

Patients, and patient privacy advocates, are often concerned about who has access to their data. As data ecosystems have grown larger and more distributed, this has become increasingly more difficult to ascertain. In the age of Big Data, the global sale of data has become a multibillion-dollar industry, with individuals' data viewed by industry as "new oil" [1]. Industry often purchases hospital datasets to improve marketing and sales, predict consumer behaviors, and to resell to other entities. Within health care and research settings, the massive datasets collected from clinical data—used initially in the care and treatment of individual patients—have created the potential for secondary use as a means for quality improvement and innovation that can be used for the benefit of future patients and patient populations [5].

The dynamic and distributed nature of today's digital health information ecosystems challenges the prevailing procedural model for protecting patient privacy: informed consent and de-identification. In a world where the secondary use of patient data within large datasets can easily enter into a global marketplace, the intended use is almost impossible to discern. Patients cannot be honestly and accurately informed about the specific terms of interactions between their collected data and the data collector and any potential risks that may emerge [1,6]. Therefore, patients are unable to truly give informed consent. Furthermore, whether de-identifying datasets truly prevents individual data subjects from being re-identified has been increasingly called into question. Removing the 18 identifiers specified in HIPAA does not ensure that the data subject cannot be re-identified by triangulation with identifying information from other readily available datasets [7]. Machine learning and AI technologies have advanced to the point that virtually all de-identified datasets risk re-identification, such that "even when individuals are not 'identifiable', they may still be 'reachable'" [6].

A final avenue to consider with respect to private health information and patient privacy is the risk of health care data breaches. Raghupathi et al note, "[h]ealthcare is a lucrative target for hackers. As a result, the healthcare industry is suffering from massive data breaches" [8]. The number of health care data breaches continues to increase every year, exposing the private health information of millions of Americans. Despite being heavily targeted by cybercriminals, health care providing institutions are widely considered by cybersecurity experts to lack sufficient security safeguards [8]. Raghupathi et al note, "healthcare entities gathering and storing individual health data have a fiduciary and regulatory duty to protect such data and, therefore, need to be proactive in understanding the nature and dimensions of health data breaches" [8].

## CLINICAL DATA AND PRIVACY

Within the *Code*, [Opinion 3.1.1](#), "Privacy in Health Care," distinguishes four aspects of privacy:

personal space (physical privacy), personal data (informational privacy), personal choices including cultural and religious affiliations (decisional privacy), and personal relationships with family members and other intimates (associational privacy).

The *Code* does not explicitly examine whether personal medical or health information are ethically distinct from other kinds of personal information (e.g., financial records) or in what way. Current guidance treats the importance of protecting privacy in all its forms as self-evident, holding that respecting privacy in all its aspects is of fundamental importance, “an expression of respect for autonomy and a prerequisite for trust” [Opinion 3.1.1]. However, [Opinion 3.3.3](#), “Breach of Security in Electronic Medical Records,” directly acknowledges that data security breaches create potential “physical, emotional, and dignity harms” to patients. Similarly, [Opinion 7.3.7](#), “Safeguards in the Use of DNA Databanks,” states that breaches of confidential patient information “may result in discrimination or stigmatization and may carry implications for important personal choices.”

Violations of privacy can result in both harm—tangible negative consequences, such as discrimination in insurance or employment or identity theft—and in wrongs that occur from the fact of personal information being known without the subject’s awareness, even if the subject suffers no tangible harm [7]. Price and Cohen note that privacy issues can arise not only when data are known, but when data mining enables others to “generate knowledge about individuals through the process of inference rather than direct observation or access” [7].

#### CLINICAL DATA AND INFORMED CONSENT

With respect to [Opinion 2.1.1](#), “Informed Consent,” in the *Code*, successful communication is seen as essential to fostering trust that is fundamental to the patient–physician relationship and to supporting shared decision making. Opinion 2.1.1 states: “[t]he process of informed consent occurs when communication between a patient and physician results in the patient’s authorization or agreement to undergo a specific medical intervention.” In seeking a patient’s informed consent, physicians are directed to include information about “the burdens, risks, and expected benefits of all options, including forgoing treatment” [Opinion 2.1.1]. It should be noted, however, that no direct mention of patient data is discussed in the opinion, other than that documentation of consent should be recorded in the patient’s medical record.

#### CLINICAL DATA, DATASETS, AND THE PUBLIC GOOD

While legally, clinical data are the property of the health care organization, ethically, because such aggregated data has the potential for secondary use that can benefit all of society, it has been argued that such data should be treated as a form of public good [5]. When clinical data are de-identified and aggregated, the potential use for societal benefits through research and development is an emergent, secondary side effect of electronic health records that goes beyond individual benefit. Larson et al argue that not only does the public possess an interest in safeguarding and promoting clinical data for societal benefits, but all those who participate in health care systems have an ethical responsibility to treat such data as a form of public good [5]. They propose:

all individuals and entities with access to clinical data inherently take on the same fiduciary obligations as those of medical professionals, including for-profit entities. For example, those who are granted access to the data must accept responsibility for safeguarding protected health information [5].

1 This entails that any entity that purchases private health information, whether or not it has been de-  
2 identified, has an ethical obligation to adhere to the ethical standards of health care where such data  
3 were produced. Hospitals thus have an ethical responsibility to ensure that their contracts of sale  
4 for datasets insist that all entities that gain access to the data adhere to the ethical standards and  
5 values of the health care industry.

6  
7 This is particularly important when we recall that the wide distribution of digital health information  
8 ecosystems increasingly includes non-health-related parties from industry that may have market  
9 interests that conflict with the ethical obligations that follow health data. Within this framework,  
10 the fiduciary duty to protect patient privacy as well as to society to improve future health care  
11 follows the data and thus applies to all entities that use that data, such that all entities granted  
12 access to the data become data stewards, including for-profit parties [5]. This also includes patients,  
13 such that they bear a responsibility to allow their data to be used for the future improvement of  
14 health care for society, especially when we recognize that current health care has already benefited  
15 from past data collection [5].

16  
17 While the re-identification of aggregated patient data should generally be prohibited, there are rare  
18 exceptions. There may be occasions when researchers wish to re-identify a dataset, such as  
19 sometimes occurs in the study of rare diseases that rely on international registries; in such  
20 situations, all individuals must be re-contacted, and their consent obtained in order to re-identify  
21 their data since this would represent a significant change to the initial research protocols and  
22 respective risks [9]. Re-identification of datasets for research is uncommon, however, because  
23 obtaining re-consent can be difficult and can lead to flawed research if data is lost because patients  
24 do not re-consent. The other situation in which it may be permissible, or even obligatory, to re-  
25 identify aggregated patient data is when doing so would be in the interest of the health of individual  
26 patients, such as might occur in the study of a rare genetic disorder. Even within these exceptions,  
27 the risks associated with re-identification remain and re-identified data should thus never be  
28 published. Re-identification of de-identified patient data for any other purposes, by anyone inside  
29 or outside of health care, must be avoided.

## 30 31 AN ALTERNATIVE APPROACH: PRIVACY AS CONTEXTUAL INTEGRITY

32  
33 Within today's digital health information ecosystems, physicians and hospitals face several  
34 challenges to protecting patient privacy. Barocas and Nissenbaum contend that "even if [prevailing  
35 forms of consent and anonymization] were achievable, they would be ineffective against the novel  
36 threats to privacy posed by big data" [6]. A more effective option, Nissenbaum has argued, would  
37 understand privacy protection as a function of "contextual integrity," i.e., that in a given social  
38 domain, information flows conform to the context-specific informational norms of that domain.  
39 Whether a transmission of information is appropriate depends on "the type of information in  
40 question, about whom it is, by whom and to whom it is transmitted, and conditions or constraints  
41 under which this transmission takes place" [10]. The view of privacy as contextual integrity—that  
42 our conception of privacy is contextual and governed by various norms of information flow—  
43 recognizes that there exist different norms regarding privacy within different spheres of any  
44 distributed digital ecosystem [7,11]. The challenge within health care, as we have seen, is how to  
45 balance these various norms when they conflict and how to ensure that health care's ethical  
46 standards and values are maintained throughout the distributed use of de-identified private health  
47 information.

## 1 THE CONTEXTUAL INTEGRITY OF DE-IDENTIFIED HEALTH DATA

2  
3 In handling patient data, individual physicians strive to balance supporting and respecting patient  
4 privacy while also upholding ethical obligations to the betterment of public health. Through their  
5 own actions, as well as through their membership organizations and through their healthcare  
6 organizations, physicians should: (1) ensure that data entered into electronic records are accurate  
7 and reliable to the best of their ability; (2) be transparent with patients regarding the limited extent  
8 to which their data can be safely protected, how their data may be used, and why the use of such  
9 data is crucial for improving health care outcomes within society; and (3) ensure that proper  
10 oversight and protections of data are in place, including contractual provisions that any data sold or  
11 shared with outside entities stay in alignment with the ethical standards of the medical profession,  
12 and that meaningful sanctions or penalties are in place and enforced against any actors that violate  
13 those ethical standards. It is critical to recognize, as is outlined in the *Code*, that the patient–  
14 physician relationship is built on trust, and that this trust relies heavily on transparency.

15  
16 It is important for both patient care and research that clinical data entered into the EMR be as  
17 accurate and complete as possible. Some data capture practices, such as copying-and-pasting daily  
18 progress notes from previous encounters, which may contribute to efficiency, can lead to  
19 documentation errors [12]. One avenue for improving EMR accuracy is that, under HIPAA,  
20 patients have the right to access their data and request any perceived errors be amended. While  
21 there is no one solution to improving accuracy of EMR data, further study into how to improve  
22 EMR accuracy is important. One challenge to both EMR accuracy and completeness is the limited  
23 interoperability of different EMR systems. Matching digital health records for the same patient  
24 across and within health care facilities can be a challenge, further contributing to the potential for  
25 EMR errors. Standardization of recording data elements, such as capturing patient address and last  
26 name in a consistent format, may improve matching of patient records and thus improve the  
27 accuracy of the EMR [13].

28  
29 Another challenge to EMR data quality is the risk of bias, primarily due to implicit bias in EMR  
30 design and underrepresentation of patients from historically marginalized groups, low  
31 socioeconomic status, and rural areas [14,15]. Critically important for research involving data  
32 collected from EMRs, available EMR data only reflects those with access to health care in the first  
33 place. While certain study designs and tools have been developed to reduce these biases in  
34 research, physicians and health care institutions should be looking into ways to reduce bias within  
35 EMRs, such as features to optimize effective EMR use and to consistently capture patient data,  
36 especially data on race/ethnicity and social determinants of health that are often inconsistently and  
37 inaccurately captured in EMR systems [14,15,16].

38  
39 Patients have a right to know how and why their data are being used. While physicians should be  
40 able to answer questions regarding patient data as they relate to HIPAA protections, it is the  
41 responsibility of health care institutions to provide more detailed information regarding  
42 expectations of data privacy, how patient data may be used, and why such use is important to  
43 improve the future of health care. Health care systems may consider fulfilling this ethical  
44 obligation by creating a patient notification of data use built into the patient registration process  
45 (using language similar to the NIH's Introduction-Description component, meant to provide  
46 prospective research participants with an introduction to and description of the planned storage and  
47 sharing of data and biospecimens [17]).

As stewards of health data, health care institutions have an ethical responsibility to protect data privacy. This fiduciary duty to patient data should be seen as following the data even after they are de-identified and leave the institution where they were initially captured [5,8]. While hospitals and health care organizations increasingly come under cyberattack, they consistently lag behind other industries in cybersecurity [18]. With regards to protecting the data they maintain, health care institutions have a responsibility to make more significant investments in cybersecurity.

In order to ensure that the ethical standards of health care are maintained even after data leaves health care institutions, McGraw and Mandl propose that companies collecting or using health-relevant data could be required to establish independent data ethics review boards [2]. They write that such boards could be similar to Institutional Review Boards (IRBs) but should focus more on privacy than on participant risk, evaluating proposed data projects for legal and ethical implications as well as their potential to improve health and/or the health care system [2]. In practice, ethics review boards involved with industry face challenges to both independence and efficacy. Independence can be compromised by influences such as conflicts of interest, while efficacy can be compromised by the absence of authority, procedures, and systems to enact recommendations made by these review bodies. To be effective, data ethics review boards must be independent and free of conflicts of interest from the company or organization whose data research proposal(s) they are evaluating and have systems in place for both transparency and implementation of feedback for remediations of privacy and other quality and ethics concerns. Though not a comprehensive solution, independent data ethics review boards could be an effective safeguard against industry conflicts of interest and should be considered as a required part of contracts of sale of health data, with contracts stipulating that any future resale of the data also undergo review by a data ethics review board.

The need for more transparent disclosure to patients regarding their data use as well as the importance of building the values of medical ethics into the contracts of sale of aggregate datasets created by hospitals highlights the fact that the ethical responsibilities to respond to the risks of de-identified data should not be borne by physicians alone. Respecting patient privacy and their informed consent are responsibilities that physician member organizations and health care institutions must take on because the risks to these rights that patients face within digital health ecosystems radiate far beyond the patient-physician relationship to areas where individual physicians have little influence.

## RECOMMENDATIONS

In light of the challenges considered with regard to constructing a framework for holding stakeholders accountable within digital health information ecosystems, the Council on Ethical and Judicial Affairs recommends:

### 1. That the following be adopted:

Within health care systems, identifiable private health information, initially derived from and used in the care and treatment of individual patients, has led to the creation of massive de-identified datasets. As aggregate datasets, clinical data takes on a secondary promising use as a means for quality improvement and innovation that can be used for the benefit of future patients and patient populations. While de-identification of data is meant to protect the privacy



of patients, there remains a risk of re-identification, so while patient anonymity can be safeguarded it cannot be guaranteed. In handling patient data, individual physicians thus strive to balance supporting and respecting patient privacy while also upholding ethical obligations to the betterment of public health.

When clinical data are de-identified and aggregated, their potential use for societal benefits through research and development is an emergent, secondary use of electronic health records that goes beyond individual benefit. Such data, due to their potential to benefit public health, should thus be treated as a form of public good, and the ethical standards and values of health care should follow the data and be upheld and maintained even if the data are sold to entities outside of health care. The medical profession's responsibility to protect patient privacy as well as to society to improve future health care should be recognized as inherently tied to these datasets, such that all entities granted access to the data become data stewards with a duty to uphold the ethical values of health care in which the data were produced.

As members of health care institutions, physicians should:

- (a) Follow existing and emerging regulatory safety measures to protect patient privacy;
- (b) Practice good data intake, including collecting patient data equitably to reduce bias in datasets;
- (c) Answer any patient questions about data use in an honest and transparent manner to the best of their ability in accordance with HIPAA (or current legal standards).

Health care systems, in interacting with patients, should adopt policies and practices that provide patients with transparent information regarding:

- (d) The high value that health care institutions place on protecting patient data;
- (e) The reality that no data can be guaranteed to be permanently anonymized, and that risk of re-identification does exist;
- (f) How patient data may be used and by whom;
- (g) The importance of de-identified aggregated data for improving the care of future patients.

Health care systems, as health data stewards, should:

- (h) Establish appropriate data collection methods and practices that meet industry standards to ensure the creation of high-quality datasets;
- (i) Ensure proper oversight of patient data is in place, including provisions for the use of de-identified datasets that may be shared, sold, or resold;
- (j) Develop models for the ethical use of de-identified datasets when such provisions do not exist, such as establishing and contractually requiring independent data ethics review

boards free of conflicts of interest to evaluate the sale and potential resale of clinically-derived datasets;

(k) Take appropriate cyber security measures to ensure the highest level of protection is provided to patients and patient data;

(l) Develop proactive post-compromise planning strategies for use in the event of a data breach to minimize additional harm to patients;

(m) Advocate that health- and non-health entities using any health data adopt the strongest protections and uphold the ethical values of the medical profession.

There is an inherent tension between the potential benefits and burdens of de-identified datasets as both sources for quality improvement to care as well as risks to patient privacy. Re-identification of data may be permissible, or even obligatory, in rare circumstances when done in the interest of the health of individual patients. Re-identification of aggregated patient data for other purposes without obtaining patients' express consent, by anyone outside or inside of health care, is impermissible. (New HOD/CEJA Policy); and

2. That Opinion 2.1.1, "Informed Consent"; Opinion 3.1.1, "Privacy in Health Care"; Opinion 3.2.4, "Access to Medical Records by Data Collection Companies"; and Opinion 3.3.2, "Confidentiality and Electronic Medical Records" be amended by addition as follows:

a. Opinion 2.1.1, Informed Consent

Informed consent to medical treatment is fundamental in both ethics and law. Patients have the right to receive information and ask questions about recommended treatments so that they can make well-considered decisions about care. Successful communication in the patient-physician relationship fosters trust and supports shared decision making. Transparency with patients regarding all options of treatment is critical to establishing trust and should extend to discussions regarding who has access to patients' health data and how data may be used.

The process of informed consent occurs when communication between a patient and physician results in the patient's authorization or agreement to undergo a specific medical intervention. In seeking a patient's informed consent (or the consent of the patient's surrogate if the patient lacks decision-making capacity or declines to participate in making decisions), physicians should:

(a) Assess the patient's ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision.

(b) Present relevant information accurately and sensitively, in keeping with the patient's preferences for receiving medical information. The physician should include information about:

(i) the diagnosis (when known);

(ii) the nature and purpose of recommended interventions;

(iii) the burdens, risks, and expected benefits of all options, including forgoing treatment.

- (c) Document the informed consent conversation and the patient's (or surrogate's) decision in the medical record in some manner. When the patient/surrogate has provided specific written consent, the consent form should be included in the record.

In emergencies, when a decision must be made urgently, the patient is not able to participate in decision making, and the patient's surrogate is not available, physicians may initiate treatment without prior informed consent. In such situations, the physician should inform the patient/surrogate at the earliest opportunity and obtain consent for ongoing treatment in keeping with these guidelines. (Modify HOD/CEJA Policy)

b. Opinion 3.1.1, Privacy in Health Care

Protecting information gathered in association with the care of the patient is a core value in health care. However, respecting patient privacy in other forms is also fundamental, as an expression of respect for patient autonomy and a prerequisite for trust.

Patient privacy encompasses a number of aspects, including personal space (physical privacy), personal data (informational privacy), personal choices including cultural and religious affiliations (decisional privacy), and personal relationships with family members and other intimates (associational privacy).

Physicians must seek to protect patient privacy in all settings to the greatest extent possible and should:

- (a) Minimize intrusion on privacy when the patient's privacy must be balanced against other factors.
- (b) Inform the patient when there has been a significant infringement on privacy of which the patient would otherwise not be aware.
- (c) Be mindful that individual patients may have special concerns about privacy in any or all of these areas.
- (d) Be transparent that privacy safeguards for patient data are in place but acknowledge that anonymity cannot be guaranteed and that breaches can occur notwithstanding best data safety practices. (Modify HOD/CEJA Policy)

c. Opinion 3.2.4, Access to Medical Records by Data Collection Companies

Information contained in patients' medical records about physicians' prescribing practices or other treatment decisions can serve many valuable purposes, such as improving quality of care. However, ethical concerns arise when access to such information is sought for marketing purposes on behalf of commercial entities that have financial interests in physicians' treatment recommendations, such as pharmaceutical or medical device companies.

Information gathered and recorded in association with the care of a patient is confidential. Patients are entitled to expect that the sensitive personal information they divulge will be used solely to enable their physician to most effectively provide needed services. Disclosing

information to third parties for commercial purposes without consent undermines trust, violates principles of informed consent and confidentiality, and may harm the integrity of the patient-physician relationship.

Physicians who propose to permit third-party access to specific patient information for commercial purposes should:

- (a) Only provide data that has been de-identified.
- (b) Fully inform each patient whose record would be involved (or the patient's authorized surrogate when the individual lacks decision-making capacity) about the purpose(s) for which access would be granted.

Physicians who propose to permit third parties to access the patient's full medical record should:

- (c) Obtain the consent of the patient (or authorized surrogate) to permit access to the patient's medical record.
- (d) Prohibit access to or decline to provide information from individual medical records for which consent has not been given.
- (e) Decline incentives that constitute ethically inappropriate gifts, in keeping with ethics guidance.

Because de-identified datasets are derived from patient data as a secondary source of data for the public good, health care professionals and/or institutions who propose to permit third-party access to such information have a responsibility to ensure that any use of data derived from health care adhere to the ethical standards of the medical profession. (Modify HOD/CEJA Policy)

d. Opinion 3.3.2, Confidentiality and Electronic Medical Records

Information gathered and recorded in association with the care of a patient is confidential, regardless of the form in which it is collected or stored.

Physicians who collect or store patient information electronically, whether on stand-alone systems in their own practice or through contracts with service providers, must:

- (a) Choose a system that conforms to acceptable industry practices and standards with respect to:
  - (i) restriction of data entry and access to authorized personnel;
  - (ii) capacity to routinely monitor/audit access to records;
  - (iii) measures to ensure data security and integrity; and
  - (iv) policies and practices to address record retrieval, data sharing, third-party access and release of information, and disposition of records (when outdated or on termination of the service relationship) in keeping with ethics guidance.

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(b) Describe how the confidentiality and integrity of information is protected if the patient requests.

(c) Release patient information only in keeping with ethics guidance for confidentiality and privacy. (Modify HOD/CEJA Policy); and

3. That the remainder of this report be filed.

Fiscal Note: Less than \$500

## REFERENCES

1. Ruotsalainen P, Blobel B. Health information systems in the digital health ecosystem—problems and solutions for ethics, trust and privacy. *Int J of Envir Res and Pub health* 2020;17(9):3006.
2. McGraw D, Mandl KD. Privacy protections to encourage use of health-relevant digital data in a learning health system. *NPJ dig med* 2021;4(1):2.
3. Floridi L, Cath C, Taddeo M. Digital ethics: its nature and scope. *The 2018 yearbook of the digital ethics lab* 2019:9-17.
4. Kanter GP, Packel EA. Health Care Privacy Risks of AI Chatbots. *JAMA* 2023.
5. Larson DB, Magnus DC, Lungren MP, Shah NH, Langlotz CP. Ethics of using and sharing clinical imaging data for artificial intelligence: a proposed framework. *Radiology* 2020;295(3):675-82.
6. Barocas S, Nissenbaum H. Big data's end run around anonymity and consent. *Privacy, big data, and the public good: Frameworks for engagement* 2014;1:44-75.
7. Price WN II, Cohen IG. Privacy in the age of medical big data. *Nat Med* 2019;25:37–43.
8. Raghupathi W, Raghupathi V, Saharia A. Analyzing Health Data Breaches: A Visual Analytics Approach. *AppliedMath* 2023;3(1):175-99.
9. Hansson MG, Lochmüller H, Riess O, Schaefer F, Orth M, Rubinstein Y, Molster C, Dawkins H, Taruscio D, Posada M, Woods S. The risk of re-identification versus the need to identify individuals in rare disease research. *Eur J Hum Genet* 2016;24(11):1553-1558. doi:10.1038/ejhg.2016.52.
10. Nissenbaum, H. Respecting context to protect privacy: why meaning matters. *Sci Eng Ethics* 2018;24:831–52.
11. Nissenbaum H. Privacy as contextual integrity. *Wash. L. Rev* 2004;79:119-158.
12. Weng CY. Data Accuracy in Electronic Medical Record Documentation. *JAMA Ophthalmol* 2017;135(3):232–233. doi:10.1001/jamaophthalmol.2016.5562
13. Pew. Enhancing patient matching is critical to achieving full promise of digital health records: Accurately linking individuals with their health records essential to improving care. Pew Trust Report October 2, 2018. <https://www.pewtrusts.org/en/research-and-analysis/reports/2018/10/02/enhanced-patient-matching-critical-to-achieving-full-promise-of-digital-health-records>
14. Boyd AD, Gonzalez-Guarda R, Lawrence K, Patil CL, Ezenwa MO, O'Brien EC, Paek H, Braciszewski JM, Adeyemi O, Cuthel AM, Darby JE. Equity and bias in electronic health records data. *Contemp Clinic Trials* 2023;130:107238.
15. Boyd AD, Gonzalez-Guarda R, Lawrence K, Patil CL, Ezenwa MO, O'Brien EC, Paek H, Braciszewski JM, Adeyemi O, Cuthel AM, Darby JE. Potential bias and lack of generalizability in electronic health record data: reflections on health equity from the National Institutes of Health Pragmatic Trials Collaboratory. *J of the Am Medl Informat Ass* 2023:ocad115.
16. Khurshid S, Reeder C, Harrington LX, Singh P, Sarma G, Friedman SF, Di Achille P, Diamant N, Cunningham JW, Turner AC, Lau ES. Cohort design and natural language processing to reduce bias in electronic health records research. *NPJ Digital Med* 2022;5(1):47.
17. NIH. Informed consent for secondary research with data and biospecimens: Points to consider and sample language for future use and/or sharing. NIH Office of Science Policy Office of Extramural Research May 2020. <https://osp.od.nih.gov/wp-content/uploads/Informed-Consent-Resource-for-Secondary-Research-with-Data-and-Biospecimens.pdf>

18. Skahill E, West DM. Why hospitals and healthcare organizations need to take cybersecurity more seriously. Brookings August 9, 2021. <https://www.brookings.edu/articles/why-hospitals-and-healthcare-organizations-need-to-take-cybersecurity-more-seriously/>

## REPORT OF THE SPEAKERS

Speakers Report 03-I-23

Subject: Report of the Election Task Force 2

Presented by: Lisa Bohman Egbert, MD, Speaker; and John H. Armstrong, MD, Vice Speaker

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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### BACKGROUND

Policy G-610.031, “Creation of an AMA Election Reform Committee,” was adopted at A-19 and called on your speakers to appoint a task force to recommend improvements to our American Medical Association’s (AMA) election process. The speakers presented a report of the Election Task Force (ETF1) at the 2021 June Special Meeting which was adopted as amended bringing about substantial reforms to the election process. The final recommendation called for the following:

After an interval of 2 years a review of our election process, including the adopted recommendations from this report, be conducted by the Speaker and, at the Speaker’s discretion, the appointment of another election task force with a report back to the House.

The 2023 Annual Meeting marked the two-year point (and 2nd election cycle) of the new AMA election rules implemented for A-22. Immediately following A-23, volunteers were solicited from the House of Delegates (HOD) to participate in an Election Task Force 2 (ETF2) to review and provide recommendations to amend or further refine current election processes. Nine individuals were appointed to serve alongside your speakers. Members selected for ETF2 have considerable experience either as a member of ETF1, candidate, or campaign team member. The task force recommendations included in this report are based on their review and best judgment of the election processes during these past two election cycles. The appointees include:

- Jordan Warchol, MD, Chair\*
- Mary Carpenter, MD
- Richard Evans, MD\*
- Stuart Glassman, MD
- Josh Lesko, MD\*
- Neva Lundy
- Vikram Patel, MD
- John Poole, MD\*
- Ted Mazer, MD, Election Committee
- Lisa Bohman Egbert, MD, Speaker\*
- John H. Armstrong, MD, Vice Speaker

\*ETF 1 Member



Task force members were sent a packet of materials (Appendix A), for review that provided historical background and an understanding of the progression of election reforms dating back to A-19. The materials sent for review included:

- Relevant reports and resolutions
- Current bylaws and policy pertaining to AMA elections
- 2023 Election Manual

The ETF2 met on Saturday, August 26, 2023. Members reviewed the charge and goals of the task force and concurred with original Election Task Force goal as stated in the June 2021 ETF1 report: "In proposing changes to our election processes, the task force has sought to ensure that the best candidates can be selected in free and fair elections while reducing obstacles, or perceived obstacles, that dissuade qualified members from seeking elective office. At the same time, the task force seeks to enable and facilitate the ability to have an informed electorate."

The topics for discussion of the ETF2 followed the structure of the ETF1 report and included:

- Campaign Memorabilia
- Stickers, Buttons, and Pins
- Campaign Receptions
- Dinners, Suites, and Such
- Campaign Literature
- Electronic Communication
- Websites and Social Media
- Interviews
- Voting Process and Election Session
- Announcements and Nomination
- Newly Opened Positions
- The Role and Influence of Caucuses
- The Day of Elections
- Election Committee

## DISCUSSION

The ETF2 agreed that most of the changes implemented through the ETF1 report were positive and overall did much to achieve the goal of a fair and equitable election process. Therefore, much of the discussion of the ETF2 centered on finalizing and consolidating election policies to provide clear guidance to candidates and member organizations. Each of the topics listed above were discussed; however, no changes were recommended to the issues of campaign memorabilia, newly opened positions, the role and influence of caucuses and the day of elections. Discussion and recommendations for changes to the remaining topics as well as a new topic are the focus of this report.

### *Stickers, Buttons, and Pins*

Under current policy, campaign stickers, buttons and pins are disallowed. Specifically excluded from this prohibition are pins for AMPAC, the AMA Foundation, specialty societies, state and regional delegations. These pins should be small and distributed only to members of the designated group. The ETF2 noted that AMA pins should also be allowed and recommend making this addition.

Current policy also allows pins for health related causes that do not include any candidate identifier and notes that all pins may not be worn directly on the badges to avoid obstructing the view of the speakers when in the House and to avoid interfering with the enhanced security measures. To prevent a proliferation of such pins and the temptation to wear them on the badges, the Task Force recommends that such pins may only be worn with prior approval by the speaker no later than 30 days before the Opening Session of the HOD. Depending on the number of requests or nature of the item, the speaker should have discretion in the approval, regardless of the worthiness of the cause. The approved list will be included on the Speakers' Letter.

#### *Campaign Receptions*

The 2023 Annual Meeting marked the end of the two-year trial of an AMA-hosted candidate reception. The consensus of the ETF2 was that the campaign reception has been a successful change and should be continued. The receptions at A-22 and A-23 were well attended and gave all candidates equal opportunity to be featured at a reception at no or low cost to them. Therefore, the task force recommends that this reception be made a permanent part of our AMA election process.

#### *Dinners, Suites, and Such*

The ETF2 spent a significant amount of time discussing dinners, suites, and interactions that occur during these activities. In the last two election cycles, this topic has generated multiple questions requiring speaker clarifications regarding the possibility of candidate exposure to complaints of a campaign violation. There is a balance that must be struck between allowing organic discussions that should be encouraged to enable delegates to learn about a candidate versus overt campaigning. Exchanges that result from invitations to suites and group dinners are difficult to monitor but can be easily misconstrued, particularly in the age of social media and "gotcha" moments. Candidates and organizations should be aware of the scrutiny that their participation may bring and should always conduct themselves in a way that minimizes any appearance of impropriety. The task force does not wish to be overly prescriptive yet believes there is need for clearer parameters and therefore offers the following recommendations.

Announced candidates in a currently contested election may not be "featured" at any gathering of delegates outside of the single campaign reception they have chosen. For the purpose of AMA elections, the definition of "featured" includes being mentioned in the invitation, whether written or verbal, or publicly acknowledging or discussing a candidacy with attendees at a function. Candidacies may be discussed informally during the period for active campaigning.

The Task Force recommends that all group dinners attended by an announced candidate in a currently contested election must be "Dutch treat," meaning that each participant pays their own share of the expenses. There would no longer be a minimum number of attendees for this rule to be in effect. All individuals must cover their personal expenses, with the exception that societies and delegations may cover the expenses of their own members. Candidates may participate in meals provided by groups of which they are a member, such as delegation or caucus breakfast/lunches, when the meal has other purposes and does not include campaigning by the candidate or campaign team.

Finally, ETF2 recommends that prior to the active campaigning period, currently contested candidates may discuss their candidacy on an individual basis in private conversations after announcement to the HOD. This would exclude all other individuals such as members of their campaign teams, delegations, caucuses, and "friends" from campaigning or discussing the

1 candidacy. Under current rules, candidates, once announced, are not allowed to openly discuss their  
2 candidacy until active campaigning has commenced. Any casual discussion can easily be construed  
3 as “campaigning” and can put a candidate in an awkward position of not knowing what can and  
4 cannot be said. The task force decided that candidates should be able to acknowledge their  
5 candidacy in private conversations with other individuals without fear of being “reported” for a  
6 campaign violation.

7  
8 *Campaign Literature*  
9 *Electronic Communications*  
10 *Website and Social Media*

11  
12 The Task Force noted that the decrease in the expense and amount of campaign materials produced  
13 as a result of the campaign reforms of ETF1 has been tremendously beneficial. They recommend  
14 there should be further limitations made to include all print and digital distribution of campaign  
15 literature by the candidate and campaign team. Although distribution of printed campaign materials  
16 were significantly limited by the previous reforms, the task force recommends eliminating  
17 production of all printed materials and further recommends disallowing electronic distribution of  
18 campaign material as well as any mass contact by the candidates.

19  
20 The ETF2 members also considered phone calls and electronic communications from candidates  
21 and campaign teams. Receiving phone calls from or about a candidate during the course of a busy  
22 day can be disruptive for many physicians. Although no data is available about how widespread  
23 this practice is, members of the task force recommend prohibiting all mass campaign calls. The  
24 task force also recommends disallowing all mass electronic campaign communications. Although  
25 not specifically prohibiting “personal” electronic campaign communications and phone calls, the  
26 ETF2 strongly discourages them and notes that the current rule that any campaign related  
27 electronic communication must include a simple method to opt out for the recipient should remain.  
28 As noted on multiple communications from the speakers over the last two election cycles,  
29 candidates and campaign teams should consider the recipient’s perception of any outreach. If the  
30 recipient considers the outreach to be from someone they do not know “well enough” to hear from  
31 other than for the campaign outreach, they may file a complaint to this effect.

32  
33 In lieu of printed or emailed materials and phone calls, candidates and campaign teams should  
34 utilize the communication channels that were put in place by ETF1. These include posting an  
35 announcement card on the AMA website as well as providing a statement for the election manual,  
36 an electronic campaign “brochure” for the AMA HOD distributed campaign email, and the ability  
37 to create an AMA Candidate Web Page on the AMA website. All of these opportunities are low (or  
38 no) cost to the candidate and are equally available to all candidates, yet still provide the ability to  
39 customize materials and messaging.

40  
41 *Interviews*

42  
43 The ETF1 report noted that candidate interviews were the most important decision-making element  
44 in our AMA’s election process. As such, significant changes were made by ETF1 to the candidate  
45 interview process to optimize the availability of this vital tool for all delegates. These changes also  
46 improved the previously complicated process of scheduling interviews for both candidates and  
47 interviewing groups. The ETF2 notes that these changes were well received and recommends some  
48 further clarifications and improvements as follows.

1 The ETF2 recommends continuing to post on the AMA website the virtual speaker interviews for  
2 contested elections. Although they were not widely viewed in A-22 or A-23, the Task Force  
3 believes that such uniform interviews provide access for all delegates. This specifically allows the  
4 relatively small number of delegates who may not be a part of an interviewing group to have access  
5 to such interviews. However, conducting these interviews is quite time intensive, and the speakers  
6 are urged to consider ways to streamline the process.

7  
8 Virtual interviews were found to be a welcome addition to assess candidates and alleviate some of  
9 the time crunch during the Annual Meeting. ETF2 recommends that this option be continued in  
10 addition to the traditional in-person interviews. They also recommend formally including the  
11 Election Committee interpretation and a further clarification to the interview rules as follows: that  
12 any questioning of or presentations by announced candidates, including answers or presentations in  
13 writing, would fall under the rules for interviews. ETF2 further recommends that all members of an  
14 interviewing group be included or be given access to interviews whenever possible. Although  
15 technical capabilities and resources vary from group to group, the interview should be recorded if  
16 possible and with the candidate's consent, and made available to members of the interviewing  
17 group by posting to a website or sharing via email. This helps to facilitate each individual  
18 delegate's assessment of the candidate and enable informed decisions about candidates.

19  
20 ETF2 further recommends that the HOD Office continue the process of developing and  
21 maintaining a list of all groups that wish to interview and requiring that they be on this list in order  
22 to do so. The interviewing group must specify whether they wish to interview in-person or virtually  
23 and for which contests they wish to interview by the deadlines designated by the speaker. They  
24 further recommend that the HOD Office no longer schedule interviews for officers so that all  
25 interview scheduling will go through the same process. This levels the playing field for both  
26 interviewing groups and candidates and gives all candidates equal opportunity to be interviewed. It  
27 further eliminates the unequal and often uncomfortable situation for candidates when asked to  
28 appear at informal functions or to "drop by" group meetings by disallowing it altogether.

29  
30 The speakers are encouraged to craft communications that emphasize the need for openness and  
31 accessibility of interviews to all members of groups and to increase the awareness of the "rules of  
32 engagement" between interviewing groups and the candidates.

### 33 34 *Voting Process and Election Session*

35  
36 The task force noted that the voting process and the creation of the Election Session has  
37 significantly streamlined our AMA elections. However, interpreting current bylaws pertaining to  
38 multiple candidates for officers and councils is confusing and thus time-consuming. The intent of  
39 these rules when written was to limit the number of run-off ballots which took significant time  
40 away from House business due to requiring a paper ballot. With the current electronic balloting  
41 process which allows for rapidly cast ballots and reporting of results, multiple run-off elections are  
42 no longer difficult and time consuming. During the recent election cycle, the rate limiting part of  
43 the process for contests with multiple candidates was quickly and correctly applying the current  
44 rules to the results. Therefore, the task force recommends amending Bylaws 3.4.2.1.3, 3.4.2.2, and  
45 6.8.1.4 to drop the lowest vote getter on each vote, except in the case of a tie for lowest votes in  
46 which case both would be dropped. Example amended language is shown below:

Bylaw 3.4.2.1.3

If all vacancies for Trustees are not filled on the first ballot, the lowest vote getter shall be dropped and the remaining candidates shall be placed on the subsequent ballot. In the event of a tie for the lowest vote, both candidates shall be dropped. ~~and 3 or more Trustees are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. When 2 or fewer Trustees are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are Trustees yet to be elected, and must cast each vote for different nominees. This procedure shall be repeated until all vacancies have been filled.~~

Bylaw 3.4.2.2

All other officers, except the medical student trustee and the public trustee, shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the lowest vote getter shall be dropped and the remaining candidates shall be placed on the subsequent ballot. In the event of a tie for the lowest vote, both candidates shall be dropped. ~~the nominees on subsequent ballots shall be determined by retaining the 2 nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.~~

Bylaw 6.8.1.4

If all vacancies are not filled on the first ballot, the lowest vote getter shall be dropped and the remaining candidates shall be placed on the subsequent ballot. In the event of a tie for the lowest vote, both candidates shall be dropped ~~and 3 or more members of the Council are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest number of votes on the preceding ballot, except where there is a tie. When 2 or fewer members of the Council are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are members of the Council yet to be elected, and must cast each vote for a different nominee. This procedure shall be repeated until all vacancies have been filled.~~

The ETF1 report encouraged the speaker “to consider means to reduce the time spent during the HOD meeting on personal points by candidates after election results are announced, including collecting written personal points from candidates to be shared electronically with the House after the meeting or imposing time limits on such comments.” After the virtual meetings and at all subsequent elections, the speaker has collected and emailed “points” from candidates to the House. Given the time constraints at A-22, the speaker did not allow candidates to make in-person points of personal privilege; however, at A-23 points were allowed after the lunch break on Tuesday

1 following the Election Session that morning. The task force recommends that the speaker continue  
2 to have discretion regarding in-person points, and time permitting should offer the opportunity for  
3 candidates to present abbreviated personal points at the HOD business session after lunch on the  
4 same day that the Election Session was held. In addition, written points should continue to be  
5 collected and emailed to the House with a deadline of 10 days after the conclusion of the meeting.

6  
7 *Announcements and Nomination*

8  
9 Candidates submit an electronic announcement "card" to announce their candidacy. Cards received  
10 prior to the end of the Annual Meeting the year before a candidate is planning to run in an election  
11 are posted at the end of the last business session of the HOD and then posted to the AMA election  
12 website. An Official Candidate Notification document which identifies all open and potentially  
13 open seats is then sent out to the HOD following the meeting. Announcement cards received  
14 subsequent to the meeting are posted to the AMA election website as they are received. However,  
15 the Official Candidate Notification to the House is currently sent after the Interim Meeting, after  
16 the April Board meeting, and periodically at the discretion of the speaker. The task force  
17 recommends that an updated Official Candidate Notification be sent with all regular speaker  
18 communications.

19  
20 Items currently allowed on the electronic announcement cards include the candidate's name,  
21 photograph, email address, URL, the office sought and a list of endorsing societies. The task force  
22 recommends removing URL from this list. URL's on announcement cards are directed to a  
23 candidate's personal website, and with the development of the AMA Candidates' Pages, there is no  
24 longer a need for such individual websites. Therefore, the task force recommends that all candidate  
25 websites other than the AMA Candidates' Pages be disallowed.

26  
27 The ETF2 identified ongoing confusion with the definitions and rules regarding nominations,  
28 announcements, and candidate applications. Therefore, the task force recommends clarifying this  
29 process. Per AMA bylaws, all nominations are made at the Opening Session of the HOD meeting  
30 at which the election is taking place, which includes the right to be nominated "from the floor"  
31 without prior announcement of candidacy. Candidates for president-elect and the speaker and vice  
32 speaker, when uncontested, are nominated by a delegate from the floor. All other officer candidates  
33 are either self-nominated with a speech or if uncontested, placed in nomination when announced by  
34 the speaker or vice speaker.

35  
36 Currently the AMA-BOT solicits candidate applications for four elected councils: the AMA  
37 Council on Constitution and Bylaws, the AMA Council on Medical Education, the AMA Council  
38 on Medical Service, and the AMA Council on Science and Public Health. Those candidates who  
39 have announced their intent to seek election must submit the necessary application and a conflict of  
40 interest form by March 15 to be included in an announcement of approved candidates by the AMA-  
41 BOT after their April meeting. The chair of the board then places these candidates in nomination at  
42 the Opening Session. Given that the board does not vet officer candidates and has not in recent  
43 memory ever disallowed a potential council candidate to stand for office, the ETF2 recommends  
44 that the elected council candidate BOT application process be rescinded. Additionally, the task  
45 force recommends clarifying that council nominations are made at the opening session of the  
46 House in Bylaw 6.8.1. Suggested language for this bylaw change is:

47  
48 Members of these Councils, except the medical student member, shall be elected by the  
49 House of Delegates. Nominations shall be made by the chair of the Board of Trustees ~~and~~

1 ~~may also be made from the floor or~~ by a member of the House of Delegates at the opening  
2 session of the meeting at which the election will take place.  
3

4 All officer and council candidates should continue to be required to submit a conflict of interest  
5 statement which must be posted after they have announced and before the active campaign window  
6 begins or if not previously announced, within 24 hours of the conclusion of the HOD Opening  
7 Session at which they were nominated. Additionally, our rules currently use the announcement of  
8 approved candidates following the April Board meeting as the official mark for the beginning of  
9 the active campaign period. Given that this process would no longer occur, the ETF2 recommends  
10 that the rules be amended to state that the active campaign window will begin when announced by  
11 the speaker and will generally follow the April meeting of the AMA-BOT.  
12

### 13 *Election Committee*

14

15 The ETF2 unanimously agreed that the creation of the Election Committee (EC) has successfully  
16 fulfilled its purpose of advising the speakers on their oversight of the campaign and election  
17 process. By adding more voices to the review of the election process and disposition of election  
18 complaints, the EC has made these processes more transparent and inclusive.  
19

20 After its inaugural campaign cycle, several concerns were raised regarding the EC and its  
21 processes. Providing clarification to the process of investigating a potential campaign violation is a  
22 reasonable request, but public release of in-depth details of individual investigations is not.  
23 Maintaining confidentiality and privacy when investigating a potential violation is very important  
24 to both the complainant and the candidate and something the speakers, the EC, and the task force  
25 take seriously. Furthermore, the task force discussed the current EC process in depth and concluded  
26 that this process does and must continue to balance the rights of the individual with this need for  
27 confidentiality. In addition, the task force notes that the Speaker is currently required to include a  
28 summary of the EC activities in the Official Candidate Notification to the House. The task force  
29 recommends that this rule be amended to include a report after each meeting at which an election  
30 was held.  
31

32 The task force noted that the speakers and EC only have authority over candidates, and after the  
33 elections have taken place, they no longer have that authority. Further, there is no pathway to  
34 remove any individual from elected office, short of an officer's or councilor's violation of the  
35 Policy of Conduct at AMA Meetings and Events (CCAM) or revoking their AMA membership if  
36 they are in violation of a rule over which the AMA Council on Ethical and Judicial Affairs has  
37 jurisdiction. The ETF2 recommends that our AMA consider developing bylaw language regarding  
38 removal of "elected" individuals and the criteria by which this would be accomplished. The task  
39 force also recommends that the definition of harassment in the Policy on Conduct at AMA  
40 Meetings and Events be amended to include the harassment of delegates within the voting and  
41 election processes.  
42

43 The ETF2 recommends that candidates, those involved in campaigns, including delegation and  
44 caucus staff, and all voting delegates be aware of and abide by the election rules and comply  
45 promptly with any request by the speakers or the EC for information regarding campaign activities.  
46 The speakers and members of the EC will in turn be compelled to identify themselves and the need  
47 for an election related query to the interviewee. The speakers note that many questions about  
48 "possible" campaign violations have been quickly resolved by asking a few key individuals without  
49 need to initiate a formal process. However, there has been much reticence about answering  
50 questions regarding election activities/discussions by interviewees. Therefore, this recommendation

enhances your speakers' and the EC's ability to provide clarification and often resolution regarding a "possible violation" in a more timely fashion.

The task force agrees with the speakers and the EC decision not to delineate a "menu" of violations with correlating penalties. Further, the ETF2 agrees with the EC's desire to maintain the ability to seek resolution of complaints thoughtfully, to include education of AMA rules as an option, but respects that the final decision rests with the delegates as they choose to vote or not to vote for a given candidate.

Finally, the ETF2 recommends that the EC rules and processes be widely distributed to the House and that candidates and all identified members of their campaign team be required to attest in writing to having read the rules and commit to abide by them. The ETF2 notes that the EC rules are as "transparent" as they can be given the confidential nature of the investigative process, though some in the House and on campaign teams continue to be unaware of them.

### *Endorsements*

Although endorsements are related to the topic of Announcements and Nominations, no previous rules were made regarding endorsements by ETF1. Therefore, it was discussed by ETF2 as a new topic. The process of seeking endorsements is ill-defined and has been interpreted by some to be "campaigning." In fact, the EC corroborated this assumption by noting that an endorsement process that involves any formal questioning of an announced candidate, including a written questionnaire, is an interview and subject to the rules for interviews. In addition, the task force notes that an endorsement process that includes a "presentation" to an assembly with or without being followed by a discussion, question and answer session, or a vote of the assembly can also be interpreted as an interview, as discussed above. The nebulous nature regarding from whom a candidate may seek an endorsement, the variable ability for candidates to seek endorsements from groups, and the processes involved in obtaining these endorsements can amount to considerable time and effort by those seeking and those offering endorsements.

The general consensus of the task force was that endorsements appear to have little impact on candidate selection by delegates. However, if endorsements are to be continued, they should be equally available to all candidates, not just to some based on various criteria including eligibility for current or past Section membership and whether they are a specialty delegate or not and thus eligible for Specialty and Service Society (SSS) membership. Additionally, the task force notes that based on the current rule that requires parity between specialty and state delegations, the SSS encompasses half of the House and thus unfairly allows for specialty candidates to present to and obtain endorsement from this substantial group.

Therefore, the task force makes the following recommendations in order to level the playing field regarding endorsements. A maximum of four endorsements may be obtained by each candidate. Endorsements may only be obtained from a candidate's state and one specialty organization (must be an active and dues paying member, where applicable) and from caucuses in which your endorsing state or specialty society is a current member. AMA Sections, Advisory Panels, and the SSS would be ineligible to provide endorsements to candidates.

### CONCLUSION

The recommendations of ETF1 have made substantive improvements to the AMA election process over the last two election cycles. The ETF2 commends ETF1 for their work to make our AMA



HOD elections more fair, equitable and transparent. The ETF2 offers recommendations to codify initial changes from ETF1, enhance and clarify the rules adopted with ETF1, and simplify further the election process. In addition, the ETF2 recommends that these new and modified rules and bylaws changes be effective upon adjournment of the House at I-23, and the remainder of this report be filed.

## RECOMMENDATIONS

### *Stickers, Buttons, and Pins*

Recommendation 1: Policy G-610.020, Rules for AMA Elections, paragraph 18 be amended by addition and deletion to read as follows:

(18) Campaign stickers, pins, buttons and similar campaign materials are disallowed. This rule will not apply for pins for AMA, AMPAC, the AMA Foundation, and health related causes as approved by the Speaker no less than 30 days prior the Opening Session of the House of Delegates. ~~sSpecialty societies~~, state and regional delegations ~~and health related causes pins~~ that do not include any candidate identifier may only be worn by members of the designated group. ~~These All pins should be small, and may not be worn on the badge and distributed only to members of the designated group. General distribution No other of any pin, button or sticker is disallowed.~~ (Modify Current HOD Policy)

### *Campaign Receptions*

Recommendation 2: Policy D-610.998, Election Task Force, paragraph 1 be amended by addition and deletion to read as follows:

1. Our AMA will ~~investigate the feasibility of a two (2) year trial of sponsoring a welcome the AMA Candidate Reception which will be~~ open to all candidates and all meeting attendees. Any candidate may elect to be “featured” at the AMA Candidate Reception. There will not be a receiving line at the AMA Candidate Reception. ~~Other receptions sponsored by societies or coalitions, whether featuring a candidate or not, would not be prohibited, but the current~~ The rules regarding cash bars only at campaign receptions and limiting each candidate to be featured at a single reception ~~(the AMA reception or another) will apply to the AMA Candidate Reception. would remain. The Speakers will report back to the House after the two year trial with a recommendation for possible continuation of the AMA reception.~~ (Modify Current HOD Policy)

### *Dinners, Suites and Such*

Recommendation 3: An announced candidate in a currently contested election may not be “featured” at any gathering of delegates outside of the single campaign reception they have chosen. For the purpose of AMA elections, the definition of “featured” includes being mentioned in the invitation, whether written or verbal, or publicly acknowledging or discussing a candidacy with attendees at a function. (New HOD Policy)

Recommendation 4: Policy G-610.020, Rules for AMA Elections, paragraph 19 be amended by addition and deletion to read as follows:

19) At any AMA meeting convened prior to the time period for active campaigning, campaign-related expenditures and activities shall be discouraged. Large campaign receptions, luncheons, and other formal campaign activities ~~and the distribution of campaign literature and gifts~~ are prohibited. ~~It is permissible for candidates seeking election to engage in individual outreach meant to familiarize others with a candidate's opinions and positions on issues. Candidates may participate in meals provided by groups of which they are a member, such as a delegation or caucus breakfast/lunch, when the meal has other purposes and does not include campaigning by the candidate or campaign team.~~ (Modify Current HOD Policy)

Recommendation 5: Policy G-610.020, Rules for AMA Elections, paragraph 21 be amended by deletion to read as follows:

21) Group dinners, if attended by an announced candidate in a currently contested election, must be "Dutch treat" - each participant pays their own share of the expenses, with the exception that societies and delegations may cover the expense for their own members. This rule would not disallow societies from paying for their own members or delegations gathering together with each individual or delegation paying their own expense. ~~Gatherings of 4 or fewer delegates or alternates are exempt from this rule.~~ (Modify Current HOD Policy)

Recommendation 6: Only an announced candidate in a currently contested election may discuss their candidacy on an individual basis in private conversations from announcement of candidacy until the active campaigning period begins. Prior to the active campaigning period, no other individual may discuss the candidacy including members of campaign teams, delegations or caucuses, and "friends." (New HOD Policy)

*Campaign Literature*  
*Electronic Communications*  
*Website and Social Media*

Recommendation 7: Policy G-610.020, Rules for AMA Elections, paragraph 15 be amended by addition and deletion to read as follows:

15) Printed and digital ~~C~~campaign materials may not be distributed to members of the House other than by the HOD office candidate email and on the Candidate Web Pages. ~~by postal mail or its equivalent.~~ The AMA Office of House of Delegates Affairs will not ~~longer~~ furnish a file containing the names and mailing addresses of members of the AMA-HOD. ~~Printed campaign materials will not be included in the "Not for Official Business" bag and may not be distributed in the House of Delegates. Candidates are encouraged to eliminate printed campaign materials.~~ (Modify Current HOD Policy)

Recommendation 8: Policy G-610.020, Rules for AMA Elections, paragraph 16 be amended by addition and deletion to read as follows:

16) Active campaigning via mass outreach to delegates by candidates or on behalf of a candidate by any method is prohibited. A reduction in the volume of telephone calls and Personal electronic communication and telephone calls from candidates and on behalf of candidates is discouraged ~~encouraged.~~ ~~The Office of House of Delegates Affairs does not provide email addresses for any purpose. The use of eE~~lectronic messages ~~to contact~~

~~electors should be minimized, and if used~~ must include a simple mechanism to allow recipients to opt out of receiving future messages. (Modify Current HOD Policy)

#### *Interviews*

Recommendation 9: Policy G-610.020, Rules for AMA Elections, paragraph 11 be amended by addition and deletion to read as follows:

(11) ~~The Speaker's Office will coordinate the scheduling of candidate interviews for general officer positions (Trustees, President Elect, Speaker and Vice Speaker).~~ Groups wishing to conduct interviews must designate their interviewing coordinator and provide the individual's contact information to the Office of House of Delegates Affairs. The Speaker's Office will collect contact information for groups wishing to conduct interviews as well as for candidates and their campaign teams and will provide the information to both groups as requested. Groups must indicate whether they wish to interview in-person or virtually and for which contest by the deadlines designated by the speaker. (Modify Current HOD Policy)

Recommendation 10: Policy G-610.020, Rules for AMA Elections, paragraph 12 be amended by addition and renumbered to read as follows:

f. Recording of interviews is allowed only with the knowledge and consent of the candidate.

g. Interviews are recommended to be recorded with consent of all participating individuals and disseminated to the interviewing group members when all are not able to be present for the interview.

gh. Recordings of interviews may be shared only among members of the group conducting the interview.

(Modify Current HOD Policy)

Recommendation 11: Any formal questioning of an announced candidate, including a written questionnaire, is an interview and subject to the rules for virtual interviews. (New HOD Policy)

Recommendation 12: Any "presentation" to an assembly, with or without being followed by a discussion, question and answer session, or a vote of the assembly, is an interview and subject to the rules on in-person interviews. (New HOD Policy)

#### *Voting Process and Election Session*

Recommendation 13: That Bylaws 3.4.2.1.3, 3.4.2.2, and 6.8.1.4 be amended to change the rules for elections of officers and councils with multiple candidates so that the lowest vote getter on each ballot is dropped on the subsequent ballot, with the exception of a tie for lowest vote getter in which case both would be dropped. (Directive to take Action)

Recommendation 14: Policy D-610.998, "Directives from the Election Task Force," paragraph 4 be amended by addition and deletion to read as follows:

4. The Speaker is encouraged to consider means to reduce the time spent during the HOD meeting on personal points by candidates after election results are announced. If adequate time remains on the agenda when the business session reconvenes after lunch on the day

1 ~~that the Election Session was held, the Speaker is encouraged to allow candidate personal~~  
2 ~~points from the floor confined to the current time limit for testimony. including collecting~~  
3 ~~w~~Written personal points from candidates should be sent to the HOD office within 10 days  
4 following the close of the meeting to be shared electronically with the House ~~after the~~  
5 ~~meeting or imposing time limits on such comments.~~ (Modify Current HOD Policy)

6  
7 *Announcements and Nomination*

8  
9 Recommendation 15: Policy G-610.020, Rules for AMA Elections, paragraph 2 be amended by  
10 addition and deletion to read as follows:

11  
12 2) Individuals intending to seek election at the next Annual Meeting should make their  
13 intentions known to the Speakers, generally by providing the Speaker's office with an  
14 electronic announcement "card" that includes any or all of the following elements and no  
15 more: the candidate's name, photograph, email address, ~~URL,~~ the office sought and a list  
16 of up to four (4) endorsing societies. The Speakers will ensure that the information is  
17 posted on our AMA website in a timely fashion, generally on the morning of the last day of  
18 a House of Delegates meeting or upon adjournment of the meeting. Announcements that  
19 include additional information (e.g., a brief resume) will not be posted to the website.  
20 Printed announcements may not be distributed ~~in the venue where the House of Delegates~~  
21 ~~meets. Announcements sent by candidates~~ to members of the House by any method. are  
22 ~~considered campaigning and are specifically prohibited prior to the start of active~~  
23 ~~campaigning. The Speakers may use additional means to make delegates aware of those~~  
24 ~~members intending to seek election.~~ (Modify Current HOD Policy)

25  
26 Recommendation 16: Candidates may not produce a personal campaign website or direct to  
27 personal or professional websites other than the AMA Candidates' Page. (New HOD Policy)

28  
29 Recommendation 17: Policy G-610.020, Rules for AMA Elections, paragraph 3, be amended by  
30 addition and deletion to read as follows:

31  
32 (3) Announcement cards of all known candidates will be projected on the last day of the  
33 Annual and Interim Meetings of our House of Delegates and posted on the AMA website  
34 as per Policy G-610.020, paragraph 2. Following each meeting, an "Official Candidate  
35 Notification" will be sent electronically to the House. It will include a list of all announced  
36 candidates and all potential newly opened positions which may open as a result of the  
37 election of any announced candidate. Additional notices will also be sent out with regular  
38 Speaker communications to the HOD and with the Speaker's notice of the opening of  
39 active campaigning which generally follow ~~sing~~ the April Board meeting ~~and on "Official~~  
40 ~~Announcement Dates" to be established by the Speaker.~~ (Modify Current HOD Policy)

41  
42 Recommendation 18: Policy G-610.020, Rules for AMA Elections, paragraph 10, be amended by  
43 addition and deletion to read as follows:

44 (10) Active campaigning for AMA elective office may not begin until the Speaker so  
45 notifies the House, which is generally after the April Board of Trustees, ~~after its April~~  
46 ~~meeting,~~ ~~announce the candidates for council seats. Active campaigning includes mass~~  
47 ~~outreach activities directed to all or a significant portion of the members of the House of~~  
48 ~~Delegates and communicated by or on behalf of the candidate. If in the judgment of the~~  
49 ~~Speaker of the House of Delegates circumstances warrant an earlier date by which~~

~~campaigns may formally begin, the Speaker shall communicate the earlier date to all known candidates.~~ (Modify Current HOD Policy)

Recommendation 19: Policy G-610.020, Rules for AMA Elections, paragraph 25, be amended by addition and deletion to read as follows:

(25) Our AMA ~~(a)~~ requires completion of conflict of interest forms by all candidates for election to our AMA Board of Trustees and councils prior to their election. ~~and Conflict of interest forms must be submitted after an individual has announced their candidacy and before the active campaign window begins or, if not previously announced, within 24 hours of the conclusion of the HOD Opening Session. (b) will expand accessibility to completed conflict of interest information. The HOD Office will by~~ posting such information on the "Members Only" section of our AMA website before election by the House of Delegates, with links to the disclosure statements from relevant electronic documents. (Modify Current HOD Policy)

Recommendation 20: Policy G-610.010, Rules for AMA Elections, paragraphs 3 and 4, be rescinded:

(3) the date for submission of applications for consideration by the Board of Trustees at its April meeting for the Council on Legislation, Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, Council on Science and Public Health, Council on Long Range Planning and Development, and Council on Ethical and Judicial Affairs is made uniform to March 15th of each year;  
(4) the announcement of the Council nominations and the official ballot should list candidates in alphabetical order by name only; and

Recommendation 21: That the language in Bylaw 6.8.1, "Nomination and Election" be updated to clarify that nominations are made by the chair of the Board of Trustees or by a member of the House of Delegates at the opening session of the meeting at which elections take place. (Directive to Take Action)

#### *Election Committee*

Recommendation 22: Policy D-610.998, "Directives from the Election Task Force," paragraph 7 be amended by addition to read as follows:

7. Campaign violation complaints will be investigated by the Election Committee or a subcommittee thereof with the option of including the Office of General Counsel or the Director of the House of Delegates.  
a. The Committee will collectively determine whether a campaign violation has occurred. As part of the investigation process the Election Committee or its subcommittee shall inform the candidate of the complaint filed and give the candidate the opportunity to respond to the allegation.  
b. If the complaint implicates a delegation or caucus, the Election Committee or its subcommittee shall inform the chair of the implicated delegation or caucus of the complaint filed and give the implicated delegation or caucus chair(s) the opportunity to answer to the allegation as a part of the investigative process.  
c. For validated complaints, the Committee will determine appropriate penalties, which may include an announcement of the violation by the Speaker to the House.

d. Committee members with a conflict of interest may participate in discussions but must recuse themselves from decisions regarding the merits of the complaint or penalties.

e. Deliberations of the Election Committee shall be confidential.

f. The Speaker shall include a summary of the Election Committee's activities in "Official Candidate Notifications" sent to the House, following each meeting at which an election was held. Details may be provided at the discretion of the Election Committee and must be provided when the penalty includes an announcement about the violator to the House. (Modify Current HOD Policy)

Recommendation 23: Candidates and their identified members of campaign teams will be provided a copy of the current election rules and will be required to attest to abiding by them. (New HOD Policy)

Recommendation 24: Candidates, members of their campaign teams, including Federation staff, and HOD members will agree to be interviewed by the Speakers or members of the Election Committee who will identify themselves and the reason for the request. (New HOD Policy)

Recommendation 25: Policy H-140.837, "Policy on Conduct at AMA Meetings and Events," be amended by addition and deletion to read as follows:

#### Definition

Harassment consists of unwelcome conduct whether verbal, physical or visual that denigrates or shows hostility or aversion toward an individual because of ~~his/her~~ race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, marital status, citizenship or otherwise, and that: (1) has the purpose or effect of creating an intimidating, hostile or offensive environment; (2) has the purpose or effect of unreasonably interfering with an individual's participation in meetings or proceedings of the HOD or any AMA Entity; or (3) otherwise adversely affects an individual's participation in such meetings or proceedings or, in the case of AMA staff, such individual's employment opportunities or tangible job benefits.

Harassing conduct includes, but is not limited to: epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written, electronic, or graphic material that denigrates or shows hostility or aversion toward an individual or group and that is placed on walls or elsewhere on the AMA's premises or at the site of any AMA meeting or circulated in connection with any AMA meeting.

Harassing conduct also includes intimidation of participating individuals by a threat of consequences in order to compel actions by individuals or a group of individuals such as casting a particular vote. (Modify Current HOD Policy)

Recommendation 26: That our AMA consider developing bylaw language regarding removal of elected individuals and the criteria by which this would be accomplished and to report back at A-24. (New HOD Policy)

#### *Endorsements*

Recommendation 27: A maximum of four endorsements may be obtained by each candidate. These endorsements must be from organizations in which the candidate is an active and dues paying member, where applicable. Endorsements may only be obtained from a candidate's state and one specialty organization and from caucuses in which the endorsing state or specialty society

1 is a current member. Endorsements may not be obtained from the AMA Sections, Advisory  
2 Committees, or the Specialty and Service Society. (New HOD Policy)

3  
4 Recommendation 28: Policy D-610.998, "Directives from the Election Task Force," paragraph 10  
5 & 11 be rescinded.

6  
7 10. After an interval of 2 years a review of our election process, including the adopted  
8 Recommendations from this report, be conducted by the Speaker and, at the Speaker's  
9 discretion the appointment of another election task force, with a report back to the House.

10 11. Amended Policy D-610.998 will be widely communicated, including being published  
11 in the Election Manual.

12  
13 Recommendation 29: That policies G-610.010, Nominations; G-610.020, Rules for AMA  
14 Elections; G-610.021, Guiding Principles for House Elections; G-610.030, Election Process; and  
15 D-610.998, Election Task Force as amended, be combined into one policy entitled, "AMA Election  
16 Rules and Guiding Principles," and that this newly formed policy be widely distributed to the  
17 House and included in the Election Manual. (Directive to Take Action)



(13) RESOLUTION 603 - CREATION OF AN AMA ELECTION REFORM COMMITTEE  
RESOLUTION 611 - ELECTION REFORM

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Alternative Resolution 603 be adopted in lieu of Resolutions 603 and 611.

RESOLVED, That our AMA create a Speaker-appointed task force for the purpose of recommending improvements to the current AMA House of Delegates election process with a broad purview to evaluate all aspects. The task force shall present an initial status report at the 2019 Interim Meeting.

**HOD ACTION: Alternative Resolution 603 adopted in lieu of Resolutions 603 and 611.**

Resolution 603 calls upon our AMA to appoint a House of Delegates Election Reform Committee to develop recommendations with which to expedite and streamline the current election and voting process for AMA officers and council positions, and to report back to the House of Delegates at the 2019 Interim Meeting.

Options that should be considered by the Election Reform Committee, include:

- the creation of an interactive election web page;
- candidate video submissions submitted in advance for HOD members to view;
- eliminate all speeches and concession speeches during HOD deliberations, with the exception of the President-Elect, Speaker, and Board of Trustee positions;
- move elections earlier in the meeting to Sunday or Monday;
- conduct voting from HOD seats; and
- reduce and control the cost of campaigns.

Resolution 611 calls upon our AMA to create a Speaker-appointed task force to re-examine election rules and logistics, including social media, emails, mailers, receptions, and parties; the ability of candidates from smaller delegations to compete; electronic balloting; and timing within the meeting. The task force shall report back at the 2019 Interim Meeting recommendations regarding election processes and procedures to accommodate improvements, which allow delegates to focus their efforts and time on policy-making.

Additionally, Resolution 611 calls upon the Speaker-appointed task force to consider addressing the following ideas:

- a. elections being held on the Sunday morning of the Annual and Interim meetings of the House of Delegates;
- b. coordination of a large format interview session on Saturday by the Speakers to allow interview of candidates by all interested delegations simultaneously;
- c. separating the logistical election process based on the office (e.g., larger interview session for council candidates, more granular process for other offices);
- d. an easily accessible system allowing voting members to either opt in or opt out of receiving AMA approved forms of election materials from candidates with respect to email and physical mail;
- e. electronic balloting potentially using delegates' personal devices as an option for initial elections and runoffs to facilitate timely results and minimal interruptions to the business;
- f. seeking process and logistics suggestions and feedback from HOD caucus leaders, non-HOD physicians (potentially more objective and less influenced by current politics in the HOD), and other constituent groups with a stake in the election process; and
- g. address the propriety and/or recommended limits of the practice of delegates being directed on how to vote by other than their sponsoring society (e.g., vote trading, block voting, etc.).

Your Reference Committee heard overwhelming support in favor of appointing a committee to look at the current AMA House of Delegates election process. As noted by testimony, the original resolutions proffered were proscriptive. It is believed that a Speaker-appointed task force, comprised of AMA House of Delegates members,



will address the ideas outlined in Resolutions 603 and 611. Furthermore, your Reference Committee believes that an initial status report at the 2019 Interim Meeting will include a project timeline established by the task force.

## REPORT OF THE SPEAKERS

The following report was presented by Bruce A. Scott, MD, Speaker, and Lisa Bohman Egbert, MD, Vice Speaker.

### 1. SPEAKERS' REPORT: TASK FORCE ON ELECTION REFORM

*Informational report; no reference committee hearing.*

#### HOUSE ACTION: FILED

At this past June's meeting the House of Delegates adopted [policy](#) calling for the Speaker to appoint a task force that would recommend improvements to our AMA's election processes. The following members were appointed to the task force:

- Jenni Barlotti-Telesz, MD, American Society of Anesthesiologists
- Richard Evans, MD, Maine
- James Hay, MD, California
- Dan Heinemann, MD, American Academy of Family Physicians
- David Henkes, MD, Texas
- Jessica Krant, MD, American Society for Dermatologic Surgery
- Josh Lesko, MD, Resident Physician, Virginia
- John Poole, MD, New Jersey
- Karthik Sarma, immediate past medical student trustee
- Stephen Tharp, MD, Indiana
- Jordan Warchol, MD, MPH, Nebraska
- Bruce Scott, MD, Speaker, Kentucky
- Lisa Bohman Egbert, MD, Vice Speaker, Ohio

Interest in the task force was high, with more than 60 requests to serve. Selection was based primarily on experience with AMA elections, either as a candidate or part of a campaign committee, and most members had been involved multiple times and in multiple ways. Consideration was also given to ensuring a broad cross section of the House of Delegates.

#### BACKGROUND

The task force is not yet prepared to propose specific changes to the election rules, but rather is seeking broad input from the HOD. This report describes activities undertaken since the task force was launched and outlines topics that have been discussed among members. Your speakers have arranged for an open forum to be held during the Interim Meeting to solicit thoughts across topics outlined below. A report with recommendations should be expected at the 2020 Annual Meeting.

Current election rules are found in both AMA bylaws and policy (see [Appendix A](#)) but are also dependent on Speaker rulings and discretion (eg, the cap on expenditures for giveaways). Chief among expressed concerns were the expense and time invested in campaigns, but also mentioned were associated effects such as decisions by otherwise qualified candidates to not seek office and the limiting effect of election-related activities on the ability to fully address policy matters. In the view of the task force, costs are real, measured not only in dollars but in time, distractions and stress. Moreover, these costs are shared by both candidates and the larger House.

The task force is assessing the entirety of our election process, and while recommendations are forthcoming next June, the task force would note that its primary goal is to ensure that the best candidates are selected as AMA's leaders in free and fair elections and in furtherance of AMA's "Guiding [principles](#) for House Elections." For candidates, the task force hopes to make campaigns less expensive and more equitable, while removing obstacles that discourage qualified members from seeking election. At the same time, the task force seeks to ensure that electors constitute an informed electorate. While the task force believes the election process should not be unduly distracting from our policy discussions, we also recognize the importance of our elected leadership and believe it is appropriate for the House to spend time and focus on selecting these individuals.

Additionally, the task force holds that addressing our AMA's election rules should be an evolutionary process, with the task force's eventual recommendations only a step along a path that is sensitive to changes in technology, the needs of the profession, the diversity of AMA membership and the makeup of the House of Delegates. That said, the task force does not mean to suggest that it should be an ongoing entity. Rather changes should henceforth be organic.

For example, in some of the task force discussions questions arose about the value of certain actions or activities that more often than not are part of most candidates' election efforts. The consensus within the task force is that many of these actions add little, if any, value to a candidate's likelihood of election, but candidates or their supporters are hesitant to not continue the activity because "everyone does it." From the perspective of the task force, one would hope that both rules and practice would be modified over time when new norms become the standard.

### *Task Force Activity*

After it was formed, the task force engaged in a series of email exchanges on multiple election-related topics; those have continued even with the approach of the Interim Meeting. Typically, the Speaker, Dr. Scott, proposed a relatively narrow item for discussion, with his initial question directed to all members of the task force and responses shared across the group. As an example, one of the early discussions dealt with the giveaways that are included in the not for official business bag at the opening session of the Annual Meeting. Each discussion thread was conducted independently and allowed to conclude naturally.

The task force also met face to face and will be meeting again during the Interim Meeting. The in-person meetings afford an opportunity for the members to interact and discuss ideas and concerns about more conceptual ideas, not easily handled by email because nuance and slight alterations can affect the ensuing dialog.

### ITEMS FOR CONSIDERATION

The task force has discussed and would like input on multiple items, but it should be noted that inclusion on this list does not imply that the task force has concluded its discussion of the matter or that they have adopted a position.

Note in each area of consideration you will find highlighted questions to be discussed at the open forum. These should not be considered as all-inclusive or in any way exclusive of other comments. Open discussion of each topic is welcome.

Additionally, [Appendix B](#) includes a list of topics that will be discussed in the open forum.

### *Interviews*

It is common for candidates to be interviewed by literally dozens of caucuses and delegations. This process stretches over several days and has been described as "grueling." Delegations and interview committees spend considerable time listening and evaluating candidates. Some complain that these presentations interrupt their policy discussions and delegates report hearing redundant presentations (others report hearing conflicting comments from some candidates in different venues). While there is no question that this process is time consuming for both the candidates and those interviewing them, others defend this as "the most important way candidates are vetted."

The Office of House of Delegates Affairs currently schedules 10-minute interviews for officer candidates in contested elections. Those interviews are scheduled only with geographic caucuses, because scheduling interviews with every interested group would be prohibitively complex and time consuming. Nonetheless, other groups can and do schedule interviews with officer candidates, and candidates in council elections are scheduled either by the interviewing group or the candidates themselves (or their campaign team). Some delegations employ committees to conduct candidate interviews, with the committee's recommendation then provided to members of that delegation (or caucus). Other groups and caucuses allow candidates to present to the entire delegation. Still other delegations handle officer and council candidates differently.

#### Open Forum Topic #1

The election task force wants to hear what changes, if any, would improve the interview process. Should there be formalized interview forums (like currently held for president elect candidates) before the entire HOD or large assembly, perhaps just for officers or for all candidates? Would delegations support being

grouped together to reduce the number of interviews or do delegations want to continue their individual or small group interviews? What measures should be taken to ensure interviews are equally available to all candidates for a given position? Should council and officer candidates be handled differently? (this same question could be asked about subsequent topics as well)

### *Campaign expenses*

One of the major areas of expressed concern regarding campaigns is the real or anticipated expense. While there is wide variability in the costs of campaigns and some would argue that big budgets don't necessarily lead to election, it has been said that there are individuals that do not seek election because of the anticipated cost. Some delegations have more resources available than others, but most all associations are facing increasing budgetary concerns. In fact, financial concerns have been stated as a reason for some societies to not fill their entire delegation. Budgetary considerations should not be a deciding factor in the election of candidates.

Strict limits on campaign expense or required transparency of expenditures have been recommended to the task force. It is difficult to measure actual expenditures particularly for larger delegations that routinely have receptions, suites, dinners and giveaways. Some delegations are willing and able to spend more on campaigns. Some candidates have more available resources whether financial or otherwise (eg, web design expertise, video studio,) from their family, friends or medical association.

#### **Open Forum Topic #2**

Should there be a limit on campaign expense or required reporting? How would actual expenditures be accurately measured and reported? Is there a true correlation between expenditure and election? The possibility of "public funding" of elections has been raised – how would the funds be raised and distributed? Should AMA be expected to finance the election process? Would delegations be willing to share expense per capita or otherwise?

### *Campaign receptions*

Campaign receptions are likely the largest single expenditure for most campaigns, with estimates ranging upward from \$20,000 and the overall cost dependent on decorations and refreshments, and some costs are shared across a caucus. Providing alcohol is already prohibited by the rules, which serves to some extent to limit the cost. While candidates have been elected without a reception (and others with well attended, elaborate receptions have not been elected) some may be deterred from running because of the perceived need for a reception and the anticipated expense. These continue to be well attended and candidates seem to have no hesitation (and feel welcome) attending other receptions, even that of their opponents, so there seems to be little exclusivity. While there is no question that most, if not all, open receptions have a campaign component, conversations typically include policy discussions and valued social interaction. Some have complained about long receiving lines that delay mingling and constructive discussion.

#### **Open Forum Topic #3**

Is there an option that would provide the opportunity for candidates to interact with a broad range of delegates outside the formal interviews and at the same time provide social interaction for others to encourage their attendance? Could individual receptions be replaced by a joint reception or perhaps separate receptions for different categories of candidates (eg, officers versus council candidates)? Some states and regional delegations have parties every year, with or without a candidate (eg, ice cream social, chili, chowder or wine tasting). If a general reception were offered, should separate receptions be allowed? If receptions are continued should receiving lines be discouraged or should this decision be left to the host?

### *Campaign memorabilia*

Giveaways or gifts: Our current rules allow the Speaker to set an expenditure limit for the giveaways that are distributed via the not for official business bag or at a party. The limit is calculated on a per capita basis given the number of delegates and alternate delegates. This past June the aggregate limit was \$3200. Although not one of the larger campaign expenses, every dollar counts particularly for candidates with limited budgets. Many would say that while they enjoy the treats that this is not a factor in their vote; others argue these allow candidates to display their individuality and draw attention to literature that is often attached.

#### Open Forum Topic #4

Should gifts be “discouraged” or even disallowed altogether? What if a state wants to provide a gift that is not “tied to” a candidate? Some states put something in the bag or distribute a gift that they believe represents their state even when they don’t have a candidate (eg, Virginia peanuts, New England lobsters).

Pins, buttons and stickers: The rules separate pins, buttons and stickers from campaign giveaways, noting that they do not count against spending limits, but the rules also say they should be simple. Although not a major expenditure, concerns have arisen around their distribution and appropriateness for a professional association. Some individuals feel pressured to wear stickers and object to “forced stickering,” while others say that the stickers are used as a conversation starter and allow one to display their support for a candidate.

#### Open Forum Topic #5

Should pins / buttons / stickers be disallowed? Several specialty societies and some states have pins or stickers that may not necessarily include a candidate’s name but may still be perceived as campaign material. Where do we draw the line?

#### *Campaign literature*

Campaign mailings preceding the Annual Meeting are common, and the not for official business bag is generally filled with campaign material. Some of the materials attest to the qualifications of a candidate, while others include little more than a photo and endorsement. Under current rules electronic (email) communications to members of the House “must allow recipients to opt out” of future messages. Considerable effort and funds are spent on creating and distributing this material. Some delegates read the material considering it an important source of information and have commented that it gives them a sense of the candidate’s personality and background. Others believe this is a waste of resources, particularly the printed material, and should be banned or at least switched to electronic only.

An AMA election manual has been prepared for the last 33 years and starting in 2016 has appeared exclusively in electronic form on our AMA’s [website](#). Candidates are responsible for the content of their submissions, but our AMA does minimal copy editing to ensure a consistent style. The manual is intended in part to reduce the need for other forms of communication as well as provide a level playing field.

#### Open Forum Topic #6

Does the election manual alone provide sufficient information? If technically feasible, should individuals be allowed to select electronic communications only or opt out of receiving campaign literature altogether? Do materials in the not for official business bag provide meaningful information or are they a waste of resources and should be discouraged or even disallowed?

#### *Election process*

Elections are scheduled on [Tuesday](#) morning at the Annual Meeting, and the initial round of voting is conducted before the House opens its business session that morning. Runoffs, if they are needed, are held in the House by paper ballot once ballots are prepared. Comments have been heard regarding the timing of the vote, including the day it should occur, along with suggestions to employ electronic voting for runoffs and concerns about the disruptions caused by runoffs and victory and concession speeches. Electronic voting will expedite runoffs (and potentially initial voting as well) and reduce disruption. Victory and concession speeches could be time limited. Any change to the day or time of the elections would likely require other adjustments to our typical schedule.

#### Open Forum Topic #7

The task force is interested in members’ comments about any aspect of the processes associated with the actual voting. Assuming technology can provide secure voting from delegate seats within the House, does the HOD support a move to electronic voting? What are the advantages and disadvantages of moving the day or time of the election? Should post-election speeches be time limited or even not allowed?

### *Other issues*

The task force has received comments regarding “pop up” candidates – previously unannounced candidates that are nominated from the floor when a new opening is created by the election of a sitting council member or trustee to a higher office. These candidates do not receive the scrutiny of the normal election process yet are elected to a full term. Further concern was expressed that the potential of opening a new seat has become a strategy for election. It has been suggested that sitting council or board members with unexpired terms that are nominated for higher office be required to resign their current position thus opening their seat regardless of the outcome of their new election. This would provide for nominations for the opened seat to follow the normal election process but would truncate the service of experienced leaders and possibly lead to more individuals remaining in their seats for full terms reducing opportunity for new leadership. Others have suggested that the vacated seat remain open until the next annual election. Still others have noted that pop-up candidates choose to “pop-up” because of the opportunity to run for a desired office without the burden of the campaign expense.

#### Open Forum Topic #8

Do pop-up candidates distort the election process? Should our process of electing individuals for newly opened positions after regular nominations are closed be changed? If so, how?

Concerns have been expressed about suites, dinners and other gatherings that are in effect campaign events occurring at our annual meeting and before “official campaigning” is allowed (National Advocacy Conference, State Legislative Conference and Interim Meeting). These add considerable expense. It is difficult to determine when a gathering in a suite or a dinner is simply a social event for individuals to interact socially, which your task force believes is important, or a campaign event.

#### Open Forum Topic #9

Would a restriction that dinners be “Dutch treat” if an announced candidate was present be effective? How can we tell delegations they can’t entertain their friends or colleagues? Would restrictions on campaign receptions considered above actually drive more resources to these less regulated events?

### *Final discussion*

The election task force believes that while the current election process certainly can and should be improved that the current elected AMA leadership retains our fullest confidence. Your speakers have noted that while there have been general comments about behavior that might be considered a violation of the rules, formal reports of violations have been remarkably few.

Finally, in reviewing the history of our election process the task force wondered how familiar candidates, delegates and alternate delegates are with our current election rules. Many of the expressed concerns including those regarding vote trading, block voting, caucuses attempting to direct individual delegate votes and negative campaigning are contrary to our current “Guiding Principles.” Perhaps adherence to the policies and rules previously adopted by the HOD should be given greater emphasis. While one would hope that professionalism alone would demand compliance, the challenge for many of the concerns is surveillance and enforcement. We encourage everyone to review the current rules and principles listed in the appendix of this report.

#### Open Forum Topic #10

The question arises should election reforms simply discourage undesirable behavior or attempt to prohibit such behavior. The task force welcomes comments regarding monitoring and enforcement of what are often considered the most problematic potential violations which are also those most difficult to track and prevent.

### CONCLUSION

The election task force seeks the appropriate balance between an informed electorate who are selecting the best candidates after adequate exposure and proper opportunity for due diligence while eliminating obstacles, particularly those that do not add to the selection of the most qualified candidates. We understand that any recommended changes to our election process must ensure that the best candidates are selected as AMA’s leaders in free and fair elections.

This report is meant as informational only. The task force has discussed all the issues detailed here and more. We have planned an open forum at Interim 2019 and look forward to hearing from members of the House. While the agenda of the open forum will include discussion of the topics highlighted above, these are not meant to be totally inclusive and certainly not exclusive. Within discussion of each of these topics we hope to hear what the HOD believes should be retained, modified or eliminated. What do delegates value, what helps you make an informed decision on the best candidates, how to balance distractions from policy discussion with appropriate attention on election of leaders? For candidates what can be done to remove obstacles and create a fair, equitable campaign? We will include time for additional comments on issues not detailed here and we continue to welcome written comments from individuals and delegations.

#### APPENDIX A – AMA Election-related policies

##### Policy G-610.031, Creation of an AMA Election Reform Committee

Our AMA will create a Speaker-appointed task force for the purpose of recommending improvements to the current AMA House of Delegates election process with a broad purview to evaluate all aspects. The task force shall present an initial status report at the 2019 Interim Meeting.

##### Policy G-610.020, Rules for AMA Elections

- (1) The Speaker and Vice Speaker of the House of Delegates are responsible for overall administration of our AMA elections, although balloting is conducted under the supervision of the chief teller and the Committee on Rules and Credentials. The Speaker and Vice Speaker will advise candidates on allowable activities and when appropriate will ensure that clarification of these rules is provided to all known candidates. The Speaker, in consultation with the Vice Speaker, is responsible for declaring a violation of the rules;
- (2) Individuals intending to seek election at the next Annual Meeting should make their intentions known to the Speakers, generally by providing the Speaker's office with an electronic announcement "card" that includes any or all of the following elements and no more: the candidate's name, photograph, email address, URL, the office sought and a list of endorsing societies. The Speakers will ensure that the information is posted on our AMA website in a timely fashion, generally on the morning of the last day of a House of Delegates meeting or upon adjournment of the meeting. Announcements that include additional information (e.g., a brief resume) will not be posted to the website. Printed announcements may not be distributed in the venue where the House of Delegates meets. The Speakers may use additional means to make delegates aware of those members intending to seek election;
- (3) Active campaigning for AMA elective office may not begin until the Board of Trustees, after its April meeting, announces the nominees for council seats. Active campaigning includes mass outreach activities directed to all or a significant portion of the members of the House of Delegates and communicated by or on behalf of the candidate. If in the judgment of the Speaker of the House of Delegates circumstances warrant an earlier date by which campaigns may formally begin, the Speaker shall communicate the earlier date to all known candidates;
- (4) An Election Manual containing information on all candidates for election shall continue to be developed annually, with distribution limited to publication on our AMA website, typically on the Web pages associated with the meeting at which elections will occur. The Election Manual provides an equal opportunity for each candidate to present the material he or she considers important to bring before the members of the House of Delegates and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings. The Election Manual serves as a mechanism to reduce the number of telephone calls, mailings and other messages members of the House of Delegates receive from or on behalf of candidates;
- (5) A reduction in the volume of telephone calls from candidates, and literature and letters by or on behalf of candidates is encouraged. The use of electronic messages to contact electors should be minimized, and if used must allow recipients to opt out of receiving future messages;
- (6) At the Interim Meeting, campaign-related expenditures and activities shall be discouraged. Large campaign receptions, luncheons, other formal campaign activities and the distribution of campaign literature and gifts are prohibited at the Interim Meeting. It is permissible at the Interim Meeting for candidates seeking election to engage in individual outreach, such as small group meetings, including informal dinners, meant to familiarize others with a candidate's opinions and positions on issues;
- (7) Our AMA believes that: (a) specialty society candidates for AMA House of Delegates elected offices should be listed in the pre-election materials available to the House as the representative of that society and not by the state in which the candidate resides; (b) elected specialty society members should be identified in that capacity while serving their term of office; and (c) nothing in the above recommendations should preclude formal co-endorsement by any state delegation of the national specialty society candidate, if that state delegation should so choose;

- (8) A state, specialty society, caucus, coalition, etc. may contribute to more than one party. However, a candidate may be featured at only one party, which includes: (a) being present in a receiving line, (b) appearing by name or in a picture on a poster or notice in or outside of the party venue, or (c) distributing stickers, buttons, etc. with the candidate's name on them. At these events, alcohol may be served only on a cash or no-host bar basis;
- (9) Displays of campaign posters, signs, and literature in public areas of the hotel in which Annual Meetings are held are prohibited because they detract from the dignity of the position being sought and are unsightly. Campaign posters may be displayed at campaign parties, and campaign literature may be distributed in the non-official business bag for members of the House of Delegates. No campaign literature shall be distributed and no mass outreach electronic messages shall be transmitted after the opening session of the House of Delegates;
- (10) Campaign expenditures and activities should be limited to reasonable levels necessary for adequate candidate exposure to the delegates. Campaign gifts can be distributed only at the Annual Meeting in the non-official business bag and at one campaign party. Campaign gifts should only be distributed during the Annual Meeting and not mailed to delegates and alternate delegates in advance of the meeting. The Speaker of the House of Delegates shall establish a limit on allowable expenditures for campaign-related gifts. In addition to these giveaway gifts, campaign memorabilia are allowed but are limited to a button, pin, or sticker. No other campaign memorabilia shall be distributed at any time;
- (11) The Speaker's Office will coordinate the scheduling of candidate interviews for general officer positions (Trustees, President-Elect, Speaker and Vice Speaker);
- (12) At the Opening Session of the Annual Meeting, officer candidates in a contested election will give a two-minute self-nominating speech, with the order of speeches determined by lot. No speeches for unopposed candidates will be given, except for president-elect. When there is no contest for president-elect, the candidate will ask a delegate to place his or her name in nomination, and the election will then be by acclamation. When there are two or more candidates for the office of president-elect, a two-minute nomination speech will be given by a delegate. In addition, the Speaker of the House of Delegates will schedule a debate in front of the AMA-HOD to be conducted by rules established by the Speaker or, in the event of a conflict, the Vice Speaker;
- (13) Candidates for AMA office should not attend meetings of state medical societies unless officially invited and could accept reimbursement of travel expenses by the state society in accordance with the policies of the society;
- (14) Every state and specialty society delegation is encouraged to participate in a regional caucus, for the purposes of candidate review activities; and
- (15) Our AMA (a) requires completion of conflict of interest forms by all candidates for election to our AMA Board of Trustees and councils prior to their election; and (b) will expand accessibility to completed conflict of interest information by posting such information on the "Members Only" section of our AMA website before election by the House of Delegates, with links to the disclosure statements from relevant electronic documents.

#### Policy G-610.021, Guiding Principles for House Elections

The following principles provide guidance on how House elections should be conducted and how the selection of AMA leaders should occur:

- (1) AMA delegates should: (a) avail themselves of all available background information about candidates for elected positions in the AMA; (b) determine which candidates are best qualified to help the AMA achieve its mission; and (c) make independent decisions about which candidates to vote for.
- (2) Any electioneering practices that distort the democratic processes of House elections, such as vote trading for the purpose of supporting candidates, are unacceptable.
- (3) Candidates for elected positions should comply with the requirements and the spirit of House of Delegates policy on campaigning and campaign spending.
- (4) Candidates and their sponsoring organizations should exercise restraint in campaign spending. Federation organizations should establish clear and detailed guidelines on the appropriate level of resources that should be allocated to the political campaigns of their members for AMA leadership positions.
- (5) Incumbency should not assure the re-election of an individual to an AMA leadership position.
- (6) Service in any AMA leadership position should not assure ascendancy to another leadership position.



#### Policy G-610.030, Election Process

AMA guidelines on the election process are as follows: (1) AMA elections will be held on Tuesday at each Annual Meeting; (2) Poll hours will not be extended beyond the times posted. All delegates eligible to vote must be in line to vote at the time appointed for the close of polls; and (3) The final vote count of all secret ballots of the House of Delegates shall be made public and part of the official proceedings of the House.

#### APPENDIX B – Topics for discussion during open forum.

This listing of topics and questions is not meant to be exhaustive. Rather it is illustrative, and other matters are welcome. An “open discussion” is included as the last topical section. Cutting across all topics, consider whether officer and council candidates should be treated differently.

See the text of the report for fuller discussion of each topic.

##### Topic 1 – Interviews

- Possibility of interview forums
- Reducing the number of interviews
- Equity of access to interviews across candidates in a race

##### Topic 2 – Campaign expenses

- Should expenses be limited / capped?
- Required reporting
- Public funding, i.e., AMA contributions and shared expenses among sponsors

##### Topic 3 – Campaign receptions

- Options to allow interaction with candidates
- Possibility of joint receptions
- Separate receptions for officers and council candidates
- Receiving lines
- Receptions with and without candidates

##### Topic 4 – Campaign memorabilia

- Giveaways – allowed or disallowed
- Gifts unrelated to campaigns

##### Topic 5 – Pins, buttons and stickers

- Allowed or disallowed
- Distribution and their role

##### Topic 6 – Campaign literature

- Mailings versus the election manual
- Option to choose electronic communications or to opt out of campaign literature
- Material in not-for-official-business bag

##### Topic 7 – Election process

- Day and time of election
- Secure voting from delegate seats using electronic devices
- Thank you and concession speeches

##### Topic 8 – Pop-up candidates

- A distortion of the process?
- Filling new vacancies

##### Topic 9 – Suites, dinners and gatherings

- “Dutch treat” dinners if a candidate is present
- Would rules changes for receptions lead to more campaign suites and dinners?

##### Topic 10 – Monitoring and enforcing rules

- Appropriate monitoring of rules
- Role of professionalism relative to active enforcement of rules

##### Topic 11 – Open discussion of any topic

## 2. REPORT OF THE ELECTION TASK FORCE

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

**HOUSE ACTION: RECOMMENDATIONS 1 TO 15, 17 TO 31, 33, 34, AND 36 TO 41 ADOPTED  
RECOMMENDATION 35 ADOPTED AS FOLLOWS  
RECOMMENDATION 16 REFERRED  
RECOMMENDATION 32 NOT ADOPTED  
REMAINDER OF REPORT FILED**

*See Policies G-610.010, G-610.020, G-610.021, G-610.030 and D-610.998*

Policy G-610.031, “Creation of an AMA Election Reform Committee,” was adopted at A-19 and called on your Speakers to appoint a task force to recommend improvements to our AMA’s election process. (See Appendix A for actual policy text.) Eleven people, primarily delegates, were appointed to the election task force (ETF) to serve alongside your Speakers, as we are charged with overall responsibility for AMA elections (G-610.020, Appendix B). The appointees are listed in Appendix A, and the task force’s preliminary [report](#) was presented at I-19 as called for by the policy. Written comments have been solicited and several hours of debate were heard at an Open Forum held at I-19. Over the past two years the Speakers and the ETF have spent well over a hundred hours reviewing our current election processes, discussing concerns and deliberating possible solutions.

The task force defined the following goals specific to our stakeholders:

For candidates: Remove obstacles that discourage qualified individuals from seeking elected positions and improve equity and transparency in the campaign.

For delegates: Provide ample opportunity to gain knowledge about each candidate (informed electorate) without undue distraction from policy development.

For our AMA and our members: Ensure the best possible governance with election of the most qualified candidates to lead our Association.

Election-related concerns that underlay the call to review and improve election rules fall into four categories:

- *Cost, with the consensus being that campaigns are too expensive, which may dissuade some potential candidates, particularly those from smaller societies.*
- *Fairness, with concerns expressed about equality of opportunity for candidates from different delegations given the influence of sponsoring organizations.*
- *Distractions, with elections and the associated activities detracting from the development of AMA policy, which is the House of Delegates’ primary purpose under the AMA constitution; this includes time required during House business sessions for speeches and voting, as well as various campaign activities.*
- *Technology, with hope expressed for a move towards electronic communications and more efficient mechanisms for voting.*

These concerns are reflected in the resolutions submitted at the 2019 Annual Meeting, which are reproduced in Appendix C, in comments provided to the task force, and in survey responses provided by members of the House at I-19, which are presented in Appendix D; and are further discussed throughout this document (*set off by italics*). Many of our findings and recommendations relate to more than one of these concerns.

Current election rules are found in both AMA bylaws and policy (see Appendix B) but are also dependent on some Speaker rulings and discretion (eg, the cap on expenditures for giveaways). In proposing changes to our election processes, the task force has sought to ensure that the best candidates can be selected in free and fair elections while reducing obstacles, or perceived obstacles, that dissuade qualified members from seeking elective office. At the same time the task force has sought not to detract from the ability to ensure an informed electorate.

While this report proposes several changes to current rules, to be effective upon adjournment of this 2021 Special Meeting, worth repeating is a comment from the report of this task force dated November 2019:

[A]ddressing our AMA’s election rules should be an evolutionary process, with the task force’s recommendations only a step along a path that is sensitive to changes in technology, the needs of the profession, the diversity of AMA membership and the makeup of the House of Delegates.

Some of the reforms proposed should thus be considered initial steps, with additional changes somewhat dependent on the success—or failure—of the recommendations herein. Members of the task force have considerable experience either as candidates or as members of others’ campaign teams, so the recommendations constitute the group’s best current, collective judgement. Some of the recommendations flow from comments heard at the open forum and responses to the survey administered at I-19, which proved persuasive in many cases. In addition, several changes that were made of necessity to accommodate the virtual election process for the Special Meetings in June 2020 and 2021 served as models for proposed reforms. Every recommendation, however, derives from a consensus decision within the task force.

#### *Campaign Expense*

*The cost of running a successful campaign is generally the most prominent among concerns expressed. Whether costs are a real or a perceived problem is unclear insofar as a review of historical evidence shows that large expenditures do not necessarily lead to election. However, the concern does appear to discourage some otherwise qualified candidates from seeking office. Many societies that sponsor candidates are encountering tightened budgets, and concern has been expressed about the wisdom of expending members’ dues money on AMA campaigns. Expense is associated with several components of a typical AMA campaign. Some of these are discussed below along with recommendations. The ETF endeavored to reduce campaign costs with an emphasis on eliminating expenses that the survey of the HOD found not to be significant factors in the evaluation of candidates or in determining voting decisions.*

#### CAMPAIGN MEMORABILIA

One of the most obvious expenses incurred by nearly every candidate is some sort of trinket or geegaw, generally imprinted with the candidate’s name and distributed in the “not for official business” (NFOB) bag at the opening session of the Annual Meeting. While the overall expenditure is relatively small—a cap of \$3445 for such gifts to delegates and alternates at A19—it represents an easily foregone expense. One would surely hope that election decisions are not based on gifts, which over the last few years have included golf tees, pens, lip balm, cookies, candy, water bottles, calculators and small flashlights. In fact, the survey of the HOD found that only 6% of respondents consider these an important factor in determining their vote (see survey results in Appendix D).

Some concern was expressed about doing away with the giveaways, because some candidates make a contribution to the AMA Foundation in lieu of a giveaway. Doing away with giveaways does not, however, preclude contributions to the Foundation. Anyone and everyone is not only invited but encouraged to donate to the Foundation. Moreover, over the last several years, few candidates have donated to the Foundation in lieu of providing a gift in the NFOB bag. Maintaining giveaways to facilitate relatively rare “in-lieu-of” donations to the Foundation seems a bit disingenuous, particularly as donors can just as easily proclaim their support of the Foundation in more efficient ways.

Your task force struggled somewhat with gifts that are provided by certain delegations in the NFOB bag seemingly every year whether or not they have a candidate. These would fall under the rule for giveaways from candidates in any year in which that delegation had a candidate and a candidate’s name was associated with the item, and while not directly linked to a candidate in other years, could be interpreted as an inducement for future candidates from that delegation. In addition, the task force felt any exceptions to the rule would complicate enforcement and potentially lead to a slippery slope with other delegations deciding to supply giveaways every year to remain competitive. In addition, observations at the last two in-person meetings found a majority of the material in the NFOB bag was left on the tables or otherwise discarded. Given the move towards electronic communication and an overall desire to reduce waste, your ETF is recommending the elimination of all campaign materials distributed in the NFOB bag. Although beyond our purview, we believe the other materials that are included in the NFOB bag should also be discontinued or distributed in other more meaningful ways. Ultimately, we believe the entire NFOB bag should be eliminated.

The ETF discussed whether delegations should be allowed to provide token gifts at a reception. For some delegations the gift or raffle item has become a tradition at their reception. The ETF decided not to recommend prohibiting such giveaways as long as they do not include a candidate’s name or likeness. We recommend monitoring this to see if delegations attempt to indirectly link these gifts to campaigns or use them as an inducement for a vote, in which case they could be prohibited in the future.

## STICKERS, BUTTONS, and PINS

Another area which may seem trivial but adds to the overall cost of a campaign with little to no perceived impact on the election outcome is stickers, buttons, ribbons and pins. While they don't cost much, every dollar counts. In addition to the expense, these items appear to have negative appeal to a number of delegates. Your ETF heard many negative comments about "forced stickering" particularly in receiving lines at receptions. Individuals said they felt pressured to accept and wear stickers, even for candidates they did not support. Others responded that they wear every candidate's stickers, which diminishes the value of all the stickers and clutters their badge. The necessary increased security surrounding our recent meetings, including measures added to our badges, pose an additional argument against stickers, and placing stickers other than on badges may conflict with our enhanced behavior policies. Buttons and pins share similar negatives and create holes in clothing. Finally, all of these, particularly when multiple are worn, project a less than professional image to our meeting and elections. The ETF recommends that campaign stickers, pins and buttons be disallowed.

Distinctly separate from the above are pins and ribbons worn to designate support of AMPAC and our AMA Foundation. Pins for specialties, delegations, regions and even certain causes that do not include any candidate identifier should be allowed. These should be small, not worn on the badge and distributed only to members of the designated group. To prevent a "slippery slope" or problems with enforcement, general distribution of any pin, button or sticker would be disallowed no matter how worthy the cause.

## CAMPAIGN RECEPTIONS

A reception is probably the largest single expenditure for most campaigns, with the cost ranging from several thousand to 20 or even 30 thousand dollars, even with our current election rules, adopted by this House several years ago, which disallow alcohol unless available only on a cash bar basis. Such prices make the cost of a reception an impediment or unbearable by some potential candidates. Even candidates from larger delegations have expressed concern about the expense, and some candidates have used personal funds to finance part or all of the expense.

Experience over the last few years also suggests that the impact of a reception on campaign success is, at best, questionable, as candidates who have been featured at a large reception have not been successful in their campaigns, while some with a small or no reception have been successful. Responses to the survey administered at the 2019 Interim Meeting provide support for this position. Fully one-third of the House indicated that receptions are not a factor in determining their votes, and another quarter indicated that receptions were a minimal factor in voting; together those figures constitute three-fifths of the House. Fewer than one in five members of the House indicated that receptions are an important or very important factor in their voting decisions. Yet, your task force heard comments that some delegations wish to continue their receptions.

While a majority of delegates consider receptions of little importance in their election vote, your task force heard multiple comments supporting the existence of receptions for the opportunities they provide for informal social interaction, meeting new individuals and even policy discussion. It is important to note that receptions in their current form are typically open to all, and in fact, candidates seem to be comfortable attending and campaigning at receptions even when sponsored by a competing campaign. Some felt that receptions allowed delegates to interact with candidates (not just the "featured candidate") in an informal and often more personal way.

Current rules allow each candidate to be "featured" (defined in our election rules as being present in a receiving line, appearing by name or in a picture on a poster or notice in or outside of the party venue, ...) at only one reception. Delegations or coalitions may finance only a single large reception regardless of the number of candidates from that society or coalition. As noted above, alcohol may be served at these receptions only on a cash bar basis (G-610.020).

Your ETF agrees that there is value to candidates and delegates interacting in social settings outside the rigors of an interview and other formal campaign activities, but we also recognize that the expense of a reception may be a deterrent or cause financial strain for many potential candidates. We hesitate to tell delegations that they may not host a reception but want to create a similar opportunity for other candidates without the resources to host a reception.

In lieu of the multiple, competing receptions sponsored by individual campaigns, we are recommending that our AMA investigate the feasibility of sponsoring a welcome reception open to all candidates and all meeting attendees. Such a reception could allow any candidate the opportunity to be "featured" at the AMA reception. Featured candidates could

be allowed to set up in a space within the reception to visit with anyone who chooses to stop by or could choose to circulate among guests. Such an arrangement would do away with the receiving lines, about which the task force heard negative commentary, and the “forced stickering” that seems to occur whenever one enters the current receptions (see above for further discussion of campaign stickers). It would facilitate informal interaction between candidates and members of the House. Two-thirds of those responding to the survey of the House (Appendix D) indicated that they probably or almost certainly would attend such an event. Nothing in this recommendation would prevent other candidates who elect not to use this reception as their single allowed reception from attending. Other receptions sponsored by societies or coalitions, whether featuring a candidate or not, would not be prohibited, but the current rules regarding cash bars only at campaign receptions and limiting each candidate to be featured at a single reception (the AMA reception or another) would remain.

## DINNERS, SUITES AND SUCH

Significant money is spent on informal dinners and entertainment in suites. These are often held at AMA events before active campaigning is allowed. These gatherings are inherently difficult to monitor and to enforce potential rules regarding them. Interestingly, these gatherings actually scored better in the HOD survey than large receptions (see survey results in Appendix D). Some say these are a great way to meet fellow delegates while others point to this as an extravagance that many candidates cannot afford.

The task force recognizes that meeting attendees enjoy these informal social gatherings but has sought to reduce the actual or perceived expense of campaigning. The major concern expressed is indeed the cost. To address this the ETF recommends that any group dinners, if attended by an announced candidate (see Announcement and Nomination below) in a currently contested election, must be “Dutch treat,” each participant paying their share of the expenses, with the exception that societies and delegations may cover the expense for their own members. This rule would not disallow societies from paying for their own members or delegations gathering together with each individual or delegation paying their own expense. Recognizing that candidates should be allowed to dine with a small group of friends or share the tab at the bar without fear of a campaign violation, we propose that gatherings of 4 or fewer delegates or alternate delegates should be exempt.

Given the complexity of enforcement and the relatively less opportunity for excess, the task force does not make any recommendation for limiting interactions in delegation suites at this time. All are reminded that active campaigning prior to the April date, whether in a suite or elsewhere, is specifically prohibited by other rules.

## CAMPAIGN LITERATURE

Brochures, letters, flyers and other campaign literature are often mailed to delegates before the Annual Meeting and distributed in the not for official business (NFOB) bag at the opening session. According to the survey of the House (Appendix D), these materials carry little impact on the delegate’s vote, regardless of how delivered, yet require significant expenditure to develop, print and distribute. Just six percent of respondents in the House find mailed literature important or very important. Slightly more than half declared that campaign literature was not a factor in determining their vote, and more than a quarter reported it to be of minimal importance. The task force has even heard that a surplus of such material can have a negative impact on a candidate’s chances. Campaign material emailed before the meeting fared only slightly better: almost seven percent found it important or very important and three-quarters reported it to be of no or minimal import. Literature distributed in the NFOB bag performed no better than items distributed before the meeting. In fact, a casual survey of the House after the opening session would find most of the campaign literature still in the bags, on the floor, or in receptacles near the exits.

These materials as currently distributed constitute an unnecessary expense and waste of resources particularly because they go unread by the vast majority of delegates. Furthermore, we recognize that some candidates have resources for developing such materials that are not available to other candidates or potential candidates. However, your task force believes an informed electorate needs to have available information about candidates’ background, experience and qualifications for the position they seek. We encourage elimination of all printed campaign materials while recommending an alternate electronic means of providing this information on a more equal platform. It seems few if any candidates “want” to send these materials, but most feel “required” to send because other candidates do. Because mailed materials carry the greatest expense we propose prohibiting these and would end the current process of the HOD office supplying a list of postal addresses to candidates. The election manual has not been printed since 2015

with no apparent negative effects, and in fact, when the House adopted the policy to move to an exclusively online manual, not a single concern was raised, nor have concerns been raised since.

In lieu of printed material, we propose maintaining the online election manual and providing each candidate the opportunity to post materials on the AMA website, within an expanded elections-related set of pages (see discussion below), and the election manual would link to these pages as it does to conflict of interest statements.

## ELECTRONIC COMMUNICATION

The AMA rules of contact and privacy policy have been interpreted to not allow the HOD to provide delegate/alternate delegate email addresses to candidates. The ETF has heard that some campaigns have “harvested” email addresses from the pictorial directory and others have not. At best this creates inequality and could even be seen as contrary to the spirit of AMA policy against sharing email addresses. It is necessary that your Speakers and the HOD Office be able to contact members of the House with confidence that the messages will not be regarded as spam; thus your Speakers strive to limit our communications to essential material. At no time was this more clear than leading up to the Special Meetings in the last year. Options of requiring “opting in” or “opting out” so email addresses can be shared with campaigns, as some have suggested, could threaten essential HOD communication. AMA corporate policies would likely be interpreted as not allowing “opting in” as a default and even candidates have expressed that they believe few would elect to “opt in” if required to make this choice.

For the June 2020 Special Meeting, the Speakers, upon request from the majority of candidates, provided the opportunity for candidates to submit material to the HOD office which was then sent electronically by the HOD in a single communication to all delegates and alternates. While this was optional, every candidate took advantage of this opportunity. Parameters were established regarding content, but there was considerable variability in the materials submitted, ranging from resume style materials and photos to simple prose messages or endorsements. Favorable feedback was received and the Speakers have continued this process for June 2021. The ETF recommends continuation of this process even after return to in-person meetings.

A goal of the ETF was to create an equal opportunity for all candidates to share information regarding their candidacy while also reducing the amount of unwelcomed material that delegates receive. At the same time, the task force did not want to create communication rules that would be difficult to track and enforce. While this recommendation does not prohibit candidates from sending their own additional electronic campaign messages, campaigns are reminded that current campaign rules require that any such communication must include an “unsubscribe option.” Many delegates expressed that electronic communications from individual candidates are unwanted and may even negatively impact their view of the candidate. Given the electronic communication we propose to be sent by the HOD office on behalf of all candidates it should be anticipated that additional electronic communications from individual candidates would not be well received. With the enhanced opportunity to communicate, we would anticipate less tolerance of mass communications by candidates and more reporting of the failure to include an unsubscribe option for all such campaign related emails.

## WEBSITES AND SOCIAL MEDIA

As mentioned above, the ETF recommends providing each candidate the opportunity to post materials on the AMA website, within an expanded elections-related set of pages. Although the parameters need to be established, the task force envisions a web page template supported by the AMA that could be filled in by candidates without resorting to web design experts. For example, one page might incorporate a biographical resume style listing, another page might incorporate photos of the candidate’s selection, and a third page might allow the candidate to post position statements or other information about themselves or that they consider relevant to their campaign. Some design elements might be left up to the candidate (eg, colors and fonts) even while the overall structure of the page(s) is consistent across candidates.

This proposal is supported by the survey of the House at I-19, in which fewer than one in seven delegates indicated that they “probably” or “almost for sure” look at a candidate’s website, whereas over half said they would probably or “almost for sure” look at an AMA candidate site. In addition, the fact that all candidate sites would be listed together and linked to the election manual would facilitate delegates review of the material (they would not have to search for individual websites). Candidates would submit their material and all pages would go live simultaneously once campaigning is officially allowed.

At this time, the ETF does not recommend prohibiting candidates from having personal, professional or even campaign-related websites, but the election manual would not link to these independent candidate pages. Similarly, we do not recommend attempting to prohibit or control social media. These forms of communication are embraced by many and importantly individuals must elect to go to the sites or join to receive messages. Since these are not “pushed” to anyone, it should eliminate the concerns of those that feel overwhelmed with electronic information while still providing a resource for delegates that want more information about the candidates.

#### *Fairness*

*Concern was expressed about inequality of opportunity and the undue influence of caucuses and sponsoring organizations. The ETF hopes that by reducing many of the campaign expenses with the recommendations above, the obstacle of cost will be lowered for all candidates, including those from smaller delegations or with less deep pockets. With all candidates able to participate in the AMA reception, post on the AMA website candidates’ pages, and participate in electronic communication originating from the HOD office, opportunities should be less dependent on a candidate’s caucus or sponsoring organization. The survey identified interviews as having the greatest influence on the voting decision and our recommendations below should enhance fairness and transparency for this process.*

#### INTERVIEWS

In the survey of our HOD at I-19, candidate interviews were far and away the most important decision-making element in our AMA’s election processes, considered an important or very important factor by more than three quarters of those responding (Appendix D). The task force fully agrees with the importance of interviewing.

At the same time, the number of interviews and the time required for them has been likened to a gauntlet for the candidates, and it is no less onerous for those conducting the interviews. For example, at A-19, interviews for contested slots would require no less than 13 interviews if every candidate was to be interviewed. Ten-minute interviews thus require over two hours, not including any “travel time” between interviews. Added to the actual interviewing time is the time required to arrange and manage these interviews, which is necessary for both the candidates and the interviewers. Yet, virtually every person who spoke on the issue at the open forum, including successful and unsuccessful candidates, expressed the view that the interview process was a valuable experience. A clear majority expressed that interviews were time well spent to meet and become informed about the candidates.

Some delegations expressed that the stream of candidates interrupts their policy deliberations. Other delegations responded that they use interview committees, made up of delegates with special interest in a particular council’s activities, which often meet simultaneously with candidates for different races, thus lessening the time required for interviews. The task force believes this may be an acceptable option for some delegations.

Consideration was given to grouping interviews together. Over the past several years the HOD office has coordinated grouping section interviews together but has received negative reaction from the groups preferring to have their own interviews. At the open forum and in communications since there has been broad support from delegations to be allowed to continue their specific interviews. While your task force believes grouping of interviews to reduce the number of interviews is desirable, we believe such grouping is best done voluntarily by delegations that find they share similar interests.

Others suggested that interviews be held in a format in which candidates assemble at an appointed hour in front of those who are interested and questions are asked by a moderator similar to the debate held when the president-elect race is contested. Concerns were raised regarding the stress that would be associated with such a high stakes interview, particularly for council candidates who would not typically face such a situation during council service. Others commented that these interviews often result in candidates repeating or even learning from the responses of those answering before them. The Specialty and Service Society holds such an interview panel, yet many specialty delegations continue separate interviews. Several large delegations and even small delegations confirmed that they would continue their interviews even if such a group interview process was instituted, seemingly adding another round of interviews during an already packed meeting rather than replacing or eliminating interviews.

Of necessity for the June 2020 Special Meeting and now again for J-21, virtual interviews have been conducted by both the Speakers and individual caucuses and delegations. Given the overall positive feedback received, the task force recommends continuing the option for virtual interviews, including recorded interviews by the Speakers, in

advance of the meeting even after we return to in-person meetings. In addition, the Speakers would continue to conduct interviews with all candidates to be posted on the AMA website.

Virtual interviews would be allowed during a defined period prior to the meeting in lieu of in-person interviews. Caucuses could choose either method, but not both for a given race. For example, a caucus may choose to conduct virtual interviews for all council races but choose to conduct live interviews for all officer races. These interviews would be facilitated by the HOD Office similarly to how they have been handled for the June 2020 and 2021 campaigns. Recording of virtual interviews must be disclosed to candidates prior to recording and only with their consent, and the recordings may only be shared with members of the interviewing caucus/group.

It has been reported that some candidates have been unable to schedule interviews with some groups, and some groups interview some but not all candidates for a given office. In addition, some candidates have been unaware of the opportunity to interview with some groups or did not know how to arrange such an interview. Democratic principles should favor interviewing all announced candidates for an office. To create equal opportunity for all candidates, we recommend a rule that requires groups electing to interview candidates for a given office to provide an equal opportunity for all currently announced candidates for that office to be interviewed using the same format and platform. An exception would allow a group to meet with a candidate who is from their own delegation without interviewing other candidates. This rule would apply to both virtual and in person interviews.

#### *Distractions and Technology*

*Concern raised was that there is too much emphasis placed on campaigning and that the election process interrupts and distracts from more important policy discussion. Others expressed that election of leadership is an essential function of our House and a core responsibility of delegates. Your ETF believes both viewpoints are valid and has sought to design a process that is less disruptive to our policy deliberation, consumes less time, and yet allows for secure voting. This can be accomplished by streamlining our processes and utilizing new technologies.*

#### VOTING PROCESS AND ELECTIONS SESSION

Our current voting process at in-person meetings crafted by bylaws, rules, and tradition developed 20 plus years ago involves casting ballots in a separate room in “voting booths” on Tuesday morning during a 75-minute voting window. Results for each race are announced in the House once they become available, typically 30-40 minutes after the House has come to order, interrupting the discussion of reference committee reports. Oftentimes, runoff voting is required and accomplished using paper ballots which are printed, distributed, collected and counted (by hand) by the election tellers, again disrupting the policy discussion. If new openings are created, new nominations, speeches, voting and possibly further runoffs all interrupt House debate. Twice in the last several years elections have extended to Wednesday morning. Voting delegates must be seated at these somewhat random moments to receive a ballot, resulting in reshuffling of delegates and alternate delegates, further disrupting the deliberations. All of this when combined with appreciation and concession speeches, consumes considerable time and detracts from policy discussion. While initial voting is secure in a private booth, runoff paper ballots are distributed in the House to credentialed delegates only, but there is little actual security in this regard as ballots are “passed down the row.”

The original resolutions adopted by the HOD specifically called for consideration of electronic voting. In 2020, in the virtual format, all the voting was done electronically by necessity. Electronic voting was secure and effective in the virtual situation and should be acceptable in person. We are confident that voting can be done with the electronic voting devices—colloquially referred to as “clickers”—that are used in business sessions of the House. The devices are easy to use, and their security and privacy features are at least as great as current methods. Briefly described, delegates (not alternate delegates) can be issued a security card that must be inserted into the device in order to vote in elections. While all devices can be used to vote on policy matters without the card, the security card is required to cast a vote in an election. Each vote should take under a minute, results are almost instantaneous and the devices can be reset for a runoff election within a minute or two. Given the virtual nature of the June 21 HOD meeting, election voting will again be electronic. Accordingly, the ETF recommends that electronic voting should be continued when we return to in-person elections at the 2022 Annual Meeting. We believe this change will simplify voting, allow results of each race including runoffs to be known before ballots are cast for the next position and facilitate a new method of handling positions that were unscheduled but created by a prior election result, henceforth “newly opened positions” (see Newly Opened Positions below).



To further reduce the interruption of policy discussion, our Speakers have scheduled a specific “Election Session” on the agenda for the June 21 HOD meeting. All election activity (except for those unopposed candidates elected by acclamation at the time of nominations) including voting, runoffs and speeches will occur at a scheduled time on Tuesday morning (see discussion on “the day of elections”) separate from policymaking sessions. The House deliberation of reference committee reports will resume at a “time certain” to be specified. Delegates only will be voting at this time, but alternates and guests are welcome to observe. The ETF recommends continuing this scheduling once in-person meetings resume.

Additionally, while the task force understands the tradition of thank you speeches by both the victors and unsuccessful candidates, the task force nevertheless prefers that all such speeches be discontinued. No one doubts the sincerity of the thank you delivered by those speaking, but those words of appreciation could better be delivered privately. Moreover, sparing losing candidates the discomfort, often palpable throughout the House, of appearing at a microphone shortly after hearing negative results should be considered a kindness, not a slight, and allows them a graceful exit. These “points of personal privilege” were not heard in June 2020 and will not occur in June 2021. Candidates were invited to share written comments which were subsequently sent to the House. The Speakers have heard no complaints regarding this decision. Our intention is not to create a rule disallowing these speeches (since no rule allowing them exists), but rather to set the stage for the Speakers to use their discretion based upon the volume of business at hand and the number of candidates. We encourage the Speakers to continue to collect personal points from candidates and share them electronically with the House after the meeting, eliminating the need for the speeches during the meeting itself. If such speeches are allowed in the future, we strongly suggest that they be limited to 60 seconds.

With these proposed changes, the task force believes voting will be secure, the time consumed for elections will be greatly reduced, and there will be no interruptions of policy discussion.

## ANNOUNCEMENTS AND NOMINATIONS

The ETF considered various announcement/nomination scenarios with the intent of clarifying this process, increasing vetting of all candidates, ameliorating the negative aspects of “pop-ups” (see Newly Opened Positions below) and maintaining the time limit on active campaigning to the period of April through June.

Currently candidates for all elected positions may announce their candidacy with a virtual card projected at the conclusion of the Annual and/or Interim Meetings and then posted on the AMA candidate website. In addition, current rules allow candidates that do not submit an announcement card at these times to send an announcement to delegates even before the “active campaign” has begun. As a result candidates may in effect announce their candidacy directly to delegates at any time, making it difficult to stay abreast of all current candidates for a particular position.

The ETF believes that this loophole should be closed and that such announcements, just like any other campaign communication, sent to delegates before active campaigning is allowed would be a violation of campaign rules. In addition, we propose additional “official” announcement dates be established at which time additional announcements cards would be added to the AMA website and communication would be sent to the HOD. Under our proposal any candidate could still independently announce their candidacy after active campaigning is allowed, but no formal announcement from the HOD office will take place other than at the specified times.

We propose that the HOD office review all known candidates following the Annual and Interim Meetings and at other specified announcement times to identify unscheduled seats that may potentially be newly opened by election of any announced candidates and communicate this information to the House along with the names of all the candidates for each position. These “Official Candidate Notifications” would add transparency and alert delegations and members of the possibility of unscheduled positions that may become open if certain announced candidates are elected. Members interested in becoming candidates for open or potential newly opened positions would be required to send a virtual announcement card to the HOD Office and complete a conflict of interest (COI) form.

The AMA Board of Trustees considers applications from council candidates at its April meeting and then announces the candidates shortly thereafter. Active campaigning is allowed after this announcement. Currently there is no official notification and oftentimes delegates are uncertain of the exact date of the BOT meeting and start of active campaigning. Therefore, at this time another “Official Candidate Notification” would be sent to the HOD. This would also signal the start of the active campaigning period. Subsequent “Official Announcement Dates” would be determined by the Speakers.

Candidates who become aware of potential newly opened positions for any office or council could notify the HOD Office at any date of their intent to join the campaign and then would be included at the next official announcement and in all subsequent announcements. Presumably this would occur well before nominations occur at the Opening Session of the House. All previously announced candidates will continue to be included at each official announcement (i.e. those announced in June will again be presented in November, April, etc.) and all who had notified the HOD Office of their intent to be nominated and completed a COI would be included in any campaign activity that had not yet been finalized. This modified announcement process would not prohibit late entry into the campaign but provides advantages to early entries.

As discussed below, our bylaws allow for nomination “from the floor” during the Opening Session of the HOD, so candidates could elect to be nominated who had not notified the HOD office of their intent and who had not been included in any official announcement. While it would still be possible for a new candidate to first announce at the time they are nominated from the floor at the Opening Session of the House, waiting until this moment when given the opportunity to announce their candidacy in advance, would seem to put that candidate at a significant disadvantage, thus encouraging candidates to announce early and be vetted. The earlier the announcement, the more the opportunity to participate in the campaign process, including interviews which the survey identified as the most important factor in the voting decision. This proposal would allow for posting of the COI at the time of announcement (likely well before election day) or at the latest at the Opening Session of the House, more than two days before the election in our current schedule.

The task force carefully considered the bylaws that allow for nominations from the floor during the Opening Session. This bylaw is common among associations that hold open nominations and elections. Typically nominations are declared open and then closed by a motion. No doubt this option complicates the campaign process and potentially creates chaos at the last moment. However, nomination at the last possible minute allows for the rare case where a candidate is determined to be unavailable or unacceptable to fill a position, or a late nominated candidate for some reason is an overwhelming choice. While relatively rare, this has occurred, and candidates waiting until this last moment have been elected. The ETF believes this option should remain and recommends the more formalized announcement process as a solution to at least the most common aspects of the problem of late announcements and unvetted candidates.

During the ETF exploration of announcements and nominations we found inconsistencies in our rules surrounding the concept of announcements versus nominations. These two terms seem to be used interchangeably without a clear delineation between the two. For example, we could not find a basis for the Board nominating council candidates in conjunction with the April Board meeting. Bylaw 6.8.1 specifies that nominations for the elected councils are made by the Board or by a delegate from the floor. It does not specify when the Board actually places the names of their nominees into nomination. In fact, as discussed in the paragraphs above and below all nominations actually occur at the Opening Session of the House. Under the current process, candidates for council positions submit applications to the Board for consideration at their April meeting prior to an established March 15 deadline as discussed in Policy G-610.010, “Nominations,” shown below [*emphasis added*]:

#### Policy G-610.010, Nominations

Guidelines for nominations for AMA elected offices include the following: (1) every effort should be made to nominate two or more eligible members for each Council vacancy; (2) the Federation (in nominating or sponsoring candidates for leadership positions), the House of Delegates (in electing Council and Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions) to consider the need to enhance and promote diversity; (3) the date for submission of nominations to the Council on Legislation, Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, Council on Science and Public Health, Council on Long Range Planning and Development, and Council on Ethical and Judicial Affairs is made uniform to March 15th of each year; (4) the announcement of the Council nominations and the official ballot should list candidates in alphabetical order by name only;

These “nominations” are then announced at the conclusion of the Board’s April meeting at which time active campaigning may begin. Policy G-610.020 which reads in item 3 [*emphasis added*]:

(3) Active campaigning for AMA elective office may not begin until the Board of Trustees, after its April meeting, announces the nominees for council seats. Active campaigning includes mass outreach activities directed to all or

a significant portion of the members of the House of Delegates and communicated by or on behalf of the candidate. If in the judgment of the Speaker of the House of Delegates circumstances warrant an earlier date by which campaigns may formally begin, the Speaker shall communicate the earlier date to all known candidates;

It is our understanding that Policy G-610.020 (3) was written more to define the start of active campaigning rather than to specify the timing of the nomination process. Note that this only specifies the Board “announcing the nominees” for council candidates; they are actually nominated by the Board at the Opening of the House. However, council candidates under our current rules may “announce” their candidacy at any point, even after the March deadline, and then be nominated “from the floor” by a delegate without completing an application or being considered by the Board. Review of available history did not identify a single instance when the Board did not “nominate” a council candidate who submitted an application. In reality the Board review of these candidates, who must be AMA members, is largely perfunctory. Procedurally nominations are declared open by the presiding officer, nominations are announced by the presiding officer or Board chair or made from the floor by a delegate. Then a motion is accepted to close nominations (typically the presiding officer will accept nominations be closed “without objection” once no further nominations appear to be pending even without a formal motion and second). To eliminate the confusion between nomination and submitting applications for review by the Board at their April meeting while maintaining the uniform March 15 deadline, the ETF recommends Policy G-610.010, “Nominations,” paragraph 3 be amended.

Guidelines for nominations for AMA elected offices include the following: (1) every effort should be made to nominate two or more eligible members for each Council vacancy; (2) the Federation (in nominating or sponsoring candidates for leadership positions), the House of Delegates (in electing Council and Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions) to consider the need to enhance and promote diversity; (3) the date for submission of ~~nominations to applications for consideration by the Board of Trustees at its April meeting for~~ the Council on Legislation, Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, Council on Science and Public Health, Council on Long Range Planning and Development, and Council on Ethical and Judicial Affairs is made uniform to March 15th of each year; (4) the announcement of the Council nominations and the official ballot should list candidates in alphabetical order by name only;

In addition, Policy G-610.020 (3) be amended by deleting the word “nominees” and inserting the word “candidates” to clarify that the Board is announcing the candidates and not actually nominating them.

(3) Active campaigning for AMA elective office may not begin until the Board of Trustees, after its April meeting, announces the ~~nominees~~ candidates for council seats. Active campaigning includes mass outreach activities directed to all or a significant portion of the members of the House of Delegates and communicated by or on behalf of the candidate. If in the judgment of the Speaker of the House of Delegates circumstances warrant an earlier date by which campaigns may formally begin, the Speaker shall communicate the earlier date to all known candidates;

The ETF believes these proposed changes to our announcement process will clarify the process while maintaining the current nominations that occur at the Opening Session of the House. These changes provide transparency for delegates to know the candidates for all positions and have an opportunity to vet those candidates. It also allows potential candidates to learn of the opportunities to run for an unscheduled position that may become newly open as a result of another pending election.

## NEWLY OPENED POSITIONS

Significant concern was raised regarding how to handle elections to fill previously unscheduled vacancies that are created as a result of prior elections. This most often occurs when a council member with an unexpired term is elected to an officer position but may also occur when a current Board member with a continuing term becomes president-elect. Current bylaws prescribe that the newly opened position is filled in a separate election with nominations to be held after completion of election for previously known open positions. Over the past several years multiple previously unannounced candidates are then nominated, all candidates give a speech before the House and then voting ensues. In the past these have been called “pop-ups.”

Three general concerns have been expressed regarding “pop-up:” first, these individuals are being elected without the usual vetting; second, the process of new nominations and speeches before the HOD delays and distracts from policy

discussion; and third, the possibility of opening a seat has become a campaign strategy. In addition, our rules require a conflict of interest disclosure to be submitted before the election and presumably there should be ample opportunity for delegates to review the COI before voting. The ETF considered a number of potential solutions, including requiring candidates seeking another office to resign their current position, leaving the seat of a successful candidate vacant until the next meeting, delaying voting on these positions until the next day, or forcing potential candidates to declare in advance (an analysis of each of these options is included in Appendix E).

These options were discussed at the open forum held at the 2019 Interim Meeting and were also a subject of the survey of the House. Each option received support and opposition, with no consensus reached, but a majority favored some change over the current process. After further exploration, the ETF discovered that simply embracing newly available voting technology that allows sequential voting with nearly instantaneous results and rapid ballot preparation eliminates most of the problems associated with “pop-ups” without necessitating the more radical changes associated with the options presented at I-19.

The problems associated with newly opened positions are the result of the limitations of our current voting process. The change in our election process to electronic voting as detailed above (see Election Process) technically eliminates “pop-ups.” Pop-ups occur only when a new position opens “that did not exist at the time of the prior ballot” (Bylaws 3.4.2.2 and 6.8.1.5). With sequential electronic voting all open positions, including those created by a preceding vote for an officer position, will “exist” at the time of the initial ballot. During the election session, proposed above, the vote for the Board of Trustees will be held (including any runoffs) with the results known, before the first ballot and voting for the councils will occur. With this process there has been no “prior ballot” for any of the councils. Similarly, the vote for president-elect will be concluded before the voting for the Board begins. For example, hypothetically a current member of the Council on Medical Service (CMS) with an unexpired term is elected to the Board; the first vote for CMS will occur after the result of the Board election is known. Therefore, the first ballot for CMS will include candidates for all open seats including the newly opened position. With this process there is no “newly opened seat that did not exist at the time of the first ballot,” thus no “pop-up,” no new nominations, and no speeches before the House. Based upon the change to electronic voting for each position in a sequential fashion, Bylaws 3.4.2.2 and 6.8.1.5 are no longer relevant, and we recommend they be rescinded to eliminate future confusion.

While this technically eliminates “pop-ups,” this does not completely solve the problem. Nominations are accepted on Saturday afternoon (in our usual meeting schedule) and elections are held on Tuesday. Therefore, candidates who are considering nomination do not know whether a newly opened position will be created before the close of nominations. To solve this problem, the ETF is suggesting a modified announcement and nominations process that entails informing delegates at specific times in advance of the meeting of the current candidates for each position and the seats that could potentially be newly opened as a result of pending elections (see Announcements and Nominations). The proposed process as detailed above includes a series of announcement deadlines with notification sent to delegates with subsequent opportunity for new candidates to announce their intention to run for these potential newly opened positions. This proposed announcement process will encourage candidates to announce in advance for potential newly opened positions and require candidates that hope to be elected to one of these positions to be nominated during the Opening Session of the House. Changes suggested below will allow candidates the opportunity to withdraw their nomination in the event the potential seat does not open. However, once nominations are closed, no further nominations will be accepted. This proposal, while requiring candidates to be nominated for a position that may not ultimately open, will allow vetting of candidates that announce their intention to be nominated.

Currently when an unopposed candidate with an unexpired term is elected by acclamation, nominations for the newly opened council or Board seat are accepted at the time of initial nominations along with nominations for any previously known open seats. In fact, this is the model we have used above in our proposal to handle potential newly opened positions.

If there are no open positions scheduled for election in a given year for a particular council or the Board, but there is the potential for a newly opened position (one or more current candidates for a higher office hold an unexpired term on a council or the Board) candidates will be solicited as detailed above for the potential newly opened position. These announced candidates for the potential newly opened position will proceed with all campaign activities available to them from the time of their announcement forward. If the potential newly opened position does not open (ie., the individual with the unexpired term is not elected to the office they sought), no election will be held. In this event these candidates will have campaigned even though there ultimately was no vote. The ETF considered that this may be an

unnecessary burden on the candidates, but thought that this campaign experience and the resulting exposure of the candidate to the House would actually be beneficial to the candidate.

If the potential newly opened position does not open but there are other open positions for the same council or the Board, an election will proceed for the existing open seats. Candidates will be offered the opportunity to withdraw their nomination prior to the vote. This will allow candidates from the same delegation to avoid potential conflicts. Conversely, all candidates may also choose to continue with the election to compete for the available positions.

Following the implementation of electronic voting during a specified election session and the proposed new announcement process, in the unlikely event that a prior election results in a newly opened position without a nominated candidate or more positions are open than nominated candidates, the unfilled position(s) would remain unfilled until the next Annual Meeting.

There is no perfect solution to the problem of newly opened positions, but the ETF believes this proposal will encourage candidates to announce their candidacy early, add transparency to our elections, result in more contested elections, allow delegations the opportunity to vet candidates for newly opened positions, and eliminate the distraction from policy discussion that occurs with our prior “pop-up” process.

## APPOINTING SELECT COUNCILS

Careful consideration was given to the idea of appointing some or all of the currently elected council positions. Appointment would eliminate most if not all the issues of concern heard regarding elections. In addition, appointment by a nominations committee allows for careful consideration of diversity and expertise needs of a council.

The concept of appointing members to councils has several precedents within our AMA. Current rules provide multiple methods of selecting appointed councils (CLRPD--selected by the BOT and the Speaker, COL--selected by BOT, CEJA--nominated by the President), the public member of the Board is chosen by a search committee and confirmed by the HOD, and the House Compensation Committee is a combined appointment by the President and the Speaker. These committees function well with the members selected by the current appointment process and the task force does not recommend any change in these councils.

In addition, these various methods all enjoy a plethora of candidates for each position which is in contrast to the few candidates, often unopposed, that run for councils. This may reflect a desire by some to avoid the election process which has been called into question by the resolutions that called for this report. It can be argued that more candidates would come forward if councils were appointed. Appointing one or more councils would lessen the number of interviews and remove most if not all associated campaign expenses.

The task force believes that all officers and most council members should continue to be elected, but recommends that the Council on Constitution & Bylaws (CC&B) should be transitioned over to selection by appointment. This council, perhaps more than any other council, benefits from members with particular backgrounds and skill sets that are not always appreciated in our campaign process. For example, during interviews candidates for CC&B are rarely asked questions regarding bylaws. Over the past several elections CC&B has attracted relatively few candidates as compared to other elected councils and far fewer than appointed councils.

Concern was expressed that service on a council often leads to future leadership positions and appointment may have a deleterious effect on the potential of council members moving forward. A review of current and recent past successful officer candidates found that there was a balance between those that had previously served on elected and appointed councils, and in fact a lower representation of past CC&B members.

The specific process of appointment could be determined subsequently, but the task force favors a process that would include consideration by the Board of Trustees of nominated candidates with a slate for each open position presented to the House of Delegates for approval. Terms, tenure and role of the council would remain unchanged.

## THE ROLE AND INFLUENCE OF CAUCUSES

Concerns about the role played by caucuses in the election process have been heard for many years, perhaps getting louder as caucuses have grown larger. There is little question that delegations and caucuses have significant influence in our elections.

These caucuses are often the source of interviews of candidates and subsequently suggest to varying degrees voting for particular candidates. A small number of delegates (5%) in the HOD survey responded that they felt their vote was “mandated” by their delegation and others, while still a minority (15%), said they felt “strong pressure” to vote for particular candidates. Meanwhile, our current guiding principles for elections, Policy G-610.021 [*emphasis added*] clearly states –

1. AMA delegates should: (a) avail themselves of all available background information about candidates for elected positions in the AMA; (b) determine which candidates are best qualified to help the AMA achieve its mission; and (c) make independent decisions about which candidates to vote for.

Insofar as AMA’s elections are conducted by secret ballot, the task force believes that delegates ought to be able to hew closely to these principles with little fear of repercussions. Further review of the survey results show that almost ⅔ of the respondents (65%) “make their own decision” with or without input from their delegation or caucus. This is not meant to suggest that delegates should ignore their sponsoring organization’s endorsements, only that the sponsoring organization’s recommendations are but a single element in a delegate’s decision-making armamentarium with respect to elections.

Others say they are offended by “vote trading and deals” made within and between caucuses. The ETF notes that our principles go on to state:

2. Any electioneering practices that distort the democratic processes of the AMA-HOD elections, such as vote trading for the purpose of supporting candidates, are unacceptable.

In addition, we recommend Principle 2 should be strengthened by adding the following: “This policy applies between as well as within caucuses and delegations.”

Furthermore, we recommend addition of another principle to discourage delegations from using “rank order” lists of candidates and encourage delegations to provide an opportunity for their members to have an open discussion regarding candidates.

Candidates typically seek nomination and endorsement from the groups with which they associate or with whom they have perceived connection. Some argue that this provides a desirable screening of candidates and a way to gain support. Others see this as controlling who is allowed to become a candidate and preventing some qualified individuals from entering a race. The ETF believes delegations and caucuses should have autonomy in deciding whom they support as candidates, but we emphasize that the goal of our elections should be to select the most qualified leaders for our Association. As such we propose another additional guiding principle for election as follows:

- (8) Delegations and caucuses should be a source of encouragement and assistance to qualified candidates. Nomination and endorsement should be based upon selecting the most qualified individuals to lead our AMA regardless of the number of positions up for election in a given race. Delegations and caucuses are reminded that all potential candidates may choose to run for office, with or without their endorsement and support.

In addition, the ETF believes other recommendations within this report (recorded interviews, posted website materials, electronic communications originating from the HOD Office, etc.) will provide candidates more opportunity independent of the assistance from well funded delegations and large caucuses. Any candidate will be able to participate in the AMA reception providing them exposure without the need for a separate reception. Several other recommendations should also reduce the expense of campaigns, further reducing the influence of delegations and caucuses.

During the task force discussions, the question was raised about the size of caucuses. That is, should the size of a caucus be capped such that its influence—whether real or perceived—does not become outsized? The task force is

not making a recommendation on this matter at this time. It remains a question whether limitations on caucuses are within the House's authority at all. The ETF recommends continued monitoring of the effects of the adopted recommendations and consideration of future changes should they be deemed necessary.

## THE DAY OF THE ELECTIONS

The task force heard suggestions for moving the day of the elections to earlier in the Annual Meeting, but does not favor such a change. First, determining who are the best candidates takes time, and the time devoted to interviews is valued by both candidates and the electorate. An earlier date would increase reliance on speeches and written materials rather than "getting to know" the candidates. Truncating the vetting process would be most harmful to lesser known candidates and those from smaller delegations. After examining the other days of the Annual Meeting, the ETF concluded that moving the elections would cause greater disruption to the already full agenda for each of the other days. The potential to adversely affect the elections by moving them forward seems too great to alter the day of the elections. Therefore, the task force favors implementation of the reforms proposed herein, which we believe will address the concerns underlying proposals to move the day of elections. (See Appendix F for detailed discussion of the ETF consideration of alternative days of election.)

## ELECTION COMMITTEE

At the open forum discussion at I-19 the idea of an ongoing election committee was proffered and received broad support. The concept was not to detract from the Speakers' role in overseeing the campaign and election process, but rather to provide them support. Recognizing that improvement in our elections is an iterative process, a committee could monitor the impacts of the recommendations adopted from this report and make further recommendations for the continued evolution of our election process. In addition, it was mentioned that enforcing campaign rules could create real or perceived bias for a Speaker if the complainant or the accused happened to be a friend or from their delegation. The committee working with the Speakers could adjudicate potential campaign violations. The Speakers are receptive to this proposal.

The ETF recommends establishment of an Election Committee of 7 individuals, appointed by the Speaker for 1-year terms to report to the Speaker. We proposed that these individuals be allowed to serve up to 4 consecutive terms but that the maximum tenure be 8 years. These individuals would agree to not be directly involved in a campaign during their tenure and would be appointed from various regions, specialties, sections, and interest groups to reduce potential bias. The primary role of the committee would be to work with the Speaker to adjudicate any election complaint. The ETF envisions selection of a smaller subcommittee from the Election Committee to adjudicate each specific complaint. Additional roles could include monitoring election reforms, considering future campaign modifications, and responding to requests from the Speaker for input on election issues that arise. Our Bylaws (2.13.7) provide for the appointment of such a committee. This Bylaw specifies that the term may be directed by the House of Delegates. Therefore, the ETF recommends that such a committee be established for the terms noted.

In addition, the task force recommends a more defined complaint and violation adjudication process including the proposed Election Committee. Details can be further determined by the committee in consultation with the Speakers and presented to the House at a future date, but the ETF suggests consideration of a more formal process for reporting, validation of the complaint with investigation as needed, resolution of the concern and presentation to the HOD if a formal penalty (up to and including exclusion from the election) is deemed appropriate.

## REVIEW OF IMPLEMENTATION

The above recommendations are all derived from our extensive review and deliberation of our AMA election process. These recommendations represent the consensus of the ETF and we are confident that they will lead to improvement. The House of Delegates will undoubtedly have opinions as to whether these are the right solutions but the ultimate determination will only become clear once the adopted recommendations are implemented. Therefore, our final recommendation is for a review to be conducted after an interval of 2 years led by the Speaker and at the Speaker's discretion, the appointment of another election task force, with a report back to the House.

## CONCLUSION AND RECOMMENDATIONS

Our AMA election process is guided by our bylaws, various policies adopted by the HOD, the HOD Reference Manual and tradition with overall responsibility resting with the Speaker. As such, the following recommendations, if adopted, will require thorough review and editing of these documents to reflect the changes.

Following the detailed discussion above, the Election Task Force recommends that the following recommendations be adopted, with the rules to be effective upon adjournment of this meeting, and the remainder of this report be filed. Recommendations are listed in order of the topics covered in the body of the report with all modified current policies reconciled in numerical order in Appendix G for clarity.

### *Campaign Memorabilia*

**Recommendation 1:** Campaign memorabilia may not be distributed in the Not for Official Business (NFOB) bag.

**Recommendation 2:** Policy G-610.020, Rules for AMA Elections, paragraph 10 be amended by addition and deletion to read as follows:

- (10) Campaign expenditures and activities should be limited to reasonable levels necessary for adequate candidate exposure to the delegates. ~~Campaign gifts can be distributed only at the Annual Meeting in the non-official business bag and at one campaign party. Campaign gifts should only be distributed during the Annual Meeting and not mailed to delegates and alternate delegates in advance of the meeting. The Speaker of the House of Delegates shall establish a limit on allowable expenditures for campaign-related gifts. In addition to these giveaway gifts, campaign memorabilia are allowed but are limited to a button, pin, or sticker. No other e~~Campaign memorabilia and giveaways that include a candidate's name or likeness may not shall be distributed at any time;

### *Stickers, Buttons, and Pins*

**Recommendation 3:** Campaign stickers, pins, buttons and similar campaign materials are disallowed. This rule will not apply for pins for AMPAC, the AMA Foundation, specialty societies, state and regional delegations and health related causes that do not include any candidate identifier. These pins should be small, not worn on the badge and distributed only to members of the designated group. General distribution of any pin, button or sticker is disallowed.

**Recommendation 4:** Policy G-610.020, Rules for AMA Elections, paragraph 8 be amended by deletion to read as follows:

- (8) A state, specialty society, caucus, coalition, etc. may contribute to more than one party. However, a candidate may be featured at only one party, which includes: (a) being present in a receiving line, (b) appearing by name or in a picture on a poster or notice in or outside of the party venue, ~~or (c) distributing stickers, buttons, etc. with the candidate's name on them.~~ At these events, alcohol may be served only on a cash or no-host bar basis;

### *Campaign Receptions*

**Recommendation 5:** Our AMA will investigate the feasibility of a two- (2) year trial of sponsoring a welcome reception open to all candidates and all meeting attendees. Any candidate may elect to be “featured” at the AMA reception. There will not be a receiving line at the AMA reception. Other receptions sponsored by societies or coalitions, whether featuring a candidate or not, would not be prohibited, but the current rules regarding cash bars only at campaign receptions and limiting each candidate to be featured at a single reception (the AMA reception or another) would remain. The Speakers will report back to the House after the two-year trial with a recommendation for possible continuation of the AMA reception.

**Recommendation 6:** Policy G-610.020, Rules for AMA Elections, paragraph 8 be reaffirmed (minus phrase “c” recommended for deletion above):



- (8) A state, specialty society, caucus, coalition, etc. may contribute to more than one party. However, a candidate may be featured at only one party, which includes: (a) being present in a receiving line, (b) appearing by name or in a picture on a poster or notice in or outside of the party venue, ~~or (c) distributing stickers, buttons, etc. with the candidate's name on them.~~ At these events, alcohol may be served only on a cash or no-host bar basis;

#### *Dinners, Suites and Such*

**Recommendation 7:** Group dinners, if attended by an announced candidate in a currently contested election, must be “Dutch treat” - each participant pays their own share of the expenses, with the exception that societies and delegations may cover the expense for their own members. This rule would not disallow societies from paying for their own members or delegations gathering together with each individual or delegation paying their own expense. Gatherings of 4 or fewer delegates or alternates are exempt from this rule.

**Recommendation 8:** Policy G-610.020, Rules for AMA Elections, paragraph 6 be amended by addition and deletion to read as follows:

- (6) At any AMA meeting convened prior to the time period for active campaigning ~~the Interim Meeting,~~ campaign-related expenditures and activities shall be discouraged. Large campaign receptions, luncheons, other formal campaign activities and the distribution of campaign literature and gifts are prohibited ~~at the Interim Meeting.~~ It is permissible ~~at the Interim Meeting~~ for candidates seeking election to engage in individual outreach, ~~such as small group meetings, including informal dinners,~~ meant to familiarize others with a candidate’s opinions and positions on issues;

#### *Campaign Literature*

**Recommendation 9:** Campaign materials may not be distributed by postal mail or its equivalent. The AMA Office of House of Delegates Affairs will no longer furnish a file containing the names and mailing addresses of members of the AMA-HOD. Printed campaign materials will not be included in the “Not for Official Business” bag and may not be distributed in the House of Delegates. Candidates are encouraged to eliminate printed campaign materials.

**Recommendation 10:** Policy G-610.020, Rules for AMA Elections, paragraph 9 be amended by addition and deletion to read as follows:

- (9) Displays of campaign posters, signs, and literature in public areas of the hotel in which Annual Meetings are held are prohibited because they detract from the dignity of the position being sought and are unsightly. Campaign posters may be displayed at a single campaign reception at which the candidate is featured parties, ~~and campaign literature may be distributed in the non-official business bag for members of the House of Delegates.~~ No campaign literature shall be distributed in the House of Delegates and no mass outreach electronic messages shall be transmitted after the opening session of the House of Delegates;

**Recommendation 11:** The AMA Office of House of Delegates Affairs will provide an opportunity for all announced candidates to submit material to the HOD office which will then be sent electronically by the HOD Office in a single communication to all delegates and alternates. Parameters regarding content and deadlines for submission will be established by the Speaker and communicated to all announced candidates.

**Recommendation 12:** Policy G-610.020, Rules for AMA Elections, paragraph 5 be amended by addition and deletion to read as follows:

- (5) A reduction in the volume of telephone calls and electronic communication from candidates, ~~and literature and letters by or and~~ on behalf of candidates is encouraged. The Office of House of Delegates Affairs does not provide email addresses for any purpose. The use of electronic messages to contact electors should be minimized, and if used must include a simple mechanism to allow recipients to opt out of receiving future messages;

**Recommendation 13:** An AMA Candidates' Page will be created on the AMA website or other appropriate website to allow each candidate the opportunity to post campaign materials. Parameters for the site will be established by the Speaker and communicated to candidates.

**Recommendation 14:** Policy G-610.020, Rules for AMA Elections, paragraph 4 be amended by addition to read as follows:

- (4) An Election Manual containing information on all candidates for election shall continue to be developed annually, with distribution limited to publication on our AMA website, typically on the Web pages associated with the meeting at which elections will occur. ~~The Election Manual will provide a link to the AMA Candidates' Page, but links to personal, professional or campaign related websites will not be allowed.~~ The Election Manual provides an equal opportunity for each candidate to present the material he or she considers important to bring before the members of the House of Delegates and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings. The Election Manual serves as a mechanism to reduce the number of telephone calls, mailings and other messages members of the House of Delegates receive from or on behalf of candidates;

#### *Interviews*

**Recommendation 15:** Policy G-610.020, Rules for AMA Elections, paragraph 14 be reaffirmed:

- (14) Every state and specialty society delegation is encouraged to participate in a regional caucus, for the purposes of candidate review activities; and

**[Editor's note: Recommendation 16 referred]** **Recommendation 16:** Delegations and caucuses may conduct interviews by virtual means in advance of the Annual Meeting of the House of Delegates during a period of time to be determined by the Speaker in lieu of in-person interviews at the meeting. Delegations and caucuses may choose either method, but not both for a given race. Groups electing to interview candidates for a given position must provide an equal opportunity for all candidates for that position who have announced their intention to be nominated at the time interviews are scheduled, to be interviewed using the same format and platform. An exception being that a group may elect to meet with a candidate who is from their own delegation without interviewing other candidates. Recording of virtual interviews must be disclosed to candidates prior to recording and may only be recorded with candidate consent. Interview recordings may only be shared with members of the interviewing caucus/group.

**Recommendation 17:** The Speakers are encouraged to continue recorded virtual interviews of announced candidates in contested races, to be posted on the AMA website.

#### *Voting Process and Election Session*

**Recommendation 18:** Voting for all elected positions including runoffs will be conducted electronically during an Election Session to be arranged by the Speaker.

**Recommendation 19:** Policy G-610.030, Election Process be amended by addition and deletion to read as follows:

AMA guidelines on the election process are as follows: (1) AMA elections will be held on Tuesday at each Annual Meeting; (2) ~~Poll hours will not be extended beyond the times posted.~~ All delegates eligible to vote must be seated within the House in line to vote at the time appointed ~~to cast their electronic votes for the close of polls;~~ and (3) The final vote count of all secret ballots of the House of Delegates shall be made public and part of the official proceedings of the House.

**Recommendation 20:** The Speaker is encouraged to consider means to reduce the time spent during the HOD meeting on personal points by candidates after election results are announced, including collecting written personal points from candidates to be shared electronically with the House after the meeting or imposing time limits on such comments.

## *Announcements and Nomination*

**Recommendation 21:** Policy G-610.020, Rules for AMA Elections, paragraph 2 be amended by addition to read as follows:

- (2) Individuals intending to seek election at the next Annual Meeting should make their intentions known to the Speakers, generally by providing the Speaker's office with an electronic announcement "card" that includes any or all of the following elements and no more: the candidate's name, photograph, email address, URL, the office sought and a list of endorsing societies. The Speakers will ensure that the information is posted on our AMA website in a timely fashion, generally on the morning of the last day of a House of Delegates meeting or upon adjournment of the meeting. Announcements that include additional information (e.g., a brief resume) will not be posted to the website. Printed announcements may not be distributed in the venue where the House of Delegates meets. Announcements sent by candidates to members of the House are considered campaigning and are specifically prohibited prior to the start of active campaigning. The Speakers may use additional means to make delegates aware of those members intending to seek election;

**Recommendation 22:** Announcement cards of all known candidates will be projected on the last day of the Annual and Interim Meetings of our House of Delegates and posted on the AMA website as per Policy G-610.020, paragraph 2. Following each meeting, an "Official Candidate Notification" will be sent electronically to the House. It will include a list of all announced candidates and all potential newly opened positions which may open as a result of the election of any announced candidate. Additional notices will also be sent out following the April Board meeting and on "Official Announcement Dates" to be established by the Speaker.

**Recommendation 23:** Candidates may notify the HOD Office of their intention to run for potential newly opened positions, as well as any scheduled open positions on any council or the Board of Trustees, at any time by submitting an announcement card and their conflict of interest statement to the House Office. They will then be included in all subsequent projections of announcements before the House, "Official Candidate Notifications" and in any campaign activity that had not yet been finalized. All previously announced candidates will continue to be included on each Official Announcement Date. Any candidate may independently announce their candidacy after active campaigning is allowed, but no formal announcement from the HOD office will take place other than at the specified times.

**Recommendation 24:** Policy G-610.020, Rules for AMA Elections, paragraph 15 be reaffirmed:

- (15) Our AMA (a) requires completion of conflict of interest forms by all candidates for election to our AMA Board of Trustees and councils prior to their election; and (b) will expand accessibility to completed conflict of interest information by posting such information on the "Members Only" section of our AMA website before election by the House of Delegates, with links to the disclosure statements from relevant electronic documents.

**Recommendation 25:** Policy G-610.010, Nominations be amended by addition and deletion to read as follows:

Guidelines for nominations for AMA elected offices include the following: (1) every effort should be made to nominate two or more eligible members for each Council vacancy; (2) the Federation (in nominating or sponsoring candidates for leadership positions), the House of Delegates (in electing Council and Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions) to consider the need to enhance and promote diversity; (3) the date for submission of ~~nominations to~~ applications for consideration by the Board of Trustees at its April meeting for the Council on Legislation, Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, Council on Science and Public Health, Council on Long Range Planning and Development, and Council on Ethical and Judicial Affairs is made uniform to March 15th of each year; (4) the announcement of the Council nominations and the official ballot should list candidates in alphabetical order by name only;

**Recommendation 26:** Policy G-610.020, Rules for AMA Elections, paragraph 3, be amended by addition and deletion to read as follows:

- (3) Active campaigning for AMA elective office may not begin until the Board of Trustees, after its April meeting, announces the ~~nominees~~ candidates for council seats. Active campaigning includes mass outreach

activities directed to all or a significant portion of the members of the House of Delegates and communicated by or on behalf of the candidate. If in the judgment of the Speaker of the House of Delegates circumstances warrant an earlier date by which campaigns may formally begin, the Speaker shall communicate the earlier date to all known candidates;

#### *Newly Opened Positions*

**Recommendation 27:** The Federation and members of the House of Delegates will be notified of unscheduled potential newly opened positions that may become available as a result of the election of announced candidates. Candidates will be allowed to announce their intention to run for these positions.

**Recommendation 28:** If there are no scheduled open seats on the Board or specified council for which a potential newly opened position is announced and if the potential newly opened position does not open (ie., the individual with the unexpired term is not elected to the office they sought), no election for the position will be held.

**Recommendation 29:** If a potential newly opened position on the Board or a specified council does not open but there are other open positions for the same council or the Board, an election will proceed for the existing open seats. Candidates will be offered the opportunity to withdraw their nomination prior to the vote.

**Recommendation 30:** In the event that a prior election results in a newly opened position without a nominated candidate or more positions are open than nominated candidates, the unfilled position/s would remain unfilled until the next annual meeting.

**Recommendation 31:** Bylaws 3.4.2.2 and 6.8.1.5 be rescinded.

**3.4.2.2 At-Large Trustees to be Elected to Fill Vacancies after a Prior Ballot.** The nomination and election of Trustees to fill a vacancy that did not exist at the time of the prior ballot shall be held after election of other Trustees and shall follow the same procedure. Individuals so elected shall be elected to a complete 4-year term of office. Unsuccessful candidates in any election for Trustee, other than the young physician trustee and the resident/fellow physician trustee, shall automatically be nominated for subsequent elections until all Trustees have been elected. In addition, nominations from the floor shall be accepted.

**6.8.1.5 Council Members to be Elected to Fill Vacancies after a Prior Ballot.** The nomination and election of members of the Council to fill a vacancy that did not exist at the time of the prior ballot shall be held after election of other members of the Council, and shall follow the same procedure. Individuals elected to such vacancy shall be elected to a complete 4-year term. Unsuccessful candidates in the election for members of the Council shall automatically be nominated for subsequent elections to fill any such vacancy until all members of the Council have been elected. In addition, nominations from the floor shall be accepted.

#### *Appointing Select Councils*

**[Editor's note: Recommendation 32 not adopted]** **Recommendation 32:** Members of the Council on Constitution & Bylaws (CC&B) will be appointed. The appointment process would include consideration by the Board of Trustees of nominated candidates with a slate for each open position presented to the House of Delegates for approval. Terms, tenure and role of the council would remain unchanged. Appropriate bylaws to accomplish this change will be crafted by CC&B.

#### *The Role and Influence of Caucuses*

**Recommendation 33:** Policy G-610.021, Guiding Principles for House Elections, principle 2 be amended by addition to read as follows:

- (2) Any electioneering practices that distort the democratic processes of House elections, such as vote trading for the purpose of supporting candidates, are unacceptable. This principle applies between as well as within caucuses and delegations.

**Recommendation 34:** Policy G-610.021, Guiding Principles for House Elections, principles 1, 3, 4, 5 and 6 be reaffirmed:

- (1) AMA delegates should: (a) avail themselves of all available background information about candidates for elected positions in the AMA; (b) determine which candidates are best qualified to help the AMA achieve its mission; and (c) make independent decisions about which candidates to vote for.
- (3) Candidates for elected positions should comply with the requirements and the spirit of House of Delegates policy on campaigning and campaign spending.
- (4) Candidates and their sponsoring organizations should exercise restraint in campaign spending. Federation organizations should establish clear and detailed guidelines on the appropriate level of resources that should be allocated to the political campaigns of their members for AMA leadership positions.
- (5) Incumbency should not assure the re-election of an individual to an AMA leadership position.
- (6) Service in any AMA leadership position should not assure ascendancy to another leadership position.

**Recommendation 35:** Policy G-610.021, Guiding Principles for House Elections, be amended by addition of an additional principle 7 to read as follows:

- (7) Delegations and caucuses when evaluating candidates may provide information to their members encouraging open discussion regarding the candidates.

**Recommendation 36:** Policy G-610.021, Guiding Principles for House Elections, be amended by addition of an additional principle 8 to read as follows:

- (8) Delegations and caucuses should be a source of encouragement and assistance to qualified candidates. Nomination and endorsement should be based upon selecting the most qualified individuals to lead our AMA regardless of the number of positions up for election in a given race. Delegations and caucuses are reminded that all potential candidates may choose to run for office, with or without their endorsement and support.

#### *The Day of the Elections*

**Recommendation 37:** Policy G-610.030, Election Process, paragraph 1 be reaffirmed:

AMA guidelines on the election process are as follows: (1) AMA elections will be held on Tuesday at each Annual Meeting; ...

#### *Election Committee*

**Recommendation 38:** In accordance with Bylaw 2.13.7, the Speaker shall appoint an Election Committee of 7 individuals for 1-year terms (maximum tenure of 4 consecutive terms and a lifetime maximum tenure of 8 terms) to report to the Speaker. These individuals would agree not to be directly involved in a campaign during their tenure and would be appointed from various regions, specialties, sections, and interest groups. The primary role of the committee would be to work with the Speakers to adjudicate any election complaint. Additional roles to be determined by the Speaker and could include monitoring election reforms, considering future campaign modifications and responding to requests from the Speaker for input on election issues that arise.

**Recommendation 39:** The Speaker in consultation with the Election Committee will consider a more defined process for complaint reporting, validation, resolution, and potential penalties This process will be presented to the House for approval.

**Recommendation 40:** Policy G-610.020, Rules for AMA Elections, paragraph 1 be amended by addition to read as follows:

- (1) The Speaker and Vice Speaker of the House of Delegates are responsible for overall administration of our AMA elections, although balloting is conducted under the supervision of the chief teller and the Committee on Rules and Credentials. The Speaker and Vice Speaker will advise candidates on allowable activities and when appropriate will ensure that clarification of these rules is provided to all known candidates. The Speaker, in consultation with the Vice Speaker and the Election Committee, is responsible for declaring a violation of the rules;

### *Review of Implementation*

**Recommendation 41:** After an interval of 2 years a review of our election process, including the adopted recommendations from this report, be conducted by the Speaker and, at the Speaker's discretion the appointment of another election task force, with a report back to the House.

### APPENDIX A – Task Force Charge and Membership

#### Policy G-610.031, Creation of an AMA Election Reform Committee

Our AMA will create a Speaker-appointed task force for the purpose of recommending improvements to the current AMA House of Delegates election process with a broad purview to evaluate all aspects. The task force shall present an initial status report at the 2019 Interim Meeting.

- Jenni Barlotti-Telesz, MD, American Society of Anesthesiologists
- Richard Evans, MD, Maine
- James Hay, MD, California
- Dan Heinemann, MD, American Academy of Family Physicians
- David Henkes, MD, Texas
- Jessica Krant, MD, American Society for Dermatologic Surgery
- Josh Lesko, MD, Resident Physician, Virginia
- John Poole, MD, New Jersey
- Karthik Sarma, past medical student trustee
- Stephen Tharp, MD, Indiana
- Jordan Warchol, MD, MPH, Nebraska
- Bruce Scott, MD, Speaker, Kentucky
- Lisa Bohman Egbert, MD, Vice Speaker, Ohio

### APPENDIX B – Current AMA Election Rules and Policies

#### CONSTITUTION - Article IV House of Delegates

The House of Delegates is the legislative and policy-making body of the Association. It is composed of elected representatives and others as provided in the Bylaws. The House of Delegates transacts all business of the Association not otherwise specifically provided for in this Constitution and Bylaws and elects the officers except as otherwise provided in the Bylaws.

#### BYLAWS

##### 3—Officers

3.1 Designations. The officers of the AMA shall be those specified in Article V of the Constitution.

3.2.1 General. An officer, except the public trustee, must have been an active member of the AMA for at least 2 years immediately prior to election.

3.2.1.3 Restriction on Chair. The Chair of the Board of Trustees is not eligible for election as President-Elect until the Annual Meeting following completion of the term as Chair of the Board of Trustees.

3.3 Nominations. Nominations for President-Elect, Speaker and Vice Speaker, shall be made from the floor by a member of the House of Delegates. Nominations for all other officers, except for Secretary, the medical student trustee, and the public trustee, shall be made from the floor by a member of the House of Delegates and may be announced by the Board of Trustees.

### 3.4 Elections.

3.4.1 Time of Election. Officers of the AMA, except the Secretary, the medical student trustee, and the public trustee, shall be elected by the House of Delegates at the Annual Meeting, except as provided in Bylaws 3.6 and 3.7. The public trustee may be elected at any meeting of the House of Delegates at which the Selection Committee for the Public Trustee submits a nomination for approval by the House of Delegates. On recommendation of the Committee on Rules and Credentials, the House of Delegates shall set the day and hour of such election. The Medical Student Section shall elect the medical student trustee in accordance with Bylaw 3.5.6.

3.4.2 Method of Election. Where there is no contest, a majority vote without ballot shall elect. All other elections shall be by ballot.

#### 3.4.2.1 At-Large Trustees.

3.4.2.1.1 First Ballot. All nominees for the office of At-Large Trustee shall be listed alphabetically on a single ballot. Each elector shall have as many votes as the number of Trustees to be elected, and each vote must be cast for a different nominee. No ballot shall be counted if it contains fewer or more votes than the number of Trustees to be elected, or if the ballot contains more than one vote for any nominee. A nominee shall be elected if he or she has received a vote on a majority of the legal ballots cast and is one of the nominees receiving the largest number of votes within the number of Trustees to be elected.

3.4.2.1.2 Runoff Ballot. A runoff election shall be held to fill any vacancy not filled because of a tie vote.

3.4.2.1.3 Subsequent Ballots. If all vacancies for Trustees are not filled on the first ballot and 3 or more Trustees are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. When 2 or fewer Trustees are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are Trustees yet to be elected, and must cast each vote for different nominees. This procedure shall be repeated until all vacancies have been filled.

3.4.2.2 At-Large Trustees to be Elected to Fill Vacancies after a Prior Ballot. The nomination and election of Trustees to fill a vacancy that did not exist at the time of the prior ballot shall be held after election of other Trustees and shall follow the same procedure. Individuals so elected shall be elected to a complete 4-year term of office. Unsuccessful candidates in any election for Trustee, other than the young physician trustee and the resident/fellow physician trustee, shall automatically be nominated for subsequent elections until all Trustees have been elected. In addition, nominations from the floor shall be accepted.

3.4.2.3 All Other Officers, except the Medical Student Trustee and the Public Trustee. All other officers, except the medical student trustee and the public trustee, shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominees on subsequent ballots shall be determined by retaining the 2 nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.

3.4.2.4 Medical Student Trustee. The medical student trustee is elected by the Medical Student Section in accordance with Bylaw 3.5.6.

3.4.2.5 Public Trustee. The public trustee shall be elected separately. The nomination for the public trustee shall be submitted to the House of Delegates by the Selection Committee for the Public Trustee. Nominations from the floor shall not be accepted. A majority vote of delegates present and voting shall be necessary to elect.

### 3.5 Terms and Tenure.

3.5.1 President-Elect. The President-Elect shall be elected annually and shall serve as President-Elect until the next inauguration and shall become President upon installation at the inaugural ceremony, serving thereafter as President until the installation of a successor. The inauguration of the President may be held at any time during the meeting.

3.5.2 Speaker and Vice Speaker. The Speaker and Vice Speaker of the House of Delegates shall be elected annually, each to serve for one year or until their successors are elected and installed.

3.5.2.1 Limit on Total Tenure. An individual elected as Speaker may serve a maximum tenure of 4 years as Speaker. An individual elected as Vice Speaker may serve for a maximum tenure of 4 years as Vice Speaker.

3.5.3 Secretary. A Secretary shall be selected by the Board of Trustees from one of its members and shall serve for a term of one year.

3.5.4 At-Large Trustees. At-Large Trustees shall be elected to serve for a term of 4 years, and shall not serve for more than 2 terms.

3.5.4.1 Limit on Total Tenure. Trustees may serve for a maximum tenure of 8 years. Trustees elected at an Interim Meeting may serve for a maximum tenure of 8 years from the Annual Meeting following their election. The limitation on tenure shall take priority over a term length for which the Trustee was elected.

3.5.4.2 Prior Service as Young Physician Trustee. Periods of service as the young physician trustee shall count as part of the maximum Board of Trustees tenure.

3.5.4.3 Prior Service as Resident/Fellow Physician Trustee or Medical Student Trustee. Periods of service as the resident/fellow physician trustee or as the medical student trustee shall not count as part of the maximum Board of Trustees tenure.

3.5.5 Resident/Fellow Physician Trustee. The resident/fellow physician trustee shall serve a term of 2 years and shall not serve for more than 3 terms. If the resident/fellow physician trustee is unable, for any reason, to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected to a term to expire at the conclusion of the second Annual Meeting of the House of Delegates following the meeting at which the resident/fellow physician trustee was elected.

3.5.5.1 Cessation of Residency/Fellowship. The term of the resident/fellow physician trustee shall terminate and the position shall be declared vacant if the trustee should cease to be a resident/fellow physician. If the trustee completes residency or fellowship within 90 days prior to an Annual Meeting, the trustee shall be permitted to continue to serve on the Board of Trustees until the completion of the Annual Meeting.

3.5.6 Medical Student Trustee. The Medical Student Section shall elect the medical student trustee annually. The medical student trustee shall have all of the rights of a trustee to participate fully in meetings of the Board, including the right to make motions and to vote on policy issues, intra-Board elections or other elections, appointments or nominations conducted by the Board of Trustees.

3.5.6.1 Term. The medical student trustee shall be elected at the Business Meeting of the Medical Student Section prior to the Interim Meeting for a term of one year beginning at the close of the next Annual Meeting and concluding at the close of the second Annual Meeting following the meeting at which the trustee was elected.

3.5.6.2\ Re-election. The medical student trustee shall be eligible for re-election as long as the trustee remains eligible for medical student membership in AMA.

3.5.6.3 Cessation of Enrollment. The term of the medical student trustee shall terminate and the position shall be declared vacant if the medical student trustee should cease to be eligible for medical student membership in the AMA by virtue of the termination of the trustee's enrollment in an educational program. If the medical student trustee graduates from an educational program within 90 days prior to an Annual Meeting, the trustee shall be permitted to continue to serve on the Board of Trustees until completion of the Annual Meeting.

3.5.7 Young Physician Trustee. The young physician trustee shall be elected for a term of 4 years, and shall not serve for more than 2 terms.

3.5.7.1 Limitations. No candidate shall be eligible for election or reelection as the young physician trustee unless, at the time of election, he or she is under 40 years of age or within the first eight years of practice after residency and fellowship training, and is not a resident/fellow physician. A young physician trustee shall be eligible to serve on the Board of Trustees for the full term for which elected, even if during that term the trustee reaches 40 years of age or completes the eighth year of practice after residency and fellowship training.

3.5.8 Public Trustee. A public trustee shall be elected for a term of 4 years, and shall not serve for more than one term. A public trustee shall have all of the rights of a trustee to participate fully in meetings of the Board, including the right to make motions and to vote on policy issues, except that a public trustee shall not have the right to vote on intra-Board elections. A public trustee shall not be eligible for election as an officer of the Board of Trustees.

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6.8 Election - Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health.



6.8.1 Nomination and Election. Members of these Councils, except the medical student member, shall be elected by the House of Delegates. Nominations shall be made by the Board of Trustees and may also be made from the floor by a member of the House of Delegates.

6.8.1.1 Separate Election. The resident/fellow physician member of these Councils shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominees on subsequent ballots shall be determined by retaining the 2 nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.

6.8.1.2 Other Council Members. With reference to each such Council, all nominees for election shall be listed alphabetically on a single ballot. Each elector shall have as many votes as there are members to be elected, and each vote must be cast for a different nominee. No ballot shall be counted if it contains fewer votes or more votes than the number of members to be elected, or if the ballot contains more than one vote for any nominee. A nominee shall be elected if he or she has received a vote on a majority of the legal ballots cast and is one of the nominees receiving the largest number of votes within the number of members to be elected.

6.8.1.3 Run-Off Ballot. A run-off election shall be held to fill any vacancy that cannot be filled because of a tie vote.

6.8.1.4 Subsequent Ballots. If all vacancies are not filled on the first ballot and 3 or more members of the Council are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest number of votes on the preceding ballot, except where there is a tie. When 2 or fewer members of the Council are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are members of the Council yet to be elected, and must cast each vote for a different nominee. This procedure shall be repeated until all vacancies have been filled.

6.8.1.5 Council Members to be Elected to Fill Vacancies after a Prior Ballot. The nomination and election of members of the Council to fill a vacancy that did not exist at the time of the prior ballot shall be held after election of other members of the Council, and shall follow the same procedure. Individuals elected to such vacancy shall be elected to a complete 4-year term. Unsuccessful candidates in the election for members of the Council shall automatically be nominated for subsequent elections to fill any such vacancy until all members of the Council have been elected. In addition, nominations from the floor shall be accepted.

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

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

6.9.1 Term.

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

6.9.1.2 Resident/Fellow Physician Member. The resident/fellow physician member of these Councils shall be elected for a term of 3 years. Except as provided in Bylaw 6.11, if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

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

6.9.2 Tenure. Members of these Councils may serve no more than 8 years. The limitation on tenure shall take priority over a term length for which the member was elected. Medical student members who are appointed shall assume office at the close of the Annual Meeting.

6.9.3 Vacancies.

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

6.9.3.2 Resident/Fellow Physician Member. If the resident/fellow physician member of these Councils ceases to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates for a 3-year term. 6.10 Commencement of Term. Members of Councils who are elected by the House of Delegates shall assume office at the close of the meeting at which they are elected.

## POLICIES

### Policy G-610.010, Nominations

Guidelines for nominations for AMA elected offices include the following: (1) every effort should be made to nominate two or more eligible members for each Council vacancy; (2) the Federation (in nominating or sponsoring candidates for leadership positions), the House of Delegates (in electing Council and Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions) to consider the need to enhance and promote diversity; (3) the date for submission of nominations to the Council on Legislation, Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, Council on Science and Public Health, Council on Long Range Planning and Development, and Council on Ethical and Judicial Affairs is made uniform to March 15th of each year; (4) the announcement of the Council nominations and the official ballot should list candidates in alphabetical order by name only; and (5) nominating speeches for unopposed candidates for office, except for President-elect, should be eliminated.

### Policy G-610.020, Rules for AMA Elections

(1) The Speaker and Vice Speaker of the House of Delegates are responsible for overall administration of our AMA elections, although balloting is conducted under the supervision of the chief teller and the Committee on Rules and Credentials. The Speaker and Vice Speaker will advise candidates on allowable activities and when appropriate will ensure that clarification of these rules is provided to all known candidates. The Speaker, in consultation with the Vice Speaker, is responsible for declaring a violation of the rules;

(2) Individuals intending to seek election at the next Annual Meeting should make their intentions known to the Speakers, generally by providing the Speaker's office with an electronic announcement "card" that includes any or all of the following elements and no more: the candidate's name, photograph, email address, URL, the office sought and a list of endorsing societies. The Speakers will ensure that the information is posted on our AMA website in a timely fashion, generally on the morning of the last day of a House of Delegates meeting or upon adjournment of the meeting. Announcements that include additional information (e.g., a brief resume) will not be posted to the website. Printed announcements may not be distributed in the venue where the House of Delegates meets. The Speakers may use additional means to make delegates aware of those members intending to seek election;

(3) Active campaigning for AMA elective office may not begin until the Board of Trustees, after its April meeting, announces the nominees for council seats. Active campaigning includes mass outreach activities directed to all or a significant portion of the members of the House of Delegates and communicated by or on behalf of the candidate. If in the judgment of the Speaker of the House of Delegates circumstances warrant an earlier date by which campaigns may formally begin, the Speaker shall communicate the earlier date to all known candidates;

(4) An Election Manual containing information on all candidates for election shall continue to be developed annually, with distribution limited to publication on our AMA website, typically on the Web pages associated with the meeting at which elections will occur. The Election Manual provides an equal opportunity for each candidate to present the material he or she considers important to bring before the members of the House of Delegates and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings. The Election Manual serves as a mechanism to reduce the number of telephone calls, mailings and other messages members of the House of Delegates receive from or on behalf of candidates;

(5) A reduction in the volume of telephone calls from candidates, and literature and letters by or on behalf of candidates is encouraged. The use of electronic messages to contact electors should be minimized, and if used must allow recipients to opt out of receiving future messages;

(6) At the Interim Meeting, campaign-related expenditures and activities shall be discouraged. Large campaign receptions, luncheons, other formal campaign activities and the distribution of campaign literature and gifts are prohibited at the Interim Meeting. It is permissible at the Interim Meeting for candidates seeking election to engage in individual outreach, such as small group meetings, including informal dinners, meant to familiarize others with a candidate's opinions and positions on issues;

(7) Our AMA believes that: (a) specialty society candidates for AMA House of Delegates elected offices should be listed in the pre-election materials available to the House as the representative of that society and not by the state in which the candidate resides; (b) elected specialty society members should be identified in that capacity while serving their term of office; and (c) nothing in the

above recommendations should preclude formal co-endorsement by any state delegation of the national specialty society candidate, if that state delegation should so choose;

(8) A state, specialty society, caucus, coalition, etc. may contribute to more than one party. However, a candidate may be featured at only one party, which includes: (a) being present in a receiving line, (b) appearing by name or in a picture on a poster or notice in or outside of the party venue, or (c) distributing stickers, buttons, etc. with the candidate's name on them. At these events, alcohol may be served only on a cash or no-host bar basis;

(9) Displays of campaign posters, signs, and literature in public areas of the hotel in which Annual Meetings are held are prohibited because they detract from the dignity of the position being sought and are unsightly. Campaign posters may be displayed at campaign parties, and campaign literature may be distributed in the non-official business bag for members of the House of Delegates. No campaign literature shall be distributed and no mass outreach electronic messages shall be transmitted after the opening session of the House of Delegates;

(10) Campaign expenditures and activities should be limited to reasonable levels necessary for adequate candidate exposure to the delegates. Campaign gifts can be distributed only at the Annual Meeting in the non-official business bag and at one campaign party. Campaign gifts should only be distributed during the Annual Meeting and not mailed to delegates and alternate delegates in advance of the meeting. The Speaker of the House of Delegates shall establish a limit on allowable expenditures for campaign-related gifts. In addition to these giveaway gifts, campaign memorabilia are allowed but are limited to a button, pin, or sticker. No other campaign memorabilia shall be distributed at any time;

(11) The Speaker's Office will coordinate the scheduling of candidate interviews for general officer positions (Trustees, President-Elect, Speaker and Vice Speaker);

(12) At the Opening Session of the Annual Meeting, officer candidates in a contested election will give a two-minute self-nominating speech, with the order of speeches determined by lot. No speeches for unopposed candidates will be given, except for president-elect. When there is no contest for president-elect, the candidate will ask a delegate to place his or her name in nomination, and the election will then be by acclamation. When there are two or more candidates for the office of president-elect, a two-minute nomination speech will be given by a delegate. In addition, the Speaker of the House of Delegates will schedule a debate in front of the AMA-HOD to be conducted by rules established by the Speaker or, in the event of a conflict, the Vice Speaker;

(13) Candidates for AMA office should not attend meetings of state medical societies unless officially invited and could accept reimbursement of travel expenses by the state society in accordance with the policies of the society;

(14) Every state and specialty society delegation is encouraged to participate in a regional caucus, for the purposes of candidate review activities; and

(15) Our AMA (a) requires completion of conflict of interest forms by all candidates for election to our AMA Board of Trustees and councils prior to their election; and (b) will expand accessibility to completed conflict of interest information by posting such information on the "Members Only" section of our AMA website before election by the House of Delegates, with links to the disclosure statements from relevant electronic documents.

#### Policy G-610.021, Guiding Principles for House Elections

The following principles provide guidance on how House elections should be conducted and how the selection of AMA leaders should occur:

(1) AMA delegates should: (a) avail themselves of all available background information about candidates for elected positions in the AMA; (b) determine which candidates are best qualified to help the AMA achieve its mission; and (c) make independent decisions about which candidates to vote for.

(2) Any electioneering practices that distort the democratic processes of House elections, such as vote trading for the purpose of supporting candidates, are unacceptable.

(3) Candidates for elected positions should comply with the requirements and the spirit of House of Delegates policy on campaigning and campaign spending.

(4) Candidates and their sponsoring organizations should exercise restraint in campaign spending. Federation organizations should establish clear and detailed guidelines on the appropriate level of resources that should be allocated to the political campaigns of their members for AMA leadership positions.

(5) Incumbency should not assure the re-election of an individual to an AMA leadership position.

(6) Service in any AMA leadership position should not assure ascendancy to another leadership position.

#### Policy G-610.030, Election Process

AMA guidelines on the election process are as follows: (1) AMA elections will be held on Tuesday at each Annual Meeting; (2) Poll hours will not be extended beyond the times posted. All delegates eligible to vote must be in line to vote at the time appointed for the close of polls; and (3) The final vote count of all secret ballots of the House of Delegates shall be made public and part of the official proceedings of the House.

#### APPENDIX C – Resolutions submitted at the 2019 Annual Meeting

##### RESOLUTION 603-A-19

Whereas, Members of our AMA House of Delegates cherish our democratic process; and  
Whereas, Our current election and voting process for AMA officers and council positions consumes a lot of time and financial resources; and  
Whereas, Election reform would allow for more time for policy and debate during HOD sessions; and  
Whereas, Cost barriers are often an impediment to candidate elections; and  
Whereas, There are significant technological advances that could allow for an expedited process of elections and debate; therefore be it

RESOLVED, That our American Medical Association appoint a House of Delegates Election Reform Committee to examine ways to expedite and streamline the current election and voting process for AMA officers and council positions; and be it further

RESOLVED, That such HOD Election Reform Committee consider, at a minimum, the following options:

- The creation of an interactive election web page;
- Candidate video submissions submitted in advance for HOD members to view;
- Eliminate all speeches and concession speeches during HOD deliberations, with the exception of the President-Elect, Speaker and Board of Trustee positions;
- Move elections earlier to the Sunday or Monday of the meeting;
- Conduct voting from HOD seats; and be it further

RESOLVED, That our AMA review the methods to reduce and control the cost of campaigns; and be it further

RESOLVED, That the HOD Election Reform Committee report back to the HOD at the 2019 Interim Meeting with a list of recommendations.

##### RESOLUTION 611-A-19

Whereas, There is an arms race in terms of the number of emails, social media posts, handwritten notes and mailers which consumes thousands of hours of time when candidates and their team could be participating in online testimony and preparing for the AMA meeting; and  
Whereas, Our candidates attend up to 30 interviews across the Federation consuming at least 5 hours of interview time alone not including traveling time; and  
Whereas, Most have an “entourage” of 2 to 15 people which means that at least 10-75 hours of time is taken from their participation in their delegation deliberations and debate; and  
Whereas, For the elections in 2018 with 24 people running in competitive elections this amounted to about 1800 hours of lost time at the meeting; and  
Whereas, This time is a gross underestimation of the time involved given the walking between sessions; and  
Whereas, This does not take into account the time taken from each delegation to participate in the interview process and the time spent waiting for candidates; and  
Whereas, Candidates and campaign teams remain distracted by their campaigns throughout the reference committees and even during the business of the House of Delegates; and  
Whereas, Even after the primary election, runoffs can consume a tremendous amount of time since they are done with paper; and  
Whereas, Sponsoring societies spend extensive resources in the form of time and money to support their individual candidates; and  
Whereas, Many qualified candidates from the House of Delegates have chosen not to run campaigns because the burden in terms of money and manpower are prohibitive; and  
Whereas, The election process has not been updated in several years despite both our House otherwise going paperless and additional security and technology advancements during that time; and  
Whereas, Many specialty societies already hold web-based or device-based elections with no perceived violation of security or confidence in the outcome; therefore be it

RESOLVED, That our American Medical Association create a speaker-appointed task force to re-examine election rules and logistics including regarding social media, emails, mailers, receptions and parties, ability of candidates from smaller delegations to compete, balloting electronically, and timing within the meeting, and report back recommendations regarding election

processes and procedures to accommodate improvements to allow delegates to focus their efforts and time on policy-making; and be it further

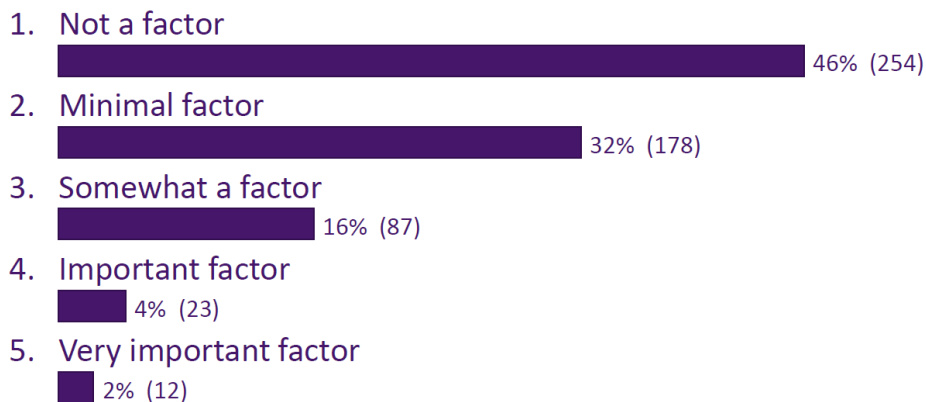
RESOLVED, That our AMA's speaker-appointed task force consideration should include addressing (favorably or unfavorably) the following ideas:

- a. Elections being held on the Sunday morning of the annual and interim meetings of the House of Delegates.
- b. Coordination of a large format interview session on Saturday by the Speakers to allow interview of candidates by all interested delegations simultaneously.
- c. Separating the logistical election process based on the office (e.g. larger interview session for council candidates, more granular process for other offices)
- d. An easily accessible system allowing voting members to either opt in or opt out of receiving AMA approved forms of election materials from candidates with respect to email and physical mail.
- e. Electronic balloting potentially using delegates' personal devices as an option for initial elections and runoffs in order to facilitate timely results and minimal interruptions to the business.
- f. Seeking process and logistics suggestions and feedback from HOD caucus leaders, non-HOD physicians (potentially more objective and less influenced by current politics in the HOD), and other constituent groups with a stake in the election process.
- g. Address the propriety and/or recommended limits of the practice of delegates being directed on how to vote by other than their sponsoring society (e.g. vote trading, block voting, etc.) (Directive to Take Action); and be it further

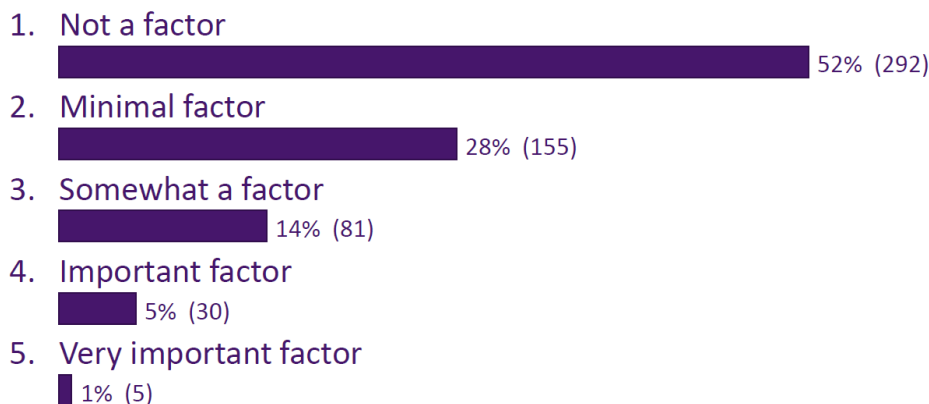
RESOLVED, That the task force report back to the HOD at the 2019 Interim Meeting.

#### APPENDIX D – Questions and responses from I-19 survey of the House of Delegates

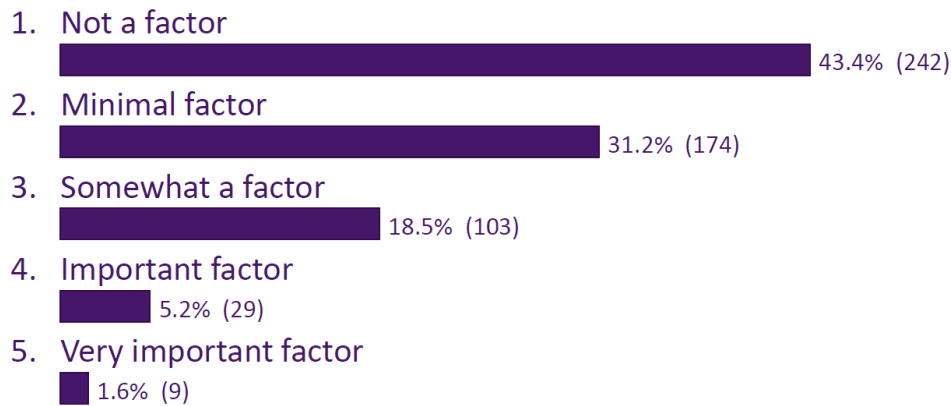
In determining your vote, how much of a factor are campaign brochures in the “Not For Official Business” bag?



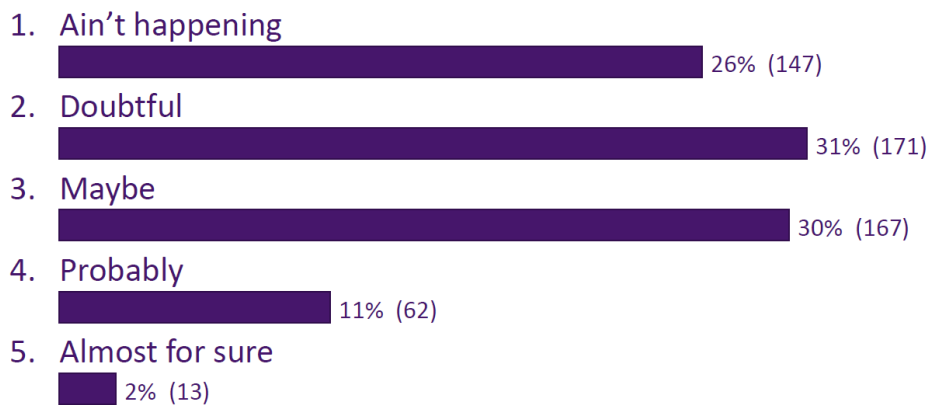
In determining your vote, how much of a factor are campaign brochures mailed to you before the meeting?



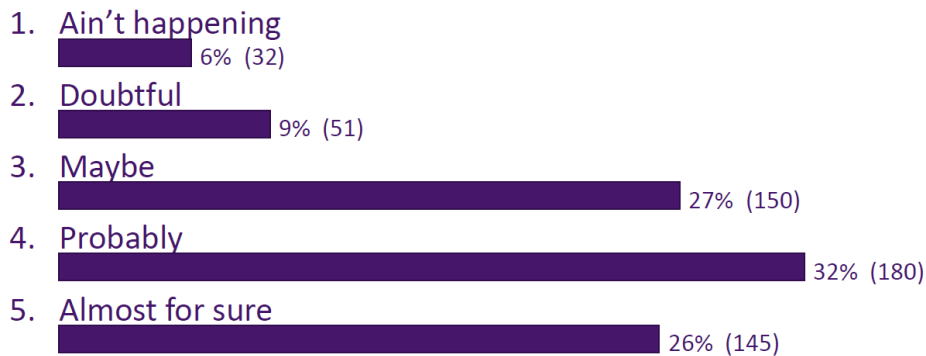
In determining your vote, how much of a factor are campaign materials emailed to you before the meeting?



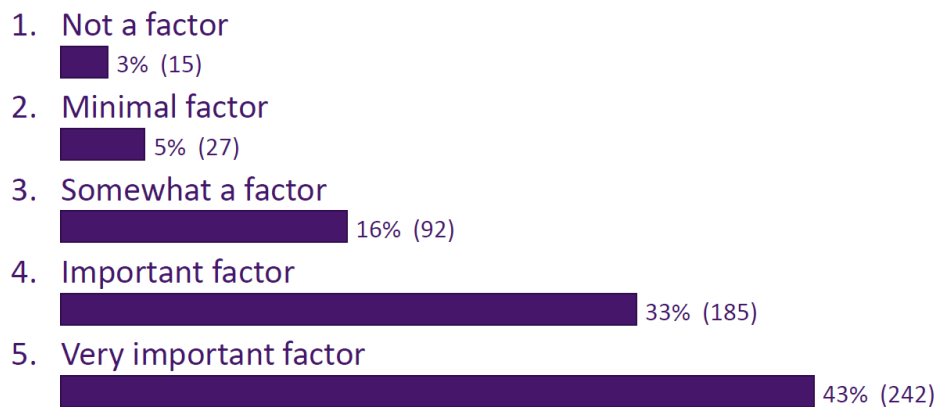
How likely are you to look at candidates' websites?



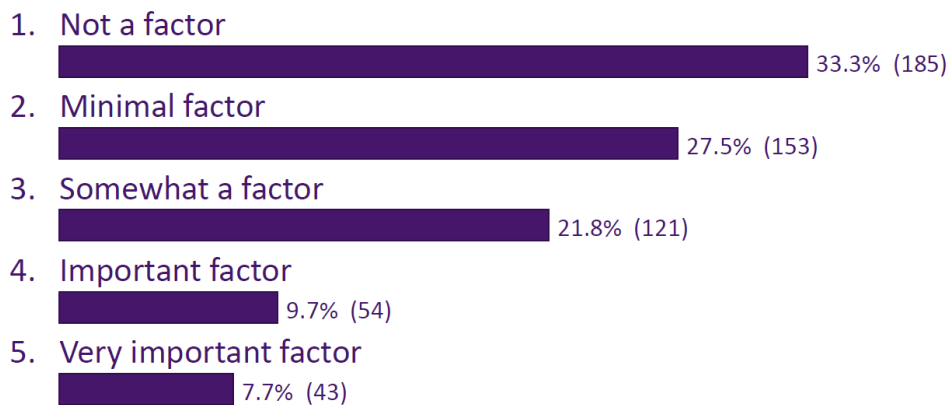
How likely are you to look at an enhanced AMA Elections website that would include links to the candidates' website and answers to specific questions given to candidates in advance?



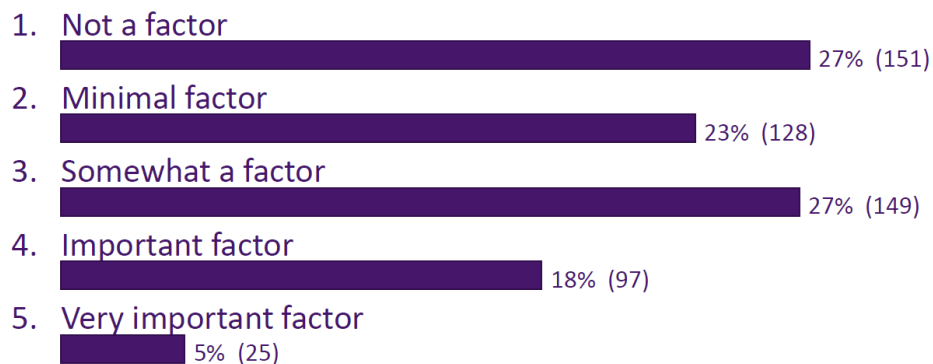
In determining your vote, how much of a factor is the interview process?



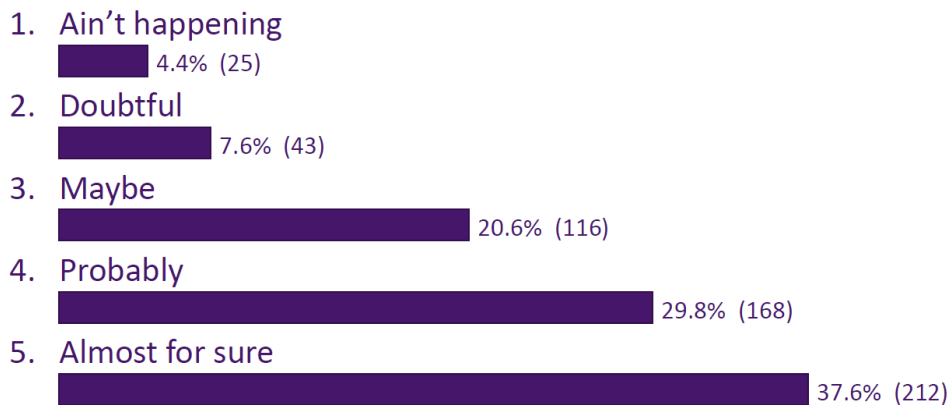
In determining your vote, how much of a factor are campaign receptions?



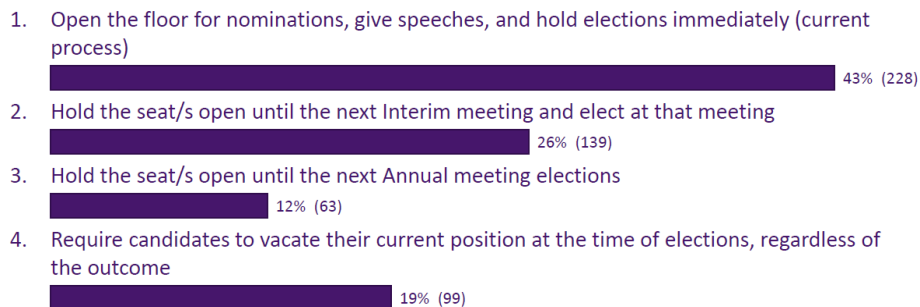
In determining your vote, how much of a factor are small group dinners and/or gatherings in suites at Interim, State Advocacy and NAC?



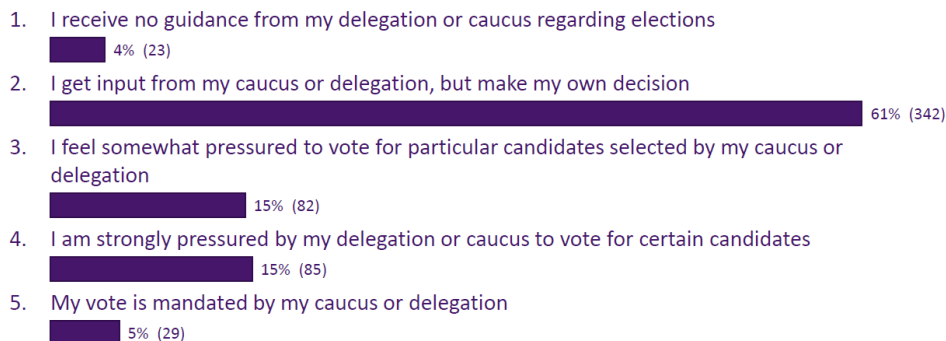
### Would you attend a combined candidates party?



### After a seat opens on the BOT or a council, how should the open seat be filled?



### Which statement most accurately reflects the influence your delegation or caucus has on your vote?



#### Appendix E - Newly Opened Positions - Options Considered

Three potential solutions for newly created vacancies (“pop-ups”) were initially considered: requiring candidates seeking another office to resign their current position; leaving the open seat vacant until the following Annual Meeting; and modifying the



procedures for handling new vacancies. Each of these options were discussed at the I-19 Open Forum and were the subject of a question on the survey of the House. Each option received support and opposition, with no consensus reached, but a majority favored some change over the current process. The first two options would require bylaws changes. Ultimately the ETF developed a new fourth option based upon newly available voting technology that allows sequential voting with nearly instantaneous results and rapid ballot preparation which eliminates most of the problems associated with “pop-ups” without necessitating the more radical changes associated with any of the three options presented at I-19. Below is a discussion of each of the options that were considered, three of which are not recommended.

Requiring candidates to resign their current positions would address the problematic aspects of these “pop-up” elections. Because all vacancies would be known well in advance, elections could proceed as usual, without additional nominations or speeches, candidates would be known in advance to allow time for proper vetting through the usual interview process, and the possibility of opening a new seat on a council would no longer be a consideration in voting as the seat would be open regardless of the election outcome. To be clear, the incumbent seeking a new position would not resign until the close of the Annual Meeting at which the elections took place, which is when all newly elected officials take office. Questions about the fairness of such a requirement arose, particularly as some officer positions open relatively infrequently as is the case for the offices of Speaker and Vice Speaker, which while elected annually, tend to come open only every four years. In addition, this would potentially mean the tenure of some of our most talented council members (those that feel qualified to seek higher office) would be truncated or alternatively, council members would delay running for higher office until serving their full tenure thus reducing opportunities for new council members and reducing candidates running for higher office. In addition, at the trustee level, this would likely discourage current trustees from running for president-elect “early” and may lead to less contested races for the president-elect position. Some commented in favor of this option, but many found the idea of forcing candidates to resign from current positions in order to run unacceptable. Another concern is whether this requirement would just be implemented for current members of elected councils or would it also apply to members of appointed councils and the Board - either creating a disparity or forcing even more resignations. In the end, the ETF felt this option pressed an unacceptable dichotomy - of the loss of tenured leaders or elected members consistently staying for their full term with less opportunity for new leaders and fewer contested elections.

The second option, namely leaving the vacancy until the following meeting was supported by some during the Open Forum and on the survey. The bylaws treat vacancies arising from the resignation or death of an officeholder differently than election-related vacancies, which suggests it is not the vacancy per se that generates concerns. Twice in the past eleven years a member of the Board of Trustees resigned and created a vacancy lasting several months. For a vacancy that occurred in the spring, the Board did not feel it necessary to appoint a trustee as permitted under AMA’s bylaws, and for a vacancy that arose in the fall, neither the Board nor the Committee on Rules and Credentials thought a special election was needed. Vacancies on the elected councils remain unfilled until elections are held at the next Annual Meeting (see Bylaw 6.9.3.1). As a practical matter none of the elected councils has experienced a vacancy in the last 13 years, so it is difficult to judge if a vacancy would undermine the council’s effectiveness. Recently 2 members with unexpired terms on a single council ran for the Board. Would different rules be necessary to handle the situation where multiple seats were vacant vs. a single seat? It was unclear how to handle term and tenure of members elected at the half year and the ETF wanted to keep the Interim Meetings free of elections, so any vacancy would remain for a full year until the next Annual Meeting. Informal discussion with current and past council members suggested that vacancies while not untenable would be undesirable.

The third option discussed, altering the procedures for handling new vacancies, takes two forms. One possibility would be to take nominations immediately after the vacancy is announced, have the nominees make necessary speeches immediately and then move at once to voting. This would address concerns about electioneering and vote trading but further reduces opportunity to vet the candidates. The other possibility would be to call for nominations immediately but to delay voting to the next day, which would currently be Wednesday. This would permit the possibility of interviews, but Tuesday is a full day and the inauguration is Tuesday night, making it unlikely many would interview the candidates. It is also conceivable that a meeting that would otherwise adjourn on Tuesday because the business had been accomplished would have to carry over to the next morning solely for elections. (The task force believes that speedier elections might lead to a Tuesday adjournment; see “Technology” below.) The ETF did not favor moving the date of the main elections from Tuesday and even if moved to Monday with “pop-ups” on Tuesday this would mean elections would be the focus of two HOD sessions contrary to the goal to lessen the distraction from policy deliberation.

The ETF favored a process that encouraged or required candidates to announce their intention to run for potentially newly opened positions but avoided the negatives of the previously discussed options. To accomplish this, members would have to be alerted to potential openings and then allowed to join the campaign. Some would argue that candidates already “announce” that they intend to run if a seat opens just not officially. Formalizing this announcement process would provide greater transparency. Presumably, this would mean more interviews. Likely, these candidates would not go to the same expense and effort of a regular campaign (seen as one of the advantages of being a pop-up). In studying options for use of technology to expedite voting (another specific charge of the ETF), the ETF discovered a novel solution to this issue, as presented in the main body of this report and recommended.

The following is the ETF discussion regarding moving the day of the elections to an alternative day/time. After the review detailed below, the ETF recommended continuing elections on Tuesday morning while instituting other reforms including electronic voting and the “Election Session.”

One of the specific requests of Resolutions 603-A19 and 611-A19 which established the ETF, was to consider moving the day/date of the elections earlier, arguing that this would reduce the number of receptions, interviews, disruption of policy consideration and overall reduce the focus of the meeting away from elections to policy. Current rules specify elections will be on Tuesday (time is determined by Speaker) so a rule change would be required.

Options:

Move elections to Interim - fewer delegates attend. Shorter meeting. Geographic bias in any given year may affect attendance and outcome. Terms of office begin when? Councils and BOT use annual as their planning cycle. This would politicize the interim meeting. Would not correct the concern regarding the “distraction from policy discussion” and may extend the length of Interim meeting.

Saturday voting – little time to meet candidates, particularly lesser known or from small delegations. Vetting process would be truncated or if in-person interviews are to continue, they would likely need to be moved to Friday morning or even Thursday (lengthening the meeting for candidates and interviewers). Would increase reliance on the 2-minute speech before HOD. Less opportunity for interaction with candidates. Potentially less informed voters. Seems to carry many of the disadvantages of “pop ups” which many have spoken against. Saturday is the first day the House convenes and nominations occur this day. Nominations “from the floor” are allowed by our rules - if a candidate is nominated on Saturday and then voting occurs there would be no opportunity to vet that candidate.

Sunday voting – already a very full day. Brief HOD session then reference committee hearings all day. Voting would lengthen the HOD session and delay the start of reference committees; thus, the reports which already take well into the early morning to prepare so they can be reviewed by the delegates would be delayed as well. Little time to vet candidates without moving interviews forward. Receptions would simply start a night earlier.

Monday voting – morning is filled with caucus meetings to review reference committee reports. Moving HOD session start time forward to allow time for elections would reduce time for policy discussion in and among delegations. Monday is already a short day of policy debate (typically 3.5 hrs or less) and provides some insight into remaining business. Some delegates prioritize the elections and might even go home if their candidate is unsuccessful. Would unsuccessful candidates awkwardly continue at the meeting? Would the afternoon be spent with congratulations to the winners (which often takes place at the President’s reception Tuesday night), distracting from policy debate? If we move the President’s inaugural and dinner to Monday, as has been suggested, the afternoon would need to end by 3 or so (likely meaning minimal or no policy discussion time that day).

Tuesday voting – keep current day but improve the process using technology and rules to expedite the voting including runoffs. Eliminate “pop-up” elections and the associated speeches. Designate an election session early morning with HOD resuming business afterwards lessening the concern for distraction and interruption of policy debate. Provides maximum time for vetting the candidates. Allows for the President’s reception to continue as scheduled on Tuesday night.

## Appendix G – Reconciliation of Policies Related to Elections

### Policy G-610.010, Nominations

Guidelines for nominations for AMA elected offices include the following: (1) every effort should be made to nominate two or more eligible members for each Council vacancy; (2) the Federation (in nominating or sponsoring candidates for leadership positions), the House of Delegates (in electing Council and Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions) to consider the need to enhance and promote diversity; (3) the date for submission of ~~nominations to applications for consideration by the Board of Trustees at their April meeting for~~ the Council on Legislation, Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, Council on Science and Public Health, Council on Long Range Planning and Development, and Council on Ethical and Judicial Affairs is made uniform to March 15th of each year; (4) the announcement of the Council nominations and the official ballot should list candidates in alphabetical order by name only;

### Policy G-610.020, Rules for AMA Elections

(1) The Speaker and Vice Speaker of the House of Delegates are responsible for overall administration of our AMA elections, although balloting is conducted under the supervision of the chief teller and the Committee on Rules and Credentials. The Speaker and Vice Speaker will advise candidates on allowable activities and when appropriate will ensure that clarification of these rules is provided to all known candidates. The Speaker, in consultation with the Vice Speaker ~~and the Election Committee~~, is responsible for declaring a violation of the rules;

(2) Individuals intending to seek election at the next Annual Meeting should make their intentions known to the Speakers, generally by providing the Speaker’s office with an electronic announcement “card” that includes any or all of the following elements and

no more: the candidate's name, photograph, email address, URL, the office sought and a list of endorsing societies. The Speakers will ensure that the information is posted on our AMA website in a timely fashion, generally on the morning of the last day of a House of Delegates meeting or upon adjournment of the meeting. Announcements that include additional information (e.g., a brief resume) will not be posted to the website. Printed announcements may not be distributed in the venue where the House of Delegates meets. Announcements sent by candidates to members of the House are considered campaigning and are specifically prohibited prior to the start of active campaigning. The Speakers may use additional means to make delegates aware of those members intending to seek election;

(3) Active campaigning for AMA elective office may not begin until the Board of Trustees, after its April meeting, announces the ~~nominees~~ candidates for council seats. Active campaigning includes mass outreach activities directed to all or a significant portion of the members of the House of Delegates and communicated by or on behalf of the candidate. If in the judgment of the Speaker of the House of Delegates circumstances warrant an earlier date by which campaigns may formally begin, the Speaker shall communicate the earlier date to all known candidates;

(4) An Election Manual containing information on all candidates for election shall continue to be developed annually, with distribution limited to publication on our AMA website, typically on the Web pages associated with the meeting at which elections will occur. The Election Manual will provide a link to the AMA Candidates' Page, but links to personal, professional or campaign related websites will not be allowed. The Election Manual provides an equal opportunity for each candidate to present the material he or she considers important to bring before the members of the House of Delegates and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings. The Election Manual serves as a mechanism to reduce the number of telephone calls, mailings and other messages members of the House of Delegates receive from or on behalf of candidates;

(5) A reduction in the volume of telephone calls and electronic communication from candidates, ~~and literature and letters by or~~ and on behalf of candidates is encouraged. The Office of House of Delegates Affairs does not provide email addresses for any purpose. The use of electronic messages to contact electors should be minimized, and if used must include a simple mechanism to allow recipients to opt out of receiving future messages;

(6) At any AMA meeting convened prior to the time period for active campaigning ~~the Interim Meeting~~, campaign-related expenditures and activities shall be discouraged. Large campaign receptions, luncheons, other formal campaign activities and the distribution of campaign literature and gifts are prohibited ~~at the Interim Meeting~~. It is permissible ~~at the Interim Meeting~~ for candidates seeking election to engage in individual outreach, ~~such as small group meetings, including informal dinners,~~ meant to familiarize others with a candidate's opinions and positions on issues;

(7) Our AMA believes that: (a) specialty society candidates for AMA House of Delegates elected offices should be listed in the pre-election materials available to the House as the representative of that society and not by the state in which the candidate resides; (b) elected specialty society members should be identified in that capacity while serving their term of office; and (c) nothing in the above recommendations should preclude formal co-endorsement by any state delegation of the national specialty society candidate, if that state delegation should so choose;

(8) A state, specialty society, caucus, coalition, etc. may contribute to more than one party. However, a candidate may be featured at only one party, which includes: (a) being present in a receiving line, (b) appearing by name or in a picture on a poster or notice in or outside of the party venue, ~~or (c) distributing stickers, buttons, etc. with the candidate's name on them.~~ At these events, alcohol may be served only on a cash or no-host bar basis;

(9) Displays of campaign posters, signs, and literature in public areas of the hotel in which Annual Meetings are held are prohibited because they detract from the dignity of the position being sought and are unsightly. Campaign posters may be displayed at a single campaign reception at which the candidate is featured ~~parties, and campaign literature may be distributed in the non-official business bag for members of the House of Delegates.~~ No campaign literature shall be distributed in the House of Delegates and no mass outreach electronic messages shall be transmitted after the opening session of the House of Delegates;

(10) Campaign expenditures and activities should be limited to reasonable levels necessary for adequate candidate exposure to the delegates. ~~Campaign gifts can be distributed only at the Annual Meeting in the non-official business bag and at one campaign party. Campaign gifts should only be distributed during the Annual Meeting and not mailed to delegates and alternate delegates in advance of the meeting. The Speaker of the House of Delegates shall establish a limit on allowable expenditures for campaign-related gifts. In addition to these giveaway gifts, campaign memorabilia are allowed but are limited to a button, pin, or sticker. No other campaign memorabilia and giveaways that include a candidate's name or likeness may not~~ shall be distributed at any time;

(14) Every state and specialty society delegation is encouraged to participate in a regional caucus, for the purposes of candidate review activities; and

(15) Our AMA (a) requires completion of conflict of interest forms by all candidates for election to our AMA Board of Trustees and councils prior to their election; and (b) will expand accessibility to completed conflict of interest information by posting such

information on the “Members Only” section of our AMA website before election by the House of Delegates, with links to the disclosure statements from relevant electronic documents.

#### Policy G-610.021, Guiding Principles for House Elections

The following principles provide guidance on how House elections should be conducted and how the selection of AMA leaders should occur:

(1) AMA delegates should: (a) avail themselves of all available background information about candidates for elected positions in the AMA; (b) determine which candidates are best qualified to help the AMA achieve its mission; and (c) make independent decisions about which candidates to vote for.

(2) Any electioneering practices that distort the democratic processes of House elections, such as vote trading for the purpose of supporting candidates, are unacceptable. This principle applies between as well as within caucuses and delegations.

(3) Candidates for elected positions should comply with the requirements and the spirit of House of Delegates policy on campaigning and campaign spending.

(4) Candidates and their sponsoring organizations should exercise restraint in campaign spending. Federation organizations should establish clear and detailed guidelines on the appropriate level of resources that should be allocated to the political campaigns of their members for AMA leadership positions.

(5) Incumbency should not assure the re-election of an individual to an AMA leadership position.

(6) Service in any AMA leadership position should not assure ascendancy to another leadership position

(7) Delegations and caucuses when evaluating candidates may provide information to their members encouraging open discussion regarding the candidates but should refrain from rank order lists of candidates.

(8) Delegations and caucuses should be a source of encouragement and assistance to qualified candidates. Nomination and endorsement should be based upon selecting the most qualified individuals to lead our AMA regardless of the number of positions up for election in a given race. Delegations and caucuses are reminded that all potential candidates may choose to run for office, with or without their endorsement and support.

#### Policy G-610.030, Election Process

AMA guidelines on the election process are as follows: (1) AMA elections will be held on Tuesday at each Annual Meeting; (2) ~~Poll hours will not be extended beyond the times posted.~~ All delegates eligible to vote must be seated within the House in-line to vote at the time appointed ~~to cast their electronic votes for the close of polls~~; and (3) The final vote count of all secret ballots of the House of Delegates shall be made public and part of the official proceedings of the House.

## REPORTS OF THE SPEAKERS

The following reports were presented by Bruce A. Scott, MD, Speaker; and Lisa Bohman Egbert, MD, Vice Speaker:

### 1. REPORT OF THE ELECTION TASK FORCE

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

#### **HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS**

##### **REMAINDER OF REPORT FILED**

*See Policy G-610.020*

At the June 2021 Special Meeting, the report of the Election Task Force (Speakers' Report 2) substantially revised the rules regarding nominations and elections. (See the updated policy in the appendix.) The following recommendation, dealing with interviews, was referred with a request for more detail.

Delegations and caucuses may conduct interviews by virtual means in advance of the Annual Meeting of the House of Delegates during a period of time to be determined by the Speaker in lieu of in-person interviews at the meeting. Delegations and caucuses may choose either method, but not both for a given race. Groups electing to interview candidates for a given position must provide an equal opportunity for all candidates for that position who have announced their intention to be nominated at the time interviews are scheduled, to be interviewed using the same format and platform. An exception being that a group may elect to meet with a candidate who is from their own delegation without interviewing other candidates. Recording of virtual interviews must be disclosed to candidates prior to recording and may only be recorded with candidate consent. Interview recordings may only be shared with members of the interviewing caucus/group.

Testimony was generally supportive of continuing the option of virtual interviews and most of the details provided in the recommendation, but concerns were expressed regarding the lack of specificity of the interview time period. Such matters as excessive demands on candidates, time zone differences between interviewers and interviewees, and interference with clinical duties underlay the referral. This report provides recommendations for the conduct of virtual interviews, proposing limits and expectations for fairness.

#### BACKGROUND

Interviews are generally regarded as the best tool by which to measure candidates and select those for whom one will vote. As both the 2020 and 2021 Annual Meetings were cancelled due to COVID, the speakers recorded interviews with candidates and made them available through the AMA website. The speakers also laid out rules to facilitate virtual interviews with candidates that were conducted by various caucuses and delegations.

The virtual interviews were viewed favorably and not simply as substitutes for the in-person interviews typically conducted during the Annual Meeting. The Task Force report recommended continuation of the virtual interviews as an option even after return to in-person meetings, and comments during this past June's special meeting supported the use of virtual interviews by delegations provided a standard set of rules could be implemented.

#### PROPOSALS FOR VIRTUAL INTERVIEWS

The Task Force had proposed that all interviews by a delegation or caucus for a given office be conducted by the same means: either in-person (onsite at the Annual Meeting) or virtually, before arriving in Chicago for the Annual Meeting. This was done in the interest of fairness, and as no comments were heard on this topic, the recommendation will be retained. Delegations and caucuses should continue to be allowed to select the method of interviews that best suits their needs.

During testimony at the June 2021 Special Meeting concerns were raised regarding the days and times during which virtual interviews may be conducted. The referred recommendation stated that virtual interviews would be conducted "during a period of time to be determined by the Speaker." Comments were heard that virtual interviews conducted before the June 2020 and June 2021 Special Meetings were spread over too long a period of time, that the dates were

not known in advance and that some interview times interfered with clinical duties particularly for those in the Pacific and Eastern time zones. To address these concerns your speakers recommend a defined, relatively short window of dates for virtual interviews and interview times to be scheduled outside regular clinical hours. Meanwhile in-person interviews at the meeting will continue to be an option.

To allow candidates and delegations to plan, a specific window of dates should be defined. Both candidates and interviewers expressed a preference for interview dates relatively close to the opening of the Annual Meeting including the option of weekend interviews. Interviews should not be conducted the week immediately preceding the meeting which is typically busy with other responsibilities, including section and council meetings along with travel. Therefore, the window for virtual interviews is recommended to begin on the Friday evening of the second weekend immediately preceding the scheduled opening session of the House of Delegates meeting at which elections will take place and end on the Sunday evening of the weekend immediately preceding the meeting. Virtual interviews may only be scheduled during this defined period, beginning 15 days before and ending six days before the meeting opens. This window includes two weekends and six weeknights.<sup>1</sup> Should a planned in-person meeting be cancelled, the window could open a week earlier, effectively doubling the time available for interviews. Discretion should be granted to the speaker to address special situations such as this.

To avoid interfering with candidates' professional responsibilities, especially patient care and related clinical duties, interviews conducted on a weeknight (ie, Monday through Friday) must be scheduled between 5 pm and 10 pm based on the candidate's (ie, the person being interviewed) local time. Interviews conducted on weekends must be scheduled between 8 am and 10 pm based on the candidate's local time. Recognizing that physicians often have clinical duties outside of regular business hours, candidates and interviewers are encouraged to be flexible in scheduling interviews. Other times outside of these hours must be acceptable to both parties. Caucuses and delegations scheduling interviews for candidates within the parameters above are not obligated to offer alternatives but are encouraged to do so if possible. Candidates are encouraged to make themselves available for these interview windows to the extent possible but are entitled to decline any interview request.

The Office of House of Delegates Affairs compiles candidate contact information, including that for the candidate's campaign team. The information will be provided to groups wishing to interview candidates. Groups wishing to conduct interviews must designate their interviewing coordinator and provide the individual's contact information to the Office of House of Delegates Affairs. This list will then be shared with all declared candidates. It is incumbent on the candidates to schedule their individual interviews. The Office of House of Delegates Affairs will continue to create an interview schedule for officer candidates in opposed races for those regional caucuses and sections electing to interview in-person.

Policy G-610.020 sets clear guardrails around announcements of candidacy, meaning candidate contact information will be available well before the interviewing window opens. While interviews may not be conducted outside the window, interviewers will be allowed to contact candidates to set up interviews any time after the publication of the election manual, typically in mid-April.

#### *Other relevant elements for interviews*

The referred language includes additional elements that merit discussion, namely the format and platform used, the recording of interviews, and the sharing of those recordings. None of these items drew criticism at June's meeting.

A foundational concept for the Task Force was to provide a level playing field for all candidates. Seeking to ensure fairness, the Task Force recommended that all candidates for a given office be interviewed using the same format, so all candidates for a given office must be interviewed either in-person or virtually. Interviewers are free to use either modality, with candidates for some offices interviewed online and candidates for other offices interviewed onsite, but the chosen modality applies to all candidates for a given office. To be clear, an interviewing group is also free to use only virtual or only in-person interviews for all candidates. All virtual interviews for a given office must also be conducted on the same or similar platform, for example, all audio only or by video with audio. The choice of platform to be used should be confirmed when an interview is arranged; flexibility to accommodate availability of specific platforms (Teams, Zoom, etc.) is encouraged.

<sup>1</sup> For example, the 2021 Annual Meeting was scheduled to begin on Saturday, June 12, which means the interviewing window would have run from the evening of Friday, May 28 through Sunday, June 6.

Recognizing that delegations have a special relationship with their own members who may be candidates, the Task Force proposed an exception to the requirement to interview all candidates for a particular office. This exception allows the interviewing group to meet with a candidate who is a member of their group without interviewing other candidates for the same office. No objections were raised during testimony, and this exception is recommended to be retained.

Questions have been raised regarding what constitutes an interview and what does not. This arises from the fact that some campaigns request informal opportunities for their candidate to “stop by and introduce themselves” at a delegation or caucus meeting. This often evolves into a spontaneous interview which may not be offered to the other candidates in the same race or may occur when the same delegation has already conducted their interviews for that race. Your speakers believe further clarification is in order. For clarity, any appearance by a candidate before an organized meeting of a caucus or delegation, other than their own, would be considered an interview and fall under the rules for interviews as recommended below.

Notwithstanding various state laws that allow one party to record an interaction, the Task Force favored full transparency for these interviews and recommended that an interview be recorded only with the full knowledge and agreement of the candidate. No instances in which a candidate declined to be recorded have been reported, but nonetheless, the choice to be recorded should lie with the interviewee / candidate. In those cases where the interview is recorded, it may not be shared outside the group—whether a caucus or a delegation—that conducted the interview.

#### *Late announcing candidates*

Under the newly adopted election rules (G-610.020, ¶ 4) candidates are officially announced by the Office of House of Delegates Affairs at defined times. Individuals may make an independent announcement of candidacy only after active campaigning is allowed. As previously specified in the referred recommendation, groups conducting interviews with candidates for a given office are required to offer an interview to all individuals that have officially announced their candidacy at the time the group’s interview schedule is finalized. Interviewing groups may, but are not required to, interview late announcing candidates. Should an interview be offered to the late candidate, all other announced candidates for the same office (even those previously interviewed) must be afforded the same opportunity. Offering a late announced candidate an opportunity to interview at a different time (perhaps closer to the election) or in a different format (in-person at the meeting itself) could be perceived as an unfair advantage. While our rules continue to allow for late announcements of candidacy, up to and including nomination at the opening session of the House, given the opportunities to announce one’s candidacy in advance, late announcements should be extremely rare and should not provide an advantage to such candidates. Thus, the focus of this recommendation is on fairness for all candidates by encouraging transparency and facilitating full vetting of candidates and should be retained.

#### TECHNICAL CORRECTION TO POLICY G-610.020

While dealing with the election rules, your speakers have become aware of the need for a correction to language that was adopted in June. The rules previously required candidates to complete a conflict of interest (COI) disclosure before election, and that part of the policy was reaffirmed. Language in a different recommendation adopted in June would require individuals submitting an announcement of candidacy to include “their conflict of interest statement” along with the announcement. Insofar as the COI disclosure is collected in the year of the election and is not necessary for an announcement, that language should be stricken from paragraph 4 of the policy.

#### RECOMMENDATIONS

This report from your speakers spells out the expectations for interviews, particularly virtual interviews, conducted with those seeking election to leadership positions within our AMA. It is recommended that Policy G-610.020 be amended by addition and deletion to read as follows and the remainder of this report be filed. [Note: Paragraph numbers will be editorially corrected as required.]

- (4) Candidates may notify the HOD Office of their intention to run for potential newly opened positions, as well as any scheduled open positions on any council or the Board of Trustees, at any time by submitting an announcement card ~~and their conflict of interest statement~~ to the House Office. They will then be included in all subsequent projections of announcements before the House, “Official Candidate Notifications,” and in any campaign activity that had not yet been finalized. All previously announced candidates will continue to be

included on each Official Announcement Date. Any candidate may independently announce their candidacy after active campaigning is allowed, but no formal announcement from the HOD office will take place other than at the specified times.

- ...
- (11) The Speaker's Office will coordinate the scheduling of candidate interviews for general officer positions (Trustees, President-Elect, Speaker and Vice Speaker). Groups wishing to conduct interviews must designate their interviewing coordinator and provide the individual's contact information to the Office of House of Delegates Affairs. The Speaker's Office will collect contact information for groups wishing to conduct interviews as well as for candidates and their campaign teams and will provide the information as requested.
- (12) Interviews conducted with current candidates must comply with the following rules:
- a. Interviews may be arranged between the parties once active campaigning is allowed.
  - b. Groups conducting interviews with candidates for a given office must offer an interview to all individuals that have officially announced their candidacy at the time the group's interview schedule is finalized.
    - i. A group may meet with a candidate who is a member of their group without interviewing other candidates for the same office.
    - ii. Interviewing groups may, but are not required to, interview late announcing candidates. Should an interview be offered to a late candidate, all other announced candidates for the same office (even those previously interviewed) must be afforded the same opportunity and medium.
    - iii. Any appearance by a candidate before an organized meeting of a caucus or delegation, other than their own, will be considered an interview and fall under the rules for interviews.
  - c. Groups may elect to conduct interviews virtually or in-person.
  - d. In-person interviews may be conducted between Friday and Monday of the meeting at which elections will take place.
  - e. Virtual interviews are subject to the following constraints:
    - i. Interviews may be conducted only during a window beginning on the Thursday evening two weeks prior to the scheduled Opening Session of the House of Delegates meeting at which elections will take place and must be concluded by that Sunday (four days later).
    - ii. It is encouraged that interviews be conducted on weeknights between 5 pm and 10 pm or on weekends between 8 am and 10 pm based on the candidate's local time, unless another mutually acceptable time outside these hours is arranged.
    - iii. Caucuses and delegations scheduling interviews for candidates within the parameters above must offer alternatives to those candidates who have conflicts with the scheduled time.
  - f. Recording of interviews is allowed only with the knowledge and consent of the candidate.
  - g. Recordings of interviews may be shared only among members of the group conducting the interview.
  - h. A candidate is free to decline any interview request.
  - i. In consultation with the Election Committee, the Speaker, or where the Speaker is in a contested election, the Vice Speaker, may issue special rules for interviews to address unexpected situations.

#### APPENDIX A – Policy G-610.020, Rules for AMA Elections

(1) The Speaker and Vice Speaker of the House of Delegates are responsible for overall administration of our AMA elections, although balloting is conducted under the supervision of the chief teller and the Committee on Rules and Credentials. The Speaker and Vice Speaker will advise candidates on allowable activities and when appropriate will ensure that clarification of these rules is provided to all known candidates. The Speaker, in consultation with the Vice Speaker and the Election Committee, is responsible for declaring a violation of the rules.

(2) Individuals intending to seek election at the next Annual Meeting should make their intentions known to the Speakers, generally by providing the Speaker's office with an electronic announcement "card" that includes any or all of the following elements and no more: the candidate's name, photograph, email address, URL, the office sought and a list of endorsing societies. The Speakers will ensure that the information is posted on our AMA website in a timely fashion, generally on the morning of the last day of a House of Delegates meeting or upon adjournment of the meeting. Announcements that include additional information (e.g., a brief resume) will not be posted to the website. Printed announcements may not be distributed in the venue where the House of Delegates meets. Announcements sent by candidates to members of the House are considered campaigning and are specifically prohibited prior to the start of active campaigning. The Speakers may use additional means to make delegates aware of those members intending to seek election.

(3) Announcement cards of all known candidates will be projected on the last day of the Annual and Interim Meetings of our House of Delegates and posted on the AMA website as per Policy G 610.020, paragraph 2. Following each meeting, an "Official Candidate Notification" will be sent electronically to the House. It will include a list of all announced candidates and all potential



newly opened positions which may open as a result of the election of any announced candidate. Additional notices will also be sent out following the April Board meeting and on “Official Announcement Dates” to be established by the Speaker.

(4) Candidates may notify the HOD Office of their intention to run for potential newly opened positions, as well as any scheduled open positions on any council or the Board of Trustees, at any time by submitting an announcement card and their conflict of interest statement to the House Office. They will then be included in all subsequent projections of announcements before the House, “Official Candidate Notifications” and in any campaign activity that had not yet been finalized. All previously announced candidates will continue to be included on each Official Announcement Date. Any candidate may independently announce their candidacy after active campaigning is allowed, but no formal announcement from the HOD office will take place other than at the specified times.

(5) The Federation and members of the House of Delegates will be notified of unscheduled potential newly opened positions that may become available as a result of the election of announced candidates. Candidates will be allowed to announce their intention to run for these positions.

(6) If a potential newly opened position on the Board or a specified council does not open but there are other open positions for the same council or the Board, an election will proceed for the existing open seats. Candidates will be offered the opportunity to withdraw their nomination prior to the vote. If there are no scheduled open seats on the Board or specified council for which a potential newly opened position is announced and if the potential newly opened position does not open (i.e., the individual with the unexpired term is not elected to the office they sought), no election for the position will be held. In the event that a prior election results in a newly opened position without a nominated candidate or more positions are open than nominated candidates, the unfilled position/s would remain unfilled until the next Annual Meeting.

(7) The AMA Office of House of Delegates Affairs will provide an opportunity for all announced candidates to submit material to the HOD office which will then be sent electronically by the HOD Office in a single communication to all delegates and alternates. Parameters regarding content and deadlines for submission will be established by the Speaker and communicated to all announced candidates.

(8) Our AMA believes that: (a) specialty society candidates for AMA House of Delegates elected offices should be listed in the pre-election materials available to the House as the representative of that society and not by the state in which the candidate resides; (b) elected specialty society members should be identified in that capacity while serving their term of office; and (c) nothing in the above recommendations should preclude formal co-endorsement by any state delegation of the national specialty society candidate, if that state delegation should so choose.

(9) An Election Manual containing information on all candidates for election shall continue to be developed annually, with distribution limited to publication on our AMA website, typically on the Web pages associated with the meeting at which elections will occur. The Election Manual will provide a link to the AMA Candidates’ Page, but links to personal, professional or campaign related websites will not be allowed. The Election Manual provides an equal opportunity for each candidate to present the material he or she considers important to bring before the members of the House of Delegates and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings. The Election Manual serves as a mechanism to reduce the number of telephone calls, mailings and other messages members of the House of Delegates receive from or on behalf of candidates.

(10) Active campaigning for AMA elective office may not begin until the Board of Trustees, after its April meeting, announces the candidates for council seats. Active campaigning includes mass outreach activities directed to all or a significant portion of the members of the House of Delegates and communicated by or on behalf of the candidate. If in the judgment of the Speaker of the House of Delegates circumstances warrant an earlier date by which campaigns may formally begin, the Speaker shall communicate the earlier date to all known candidates.

(11) The Speaker's Office will coordinate the scheduling of candidate interviews for general officer positions (Trustees, President-Elect, Speaker and Vice Speaker).

(12) Every state and specialty society delegation is encouraged to participate in a regional caucus, for the purposes of candidate review activities.

(13) Campaign memorabilia may not be distributed in the Not for Official Business (NFOB) bag.

(14) Campaign materials may not be distributed by postal mail or its equivalent. The AMA Office of House of Delegates Affairs will no longer furnish a file containing the names and mailing addresses of members of the AMA-HOD. Printed campaign materials will not be included in the “Not for Official Business” bag and may not be distributed in the House of Delegates. Candidates are encouraged to eliminate printed campaign materials.

(15) A reduction in the volume of telephone calls and electronic communication from candidates and on behalf of candidates is encouraged. The Office of House of Delegates Affairs does not provide email addresses for any purpose. The use of electronic

messages to contact electors should be minimized, and if used must include a simple mechanism to allow recipients to opt out of receiving future messages.

(16) Campaign expenditures and activities should be limited to reasonable levels necessary for adequate candidate exposure to the delegates. Campaign memorabilia and giveaways that include a candidate's name or likeness may not be distributed at any time.

(17) Campaign stickers, pins, buttons and similar campaign materials are disallowed. This rule will not apply for pins for AMPAC, the AMA Foundation, specialty societies, state and regional delegations and health related causes that do not include any candidate identifier. These pins should be small, not worn on the badge and distributed only to members of the designated group. General distribution of any pin, button or sticker is disallowed.

(18) At any AMA meeting convened prior to the time period for active campaigning, campaign-related expenditures and activities shall be discouraged. Large campaign receptions, luncheons, other formal campaign activities and the distribution of campaign literature and gifts are prohibited. It is permissible for candidates seeking election to engage in individual outreach meant to familiarize others with a candidate's opinions and positions on issues.

(19) Candidates for AMA office should not attend meetings of state medical societies unless officially invited and could accept reimbursement of travel expenses by the state society in accordance with the policies of the society.

(20) Group dinners, if attended by an announced candidate in a currently contested election, must be "Dutch treat" - each participant pays their own share of the expenses, with the exception that societies and delegations may cover the expense for their own members. This rule would not disallow societies from paying for their own members or delegations gathering together with each individual or delegation paying their own expense. Gatherings of 4 or fewer delegates or alternates are exempt from this rule.

(21) A state, specialty society, caucus, coalition, etc. may contribute to more than one party. However, a candidate may be featured at only one party, which includes: (a) being present in a receiving line, OR (b) appearing by name or in a picture on a poster or notice in or outside of the party venue. At these events, alcohol may be served only on a cash or no-host bar basis.

(22) Displays of campaign posters, signs, and literature in public areas of the hotel in which Annual Meetings are held are prohibited because they detract from the dignity of the position being sought and are unsightly. Campaign posters may be displayed at a single campaign reception at which the candidate is featured. No campaign literature shall be distributed in the House of Delegates and no mass outreach electronic messages shall be transmitted after the opening session of the House of Delegates.

(23) At the Opening Session of the Annual Meeting, officer candidates in a contested election will give a two-minute self-nominating speech, with the order of speeches determined by lot. No speeches for unopposed candidates will be given, except for president-elect. When there is no contest for president-elect, the candidate will ask a delegate to place his or her name in nomination, and the election will then be by acclamation. When there are two or more candidates for the office of president-elect, a two-minute nomination speech will be given by a delegate. In addition, the Speaker of the House of Delegates will schedule a debate in front of the AMA-HOD to be conducted by rules established by the Speaker or, in the event of a conflict, the Vice Speaker.

(24) Our AMA (a) requires completion of conflict of interest forms by all candidates for election to our AMA Board of Trustees and councils prior to their election; and (b) will expand accessibility to completed conflict of interest information by posting such information on the "Members Only" section of our AMA website before election by the House of Delegates, with links to the disclosure statements from relevant electronic documents.

## **2. ESTABLISHING AN ELECTION COMMITTEE**

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

### **HOUSE ACTION: REFERRED FOR DECISION**

At the June 2021 Special Meeting (J21), the House of Delegates (HOD) adopted the following recommendation as part of the report of the Election Task Force (Speakers' Report 2):

In accordance with Bylaw 2.13.7, the Speaker shall appoint an Election Committee of 7 individuals for 1-year terms (maximum tenure of 4 consecutive terms and a lifetime maximum tenure of 8 terms) to report to the Speaker. These individuals would agree not to be directly involved in a campaign during their tenure and would

be appointed from various regions, specialties, sections, and interest groups. The primary role of the committee would be to work with the Speakers to adjudicate any election complaint. Additional roles to be determined by the Speaker and could include monitoring election reforms, considering future campaign modifications and responding to requests from the Speaker for input on election issues that arise.

The recommendation is recorded as Paragraph 5 in Policy D-610.998, “Directives from the Election Task Force.”

The Speakers determined that the term of each committee member should run from June to June, starting and ending with the adjournment of the HOD meeting, and initial appointments, including the chair, have been made. The seven members of the Committee are delegates or alternate delegates and have agreed to refrain from active participation in election campaigns through the following June, when their (initial) appointments will have concluded. Current members will be eligible for reappointment and other individuals willing to serve on the Committee are invited to complete the application [form](#) on the Speakers’ [page](#) for positions that will begin in mid-2022.

Members of the Committee are listed in Appendix A. All were selected from among members of the House that submitted an application to serve. Appointments were made to cross the geographic regions and broad specialties represented in our House. The selected individuals have extensive experience with campaigns. Among those selected are past presidents of 4 state medical associations and 2 specialty societies, plus two past state medical association speakers in addition to past members of an AMA Council and Section Governing Councils. As part of their commitment, they have also agreed that all complaints and the ensuing discussions, deliberations, and votes will be kept confidential. Only those complaints that are verified and reported to the House will be shared, and then the Speaker will report to the House only the relevant aspects of the matter. The Committee might be likened to the peer review process. (See below for the complaint process.)

In addition, Paragraph 6 of the same policy adopted at J21 reads as follows:

The Speaker in consultation with the Election Committee will consider a more defined process for complaint reporting, validation, resolution, and potential penalties. This process will be presented to the House for approval.

This report is in response to Paragraph 6.

## COMMITTEE ACTIVITIES AND PROPOSALS

The Committee convened by conference call to address the matters that had been assigned. Each is discussed below.

### *Complaint reporting*

Long established policy (Policy G-610.020 [1]) states that the Speakers “are responsible for overall administration of our AMA elections.” The Committee recommends that complaints continue to be submitted through the Speaker or Vice Speaker. Should either or both have a perceived conflict, complaints may be directed to our AMA’s General Counsel. Counsel will then work with the Committee chair and/or the Speaker or Vice Speaker, depending on the nature and extent of the conflict. AMA’s General Counsel can be reached through the Member Service Center or the HOD Office. Members of the Committee will not accept complaints directly and members of the House should not bring complaints to them or attempt to discuss campaign related concerns with individual members.

Complaints should generally be based on first-hand information because the necessary information is unlikely to otherwise be available. A complaint will need to include the following details:

- The name of the person(s) thought to have violated the rules
- The date of the alleged violation and the location if relevant
- The specific violation being alleged (i.e., the way the rules were violated)
- The materials, if any, that violate the rules; original materials are preferred over copies. Where necessary, arrangements for collection of these materials will be made.

Some discussion was had regarding the development of a list of potential rules violations and associated penalties, it quickly was recognized that this list would be limitless, necessarily qualified by nuance or exceptions. Furthermore, application of rigid penalties that do not take into account such nuances, would unnecessarily constrain the committee

and potentially disenfranchise members of our House with whom rests the ultimate decision regarding verified infractions. Rather, the Committee recommends that they be allowed flexibility to consider the circumstances surrounding reported violations and to determine the appropriate corrective action. To ensure consistency and fairness over time, a history of the details of each verified offense and the ensuing penalty will be retained by the Office of General Counsel.

Inquiries about rules should also be directed to the Speakers. They have long interpreted AMA's election rules, and in fact, the annual election manual further elucidates the campaign rules. In this light some complaints could prove unfounded simply because of a misunderstanding of the rules. More importantly, consistency in explaining the rules is requisite, and the Speakers are familiar with both historical issues and current practice. In addition, questions sometimes arise for which the answer should be widely disseminated, and the Speakers have the ability and tools to share the information. Even-handedness in administering the elections is a hallmark of our processes.

### *Validation*

Upon receiving a complaint, the Speaker will consult with the Committee chair to form a subcommittee of three members to investigate the allegation. The subcommittee members will be selected to avoid conflicts (e.g., being part of the same delegation as the alleged violator). Using necessary discretion, the subcommittee shall investigate the complaint and will report to the full Committee whether the complaint is founded. When necessary, the Office of General Counsel or the HOD Office will assist.

Following the subcommittee's evaluation, the full Committee will meet as soon as practical but generally within 2 weeks, to hear the subcommittee's report, determine whether a violation has occurred, and establish appropriate next steps. Committee members with a conflict of interest will be expected to recuse themselves from the vote, although they may participate in any discussion that precedes the decision. These internal deliberations are confidential, and details will not be shared. The Speakers are ex officio members of the Committee, without vote except as necessary to break a tie within the Committee, when one of them may vote.

### *Resolution and potential penalties*

Historically, the only formal penalty for a campaign violation was for the Speaker to announce to the House before the election that a violation had occurred by naming the violator and the violation. These announcements thankfully have been rare, but when such an announcement has been made, it is noted that the candidate subsequently lost the election.

The Committee believes the House should continue to be the final arbiter when violations are deemed to be significant; thus, the Speaker announcing a violation to the House will remain a penalty which the Committee may impose. At the same time the Committee may believe that this penalty is excessive for some violations. The Committee should consider mitigating circumstances such as inadvertent breaches and technical or typographical errors. The Committee should also consider when during the year the violation occurs, the likely advantage sought or gained by the action in question, and who committed the violation. Consequently, the Committee recommends that it be given discretion to determine appropriate resolution of a validated complaint. In many circumstances resolution may be accomplished by corrective action, short of announcement to the House.

No exhaustive list of situations is possible, but three principles would seem to capture relevant aspects of violations:

- The more remote in time the violation occurs, the less the need to declare a violation, and conversely, the nearer the election, the greater the need for an announcement by the Speaker.

It seems likely that a violation, particularly a violation that is perceived to be serious, will become generally known if it occurs well before the election. At the same time, awareness of a violation on the eve of the election has little chance of propagating and may warrant an announcement.

- The greater the advantage sought or gained, the more the need for a public announcement.

Some subjectivity is apparent in this principle, but the Committee believes that both the motivation and the benefit of the violating activity need to be addressed. An inadvertent violation that greatly advantages a candidate is more serious than the same inadvertent violation that for some reason handicaps the candidate.

- The greater the culpability of the candidate, the greater the need for an announcement to the House.

Under AMA's election rules, the candidate is responsible for all campaign activities, including those carried out by the candidate's supporters. While it would be unwise to simply ignore a violation committed by a naïve supporter (or group), the role of the candidate her- or himself certainly needs to be considered. In the same way "plausible deniability" alone will not absolve the candidate, though it may decrease the likelihood of Speaker pronouncements.

As noted above, announcing the Committee's conclusion to the House that a violation has occurred should remain an option, but the Committee also favors availability of other options whereby relatively minor infractions may be easily and quickly remedied without being reported to the House. This may also be appropriate in those cases where the violation and corrective action is readily apparent without formal announcement. For example, Paragraph 15 of the rules (Policy G-610.020) requires candidates using electronic communications to "include a simple mechanism to allow recipients to opt out of receiving future [emails]." A candidate failing to provide the "simple mechanism" could easily correct the violation by sending another communication apologizing and adding the opt out, which would be apparent to all recipients, meaning that reporting the violation to the House would be of little need. For another example, a misstatement in an interview or on campaign materials could be subsequently corrected by the candidate by notification to those that received the misinformation.

Where a confirmed violation is deemed by the Election Committee to require a report to the House, the Speaker would report pertinent details, including any corrective action undertaken by the candidate, that are deemed appropriate for the HOD to consider. A notice to the House, separate from a meeting, could be provided when appropriate. For example, such notice could be included with the Speakers' planned announcements of candidates (see Policy G-610.020 [3]), which would allow the House to assess the gravity of the violation but also provide the violator with the opportunity to respond to concerns. Violations that occur once the Annual Meeting has convened, if determined by the Committee to be significant, would be announced during a session of the HOD.

## CONCLUSION

The final recommendation of Speakers' Report 2 (Report of the Election Task Force) adopted at the J21 Special Meeting (Policy D-610.998) provides for a review of the reforms related to our election processes. The Election Committee itself and these recommendations will be subject to this review. Our tradition of professionalism and collegiality should result in few violations of our campaign principles and rules necessitating invoking the process detailed here. The Election Committee has recommended a process that draws upon our traditions, provides appropriate flexibility without undue complexity, and yet maintains the integrity of our elections. Accordingly, your Election Committee asks that the following recommendations be approved for use in the upcoming open campaign season and that the Committee be allowed to continue to monitor our election processes with further recommendations in the future as needed.

## RECOMMENDATIONS

It is recommended that the following recommendations be adopted and the remainder of the report be filed.

1. A Campaign Complaint Reporting, Validation, and Resolution Process shall be established as follows:

Campaign violation complaints should be directed to the Speaker, the Vice Speaker, or the AMA General Counsel and should include the following details:

- The name of the person(s) thought to have violated the rules
- The date of the alleged violation and the location if relevant
- The specific violation being alleged (i.e., the way the rules were violated)
- The materials, if any, that violate the rules; original materials are preferred over copies. Where necessary, arrangements for collection of these materials will be made.

Campaign violation complaints will be investigated by the Election Committee, which will determine penalties for validated complaints as appropriate. Penalties may include an announcement of the violation by the Speaker to the House.

2. The Election Committee will review the Campaign Complaint Reporting, Validation, and Resolution Process as implemented and make further recommendations to the House as necessary.
3. Policy D-610.998, Paragraph 6 be rescinded.

[Editor's note: At the time of referral, the following amended language had been adopted:

Campaign violation complaints will be investigated by the Election Committee, which will recommend penalties to the Speaker of the House, who will validate complaints and actions as appropriate. Penalties may include an announcement of the violation by the Speaker to the House.

#### Appendix A – Members of the Election Committee

The following delegates and alternate delegates were selected for the initial election committee from among those who submitted applications. All have agreed to not be a candidate or to be directly involved in a campaign and will not seek reappointment for any year in which the individual intends to be a candidate or directly involved in a campaign:

- Lynda Young, MD, Chair, Delegate, Massachusetts Medical Society (pediatrics)
- Michael DellaVecchia, MD, PhD, Delegate, Pennsylvania Medical Society (ophthalmology)
- John Flores, MD, Delegate, Texas Medical Association (internal medicine)
- George Hruza, MD, Alternate Delegate, Missouri State Medical Association (dermatology)
- Josh Lesko, MD, Sectional Resident and Fellow Delegate (Medical Society of Virginia; emergency medicine)
- Ted Mazer, MD, Delegate, California Medical Association (otolaryngology)
- Nancy Mueller, MD, Delegate, Medical Society of New Jersey (neurology)

The Speakers serve ex officio, without vote, except to break ties.

#### Appendix B - Policies Relevant to this Report

##### D-610.998, Directives from the Election Task Force

###### Campaign Receptions

1. Our AMA will investigate the feasibility of a two- (2) year trial of sponsoring a welcome reception open to all candidates and all meeting attendees. Any candidate may elect to be “featured” at the AMA reception. There will not be a receiving line at the AMA reception. Other receptions sponsored by societies or coalitions, whether featuring a candidate or not, would not be prohibited, but the current rules regarding cash bars only at campaign receptions and limiting each candidate to be featured at a single reception (the AMA reception or another) would remain. The Speakers will report back to the House after the two year trial with a recommendation for possible continuation of the AMA reception.

###### Campaign literature

2. An AMA Candidates' Page will be created on the AMA website or other appropriate website to allow each candidate the opportunity to post campaign materials. Parameters for the site will be established by the Speaker and communicated to candidates.

###### Interviews

3. The Speakers are encouraged to continue recorded virtual interviews of announced candidates in contested races, to be posted on the AMA website.

###### Voting Process and Election Session

4. The Speaker is encouraged to consider means to reduce the time spent during the HOD meeting on personal points by candidates after election results are announced, including collecting written personal points from candidates to be shared electronically with the House after the meeting or imposing time limits on such comments.

###### Election Committee

5. In accordance with Bylaw 2.13.7, the Speaker shall appoint an Election Committee of 7 individuals for 1-year terms (maximum tenure of 4 consecutive terms and a lifetime maximum tenure of 8 terms) to report to the Speaker. These individuals would agree not to be directly involved in a campaign during their tenure and would be appointed from various regions, specialties, sections, and interest groups. The primary role of the committee would be to work with the Speakers to adjudicate any election complaint. Additional roles to be determined by the Speaker and could include monitoring election reforms, considering future campaign modifications and responding to requests from the Speaker for input on election issues that arise.

6. The Speaker in consultation with the Election Committee will consider a more defined process for complaint reporting, validation, resolution, and potential penalties. This process will be presented to the House for approval.

#### Review of Implementation

7. After an interval of 2 years a review of our election process, including the adopted Recommendations from this report, be conducted by the Speaker and, at the Speaker's discretion the appointment of another election task force, with a report back to the House.

#### Policy G-610.020, Rules for AMA Elections

(1) The Speaker and Vice Speaker of the House of Delegates are responsible for overall administration of our AMA elections, although balloting is conducted under the supervision of the chief teller and the Committee on Rules and Credentials. The Speaker and Vice Speaker will advise candidates on allowable activities and when appropriate will ensure that clarification of these rules is provided to all known candidates. The Speaker, in consultation with the Vice Speaker and the Election Committee, is responsible for declaring a violation of the rules.

(2) Individuals intending to seek election at the next Annual Meeting should make their intentions known to the Speakers, generally by providing the Speaker's office with an electronic announcement "card" that includes any or all of the following elements and no more: the candidate's name, photograph, email address, URL, the office sought and a list of endorsing societies. The Speakers will ensure that the information is posted on our AMA website in a timely fashion, generally on the morning of the last day of a House of Delegates meeting or upon adjournment of the meeting. Announcements that include additional information (e.g., a brief resume) will not be posted to the website. Printed announcements may not be distributed in the venue where the House of Delegates meets. Announcements sent by candidates to members of the House are considered campaigning and are specifically prohibited prior to the start of active campaigning. The Speakers may use additional means to make delegates aware of those members intending to seek election.

(3) Announcement cards of all known candidates will be projected on the last day of the Annual and Interim Meetings of our House of Delegates and posted on the AMA website as per Policy G-610.020, paragraph 2. Following each meeting, an "Official Candidate Notification" will be sent electronically to the House. It will include a list of all announced candidates and all potential newly opened positions which may open as a result of the election of any announced candidate. Additional notices will also be sent out following the April Board meeting and on "Official Announcement Dates" to be established by the Speaker.

(4) Candidates may notify the HOD Office of their intention to run for potential newly opened positions, as well as any scheduled open positions on any council or the Board of Trustees, at any time by submitting an announcement card and their conflict of interest statement to the House Office. They will then be included in all subsequent projections of announcements before the House, "Official Candidate Notifications" and in any campaign activity that had not yet been finalized. All previously announced candidates will continue to be included on each Official Announcement Date. Any candidate may independently announce their candidacy after active campaigning is allowed, but no formal announcement from the HOD office will take place other than at the specified times.

(5) The Federation and members of the House of Delegates will be notified of unscheduled potential newly opened positions that may become available as a result of the election of announced candidates. Candidates will be allowed to announce their intention to run for these positions.

(6) If a potential newly opened position on the Board or a specified council does not open but there are other open positions for the same council or the Board, an election will proceed for the existing open seats. Candidates will be offered the opportunity to withdraw their nomination prior to the vote. If there are no scheduled open seats on the Board or specified council for which a potential newly opened position is announced and if the potential newly opened position does not open (i.e., the individual with the unexpired term is not elected to the office they sought), no election for the position will be held. In the event that a prior election results in a newly opened position without a nominated candidate or more positions are open than nominated candidates, the unfilled position/s would remain unfilled until the next Annual Meeting.

(7) The AMA Office of House of Delegates Affairs will provide an opportunity for all announced candidates to submit material to the HOD office which will then be sent electronically by the HOD Office in a single communication to all delegates and alternates. Parameters regarding content and deadlines for submission will be established by the Speaker and communicated to all announced candidates.

(8) Our AMA believes that: (a) specialty society candidates for AMA House of Delegates elected offices should be listed in the pre-election materials available to the House as the representative of that society and not by the state in which the candidate resides; (b) elected specialty society members should be identified in that capacity while serving their term of office; and (c) nothing in the above recommendations should preclude formal co-endorsement by any state delegation of the national specialty society candidate, if that state delegation should so choose.



(9) An Election Manual containing information on all candidates for election shall continue to be developed annually, with distribution limited to publication on our AMA website, typically on the Web pages associated with the meeting at which elections will occur. The Election Manual will provide a link to the AMA Candidates' Page, but links to personal, professional or campaign related websites will not be allowed. The Election Manual provides an equal opportunity for each candidate to present the material he or she considers important to bring before the members of the House of Delegates and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings. The Election Manual serves as a mechanism to reduce the number of telephone calls, mailings and other messages members of the House of Delegates receive from or on behalf of candidates.

(10) Active campaigning for AMA elective office may not begin until the Board of Trustees, after its April meeting, announces the candidates for council seats. Active campaigning includes mass outreach activities directed to all or a significant portion of the members of the House of Delegates and communicated by or on behalf of the candidate. If in the judgment of the Speaker of the House of Delegates circumstances warrant an earlier date by which campaigns may formally begin, the Speaker shall communicate the earlier date to all known candidates.

(11) The Speaker's Office will coordinate the scheduling of candidate interviews for general officer positions (Trustees, President-Elect, Speaker and Vice Speaker).

(12) Every state and specialty society delegation is encouraged to participate in a regional caucus, for the purposes of candidate review activities.

(13) Campaign memorabilia may not be distributed in the Not for Official Business (NFOB) bag.

(14) Campaign materials may not be distributed by postal mail or its equivalent. The AMA Office of House of Delegates Affairs will no longer furnish a file containing the names and mailing addresses of members of the AMA-HOD. Printed campaign materials will not be included in the "Not for Official Business" bag and may not be distributed in the House of Delegates. Candidates are encouraged to eliminate printed campaign materials.

(15) A reduction in the volume of telephone calls and electronic communication from candidates and on behalf of candidates is encouraged. The Office of House of Delegates Affairs does not provide email addresses for any purpose. The use of electronic messages to contact electors should be minimized, and if used must include a simple mechanism to allow recipients to opt out of receiving future messages.

(16) Campaign expenditures and activities should be limited to reasonable levels necessary for adequate candidate exposure to the delegates. Campaign memorabilia and giveaways that include a candidate's name or likeness may not be distributed at any time.

(17) Campaign stickers, pins, buttons and similar campaign materials are disallowed. This rule will not apply for pins for AMPAC, the AMA Foundation, specialty societies, state and regional delegations and health related causes that do not include any candidate identifier. These pins should be small, not worn on the badge and distributed only to members of the designated group. General distribution of any pin, button or sticker is disallowed.

(18) At any AMA meeting convened prior to the time period for active campaigning, campaign-related expenditures and activities shall be discouraged. Large campaign receptions, luncheons, other formal campaign activities and the distribution of campaign literature and gifts are prohibited. It is permissible for candidates seeking election to engage in individual outreach meant to familiarize others with a candidate's opinions and positions on issues.

(19) Candidates for AMA office should not attend meetings of state medical societies unless officially invited and could accept reimbursement of travel expenses by the state society in accordance with the policies of the society.

(20) Group dinners, if attended by an announced candidate in a currently contested election, must be "Dutch treat" - each participant pays their own share of the expenses, with the exception that societies and delegations may cover the expense for their own members. This rule would not disallow societies from paying for their own members or delegations gathering together with each individual or delegation paying their own expense. Gatherings of 4 or fewer delegates or alternates are exempt from this rule.

(21) A state, specialty society, caucus, coalition, etc. may contribute to more than one party. However, a candidate may be featured at only one party, which includes: (a) being present in a receiving line, OR (b) appearing by name or in a picture on a poster or notice in or outside of the party venue. At these events, alcohol may be served only on a cash or no-host bar basis.

(22) Displays of campaign posters, signs, and literature in public areas of the hotel in which Annual Meetings are held are prohibited because they detract from the dignity of the position being sought and are unsightly. Campaign posters may be displayed at a single campaign reception at which the candidate is featured. No campaign literature shall be distributed in the House of Delegates and no mass outreach electronic messages shall be transmitted after the opening session of the House of Delegates.

(23) At the Opening Session of the Annual Meeting, officer candidates in a contested election will give a two-minute self-nominating speech, with the order of speeches determined by lot. No speeches for unopposed candidates will be given, except for president-elect. When there is no contest for president-elect, the candidate will ask a delegate to place his or her name in nomination, and the election will then be by acclamation. When there are two or more candidates for the office of president-elect, a two-minute nomination speech will be given by a delegate. In addition, the Speaker of the House of Delegates will schedule a debate in front of the AMA-HOD to be conducted by rules established by the Speaker or, in the event of a conflict, the Vice Speaker.

(24) Our AMA (a) requires completion of conflict of interest forms by all candidates for election to our AMA Board of Trustees and councils prior to their election; and (b) will expand accessibility to completed conflict of interest information by posting such information on the "Members Only" section of our AMA website before election by the House of Delegates, with links to the disclosure statements from relevant electronic documents.

**614. ALLOWING VIRTUAL INTERVIEWS ON NON-HOLIDAY WEEKENDS FOR  
CANDIDATES FOR AMA OFFICE  
Introduced by Albert L. Hsu, MD, Delegate**

*Reference committee hearing: see report of Reference Committee F.*

**HOD ACTION:      ADOPTED AS FOLLOWS**  
*See Policy G-610.020*

RESOLVED, That our AMA amend Policy G-610.020, “Rules for AMA Elections,” by addition and deletion to read as follows:

Interviews may be conducted only during a 4-7 day window designated by the Speaker beginning ~~on the Thursday~~ evening of a weekend at least two weeks but not more than 4 weeks prior to the scheduled Opening Session of the House of Delegates meeting at which elections will take place ~~and must be concluded by that Sunday (four days later).~~

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## REPORT OF THE SPEAKERS

The following report was presented by Bruce A. Scott, MD, Speaker; and Lisa Bohman Egbert, MD, Vice Speaker:

### 1. ELECTION COMMITTEE - INTERIM REPORT

*Reference committee hearing: see report of Reference Committee F.*

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

*See Policy D-610.998*

The House of Delegates voted to create an Election Committee (EC) as part of the reforms adopted at the June 2021 Special Meeting. Current Policy D-610.998, paragraph 9, states, "The Election Committee will review the Campaign Complaint Reporting, Validation and Resolution Process as implemented and make further recommendations to the House as necessary." This report of your Election Committee reviews the background of the creation of the EC, provides information regarding the current processes followed by the committee, and makes recommendations to further clarify and codify these processes.

#### BACKGROUND

At the 2019 Annual Meeting of the House of Delegates the House adopted policy calling on the Speaker to appoint a task force for the purpose of recommending improvements to the AMA HOD election and campaign process. The task force, known as the Election Task Force or ETF, was given broad purview with a plan to report their recommendations back to the HOD for action. The ETF presented a preliminary report at I-19 and held an open forum to hear concerns.

The task force presented their full report, Speakers Report 2: Report of the Election Task Force, with 41 recommendations at the June 2021 Special Meeting (the relevant portion from the report regarding the Election Committee is attached as Appendix A). 39 of the ETF recommendations were adopted by the HOD with broad support, including Recommendations 38 - 40 recommending the creation of an Election Committee (Note: A recommendation regarding interviews was referred, and a recommendation calling for the members of the Council on Constitution & Bylaws to be appointed was not adopted):

Recommendation 38: In accordance with Bylaw 2.13.7, the Speaker shall appoint an Election Committee of 7 individuals for 1-year terms (maximum tenure of 4 consecutive terms and a lifetime maximum tenure of 8 terms) to report to the Speaker. These individuals would agree not to be directly involved in a campaign during their tenure and would be appointed from various regions, specialties, sections, and interest groups. The primary role of the committee would be to work with the Speakers to adjudicate any election complaint. Additional roles to be determined by the Speaker and could include monitoring election reforms, considering future campaign modifications and responding to requests from the Speaker for input on election issues that arise (New Policy).

Recommendation 39: The Speaker in consultation with the Election Committee will consider a more defined process for complaint reporting, validation, resolution, and potential penalties. This process will be presented to the House for approval (New Policy).

Recommendation 40: Policy G-610.020, Rules for AMA Elections, paragraph 1 be amended by addition to read as follows:

(1) The Speaker and Vice Speaker of the House of Delegates are responsible for overall administration of our AMA elections, although balloting is conducted under the supervision of the chief teller and the Committee on Rules and Credentials. The Speaker and Vice Speaker will advise candidates on allowable activities and when appropriate will ensure that clarification of these rules is provided to all known candidates. The Speaker, in consultation with the Vice Speaker and the Election Committee, is responsible for declaring a violation of the rules.

Also of note was Recommendation 41 calling for a review of the modified election processes after an interval of two years (after A-23).

### *The EC Report and Referral for Decision to the Board of Trustees*

Pursuant to Recommendation 38 (Policy D-610.998) the Speaker appointed the initial House of Delegates Election Committee (EC) made up of 7 members of the House who volunteered to serve and agreed to not participate in campaigns during their tenure on the EC. As directed by the adopted policy (original recommendation 39), the EC presented a report (“Speakers’ Report 2: Establishing an Election Committee,” here forward referred to as the “EC Report,” see Appendix B) at the November 2021 Special Meeting proposing a process by which the Speakers and the Election Committee would handle allegations of rules violations.

The EC Report provided details regarding complaint reporting, validation, resolution, and potential penalties and further proposed that the Speakers would work with but not be actual members of the committee. In general, the report received positive comments, but during the HOD deliberations, questions about the role of the Speakers on the committee and the Speakers’ role in adjudicating allegations led to the matter being referred for decision.

Testimony heard at the House favored a more active role for the Speakers. The Board concluded because our policy (G-610.020) and tradition call for the Speaker to have oversight of elections, it was appropriate for the Speakers (unless conflicted) to serve as full voting members of the EC.

Some testimony suggested that the Speaker should be the final arbiter of a complaint, while others pointed out that situations could arise where the Speaker may be conflicted. The Board concluded that no single individual, including the Speaker, should be the lone arbiter of a complaint. The responsibility and authority for validation of a complaint and determination of resolution should rest with the Election Committee, a cross section of the House, reflecting the fact that the House of Delegates determines its procedures, among which are election-related matters.

In their review, the Board noted that while the body of the EC Report provided detailed information regarding complaint reporting, validation, and resolution for possible campaign violations, these details were not specified in the formal recommendations adopted by the House. The EC Report detailed that when a complaint was received, the Speaker would consult with the committee chair to form a subcommittee of three members to investigate the allegation. The subcommittee of the EC would be selected to avoid conflicts (e.g., being part of the same delegation as the alleged violator). Using necessary discretion, the subcommittee would investigate the complaint and when necessary, the Office of General Counsel or the HOD Office would assist. The subcommittee would report to the full EC the results of their investigation, with the final determination to be made by the full committee with any potentially conflicted members recused. No objections to these series of actions as presented in the EC Report were heard during testimony. The Board concurred with the described process, with minor clarification, and determined that the process should be codified in policy.

As discussed in the report (Appendix B), historically the only formal penalty for a campaign violation was announcement of the violation to the House by the Speaker. The report went on to state that this singular penalty may be excessive for some violations and thus the committee, in considering mitigating circumstances and the severity of the violation, should be allowed other options to resolve a validated violation. The EC also noted that an exhaustive list of potential violations would be an impossible task to compile and further that a list of associated penalties would be too rigid and ill advised. Consequently, the EC recommended that it be given discretion to determine the appropriate sanction for a validated complaint, with the option of announcement to the House remaining.

The Board agreed that in many circumstances resolution may be accomplished by corrective action, short of announcement to the House, and that the EC be allowed discretion to determine the appropriate resolution of a given validated complaint with announcement to the House of a violation remaining an option for violations that are deemed to rise to that level. In these most significant violations the House of Delegates, through their vote in the election, would remain the final arbiter. In addition, a record of all filed complaints and the results of the validation and the resolution processes should be maintained by the General Counsel and kept confidential within the EC unless the committee determined that the violation should be reported to the House. Again, the Board determined these details should be specified in policy.

No testimony was provided in the House regarding the process for reporting potential campaign violations. The Board concurred that individuals to whom potential campaign violations could be reported should include the Speakers who have traditionally been the recipients of such, but complainants should also have an option to report to the General

Counsel. This third option of reporting might prevent awkward situations where one or both Speakers were potentially conflicted.

#### *Action by the Board of Trustees*

At their February 2022 meeting the Board officially adopted the following:

1. That Paragraph 5 of Policy D-610.998, “Directives from the Election Task Force,” be amended by addition to read as follows:
  5. In accordance with Bylaw 2.13.7, the Speaker shall appoint an Election Committee of 7 individuals for 1-year terms (maximum tenure of 4 consecutive terms and a lifetime maximum tenure of 8 terms) to report to the Speaker. These individuals would agree not to be directly involved in a campaign during their tenure and would be appointed from various regions, specialties, sections, and interest groups. The primary role of the committee would be to work with the Speakers to adjudicate any election complaint. Additional roles to be determined by the Speaker and could include monitoring election reforms, considering future campaign modifications and responding to requests from the Speaker for input on election issues that arise. **The Speaker and Vice Speaker shall be full members of the Election Committee.** (*emphasis added*)
2. A Campaign Complaint Reporting, Validation and Resolution Process shall be established as follows: Campaign violation complaints should be directed to the Speaker, the Vice Speaker, or the AMA General Counsel and should include the following details:
  - The name of the person(s) thought to have violated the rules
  - The date of the alleged violation and the location if relevant
  - The specific violation being alleged (i.e., the way the rules were violated)
  - The materials, if any, that violate the rules; original materials are preferred over copies. Where necessary, arrangements for collection of these materials will be made.
3. Campaign violation complaints will be investigated by the Election Committee or a subcommittee thereof.
  - a. The Committee will collectively determine whether a campaign violation has occurred.
  - b. For validated complaints, the Committee will determine appropriate penalties, which may include an announcement of the violation by the Speaker to the House.
  - c. Committee members with a conflict of interest may participate in discussions but must recuse themselves from decisions regarding the merits of the complaint or penalties.
  - d. Deliberations of the Election Committee shall be confidential.
  - e. The Speaker shall include a summary of the Election Committee’s activities in “Official Candidate Notifications” sent to the House. Details may be provided at the discretion of the Election Committee and must be provided when the penalty includes an announcement about the violator to the House.
4. A record of all complaints and the results of the validation and the resolution processes, including penalties, shall be maintained by the AMA Office of General Counsel and kept confidential.
5. The Election Committee will review the Campaign Complaint Reporting, Validation and Resolution Process as implemented and make further recommendations to the House as necessary.

The final policy was recorded in PolicyFinder (see Policy [D-610.998](#)).

#### REVIEW OF ELECTION COMMITTEE ACTIVITY

After appointment by the Speakers, the committee met virtually to discuss their role and reviewed the election rules. The committee prepared the EC Report (discussed above) and presented the report to the House of Delegates at the November 2021 Special Meeting. As noted above, the report was referred to the Board of Trustees for decision. Subsequently, the Board adopted the process detailed above.

In early 2022 the Speakers sent communications to candidates and their campaign teams detailing the campaign rules as adopted by the HOD in June 2021. These were also included in the Election Manual. Note the EC did not modify any of the campaign rules adopted by the House of Delegates.

As the elections at A-22 approached the Speakers responded to multiple inquiries from candidates and their campaign teams regarding the election rules. A summary of the inquiries and responses was sent to all candidates and their campaign teams to ensure that all had the same information. The *Speakers' Letter* also included the election rules.

The EC has now completed a single campaign and election cycle. The Speaker reappointed 6 members of the committee (a single member was unavailable for reappointment) and appointed a new member from volunteers who submitted applications. The newly constituted committee has met to review the election process as implemented and discuss possible improvements. This report is the first report of the 2022-2023 Election Committee.

## DISCUSSION

The EC reviewed the process for complaint reporting, validation, and resolution as established by the HOD and BOT. The committee believes the process, as defined by AMA policy, provides an appropriate matrix for handling reported campaign violations, and recommends additions and communication of the process.

At A-22 the committee elected to involve the General Counsel and the Director of the Office of HOD Affairs in investigating a complaint, as was suggested in the EC Report. The EC believes the option of including the GC and Director should be added to the formal process specified in AMA policy.

It has been suggested that due process demands that the accused be made aware of the accusations against them and given an opportunity to respond. While not specified in current policy, this suggestion comports with the process followed by the committee. The EC recommends that it be made explicit in policy given its inherent reasonableness and fundamental fairness.

The EC Report from November 2021 (Appendix B) reviewed the option of specified penalties and concluded that creation of a “menu” of penalties would not be possible or prudent. The report discussed principles that would be applied in consideration of sanctions, including the timing of the offense, the advantage sought or gained, and the culpability of the candidate themselves. Policy D-610.998, paragraph 7b, codifies the role of the committee in determining appropriate penalties. Allowing some discretion for the EC, which is made up of a cross section of informed delegates, allows consideration of nuance and mitigating or extenuating circumstances.

Current policy and precedent provide for announcement to the HOD of validated campaign violations that are deemed most serious. Neither AMA policy nor Bylaws provide for removal of a candidate from an election. Announcement to the House maintains the appropriate role of the HOD as the final arbiter by their vote in the associated or relevant election. The EC reviewed these issues and favors the current policy, allowing the House to remain the final arbiter of serious violations. The committee does not seek the authority to remove a candidate.

Anonymity of complainants and confidentiality of deliberations is a basic tenet of claims of malfeasance and is specified in our rules. The desire for more information regarding serious accusations is understandable, but such disclosure would be problematic. It would seem unwieldy to expect complete disclosure. Any summary would invite accusations of bias or being misleading. In addition, disclosure could be embarrassing or even damaging to individuals interviewed solely to ensure a thorough and fair investigation. Knowing that such disclosure would be made would likely cause individuals to hesitate to cooperate in providing information, particularly if corroborating an allegation. While one would hope that ethics and professionalism alone would support truthful cooperation, the EC has no ability to compel individuals to cooperate with an investigation, and individuals do not testify under oath. Although not a jury, the EC is selected from experienced colleagues within the House who have agreed not to be involved in campaigns during their tenure on the committee and to recuse themselves if they have any potential conflict of interest in consideration of a complaint. The EC believes that while a record of all complaints and the results of the validation and the resolution processes should be maintained within the Office of the General Counsel, the committee deliberations should remain confidential and therefore, recommends no change to paragraph 8 of Policy D-610.998.

Prior to 2021 and the establishment of the Election Committee, election complaints were handled by a single individual, the Speaker, without any defined process. Our recently adopted House policy empowers the committee to

“work with the Speakers to adjudicate any election complaint,” calling this the primary role of the committee. Further, AMA policy defines the process to be followed. Vesting such authority in the committee places trust that the individuals will carefully and fairly adjudicate any complaint.

The policy that established the EC and our AMA campaign rules do not provide for oversight of delegations or caucuses beyond the fact that candidates themselves are held responsible for the actions of their campaign teams. In fact, our AMA has no clear authority over caucuses, which exist as independent entities and in some cases incorporated entities. The committee has heard that announcement of a violation may be perceived as damaging to a caucus or entire delegation, with or without their involvement. As such, it has been suggested that the leadership of a caucus or delegation be made aware whenever an allegation suggests the involvement of the group. While the EC does not seek broader oversight over delegations or caucuses, this request for notification and an opportunity to respond is considered reasonable and a recommended addition to policy.

Paragraph 5 of Policy D-610.998 calls for the Speaker to appoint an Election Committee of 7 individuals in accordance with Bylaw 2.13.7. The action of the Board in April making the speakers “full members” of the committee in effect expanded the EC to 9 members. This is allowed under Bylaw 2.13.7.2: “Size. Each committee shall consist of 7 members, **unless otherwise provided**” (*emphasis added*). Paragraph 7c of Policy D-610.998 requires committee members with a conflict of interest to recuse themselves. The EC notes that recusal of members may become a challenge, particularly in campaigns with multiple candidates from differing delegations, and recommends further expansion of the committee by two (2) additional members.

The EC believes the process for reporting, validation and resolution of campaign violations as recommended here should be codified in policy and widely communicated. While this report will raise awareness, the EC believes the formal process established should be included in future editions of the Election Manual.

## CONCLUSION

The Election Committee was officially established in June 2021 and has been in place for a single campaign and election cycle. The EC intends this interim report to raise awareness of the current processes for campaign complaint reporting, validation, and resolution as codified by action of the HOD and the BOT. As per Policy D-610.998, paragraph 9, the committee will continue to review the processes as implemented and make further recommendations to the House as necessary. In addition, the House is reminded that a review of the entirety of the modified election processes will be conducted after the upcoming elections at A-23 as per adopted recommendation 41 of the Election Task Force Report. Any adopted recommendations will be subject to that review.

## RECOMMENDATIONS

It is recommended that the following recommendations be adopted and the remainder of the report filed.

1. That Policy D-610.998, Paragraph 5, be amended by addition and deletion to read as follows:

In accordance with Bylaw 2.13.7, the Speaker shall appoint an Election Committee of ~~7~~ 9 individuals for 1-year terms (maximum tenure of 4 consecutive terms and a lifetime maximum tenure of 8 terms) to report to the Speaker. These individuals would agree not to be directly involved in a campaign during their tenure and would be appointed from various regions, specialties, sections, and interest groups. The primary role of the committee would be to work with the Speakers to adjudicate any election complaint. Additional roles to be determined by the Speaker and could include monitoring election reforms, considering future campaign modifications and responding to requests from the Speaker for input on election issues that arise. The Speaker and Vice Speaker shall be full members of the Election Committee.

2. That Policy D-610.998, Paragraph 7, be amended by addition to read as follows:

Campaign violation complaints will be investigated by the Election Committee or a subcommittee thereof with the option of including the Office of General Counsel or the Director of the House of Delegates.



3. That Policy D-610.998, Paragraph 7(a), be amended by addition to read as follows:

7(a). The Committee will collectively determine whether a campaign violation has occurred. As part of the investigation process the Election Committee or its subcommittee shall inform the candidate of the complaint filed and give the candidate the opportunity to respond to the allegation.

4. That Paragraph 7 be amended by addition of a new sub point “b” to read as follows:

7(b) If the complaint implicates a delegation or caucus, the Election Committee or its subcommittee shall inform the chair of the implicated delegation or caucus of the complaint filed and give the implicated delegation or caucus chair(s) the opportunity to answer to the allegation as a part of the investigative process.

5. That amended Policy D-610.998 be widely communicated, including being published in the Election Manual.

#### APPENDIX A - Report of the Election Task Force [ETF] (June 2021)

Relevant portion copied below. To review the full report go to page 103 of the pdf at <https://www.ama-assn.org/system/files/2021-06/j21-bot-reports.pdf>, which is page 133 of the J21 Proceedings.

#### ELECTION COMMITTEE

At the open forum discussion at I-19 the idea of an ongoing election committee was proffered and received broad support. The concept was not to detract from the Speakers’ role in overseeing the campaign and election process, but rather to provide them support. Recognizing that improvement in our elections is an iterative process, a committee could monitor the impacts of the recommendations adopted from this report and make further recommendations for the continued evolution of our election process. In addition, it was mentioned that enforcing campaign rules could create real or perceived bias for a Speaker if the complainant or the accused happened to be a friend or from their delegation. The committee working with the Speakers could adjudicate potential campaign violations. The Speakers are receptive to this proposal.

The ETF recommends establishment of an Election Committee of 7 individuals, appointed by the Speaker for 1-year terms to report to the Speaker. We proposed that these individuals be allowed to serve up to 4 consecutive terms but that the maximum tenure be 8 years. These individuals would agree to not be directly involved in a campaign during their tenure and would be appointed from various regions, specialties, sections, and interest groups to reduce potential bias. The primary role of the committee would be to work with the Speaker to adjudicate any election complaint. The ETF envisions selection of a smaller subcommittee from the Election Committee to adjudicate each specific complaint. Additional roles could include monitoring election reforms, considering future campaign modifications, and responding to requests from the Speaker for input on election issues that arise. Our Bylaws (2.13.7) provide for the appointment of such a committee. This Bylaw specifies that the term may be directed by the House of Delegates. Therefore, the ETF recommends that such a committee be established for the terms noted.

In addition, the task force recommends a more defined complaint and violation adjudication process including the proposed Election Committee. Details can be further determined by the committee in consultation with the Speakers and presented to the House at a future date, but the ETF suggests consideration of a more formal process for reporting, validation of the complaint with investigation as needed, resolution of the concern and presentation to the HOD if a formal penalty (up to and including exclusion from the election) is deemed appropriate.

#### APPENDIX B - Establishing an Election Committee (November 21)

#### HOUSE ACTION: REFERRED FOR DECISION

At the June 2021 Special Meeting (J21), the House of Delegates (HOD) adopted the following recommendation as part of the report of the Election Task Force (Speakers’ Report 2):

In accordance with Bylaw 2.13.7, the Speaker shall appoint an Election Committee of 7 individuals for 1-year terms (maximum tenure of 4 consecutive terms and a lifetime maximum tenure of 8 terms) to report to the Speaker. These individuals would agree not to be directly involved in a campaign during their tenure and would be appointed from various regions, specialties, sections, and interest groups. The primary role of the committee would be to work with the Speakers to adjudicate any election complaint. Additional roles to be determined by the Speaker and could include monitoring election reforms, considering future campaign modifications and responding to requests from the Speaker for input on election issues that arise. The recommendation is recorded as Paragraph 5 in Policy D-610.998, “Directives from the Election Task Force.”

The Speakers determined that the term of each committee member should run from June to June, starting and ending with the adjournment of the HOD meeting, and initial appointments, including the chair, have been made. The seven members of the

Committee are delegates or alternate delegates and have agreed to refrain from active participation in election campaigns through the following June, when their (initial) appointments will have concluded. Current members will be eligible for reappointment and other individuals willing to serve on the Committee are invited to complete the application form on the Speakers' page for positions that will begin in mid-2022.

Members of the Committee are listed in Appendix A. All were selected from among members of the House that submitted an application to serve. Appointments were made to cross the geographic regions and broad specialties represented in our House. The selected individuals have extensive experience with campaigns. Among those selected are past presidents of 4 state medical associations and 2 specialty societies, plus two past state medical association speakers in addition to past members of an AMA Council and Section Governing Councils. As part of their commitment, they have also agreed that all complaints and the ensuing discussions, deliberations, and votes will be kept confidential. Only those complaints that are verified and reported to the House will be shared, and then the Speaker will report to the House only the relevant aspects of the matter. The Committee might be likened to the peer review process. (See below for the complaint process.)

In addition, Paragraph 6 of the same policy adopted at J21 reads as follows:

The Speaker in consultation with the Election Committee will consider a more defined process for complaint reporting, validation, resolution, and potential penalties. This process will be presented to the House for approval.

This report is in response to Paragraph 6.

#### COMMITTEE ACTIVITIES AND PROPOSALS

The Committee convened by conference call to address the matters that had been assigned. Each is discussed below.

##### Complaint reporting

Long established policy (Policy G 610.020 [1]) states that the Speakers "are responsible for overall administration of our AMA elections." The Committee recommends that complaints continue to be submitted through the Speaker or Vice Speaker. Should either or both have a perceived conflict, complaints may be directed to our AMA's General Counsel. Counsel will then work with the Committee chair and/or the Speaker or Vice Speaker, depending on the nature and extent of the conflict. AMA's General Counsel can be reached through the Member Service Center or the HOD Office. Members of the Committee will not accept complaints directly and members of the House should not bring complaints to them or attempt to discuss campaign related concerns with individual members.

Complaints should generally be based on first-hand information because the necessary information is unlikely to otherwise be available. A complaint will need to include the following details:

- The name of the person(s) thought to have violated the rules
- The date of the alleged violation and the location if relevant
- The specific violation being alleged (i.e., the way the rules were violated)
- The materials, if any, that violate the rules; original materials are preferred over copies. Where necessary, arrangements for collection of these materials will be made.

Some discussion was had regarding the development of a list of potential rules violations and associated penalties, it quickly was recognized that this list would be limitless, necessarily qualified by nuance or exceptions. Furthermore, application of rigid penalties that do not take into account such nuances, would unnecessarily constrain the committee and potentially disenfranchise members of our House with whom rests the ultimate decision regarding verified infractions. Rather, the Committee recommends that they be allowed flexibility to consider the circumstances surrounding reported violations and to determine the appropriate corrective action. To ensure consistency and fairness over time, a history of the details of each verified offense and the ensuing penalty will be retained by the Office of General Counsel.

Inquiries about rules should also be directed to the Speakers. They have long interpreted AMA's election rules, and in fact, the annual election manual further elucidates the campaign rules. In this light some complaints could prove unfounded simply because of a misunderstanding of the rules. More importantly, consistency in explaining the rules is requisite, and the Speakers are familiar with both historical issues and current practice. In addition, questions sometimes arise for which the answer should be widely disseminated, and the Speakers have the ability and tools to share the information. Even-handedness in administering the elections is a hallmark of our processes.

##### Validation

Upon receiving a complaint, the Speaker will consult with the Committee chair to form a subcommittee of three members to investigate the allegation. The subcommittee members will be selected to avoid conflicts (e.g., being part of the same delegation

as the alleged violator). Using necessary discretion, the subcommittee shall investigate the complaint and will report to the full Committee whether the complaint is founded. When necessary, the Office of General Counsel or the HOD Office will assist.

Following the subcommittee's evaluation, the full Committee will meet as soon as practical but generally within 2 weeks, to hear the subcommittee's report, determine whether a violation has occurred, and establish appropriate next steps. Committee members with a conflict of interest will be expected to recuse themselves from the vote, although they may participate in any discussion that precedes the decision. These internal deliberations are confidential, and details will not be shared. The Speakers are ex officio members of the Committee, without vote except as necessary to break a tie within the Committee, when one of them may vote.

#### Resolution and potential penalties

Historically, the only formal penalty for a campaign violation was for the Speaker to announce to the House before the election that a violation had occurred by naming the violator and the violation. These announcements thankfully have been rare, but when such an announcement has been made, it is noted that the candidate subsequently lost the election.

The Committee believes the House should continue to be the final arbiter when violations are deemed to be significant; thus, the Speaker announcing a violation to the House will remain a penalty which the Committee may impose. At the same time the Committee may believe that this penalty is excessive for some violations. The Committee should consider mitigating circumstances such as inadvertent breaches and technical or typographical errors. The Committee should also consider when during the year the violation occurs, the likely advantage sought or gained by the action in question, and who committed the violation. Consequently, the Committee recommends that it be given discretion to determine appropriate resolution of a validated complaint. In many circumstances resolution may be accomplished by corrective action, short of announcement to the House.

No exhaustive list of situations is possible, but three principles would seem to capture relevant aspects of violations:

- The more remote in time the violation occurs, the less the need to declare a violation, and conversely, the nearer the election, the greater the need for an announcement by the Speaker.

It seems likely that a violation, particularly a violation that is perceived to be serious, will become generally known if it occurs well before the election. At the same time, awareness of a violation on the eve of the election has little chance of propagating and may warrant an announcement.

- The greater the advantage sought or gained, the more the need for a public announcement.

Some subjectivity is apparent in this principle, but the Committee believes that both the motivation and the benefit of the violating activity need to be addressed. An inadvertent violation that greatly advantages a candidate is more serious than the same inadvertent violation that for some reason handicaps the candidate.

- The greater the culpability of the candidate, the greater the need for an announcement to the House.

Under AMA's election rules, the candidate is responsible for all campaign activities, including those carried out by the candidate's supporters. While it would be unwise to simply ignore a violation committed by a naïve supporter (or group), the role of the candidate her- or himself certainly needs to be considered. In the same way "plausible deniability" alone will not absolve the candidate, though it may decrease the likelihood of Speaker pronouncements.

As noted above, announcing the Committee's conclusion to the House that a violation has occurred should remain an option, but the Committee also favors availability of other options whereby relatively minor infractions may be easily and quickly remedied without being reported to the House. This may also be appropriate in those cases where the violation and corrective action is readily apparent without formal announcement. For example, Paragraph 15 of the rules (Policy G 610.020) requires candidates using electronic communications to "include a simple mechanism to allow recipients to opt out of receiving future [emails]." A candidate failing to provide the "simple mechanism" could easily correct the violation by sending another communication apologizing and adding the opt out, which would be apparent to all recipients, meaning that reporting the violation to the House would be of little need. For another example, a misstatement in an interview or on campaign materials could be subsequently corrected by the candidate by notification to those that received the misinformation.

Where a confirmed violation is deemed by the Election Committee to require a report to the House, the Speaker would report pertinent details, including any corrective action undertaken by the candidate, that are deemed appropriate for the HOD to consider. A notice to the House, separate from a meeting, could be provided when appropriate. For example, such notice could be included with the Speakers' planned announcements of candidates (see Policy G 610.020 [3]), which would allow the House to assess the gravity of the violation but also provide the violator with the opportunity to respond to concerns. Violations that occur once the Annual Meeting has convened, if determined by the Committee to be significant, would be announced during a session of the HOD.

## CONCLUSION

The final recommendation of Speakers' Report 2 (Report of the Election Task Force) adopted at the J21 Special Meeting (Policy D-610.998) provides for a review of the reforms related to our election processes. The Election Committee itself and these recommendations will be subject to this review. Our tradition of professionalism and collegiality should result in few violations of our campaign principles and rules necessitating invoking the process detailed here. The Election Committee has recommended a process that draws upon our traditions, provides appropriate flexibility without undue complexity, and yet maintains the integrity of our elections. Accordingly, your Election Committee asks that the following recommendations be approved for use in the upcoming open campaign season and that the Committee be allowed to continue to monitor our election processes with further recommendations in the future as needed.

## RECOMMENDATIONS

It is recommended that the following recommendations be adopted and the remainder of the report be filed.

1. A Campaign Complaint Reporting, Validation, and Resolution Process shall be established as follows:

Campaign violation complaints should be directed to the Speaker, the Vice Speaker, or the AMA General Counsel and should include the following details:

- The name of the person(s) thought to have violated the rules
- The date of the alleged violation and the location if relevant
- The specific violation being alleged (i.e., the way the rules were violated)
- The materials, if any, that violate the rules; original materials are preferred over copies. Where necessary, arrangements for collection of these materials will be made.

Campaign violation complaints will be investigated by the Election Committee, which will determine penalties for validated complaints as appropriate. Penalties may include an announcement of the violation by the Speaker to the House.

2. The Election Committee will review the Campaign Complaint Reporting, Validation, and Resolution Process as implemented and make further recommendations to the House as necessary.

3. Policy D-610.998, Paragraph 6 be rescinded.

[Editor's note: At the time of referral, the following amended language had been adopted:

Campaign violation complaints will be investigated by the Election Committee, which will recommend penalties to the Speaker of the House, who will validate complaints and actions as appropriate. Penalties may include an announcement of the violation by the Speaker to the House.

**607. ACCOUNTABILITY FOR ELECTION RULES VIOLATIONS**  
**Introduced by Texas**

*Reference committee hearing: see report of Reference Committee F.*

**HOD ACTION:      REFERRED**

RESOLVED, That our American Medical Association empower the Election Committee to develop a list of appropriate penalties for candidates and caucus/delegation/section leadership who violate election rules; and be it further

RESOLVED, That the Election Committee define potential election rule violations as minor (oversight or misinterpretation of rules), moderate (more serious and more likely to affect the outcome of an election), and severe (intentional violation with high likelihood of affecting the outcome of an election) and assign appropriate penalties or actions to remedy the situation and/or report the violation to the House of Delegates; and be it further

RESOLVED, That any candidate who is deemed to have violated the vote trading election rule be disqualified from the current race as well as any future races at the AMA for a period not less than 2 years, upon the recommendation of the Election Committee and approval of the full House of Delegates; and be it further

RESOLVED, That any caucus/delegation/section leadership that is found to have engaged in vote trading shall not be allowed to sponsor any candidates for a period not less than 2 years; and be it further

RESOLVED, That anyone who is deemed by the Election Committee to have knowingly and egregiously violated the vote trading rule be referred to the Council on Ethical and Judicial Affairs for potential ethics violations.

# Directives from the Election Task Force D-610.998

## Campaign Receptions

1. Our AMA will investigate the feasibility of a two- (2) year trial of sponsoring a welcome reception open to all candidates and all meeting attendees. Any candidate may elect to be featured at the AMA reception. There will not be a receiving line at the AMA reception. Other receptions sponsored by societies or coalitions, whether featuring a candidate or not, would not be prohibited, but the current rules regarding cash bars only at campaign receptions and limiting each candidate to be featured at a single reception (the AMA reception or another) would remain. The Speakers will report back to the House after the two year trial with a recommendation for possible continuation of the AMA reception.

## Campaign literature

2. An AMA Candidates Page will be created on the AMA website or other appropriate website to allow each candidate the opportunity to post campaign materials. Parameters for the site will be established by the Speaker and communicated to candidates.

## Interviews

3. The Speakers are encouraged to continue recorded virtual interviews of announced candidates in contested races, to be posted on the AMA website.

## Voting Process and Election Session

4. The Speaker is encouraged to consider means to reduce the time spent during the HOD meeting on personal points by candidates after election results are announced, including collecting written personal points from candidates to be shared electronically with the House after the meeting or imposing time limits on such comments.

## Election Committee

In accordance with Bylaw 2.13.7, the Speaker shall appoint an Election Committee of 9 individuals for 1-year terms (maximum tenure of 4 consecutive terms and a lifetime maximum tenure of 8 terms) to report to the Speaker. These individuals would agree not to be directly involved in a campaign during their tenure and would be appointed from various regions, specialties, sections, and interest groups. The primary role of the committee would be to work with the Speakers to adjudicate any election complaint. Additional roles to be determined by the Speaker and could include monitoring election reforms, considering future campaign modifications and responding to requests from the Speaker for input on election issues that arise. The Speaker and Vice Speaker shall be full members of the Election Committee.

6. A Campaign Complaint Reporting, Validation and Resolution Process shall be established as follows:

Campaign violation complaints should be directed to the Speaker, the Vice Speaker, or the AMA General Counsel and should include the following details:

The name of the person(s) thought to have violated the rules

The date of the alleged violation and the location if relevant

The specific violation being alleged (i.e., the way the rules were violated)

The materials, if any, that violate the rules; original materials are preferred over copies. Where necessary, arrangements for collection of these materials will be made.

7. Campaign violation complaints will be investigated by the Election Committee or a subcommittee thereof with the option of including the Office of General Counsel or the Director of the House of Delegates.

a. The Committee will collectively determine whether a campaign violation has occurred. As part of the investigation process the Election Committee or its subcommittee shall inform the candidate of the complaint filed and give the candidate the opportunity to respond to the allegation.

b. If the complaint implicates a delegation or caucus, the Election Committee or its subcommittee shall inform the chair of the implicated delegation or caucus of the complaint filed and give the implicated delegation or caucus chair(s) the opportunity to answer to the allegation as a part of the investigative process.

c. For validated complaints, the Committee will determine appropriate penalties, which may include an announcement of the violation by the Speaker to the House.

d. Committee members with a conflict of interest may participate in discussions but must recuse themselves from decisions regarding the merits of the complaint or penalties.

e. Deliberations of the Election Committee shall be confidential.

f. The Speaker shall include a summary of the Election Committees activities in Official Candidate Notifications sent to the House. Details may be provided at the discretion of the Election Committee and must be provided when the penalty includes an announcement about the violator to the House.

8. A record of all complaints and the results of the validation and the resolution processes, including penalties, shall be maintained by the AMA Office of General Counsel and kept confidential.

9. The Election Committee will review the Campaign Complaint Reporting, Validation and Resolution Process as implemented and make further recommendations to the House as necessary.

#### Review of Implementation

10. After an interval of 2 years a review of our election process, including the adopted Recommendations from this report, be conducted by the Speaker and, at the Speakers discretion the appointment of another election task force, with a report back to the House.

11. Amended Policy D-610.998 will be widely communicated, including being published in the Election Manual.

#### Policy Timeline

Speakers Rep. 2, A-21 Modified: BOT Action in response to referred for decision: Speakers Rep. 2, I-21 Modified: Speakers Rep. 1, I-22

## **Nominations G-610.010**

Guidelines for nominations for AMA elected offices include the following:

- (1) every effort should be made to nominate two or more eligible members for each Council vacancy;
- (2) the Federation (in nominating or sponsoring candidates for leadership positions), the House of Delegates (in electing Council and Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions) to consider the need to enhance and promote diversity;
- (3) the date for submission of applications for consideration by the Board of Trustees at its April meeting for the Council on Legislation, Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, Council on Science and Public Health, Council on Long Range Planning and Development, and Council on Ethical and Judicial Affairs is made uniform to March 15th of each year;
- (4) the announcement of the Council nominations and the official ballot should list candidates in alphabetical order by name only; and
- (5) nominating speeches for unopposed candidates for office, except for President-elect, should be eliminated.

### **Policy Timeline**

CCB/CLRPD Rep. 3, A-12 Modified: Speakers Rep. 2, A-21



## **Rules for AMA Elections G-610.020**

(1) The Speaker and Vice Speaker of the House of Delegates are responsible for overall administration of our AMA elections, although balloting is conducted under the supervision of the chief teller and the Committee on Rules and Credentials. The Speaker and Vice Speaker will advise candidates on allowable activities and when appropriate will ensure that clarification of these rules is provided to all known candidates. The Speaker, in consultation with the Vice Speaker and the Election Committee, is responsible for declaring a violation of the rules.

(2) Individuals intending to seek election at the next Annual Meeting should make their intentions known to the Speakers, generally by providing the Speakers office with an electronic announcement card that includes any or all of the following elements and no more: the candidates name, photograph, email address, URL, the office sought and a list of endorsing societies. The Speakers will ensure that the information is posted on our AMA website in a timely fashion, generally on the morning of the last day of a House of Delegates meeting or upon adjournment of the meeting. Announcements that include additional information (e.g., a brief resume) will not be posted to the website. Printed announcements may not be distributed in the venue where the House of Delegates meets. Announcements sent by candidates to members of the House are considered campaigning and are specifically prohibited prior to the start of active campaigning. The Speakers may use additional means to make delegates aware of those members intending to seek election .

(3) Announcement cards of all known candidates will be projected on the last day of the Annual and Interim Meetings of our House of Delegates and posted on the AMA website as per Policy G-610.020, paragraph 2. Following each meeting, an Official Candidate Notification will be sent electronically to the House. It will include a list of all announced candidates and all potential newly opened positions which may open as a result of the election of any announced candidate. Additional notices will also be sent out following the April Board meeting and on Official Announcement Dates to be established by the Speaker.

(4) Candidates may notify the HOD Office of their intention to run for potential newly opened positions, as well as any scheduled open positions on any council or the Board of Trustees, at any time by submitting an announcement card to the House Office. They will then be included in all subsequent projections of announcements before the House, Official Candidate Notifications, and in any campaign activity that had not yet been finalized. All previously announced candidates will continue to be included on each Official Announcement Date. Any candidate may independently announce their candidacy after active campaigning is allowed, but no formal announcement from the HOD office will take place other than at the specified times.

(5) The Federation and members of the House of Delegates will be notified of unscheduled potential newly opened positions that may become available as a result of the election of announced candidates. Candidates will be allowed to announce their intention to run for these positions

(6) If a potential newly opened position on the Board or a specified council does not open but there are other open positions for the same council or the Board, an election will proceed for the

existing open seats. Candidates will be offered the opportunity to withdraw their nomination prior to the vote. If there are no scheduled open seats on the Board or specified council for which a potential newly opened position is announced and if the potential newly opened position does not open (ie., the individual with the unexpired term is not elected to the office they sought), no election for the position will be held. In the event that a prior election results in a newly opened position without a nominated candidate or more positions are open than nominated candidates, the unfilled position/s would remain unfilled until the next annual meeting.

(7) The AMA Office of House of Delegates Affairs will provide an opportunity for all announced candidates to submit material to the HOD office which will then be sent electronically by the HOD Office in a single communication to all delegates and alternates. Parameters regarding content and deadlines for submission will be established by the Speaker and communicated to all announced candidates.

(8) Our AMA believes that: (a) specialty society candidates for AMA House of Delegates elected offices should be listed in the pre-election materials available to the House as the representative of that society and not by the state in which the candidate resides; (b) elected specialty society members should be identified in that capacity while serving their term of office; and (c) nothing in the above recommendations should preclude formal co-endorsement by any state delegation of the national specialty society candidate, if that state delegation should so choose.

(9) An Election Manual containing information on all candidates for election shall continue to be developed annually, with distribution limited to publication on our AMA website, typically on the Web pages associated with the meeting at which elections will occur. The Election Manual will provide a link to the AMA Candidates Page, but links to personal, professional or campaign related websites will not be allowed. The Election Manual provides an equal opportunity for each candidate to present the material he or she considers important to bring before the members of the House of Delegates and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings. The Election Manual serves as a mechanism to reduce the number of telephone calls, mailings and other messages members of the House of Delegates receive from or on behalf of candidates.

(10) Active campaigning for AMA elective office may not begin until the Board of Trustees, after its April meeting, announces the candidates for council seats. Active campaigning includes mass outreach activities directed to all or a significant portion of the members of the House of Delegates and communicated by or on behalf of the candidate. If in the judgment of the Speaker of the House of Delegates circumstances warrant an earlier date by which campaigns may formally begin, the Speaker shall communicate the earlier date to all known candidates.

(11) The Speaker's Office will coordinate the scheduling of candidate interviews for general officer positions (Trustees, President-Elect, Speaker and Vice Speaker). Groups wishing to conduct interviews must designate their interviewing coordinator and provide the individuals contact information to the Office of House of Delegates Affairs. The Speakers Office will collect contact information for groups wishing to conduct interviews as well as for candidates and their campaign teams and will provide the information as requested.

(12) Interviews conducted with current candidates must comply with the following rules:

- a. Interviews may be arranged between the parties once active campaigning is allowed.
- b. Groups conducting interviews with candidates for a given office must offer an interview to all individuals that have officially announced their candidacy at the time the groups interview schedule is finalized.
  - i. A group may meet with a candidate who is a member of their group without interviewing other candidates for the same office.
  - ii. Interviewing groups may, but are not required to, interview late announcing candidates. Should an interview be offered to a late candidate, all other announced candidates for the same office (even those previously interviewed) must be afforded the same opportunity and medium.
  - iii. Any appearance by a candidate before an organized meeting of a caucus or delegation, other than their own, will be considered an interview and fall under the rules for interviews.
- c. Groups may elect to conduct interviews virtually or in-person.
- d. In-person interviews may be conducted between Friday and Monday of the meeting at which elections will take place.
- e. Virtual interviews are subject to the following constraints:
  - i. Interviews may be conducted only during a 4-7 day window designated by the Speaker beginning at least two weeks but not more than 4 weeks prior to the scheduled Opening Session of the House of Delegates meeting at which elections will take place.
  - ii. Interviews conducted on weeknights must be scheduled between 5 pm and 10 pm or on weekends between 8 am and 10 pm based on the candidates local time, unless another mutually acceptable time outside these hours is arranged.
  - iii. Caucuses and delegations scheduling interviews for candidates within the parameters above must offer alternatives to those candidates who have conflicts with the scheduled time.
- f. Recording of interviews is allowed only with the knowledge and consent of the candidate.
- g. Recordings of interviews may be shared only among members of the group conducting the interview.
- h. A candidate is free to decline any interview request.
- i. In consultation with the Election Committee, the Speaker, or where the Speaker is in a contested election, the Vice Speaker, may issue special rules for interviews to address unexpected situations.

(13) Every state and specialty society delegation is encouraged to participate in a regional caucus, for the purposes of candidate review activities.

(14) Campaign memorabilia may not be distributed in the Not for Official Business (NFOB) bag.

(15) Campaign materials may not be distributed by postal mail or its equivalent. The AMA Office of House of Delegates Affairs will no longer furnish a file containing the names and mailing addresses of members of the AMA-HOD. Printed campaign materials will not be included in the Not for Official Business bag and may not be distributed in the House of Delegates. Candidates are encouraged to eliminate printed campaign materials.

(16) A reduction in the volume of telephone calls and electronic communication from candidates and on behalf of candidates is encouraged. The Office of House of Delegates Affairs does not provide email addresses for any purpose. The use of electronic messages to contact electors should be minimized, and if used must include a simple mechanism to allow recipients to opt out of receiving future messages.

(17) Campaign expenditures and activities should be limited to reasonable levels necessary for adequate candidate exposure to the delegates. Campaign memorabilia and giveaways that include a candidates name or likeness may not be distributed at any time.

(18) Campaign stickers, pins, buttons and similar campaign materials are disallowed. This rule will not apply for pins for AMPAC, the AMA Foundation, specialty societies, state and regional delegations and health related causes that do not include any candidate identifier. These pins should be small, not worn on the badge and distributed only to members of the designated group. General distribution of any pin, button or sticker is disallowed.

(19) At any AMA meeting convened prior to the time period for active campaigning, campaign-related expenditures and activities shall be discouraged. Large campaign receptions, luncheons, other formal campaign activities and the distribution of campaign literature and gifts are prohibited. It is permissible for candidates seeking election to engage in individual outreach meant to familiarize others with a candidates opinions and positions on issues.

(20) Candidates for AMA office should not attend meetings of state medical societies unless officially invited and could accept reimbursement of travel expenses by the state society in accordance with the policies of the society.

(21) Group dinners, if attended by an announced candidate in a currently contested election, must be Dutch treat - each participant pays their own share of the expenses, with the exception that societies and delegations may cover the expense for their own members. This rule would not disallow societies from paying for their own members or delegations gathering together with each individual or delegation paying their own expense. Gatherings of 4 or fewer delegates or alternates are exempt from this rule.

(22) A state, specialty society, caucus, coalition, etc. may contribute to more than one party. However, a candidate may be featured at only one party, which includes: (a) being present in a

receiving line, or (b) appearing by name or in a picture on a poster or notice in or outside of the party venue. At these events, alcohol may be served only on a cash or no-host bar basis.

(23) Displays of campaign posters, signs, and literature in public areas of the hotel in which Annual Meetings are held are prohibited because they detract from the dignity of the position being sought and are unsightly. Campaign posters may be displayed at a single campaign reception at which the candidate is featured. No campaign literature shall be distributed in the House of Delegates and no mass outreach electronic messages shall be transmitted after the opening session of the House of Delegates.

(24) At the Opening Session of the Annual Meeting, officer candidates in a contested election will give a two-minute self-nominating speech, with the order of speeches determined by lot. No speeches for unopposed candidates will be given, except for president-elect. When there is no contest for president-elect, the candidate will ask a delegate to place his or her name in nomination, and the election will then be by acclamation. When there are two or more candidates for the office of president-elect, a two-minute nomination speech will be given by a delegate. In addition, the Speaker of the House of Delegates will schedule a debate in front of the AMA-HOD to be conducted by rules established by the Speaker or, in the event of a conflict, the Vice Speaker.

(25) Our AMA (a) requires completion of conflict of interest forms by all candidates for election to our AMA Board of Trustees and councils prior to their election; and (b) will expand accessibility to completed conflict of interest information by posting such information on the Members Only section of our AMA website before election by the House of Delegates, with links to the disclosure statements from relevant electronic documents.

### **Policy Timeline**

CLRPD Rep. E, I-80 Res. 22, I-81 Reaffirmed: CLRPD Rep. B, I-90 Reaffirmed: CLRPD Rep. F, I-91 CCRC Special Report, I-92 CCRC Special Report I-93 Special Committee on Campaign and Elections and Reaffirmed Special Committee Report on Campaigns and Elections, I-96 Special Committee on Campaigns and Elections, A-97 Reaffirmed: Sunset Report, I-00 Consolidated: CLRPD Rep. 3, I-01 CC&B Rep. 3, I-08 Modified: Rules and Credentials Rep. 1, A-11 Modified: Rules and Credentials Rep. 1, I-13 Appended: BOT Rep. 5, I-13 Modified: Res. 602, A-14 Modified: Speakers Rep. 1, I-14 Modified: Res. 1, A-15 Modified: Speakers Rep. 2, A-21 Modified: Speakers Rep. 1, I-21 Modified: Res. 614, A-22

# **Guiding Principles for House Elections G-610.021**

The following principles provide guidance on how House elections should be conducted and how the selection of AMA leaders should occur:

- (1) AMA delegates should: (a) avail themselves of all available background information about candidates for elected positions in the AMA; (b) determine which candidates are best qualified to help the AMA achieve its mission; and (c) make independent decisions about which candidates to vote for.
- (2) Any electioneering practices that distort the democratic processes of House elections, such as vote trading for the purpose of supporting candidates, are unacceptable. This principle applies between as well as within caucuses and delegations.
- (3) Candidates for elected positions should comply with the requirements and the spirit of House of Delegates policy on campaigning and campaign spending.
- (4) Candidates and their sponsoring organizations should exercise restraint in campaign spending. Federation organizations should establish clear and detailed guidelines on the appropriate level of resources that should be allocated to the political campaigns of their members for AMA leadership positions.
- (5) Incumbency should not assure the re-election of an individual to an AMA leadership position.
- (6) Service in any AMA leadership position should not assure ascendancy to another leadership position.
- (7) Delegations and caucuses when evaluating candidates may provide information to their members encouraging open discussion regarding the candidates.
- (8) Delegations and caucuses should be a source of encouragement and assistance to qualified candidates. Nomination and endorsement should be based upon selecting the most qualified individuals to lead our AMA regardless of the number of positions up for election in a given race. Delegations and caucuses are reminded that all potential candidates may choose to run for office, with or without their endorsement and support.

## **Policy Timeline**

CLRPD Rep. 4, I-01 Reaffirmed: CC&B Rep. 2, A-11 Modified: Speakers Rep. 2, A-21

## **Election Process G-610.030**

AMA guidelines on the election process are as follows: (1) AMA elections will be held on Tuesday at each Annual Meeting; (2) Voting for all elected positions including runoffs will be conducted electronically during an Election Session to be arranged by the Speaker; (3) All delegates eligible to vote must be seated within the House at the time appointed to cast their electronic votes; and (4) The final vote count of all secret ballots of the House of Delegates shall be made public and part of the official proceedings of the House.

### **Policy Timeline**

Sub. Res. 3, I-74 Special Committee Report, A-86 Reaffirmed: CLRPD Rep. C, A-89 Amended: Sunset Report, I-96 Amended: Rep. of the Special Advisory Committee to the Speaker of the HOD, I-99 Reaffirmed: Sunset Report, A-00 BOT Report 23, A-01 Consolidated: CLRPD Rep. 3, I-01 Reaffirmed: CC&B Rep. 2, A-11 Modified: Speakers Rep. 2, A-21

## 3—Officers

- 3.1 Designations.** The officers of the AMA shall be those specified in Article V of the Constitution.
- 3.2 Qualifications.**
- 3.2.1 General.** An officer, except the public trustee, must have been an active member of the AMA for at least 2 years immediately prior to election.
- 3.2.1.1 Resignation of AMA Position.** Trustees, except the medical student trustee, shall resign all other positions held by them in the AMA upon their election. The medical student trustee shall resign all other positions held in the AMA upon assumption of office.
- 3.2.1.2 Delegate.** Except for the Speaker and Vice Speaker, no person, while serving as an officer, shall be a delegate or an alternate delegate to the House of Delegates.
- 3.2.1.3 Restriction on Chair.** The Chair of the Board of Trustees is not eligible for election as President-Elect until the Annual Meeting following completion of the term as Chair of the Board of Trustees.
- 3.2.2 Speaker and Vice Speaker.** The Speaker and Vice Speaker of the House shall be elected from among the members of the House of Delegates.
- 3.2.3 Young Physician Trustee.** The young physician trustee shall be an active physician member of the AMA under 40 years of age or within the first eight years of practice after residency and fellowship training programs, who is not a resident/fellow physician.
- 3.2.4 Resident/Fellow Physician Trustee.** The resident/fellow physician trustee shall be an active physician member of the AMA who meets the definition of a resident/fellow physician.
- 3.2.5 Medical Student Trustee.** The medical student trustee shall be an active medical student member of the AMA.
- 3.2.6 Public Trustee.** The public trustee shall be an individual who does not possess the United States degree of doctor of medicine (MD) or doctor of osteopathic medicine (DO), or a recognized international equivalent, and who is not a medical student.



**3.3 Nominations.** Nominations for President-Elect, Speaker and Vice Speaker, shall be made from the floor by a member of the House of Delegates. Nominations for all other officers, except for Secretary, the medical student trustee, and the public trustee, shall be made from the floor by a member of the House of Delegates and may be announced by the Board of Trustees.

**3.4 Elections.**

**3.4.1 Time of Election.** Officers of the AMA, except the Secretary, the medical student trustee, and the public trustee, shall be elected by the House of Delegates at the Annual Meeting, except as provided in Bylaws 3.6 and 3.7. The public trustee may be elected at any meeting of the House of Delegates at which the Selection Committee for the Public Trustee submits a nomination for approval by the House of Delegates. On recommendation of the Committee on Rules and Credentials, the House of Delegates shall set the day and hour of such election. The Medical Student Section shall elect the medical student trustee in accordance with Bylaw 3.5.6.

**3.4.2 Method of Election.** Where there is no contest, a majority vote without ballot shall elect. All other elections shall be by ballot.

**3.4.2.1 At-Large Trustees.**

**3.4.2.1.1 First Ballot.** All nominees for the office of At-Large Trustee shall be listed alphabetically on a single ballot. Each elector shall have as many votes as the number of Trustees to be elected, and each vote must be cast for a different nominee. No ballot shall be counted if it contains fewer or more votes than the number of Trustees to be elected, or if the ballot contains more than one vote for any nominee. A nominee shall be elected if they have received a vote on a majority of the legal ballots cast and are one of the nominees receiving the largest number of votes within the number of Trustees to be elected.

**3.4.2.1.2 Runoff Ballot.** A runoff election shall be held to fill any vacancy not filled because of a tie vote.

**3.4.2.1.3 Subsequent Ballots.** If all vacancies for Trustees are not filled on the first ballot and 3 or more Trustees are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. When 2 or fewer Trustees are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall

cast as many votes as there are Trustees yet to be elected, and must cast each vote for different nominees. This procedure shall be repeated until all vacancies have been filled.

**3.4.2.2 All Other Officers, except the Medical Student Trustee and the Public Trustee.** All other officers, except the medical student trustee and the public trustee, shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominees on subsequent ballots shall be determined by retaining the 2 nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.

**3.4.2.3 Medical Student Trustee.** The medical student trustee is elected by the Medical Student Section in accordance with Bylaw 3.5.6.

**3.4.2.4 Public Trustee.** The public trustee shall be elected separately. The nomination for the public trustee shall be submitted to the House of Delegates by the Selection Committee for the Public Trustee. Nominations from the floor shall not be accepted. A majority vote of delegates present and voting shall be necessary to elect.

### **3.5 Terms and Tenure.**

**3.5.1 President-Elect.** The President-Elect shall be elected annually and shall serve as President-Elect until the next inauguration and shall become President upon installation at the inaugural ceremony, serving thereafter as President until the installation of a successor. The inauguration of the President may be held at any time during the meeting.

**3.5.2 Speaker and Vice Speaker.** The Speaker and Vice Speaker of the House of Delegates shall be elected annually, each to serve for one year or until their successors are elected and installed.

**3.5.2.1 Limit on Total Tenure.** An individual elected as Speaker may serve a maximum tenure of 4 years as Speaker. An individual elected as Vice Speaker may serve for a maximum tenure of 4 years as Vice Speaker.

**3.5.3 Secretary.** A Secretary shall be selected by the Board of Trustees from one of its members and shall serve for a term of one year.

**3.5.4 At-Large Trustees.** At-Large Trustees shall be elected to serve for a term of 4 years, and shall not serve for more than 2 terms.

**3.5.4.1 Limit on Total Tenure.** Trustees may serve for a maximum tenure of 8 years. Trustees elected at an Interim Meeting may serve for a maximum tenure of 8 years from the Annual Meeting following their election. The limitation on tenure shall take priority over a term length for which the Trustee was elected.

**3.5.4.2 Prior Service as Young Physician Trustee.** Periods of service as the young physician trustee shall count as part of the maximum Board of Trustees tenure.

**3.5.4.3 Prior Service as Resident/Fellow Physician Trustee or Medical Student Trustee.** Periods of service as the resident/fellow physician trustee or as the medical student trustee shall not count as part of the maximum Board of Trustees tenure.

**3.5.5 Resident/Fellow Physician Trustee.** The resident/fellow physician trustee shall serve a term of 2 years and shall not serve for more than 3 terms. If the resident/fellow physician trustee is unable, for any reason, to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected to a term to expire at the conclusion of the second Annual Meeting of the House of Delegates following the meeting at which the resident/fellow physician trustee was elected.

**3.5.5.1 Cessation of Residency/Fellowship.** The term of the resident/fellow physician trustee shall terminate and the position shall be declared vacant if the trustee should cease to be a resident/fellow physician. If the trustee completes residency or fellowship within 90 days prior to an Annual Meeting, the trustee shall be permitted to continue to serve on the Board of Trustees until the completion of the Annual Meeting.

**3.5.6 Medical Student Trustee.** The Medical Student Section shall elect the medical student trustee annually. The medical student trustee shall have all of the rights of a trustee to participate fully in meetings of the Board, including the right to make motions and to vote on policy issues, intra-Board elections or other elections, appointments or nominations conducted by the Board of Trustees.

**3.5.6.1 Term.** The medical student trustee shall be elected at the Business Meeting of the Medical Student Section prior to the Interim Meeting for a term of one year beginning at the close of the next Annual Meeting and concluding at the close of the second Annual Meeting following the meeting at which the trustee was elected.

**3.5.6.2 Re-election.** The medical student trustee shall be eligible for re-election as long as the trustee remains eligible for medical student membership in AMA.

**3.5.6.3 Cessation of Enrollment.** The term of the medical student trustee shall terminate and the position shall be declared vacant if the medical student trustee should cease to be eligible for medical student membership in the AMA by virtue of the termination of the trustee's enrollment in an educational program. If the medical student trustee graduates from an educational program within 90 days prior to an Annual Meeting, the trustee shall be permitted to continue to serve on the Board of Trustees until completion of the Annual Meeting.

**3.5.7 Young Physician Trustee.** The young physician trustee shall be elected for a term of 4 years, and shall not serve for more than 2 terms.

**3.5.7.1 Limitations.** No candidate shall be eligible for election or re-election as the young physician trustee unless, at the time of election, they are under 40 years of age or within the first eight years of practice after residency and fellowship training, and are not a resident/fellow physician. A young physician trustee shall be eligible to serve on the Board of Trustees for the full term for which elected, even if during that term the trustee reaches 40 years of age or completes the eighth year of practice after residency and fellowship training.

**3.5.8 Public Trustee.** A public trustee shall be elected for a term of 4 years, and shall not serve for more than one term. A public trustee shall have all of the rights of a trustee to participate fully in meetings of the Board, including the right to make motions and to vote on policy issues, except that a public trustee shall not have the right to vote on intra-Board elections. A public trustee shall not be eligible for election as an officer of the Board of Trustees.

## 6—Councils

### 6.0.1 Responsibilities.

**6.0.1.1 Information and Recommendations.** All Councils have a continuing duty to provide information and to submit recommendations to the House of Delegates, through the Board of Trustees, on matters relating to the areas of responsibility assigned to them under the provisions of these Bylaws.

**6.0.1.1.1 Method of Reporting.** Councils, except the Council on Ethical and Judicial Affairs and the Council on Legislation shall submit their reports to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the reports to the Councils as it deems appropriate, prior to transmitting the reports to the House of Delegates without delay or modification by the Board. The Board may also submit written recommendations regarding the reports to the House of Delegates.

**6.0.1.1.2 Method of Referral.** Referrals from the House of Delegates to a Council shall be made through the Board of Trustees. The Board may, in addition, refer the matter to such other councils as it deems appropriate.

**6.0.1.2 Strategic Planning.** All Councils have a responsibility to participate in the strategic planning process with the Board of Trustees, other Councils, and other organizational units as may be appropriate.

**6.0.1.3 Communications and Working Relationships.** All Councils have a responsibility to communicate and develop working relationships with the Board of Trustees, other Councils, the Sections, organizations represented within the House of Delegates and other organizational units as may be appropriate.

**6.0.2 Rules and Regulations.** Each Council shall select a Chair and Vice Chair or Chair-Elect and may adopt such rules and regulations as it deems necessary and appropriate for the conduct of its affairs, subject to approval by the Board of Trustees.

**6.1 Council on Constitution and Bylaws.**

**6.1.1 Functions.**

**6.1.1.1** To review, advise and make recommendations on matters pertaining to the Constitution and Bylaws;

**6.1.1.2** To recommend such changes in the Constitution and Bylaws as it deems appropriate for action by the House of Delegates;

**6.1.1.3** To draft Constitution and Bylaws language as directed by the House of Delegates or Board of Trustees, or as recommended by the Council for consideration by the House of Delegates.

**6.1.1.4** To serve as advisory to the Board of Trustees in reviewing the rules, regulations, and procedures of the AMA Councils and Sections.

**6.1.2 Membership.**

**6.1.2.1** Eight active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student.

**6.1.2.2** In addition, the Speaker and Vice Speaker of the House of Delegates shall be ex officio members of the Council without the right to vote.

**6.2 Council on Medical Education.**

**6.2.1 Functions.**

**6.2.1.1** To study and evaluate all aspects of medical education continuum, including the development of programs approved by the House of Delegates, to ensure an adequate continuing supply of well-qualified physicians to meet the needs of the public;

**6.2.1.2** To review and recommend policies for medical and allied health education, whereby the AMA may provide the highest education service to both the public and the profession;

**6.2.1.3** To consider and recommend means by which the AMA may, on behalf of the public and the medical profession at-large, continue to provide information, leadership, and direction to the existing inter-organizational bodies dealing with medical and allied health education; and

**6.2.1.4** To consider and recommend the means and methods whereby physicians may be assisted in maintaining their professional competence and the development of means and criteria for recognition of such achievement.

**6.2.2 Membership.**

**6.2.2.1** Twelve active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student.

**6.3 Council on Medical Service.**

**6.3.1 Functions.**

**6.3.1.1** To study and evaluate the social and economic aspects of health care; and, on behalf of the public and the profession, to recommend relevant policy changes to improve health care delivery in a changing socioeconomic environment;

**6.3.1.2** To investigate social and economic factors influencing the practice of medicine;

**6.3.1.3** To confer with state associations, component societies and national medical specialty societies regarding changing conditions and anticipated proposals that would affect medical care; and

**6.3.1.4** To assist medical service committees established by state associations, component societies, and the national medical specialty societies.

**6.3.2 Membership.**

**6.3.2.1** Twelve active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student.

**6.4 Council on Science and Public Health.**

**6.4.1 Functions.**

**6.4.1.1** To advise on substantial and promising developments in the scientific aspects of medicine, public health, and biomedical research that warrant public attention;

**6.4.1.2** To advise on professional and public information activities that might be undertaken by the AMA in the fields of scientific medicine and public health;

**6.4.1.3** To assist in the preparation of policy positions on scientific issues in medicine and public health raised by the public media;

**6.4.1.4** To advise on policy positions on aspects of government support, involvement in, or control of biomedical and public health research;

**6.4.1.5** To advise on opportunities to coordinate or cooperate with national medical specialty societies, voluntary health agencies, other professional organizations and governmental agencies on scientific activities in medicine and public health;

**6.4.1.6** To consider and evaluate the benefits that might be derived from joint development of domestic and international programs on scientific issues in medicine and public health; and

**6.4.1.7** To propose and evaluate activities that might be undertaken by the AMA as major scientific projects in medicine or public health, either individually or jointly with state associations and component societies.

**6.4.2 Membership.**

**6.4.2.1** Twelve active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student.

**6.5 Council on Ethical and Judicial Affairs.**

**6.5.1 Authority.** The Council on Ethical and Judicial Affairs is the judicial authority of the AMA, and its decision shall be final.

**6.5.2 Functions.**

**6.5.2.1** To interpret the Principles of Medical Ethics of the AMA through the issuance of Opinions;

**6.5.2.2** To interpret the Constitution, Bylaws and rules of the AMA;

**6.5.2.3** To investigate general ethical conditions and all matters pertaining to the relations of physicians to one another or to the public, and make recommendations to the House of Delegates or the constituent associations through the issuance of Reports or Opinions;

**6.5.2.4** To receive appeals filed by applicants who allege that they, because of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, age, or for any other reason unrelated to character or competence have been unfairly denied membership in a constituent association and/or component society, to determine the facts in the case, and to report the findings to the House of Delegates. If the Council determines that the allegations are indeed true, it shall admonish, censure, or in the event of repeated violations, recommend to the House of Delegates that the constituent association and/or component society involved be declared to be no longer a constituent association and/or component society member of the AMA;

**6.5.2.5** To request that the President appoint investigating juries to which it may refer complaints or evidence of unethical conduct which in its judgment are of greater than local concern. Such investigative juries, if probable



cause for action be shown, shall submit formal charges to the President, who shall appoint a prosecutor to prosecute such charges against the accused before the Council on Ethical and Judicial Affairs in the name and on behalf of the AMA. The Council may acquit, admonish, suspend, expel, or place on probation the accused; and

**6.5.2.6** To approve applications and nominate candidates for affiliate membership as otherwise provided for in Bylaw 1.1.2.

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

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

**6.5.3.2** All controversies arising under this Constitution and Bylaws and under the Principles of Medical Ethics to which the AMA is a party.

**6.5.3.3** Controversies between two or more constituent associations or their members and between a constituent association and a component society or societies of another constituent association or associations or their members.

**6.5.4 Appellate Jurisdiction.** The Council on Ethical and Judicial Affairs shall have appellate jurisdiction in questions of law and procedure but not of fact in all cases which arise:

- a. Between a constituent association and one or more of its component societies.
- b. Between component societies of the same constituent association.
- c. Between a member or members and the component society to which the member or members belong following an appeal to the member's constituent association.
- d. Between a member and the component society or the constituent association to which the member belongs regarding disciplinary action taken against the member by the society or association.
- e. Between members of different component societies of the same constituent association following a decision by the constituent association.

**6.5.4.1 Appeal Mechanisms.** Notice of appeal shall be filed with the Council on Ethical and Judicial Affairs within 30 days of the date of the decision by the component society or the constituent association and the appeal shall be perfected within 60 days thereof; provided, however, that the Council on Ethical and Judicial Affairs, for what it considers good and sufficient cause, may grant an additional 30 days for perfecting the appeal.

### **6.5.5 Membership.**

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

**6.5.5.2 Limit on Medical Student Participation.** The medical student member of the Council shall have the right to participate fully in the work of the Council, including the right to make motions and vote on policy issues, elections, appointments, or nominations conducted by the Council, except that in disciplinary matters and in matters relating to membership the medical elected student member shall participate only if a medical student is the subject of the disciplinary matter or is the applicant for membership.

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

### **6.5.7 Term.**

**6.5.7.1** The medical student member of the Council shall be elected for a term of 2 years. Except as provided in Bylaw 6.11, if the medical student member ceases to be enrolled in an educational program at any time prior to the expiration of the term for which the medical student member was elected, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

**6.5.7.2** Except as provided in Bylaw 6.5.7.2 and Bylaw 6.11, the resident/fellow physician member of the Council shall be elected for a term of 2 years provided that if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

**6.5.7.3** All other members of the Council shall be elected for a term of 7 years, so arranged that at each Annual Meeting the term of one member shall expire.

**6.5.8 Tenure.** Members of the Council may serve only one term, except that the resident/fellow physician member shall be eligible to serve for 3 terms and the medical student member shall be eligible to serve for 2 terms. A member elected to serve an unexpired term shall not be regarded as having served a term unless such member has served at least half of the term.

**6.5.9 Vacancies.**

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

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

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

**6.6.1 Functions.**

**6.6.1.1** To study and make recommendations concerning the long-range objectives of the AMA;

**6.6.1.2** To study, make recommendations, and serve in an advisory role to the Board of Trustees concerning strategies by which the AMA attempts to reach its long-range objectives;

**6.6.1.3** To study, or cause to be studied, anticipated changes in the environment in which medicine and the AMA must function, collect relevant data and transmit interpretations of these studies and data to the Board of Trustees for distribution to decision making centers throughout the AMA, and submit reports to the House of Delegates at appropriate times;

**6.6.1.4** To identify and evaluate ways to enhance the AMA's policy development processes and to make information on AMA policy positions readily accessible by providing support to the AMA's outreach, communications, and advocacy activities; and

**6.6.1.5** To evaluate and make recommendations to the House of Delegates, through the Board of Trustees, with respect to the formation and/or change in status of any Section. The Council will apply criteria adopted by the House of Delegates.

## **6.6.2 Membership.**

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

## **6.6.3 Term.**

**6.6.3.1 Members other than the Resident/Fellow Physician Member and Medical Student Member.** Members of the Council other than the resident/fellow physician and medical student member shall be appointed for terms of 4 years beginning at the conclusion of the Annual Meeting.

**6.6.3.2 Resident/Fellow Physician Member.** The resident/fellow physician member of the Council shall be appointed for a term of 2 years beginning at the conclusion of the Annual Meeting provided that if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which appointed except as provided in Bylaw 6.11, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

**6.6.3.3 Medical Student Member.** Except as provided in Bylaw 6.11, the medical student member of the Council shall be appointed for a term of one year beginning at the conclusion of the Annual Meeting. If the medical student member ceases to be enrolled in an educational program at any time prior to the expiration of the term for which appointed, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

**6.6.4 Tenure.** Members of the Council may serve for no more than 8 years. The limitation on tenure shall take priority over a term length for which the member was appointed.

## **6.6.5 Vacancies.**

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

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

## **6.7 Council on Legislation.**

### **6.7.1 Functions.**

- 6.7.1.1** To review proposed federal legislation and recommend appropriate action in accordance with AMA policy;
- 6.7.1.2** To recommend changes in existing AMA policy when necessary to accomplish effective legislative goals;
- 6.7.1.3** To serve as a reference council through which all legislative issues of the AMA are channeled prior to final consideration by the Board of Trustees;
- 6.7.1.4** To maintain constant surveillance over legislation and to anticipate future legislative needs;
- 6.7.1.5** To recommend to the Board of Trustees new federal legislation and legislation to modify existing laws of interest to the AMA;
- 6.7.1.6** To monitor the development and issuance of federal regulations and to make recommendations to the Board of Trustees concerning action on such regulations; and
- 6.7.1.7** To develop and recommend to the Board of Trustees models for state legislation.

### **6.7.2 Membership.**

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

### **6.7.3 Term.**

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

service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

**6.7.4 Tenure.** Members of the Council on Legislation may serve no more than eight terms.

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

**6.8 Election - Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health.**

**6.8.1 Nomination and Election.** Members of these Councils, except the medical student member, shall be elected by the House of Delegates. Nominations shall be made by the Board of Trustees and may also be made from the floor by a member of the House of Delegates.

**6.8.1.1 Separate Election.** The resident/fellow physician member of these Councils shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominees on subsequent ballots shall be determined by retaining the 2 nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.

**6.8.1.2 Other Council Members.** With reference to each such Council, all nominees for election shall be listed alphabetically on a single ballot. Each elector shall have as many votes as there are members to be elected, and each vote must be cast for a different nominee. No ballot shall be counted if it contains fewer votes or more votes than the number of members to be elected, or if the ballot contains more than one vote for any nominee. A nominee shall be elected if they have received a vote on a majority of the legal ballots cast and are one of the nominees receiving the largest number of votes within the number of members to be elected.

**6.8.1.3 Run-Off Ballot.** A run-off election shall be held to fill any vacancy that cannot be filled because of a tie vote.

**6.8.1.4 Subsequent Ballots.** If all vacancies are not filled on the first ballot and 3 or more members of the Council are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the

nominee(s) who received the fewest number of votes on the preceding ballot, except where there is a tie. When 2 or fewer members of the Council are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are members of the Council yet to be elected, and must cast each vote for a different nominee. This procedure shall be repeated until all vacancies have been filled.

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

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

**6.9.1 Term.**

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

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

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

**6.9.2 Tenure.** Members of these Councils may serve no more than 8 years. The limitation on tenure shall take priority over a term length for which the member was elected. Medical student members who are appointed shall assume office at the close of the Annual Meeting.

**6.9.3 Vacancies.**

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

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

**6.10 Commencement of Term.** Members of Councils who are elected by the House of Delegates shall assume office at the close of the meeting at which they are elected.

**6.11 Term of Resident/Fellow Physician or Medical Student Member.** A resident/fellow physician or medical student member of a Council who completes residency or fellowship or who graduates from an educational program within 90 days prior to an Annual Meeting shall be permitted to serve on the Council until the completion of the Annual Meeting. Service on a Council as a resident/fellow physician and/or medical student member shall not be counted in determining maximum Council tenure.



## A note from your speakers

We are pleased to provide this edition of the American Medical Association Election Manual. It includes write-ups from announced candidates for election in June 2023, along with a description of our AMA election process and the current rules governing the conduct of campaigns.

In soliciting this information your speakers suggested that candidates list their sponsoring and endorsing societies, and include relevant biographical information and, if desired, a personal statement. Candidates and their sponsoring societies prepared the text and submitted the copy for publication, and responsibility for the content properly rests with the candidates.

AMA House of Delegates policy requires that each candidate's conflict-of-interest information be available for review. You can [find this information](#) posted on our password-protected web page. We trust you will find this manual user-friendly and robust, but suggestions for future editions are welcome; just send your comments to [hod@ama-assn.org](mailto:hod@ama-assn.org). Nominations will be accepted at the Opening Session of the House of Delegates. Elections for all contested races will be held on Tuesday morning, June 13, during the Election Session.

Sincerely,

Bruce A. Scott, MD  
Speaker

Lisa Bohman Egbert, MD  
Vice speaker

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## Introduction

Officers and four councils are elected by the American Medical Association House of Delegates (HOD) at the June Meeting. Candidates for these offices are widely solicited throughout the Federation. Campaigns are often spirited and are conducted under rules established by the AMA-HOD, rules that may be modified from time to time. This democratic process allows delegates ample opportunity to become acquainted with the candidates and their views. The elections are conducted during a special Election Session under the supervision of the Committee on Rules and Credentials and the chief teller, who are appointed by the speakers. The speaker and the vice speaker are responsible for overall administration of the elections. Voting is conducted by secret ballot.

## Announcements of candidacy

Individuals intending to seek election should make their intentions known to the speakers, generally by providing the speakers' office ([hod@ama-assn.org](mailto:hod@ama-assn.org)) with an electronic announcement "card" that includes any or all of the following elements and no more: the candidate's name, photograph, email address, URL, the office sought and a list of endorsing societies. The speakers will ensure that the information is posted on our AMA website in a timely fashion, generally on the morning of the last day of a House of Delegates meeting or upon adjournment of the meeting. Announcements that include additional information (e.g., a brief resume or a slogan) will not be posted to the website as they are in violation of the rules. Printed announcements may not be distributed. The speakers may use additional means to make delegates aware of members intending to seek election. (G-610.020[2])

Following each meeting, an "Official Candidate Notification" will be sent electronically to the House. It will include a list of all announced candidates and all potential newly opened positions which may open as a result of the election of any announced candidate. Additional notices will also be sent out following the April Board meeting and on "Official Announcement Dates" to be established by the speaker. (G-610.020[3])

*This rule provides a standard mechanism by which individuals can make known their intention to seek office, including positions that are contingent on prior election results. Printed announcements may not be distributed at an AMA-HOD meeting under any circumstance.*

## Endorsements

Any communication or activity undertaken to seek endorsement from groups of which the candidate is not a current member after the announcement of candidacy and prior to the April Board meeting (active campaign period) would be considered active campaigning and, therefore, a violation of the election rules. Any formal questioning of an announced candidate, including written questions, would be considered an interview, and, therefore, subject to the rules for interviews. (See below.)

## Nominations

The AMA-BOT solicits candidates for four elected councils: the Council on Constitution and Bylaws, the Council on Medical Education, the Council on Medical Service, and the Council on Science and Public Health. The AMA-BOT announces council candidates after its April meeting. Council candidates who have announced their intent to seek election, including those seeking re-election, must submit the necessary materials to the AMA-BOT Office by the deadline to be included in the announcement by the BOT. Council candidates are officially nominated by the BOT during the Opening Session of the HOD.

Officer candidates announce their candidacy via an electronic announcement "card" sent to the HOD Office as described above. They are nominated during the Opening Session of the HOD. Under AMA bylaws, any delegate may nominate additional candidates for council and officer vacancies from the floor until nominations are closed at the Opening Session of the House.

## Conflict-of-interest disclosures

Under AMA-HOD policy, all candidates for election are required to complete a conflict-of-interest/disclosure of affiliations form prior to their election. Candidates should contact the Office of General Counsel ([ogc@ama-assn.org](mailto:ogc@ama-assn.org)) for information on completing the form. Forms must be submitted by March 15 of the year in which the individual is seeking election to appear in this election manual. Completed forms are posted in the “Members-only” section of our AMA website. Completion of this form is required of all candidates for election, including those nominated from the floor. (G-610.020[25])

## Campaigns

Active campaigns for AMA elective office may not begin until the AMA-BOT has officially announced the candidates for council seats after its April meeting. Active campaigning includes mass outreach activities such as emails directed to all or a significant portion of the members of the AMA-HOD, communicated by or on behalf of the candidate. (G-610.020[10])

At the Opening Session of the House of Delegates, each officer candidate in a contested election will give a two-minute speech. The order of the speeches will be determined by lot. No speeches for unopposed candidates will be given, except for president-elect. When there is no contest for president-elect, the candidate will ask a delegate to place his or her name in nomination, and the election will then be by acclamation. When there are two or more candidates for the office of president-elect, a two-minute nomination speech will be given by a delegate. In addition, the speaker will schedule a debate in front of the AMA-HOD to be conducted by rules established by the speaker or, in the event of a conflict, the vice speaker. (G-610.020[24])

There are no nominating speeches for council candidates; the names of council nominees are announced at the Opening Session of the AMA-HOD, after which the speaker will call for additional nominations from the floor. Candidates who are unopposed will be elected by acclamation.

## Guiding principles for AMA-HOD elections

Policy G-610.021 lays out the guiding principles for AMA-HOD elections, and delegates are encouraged to consider its tenets carefully. The policy reads as follows:

The following principles provide guidance on how House elections should be conducted and how the selection of AMA leaders should occur:

1. AMA delegates should: (a) avail themselves of all available background information about candidates for elected positions in the AMA; (b) determine which candidates are best qualified to help the AMA achieve its mission; and (c) make independent decisions about which candidates to vote for.
2. Any electioneering practices that distort the democratic processes of House elections, such as vote trading for the purpose of supporting candidates, are unacceptable. This principle applies between as well as within caucuses and delegations.
3. Candidates for elected positions should comply with the requirements and the spirit of House of Delegates policy on campaigning and campaign spending.
4. Candidates and their sponsoring organizations should exercise restraint in campaign spending. Federation organizations should establish clear and detailed guidelines on the appropriate level of resources that should be allocated to the political campaigns of their members for AMA leadership positions.
5. Incumbency should not assure the re-election of an individual to an AMA leadership position.

6. Service in any AMA leadership position should not assure ascendancy to another leadership position.
7. Delegations and caucuses when evaluating candidates may provide information to their members encouraging open discussion regarding the candidates.
8. Delegations and caucuses should be a source of encouragement and assistance to qualified candidates. Nomination and endorsement should be based upon selecting the most qualified individuals to lead our AMA regardless of the number of positions up for election in a given race. Delegations and caucuses are reminded that all potential candidates may choose to run for office, with or without their endorsement and support.

## Campaign rules

This listing of campaign rules reflects policies adopted by the AMA-HOD and procedures developed by the speakers to comply with AMA-HOD actions. Where AMA-HOD policies are listed, the relevant AMA policy number is listed in parentheses following the policy. The rules are listed in general categories. Questions and concerns may be directed to the speakers at [hod@ama-assn.org](mailto:hod@ama-assn.org).

### Expenses, events, parties and other activities

1. Campaign expenditures and activities should be limited to reasonable levels necessary for adequate candidate exposure to the delegates. Campaign memorabilia and giveaways that include a candidate's name or likeness may not be distributed at any time. (G-610.020[17]) Campaign memorabilia may not be distributed in the Not for Official Business (NFOB) bag. (G-610.020[14])
2. Group dinners, if attended by an announced candidate in a currently contested election, must be "Dutch treat"—each participant pays their own share of the expenses, with the exception that societies and delegations may cover the expense for their own members. This rule would not disallow societies from paying for their own members or delegations gathering together with each individual or delegation paying their own expense. Gatherings of four or fewer delegates or alternates are exempt from this rule. (G-610.020[21])
3. Campaign parties are allowed only at the Annual Meeting. A state, specialty society, caucus, coalition, etc., may contribute to more than one party. However, a candidate may be featured at only one party, which includes: (a) being present in a receiving line, or (b) appearing by name or in a picture on a poster or notice in or outside of the party venue. At these events, alcohol may be served only on a cash or no-host bar basis. (G-610.020[22])

*In 2023 our AMA will again host an AMA Candidate Reception. Candidates may be featured at the AMA reception or at another reception, but not both. The reception is scheduled from 5:30 to 7:30 p.m. Sunday, June 11.*

4. Campaign stickers, pins, buttons and similar campaign materials are disallowed. This rule will not apply for pins for AMPAC, the AMA Foundation, specialty societies, state and regional delegations and health related causes that do not include any candidate identifier. These pins should be small, not worn on the badge and distributed only to members of the designated group. General distribution of any pin, button or sticker is disallowed. (G-610.020[18])
5. Candidates for AMA office should not attend meetings of the state medical societies unless officially invited and could accept reimbursement of travel expenses by the state society in accordance with the policies of the society. (G-610.020[20])

## **Campaigning, literature and publicity**

1. At any AMA meeting convened prior to the time period for active campaigning, campaign-related expenditures and activities shall be discouraged. Large campaign receptions, luncheons, other formal campaign activities and the distribution of campaign literature and gifts are prohibited. It is permissible for candidates seeking election to engage in individual outreach meant to familiarize others with a candidate's opinions and positions on issues. (G-610.020[19])

*This rule prohibits campaign parties as well as the distribution of campaign literature and gifts at the Interim Meeting. Announcements of candidacy (see above) may occur at the Interim Meeting.*

2. Displays of campaign posters, signs, and literature in public areas of the hotel in which Annual Meetings are held are prohibited because they detract from the dignity of the position being sought and are unsightly. Campaign posters may be displayed at a single campaign reception at which the candidate is featured. (G-610.020[23])
3. Campaign materials may not be distributed by postal mail or its equivalent (e.g., UPS or FedEx). Printed campaign materials will not be included in the "Not for Official Business" bag and may not be distributed in the House of Delegates. Candidates are encouraged to eliminate printed campaign materials. (G-610.020[15])
4. An AMA Candidates' Page will be created on the AMA website or other appropriate website to allow each candidate the opportunity to post campaign materials. Parameters for the site will be established by the speaker and communicated to candidates. (D-610.998[2]) Candidates will be allowed to customize their individual pages within the template, but other layouts will not be possible. The pages are meant to supplement, not repeat, material from the election manual, but the content is up to the candidate.
5. An election manual containing information on candidates for election who have announced their intentions to seek office by March 15 shall continue to be developed annually, with distribution limited to publication on our AMA website, typically on the web pages associated with the meeting at which elections will occur. The election manual will provide a link to the AMA Candidates' Page, but links to personal, professional or campaign related websites will not be allowed. The election manual provides an equal opportunity for each candidate to present the material they consider important to bring before the members of the AMA-HOD. The election manual serves as a mechanism to reduce the number of telephone calls, mailings and other messages members of the House of Delegates receive from or on behalf of candidates. (G-610.020[9])
6. A reduction in the volume of telephone calls from candidates, and literature and letters by or on behalf of candidates is encouraged. The use of electronic messages to contact electors should also be minimized, and if used, must allow recipients to opt out of receiving future messages. (G-610.020[16])

*The HOD Office will send one email on behalf of all candidates. Candidates have been invited to submit materials of their choosing for inclusion in the email.*

7. No campaign literature shall be distributed in the House of Delegates, and no mass outreach electronic messages shall be transmitted after the Opening Session of the House of Delegates Meeting. (G-610.020[23])

## Interviews

Caucuses and delegations may choose to conduct virtual or in-person interviews. Groups are not required to interview candidates for all contests, and they may choose different methods for different contests. Per the rules in Policy G-610.020, the speakers' office will schedule in-person interviews with officer candidates in contested elections for regional caucuses and the Specialty and Service Society if requested. Any group that wishes to conduct in-person or virtual interviews must submit contact information for an individual responsible for scheduling the interviews and specify which contests for which they wish to interview. Deadlines for submission of this information to the HOD Office ([hod@ama-assn.org](mailto:hod@ama-assn.org)) will be announced for in-person and virtual interviews.

The HOD Office will compile the list of groups wishing to interview for each position and send it to the candidates to schedule directly with the designated contact persons. It is the responsibility of the candidates to contact the group's designated person to arrange an interview. Candidates may not schedule interviews with groups that are not on the official list.

*A centralized official list of groups wishing to conduct interview and candidates, as recommended by the Election Task Force, affords transparency to all candidates seeking interviews, while allowing groups to decide if, when, how, and for which contests they wish to interview.*

Interviews conducted with current candidates must comply with the following rules:

1. Interviews may be arranged between the parties once active campaigning is allowed.
2. Groups conducting interviews with candidates for a given office must offer an interview to all individuals that have officially announced their candidacy at the time the group's interview schedule is finalized.
  - a. A group may meet with a candidate who is a member of their group without interviewing other candidates for the same office.
  - b. Interviewing groups may, but are not required to, interview late announcing candidates. Should an interview be offered to a late candidate, all other announced candidates for the same office (even those previously interviewed) must be afforded the same opportunity and medium.
  - c. Any appearance by a candidate before an organized meeting of a caucus or delegation, other than their own, will be considered an interview and fall under the rules for interviews.
3. Groups may elect to conduct interviews virtually or in-person.
4. In-person interviews may be conducted between Friday and Monday of the meeting at which elections will take place.
5. Virtual interviews are subject to the following constraints:
  - a. Interviews may be conducted only during a four to seven day window designated by the speaker beginning at least two weeks but not more than four weeks prior to the scheduled Opening Session of the House of Delegates meeting at which elections will take place.
  - b. Interviews conducted on weeknights must be scheduled between 5 p.m. and 10 p.m. or on weekends between 8 a.m. and 10 p.m. based on the candidate's local time, unless another mutually acceptable time outside these hours is arranged.

- c. Caucuses and delegations scheduling interviews for candidates within the parameters above must offer alternatives to those candidates who have conflicts with the scheduled time.
6. Recording of interviews is allowed only with the knowledge and consent of the candidate.
7. Recordings of interviews may be shared only among members of the group conducting the interview.
8. A candidate is free to decline any interview request.
9. In consultation with the Election Committee, the speaker, or where the speaker is in a contested election, the vice speaker, may issue special rules for interviews to address unexpected situations.

(G-610.020[12])

Policy also encourages the speakers to conduct and record virtual interviews with candidates and post those interviews on the AMA website.

## Campaign complaint reporting, validation and resolution

AMA Policy D-610.998 specifies the process for how campaign violation complaints will be handled. Per policy, the speaker has appointed an Election Committee whose primary role is to work with the speakers to adjudicate any election complaints, but may also include monitoring election reforms, reviewing future campaign modifications and responding to requests from the speaker for input on election issues that arise.

1. Campaign violation complaints should be directed to the speaker, the vice speaker, or the AMA General Counsel and should include the following details:
  - a. The name of the person(s) thought to have violated the rules
  - b. The date of the alleged violation and the location if relevant
  - c. The specific violation being alleged (i.e., the way the rules were violated)
  - d. The materials, if any, that violate the rules; original materials are preferred over copies (where necessary, arrangements for collection of these materials will be made)

(D-610.998[6])

2. Campaign violation complaints will be investigated by the Election Committee or a subcommittee thereof with the option of including the Office of General Counsel or the Director of the House of Delegates.
  - a. The Election Committee will collectively determine whether a campaign violation has occurred. As part of the investigation process the Election Committee or its subcommittee shall inform the candidate of the complaint filed and give the candidate the opportunity to respond to the allegation.
  - b. If the complaint implicates a delegation or caucus, the Election Committee or its subcommittee shall inform the chair of the implicated delegation or caucus of the complaint filed and give the implicated delegation or caucus chair(s) the opportunity to answer to the allegation as a part of the investigative process.



- c. For validated complaints, the Election Committee will determine appropriate penalties, which may include an announcement of the violation by the speaker to the House.
- d. Committee members with a conflict of interest may participate in discussions but must recuse themselves from decisions regarding the merits of the complaint or penalties.
- e. Deliberations of the Election Committee shall be confidential.
- f. The speaker shall include a summary of the Election Committee's activities in "Official Candidate Notifications" sent to the House. Details may be provided at the discretion of the Election Committee and must be provided when the penalty includes an announcement about the violator to the House.

(D-610.998[7])

- 3. A record of all complaints and the results of the validation and the resolution processes, including penalties, shall be maintained by the AMA Office of General Counsel and kept confidential.

(D-610.998[8])

## Elections

Nominations will be accepted on Friday, June 10, 2023, during the Opening Session of the AMA-HOD. Uncontested candidates will be elected by acclamation at that time. Voting for contested elections will be held during the Election Session to be held on Tuesday morning, June 13, 2023. All delegates should be seated in the House at least 10 minutes prior to the Election Session.

**Only credentialed delegates are permitted to cast a ballot. If a delegate cannot participate in the Election Session, they may designate a substitute delegate who must be properly credentialed by Monday, June 12, 2023, at 6 p.m. Central time.**

Candidates are listed on the ballot in alphabetical order by name only. AMA bylaws require ballots that call for the exact number of votes for each vacancy. Each ballot clearly states the number of votes that should be cast, and our voting system will ensure that only appropriately completed ballots will be counted. A majority vote of the legal ballots cast is required for election.

If all vacancies are not filled on the first ballot, a runoff election(s) will be held. AMA bylaws dictate that if three or more members of the AMA-BOT or any council are still to be elected, the number of nominees in the runoff election shall be no more than twice the number of remaining vacancies less one. If two or fewer members of the AMA-BOT or council are still to be elected, the number of nominees in the runoff shall be no more than twice the number of remaining vacancies. In either case, the nominees in runoff elections are determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This process will continue until all the vacancies are filled.

Those candidates who are elected officially take office at the conclusion of the AMA-HOD meeting.

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 002  
(I-23)

Introduced by: Medical Student Section

Subject: Support for International Aid for Reproductive Healthcare

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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1 Whereas, in 2020, the World Health Organization recognized comprehensive abortion care as a  
2 human right and an essential health service<sup>1</sup>; and  
3

4 Whereas, the United Nations Humans Rights Council and American Public Health Association  
5 state that abortion is necessary to ensure the right to life for women and girls by preventing  
6 maternal morbidity and mortality<sup>2,3</sup>; and  
7

8 Whereas, abortion is one of the most common medical procedures globally, and delayed care  
9 increases risk of complications, interpersonal violence, poverty, and death<sup>4-7</sup>; and  
10

11 Whereas, unsafe abortions result in 13% of maternal deaths worldwide, with disproportionately  
12 high rates in low- and middle-income countries (LMICs)<sup>8-9</sup>; and  
13

14 Whereas, the US is the largest contributor to contraceptive and reproductive care globally,  
15 particularly in LMICs, contributing \$600 million in 2022<sup>10-12</sup>; and  
16

17 Whereas, since 1973, the Helms Amendment has prohibited the use of federal funds for  
18 abortion in other countries, including in cases of rape, incest, and risk of death<sup>13</sup>; and  
19

20 Whereas, of the 56 countries receiving U.S. financial health assistance, 86% legally allow  
21 abortion in at least one circumstance, but are unable to offer this care due to the dependence  
22 on US aid and Helms Amendment restrictions<sup>14</sup>; and  
23

24 Whereas, the Mexico City Policy (MCP) and its 2017 expansion (the “global gag rule”) prohibit  
25 the provision of US aid to international non-governmental organizations (NGOs) using non-US  
26 funds to provide abortion information, referrals, or services<sup>14-15</sup>; and  
27

28 Whereas, many NGOs that do not comply with the global gag rule but rely heavily on US aid  
29 lack the local infrastructure and funds necessary to otherwise provide services<sup>16</sup>; and  
30

31 Whereas, the MCP has been repeatedly rescinded and reinstated by presidents since 1984,  
32 with President Biden rescinding the MCP and the global gag rule in 2021, but the Helms  
33 amendment still restricts US funds for global abortion care<sup>17</sup>; therefore be it  
34

35 RESOLVED, that our American Medical Association oppose restrictions on U.S. funding to non-  
36 governmental organizations which provide reproductive health care internationally, including but  
37 not limited to contraception and abortion care (New HOD Policy); and it be further

- 1 RESOLVED, that our AMA supports global humanitarian assistance for maternal healthcare and
- 2 comprehensive reproductive health services, including but not limited to contraception and
- 3 abortion care. (New HOD Policy)

Fiscal Note: Modest – Between \$1,000 - \$5,000

Received: 09/11/2023

#### REFERENCES

1. Abortion. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/abortion>. Accessed March 8, 2023.
2. United Nations Human Rights Committee (HRC). General comment no. 36, Article 6 (Right to Life). Published online September 3, 2019. Accessed April 14, 2022. <https://www.refworld.org/docid/5e5e75e04.html>
3. American Public Health Association. Restricted Access to Abortion Violates Human Rights, Precludes Reproductive Justice, and Demands Public Health Intervention.; 2015. Accessed April 14, 2022.
4. Bearak JM;Popinchalk A;Beavin C;Ganatra B;Moller AB;Tunçalp Ö;Alkema L; Country-specific estimates of unintended pregnancy and abortion incidence: A global comparative analysis of levels in 2015-2019. *BMJ global health*. <https://pubmed.ncbi.nlm.nih.gov/35332057>. Accessed April 9, 2023.
5. Jerman J, Frohwirth L, Kavanaugh ML, Blades N. Barriers to abortion care and their consequences for patients traveling for services. *Perspectives on sexual and reproductive health*. 2017;49(2):95-102. <https://www.jstor.org/stable/48576863>. doi: 10.1363/psrh.12024.
6. Espey E, Dennis A, Landy U. The importance of access to comprehensive reproductive health care, including abortion: A statement from women's health professional organizations. *American journal of obstetrics and gynecology*. 2019;220(1):67-70. <https://dx.doi.org/10.1016/j.ajog.2018.09.008>. doi: 10.1016/j.ajog.2018.09.008.
7. Haddad LB, Nour NM. Unsafe abortion: unnecessary maternal mortality. *Rev Obstet Gynecol*. 2009 Spring;2(2):122-6. PMID: 19609407; PMCID: PMC2709326.
8. Gebremedhin, M., Semahegn, A., Usmael, T. et al. Unsafe abortion and associated factors among reproductive aged women in Sub-Saharan Africa: a protocol for a systematic review and meta-analysis. *Syst Rev* 7, 130 (2018). <https://doi.org/10.1186/s13643-018-0775-9>
9. Abortion law: Global comparisons. Council on Foreign Relations. <https://www.cfr.org/article/abortion-law-global-comparisons>. Accessed March 8, 2023.
10. The U.S. Government and International Family Planning & Reproductive Health Efforts. KFF. Published November 11, 2021. Accessed March 5, 2023. <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-international-family-planning-reproductive-health-efforts/>
11. Countries | Family Planning | Global Health | U.S. Agency for International Development. Accessed March 5, 2023. <https://www.usaid.gov/global-health/health-areas/family-planning/countries>
12. DAC List of ODA Recipients - OECD. Accessed March 5, 2023. <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/daclist.htm>
13. The helms amendment and abortion laws in countries receiving U.S. Global Health Assistance. KFF. <https://www.kff.org/global-health-policy/issue-brief/the-helms-amendment-and-abortion-laws-in-countries-receiving-u-s-global-health-assistance/>. Published January 18, 2022. Accessed March 8, 2023.
14. Assessing the global gag rule. Planned Parenthood. [https://www.plannedparenthood.org/uploads/filer\\_public/81/9d/819d9000-5350-4ea3-b699-1f12d59ec67f/181231-ggr-d09.pdf](https://www.plannedparenthood.org/uploads/filer_public/81/9d/819d9000-5350-4ea3-b699-1f12d59ec67f/181231-ggr-d09.pdf). Accessed March 9, 2023.
15. Plgha Review Feb 6 final for web site - 2017-2021.state.gov. <https://2017-2021.state.gov/wp-content/uploads/2019/06/PLGHA-6-month-review-final-for-posting.pdf>. Accessed March 9, 2023.
16. Impact of Mexico City policy on PEPFAR. The Foundation for AIDS Research. <https://www.amfar.org/wp-content/uploads/2022/04/IB-Mexico-City-Policy-PEP-B-071818.pdf>. Published July 2018. Accessed March 9, 2023.
17. Federal Register. Memorandum of January 28, 2021: Protecting Women's Health at Home and Abroad. 24 January 2021. GPO-18-119. Accessed 29 Aug 2023. <https://www.govinfo.gov/content/pkg/FR-2021-06-24/pdf/2021-13638.pdf>

#### RELEVANT AMA POLICY

##### D-5.996 Expanding Support for Access to Abortion Care

1. Our AMA will advocate for: (a) broad and equitable access to abortion services, public and private coverage of abortion services, and funding of abortion services in public programs; (b) explicit codification of legal protections to ensure broad, equitable access to abortion services; and (c) equitable participation by physicians who provide abortion care in insurance plans and public programs.
2. Our AMA opposes the use of false or inaccurate terminology and disinformation in policymaking to impose restrictions and bans on evidence-based health care, including reproductive health care. [Res. 229, I-22]

##### D-5.999 Preserving Access to Reproductive Health Services

Our AMA: (1) recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right; (2) opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion; (3) will work with interested state

medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, fertility preservation, contraception, and abortion; (4) supports shared decision-making between patients and their physicians regarding reproductive healthcare; (5) opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients; (6) opposes the imposition of criminal and civil penalties or other retaliatory efforts, including adverse medical licensing actions and the termination of medical liability coverage or clinical privileges against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services; (7) will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services; and (8) will advocate for legal protections for medical students and physicians who cross state lines to receive education in or deliver reproductive health services, including contraception and abortion. [Res. 028, A-22; Reaffirmed: Res. 224, I-22; Modified: BOT Rep. 4, I-22; Appended: Res. 317, I-22; Reaffirmation: A-23; Appended: Res. 711, A-23]

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 004  
(I-23)

Introduced by: Medical Student Section

Subject: Reconsideration of Medical Aid in Dying (MAID)

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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1 Whereas, the practice that our AMA calls “physician-assisted suicide” (PAS) is often referred to  
2 by many other terms, including “medical aid in dying” (MAID)<sup>1</sup>; and  
3

4 Whereas, the American Psychological Association and the American Association of Suicidology  
5 recognize that “suicide” is distinct from MAID, and the use of “suicide” to describe MAID may  
6 misrepresent and stigmatize patients’ rationale and choices<sup>2</sup>; and  
7

8 Whereas, in jurisdictions where it is legal, MAID allows adults with terminal illness and  
9 preserved decision-making capacity to request a prescription for self-administered medications  
10 to end their life, while retaining the autonomy to decide if and when to fill the prescription and if  
11 and when to self-administer the medication<sup>1</sup>; and  
12

13 Whereas, medical aid in dying (MAID) is legal by legislation, judicial action, or referendum in  
14 eleven US jurisdictions, covering 1 in 4 US adults: California (2015), Colorado (2016), Hawaii  
15 (2018), Montana (2009), Maine (2019), New Jersey (2019), New Mexico (2021), Oregon (1994),  
16 Vermont (2013), Washington state (2008), and Washington, DC (2016)<sup>3-4</sup>; and  
17

18 Whereas, our American Medical Association House of Delegates last debated neutrality on  
19 MAID at A-18, I-18, and A-19, and after extensive debate ultimately retained our existing Code  
20 of Medical Ethics opinion that “physician-assisted suicide is fundamentally incompatible with the  
21 physician’s role as healer”; and  
22

23 Whereas, in a 2020 Medscape Survey, 55% of physicians (including 51% of primary care and  
24 57% of specialists) supported legalization of MAID<sup>5</sup>, indicating that neutrality may more  
25 accurately represent the views of the medical profession, rather than opposition; and  
26

27 Whereas, withholding or withdrawing life-sustaining treatment (including intubation, feeding  
28 tubes, medications such as antibiotics or chemotherapy, procedures, and dialysis) is a legal and  
29 common end-of-life medical decision in the US and is considered ethical by our AMA<sup>6</sup>; and  
30

31 Whereas, cancer patients who decide to forgo treatment and accept death may experience  
32 considerable pain as they wait for their disease to end their life, and caregivers often report  
33 feeling burdened with managing end-of-life pain<sup>7-9</sup>; and  
34

35 Whereas, death after removal of a feeding tube may take over ten days, resulting in dramatic  
36 physical alterations due to starvation and causing anxiety caregivers<sup>10</sup>; and

1 Whereas, leading ethical scholars have concluded that letting patients die (by waiting to  
2 succumb to their disease after withholding or withdrawing treatment) may in many  
3 circumstances be less ethical than allowing a patient to actively end their own life<sup>11</sup>; and  
4

5 Whereas, many medical societies have recently taken variations of neutral positions on MAID,  
6 ranging from “studied neutrality” while maintaining concerns over routine use and appropriate  
7 safeguards to “engaged neutrality” to “leav[ing] the decision...to the conscientious judgment of  
8 its members acting on behalf of their patients”; and  
9

10 Whereas, despite concerns that MAID may be misused for patients of color, racial inequities in  
11 end-of-life care actually indicate that patients of color are less likely to complete advance  
12 directives or be asked their end-of-life preferences, that white patients are more likely to use  
13 MAID where legal, and that existing safeguards make possible abuse of MAID difficult<sup>8</sup>; and  
14

15 Whereas, while financial concerns may exist regarding patients choosing MAID over  
16 continuation of care, patients already choose between hospice and continuation of care, which  
17 may already hold similar financial considerations<sup>16</sup>; and  
18

19 Whereas, *Gideonse v Brown* (2022) found that patients can legally travel to Oregon to receive  
20 MAID even if they reside in a state where MAID is illegal, so physicians across the US may  
21 potentially encounter patients intending to travel for MAID<sup>17</sup>; therefore be it  
22

23 RESOLVED, that our American Medical Association oppose criminalization of physicians and  
24 health professionals who engage in medical aid in dying at a patient’s request and with their  
25 informed consent, and oppose civil or criminal legal action against patients who engage or  
26 attempt to engage in medical aid in dying (New HOD Policy); and be it further  
27

28 RESOLVED, that our AMA use the term “medical aid in dying” instead of the term “physician-  
29 assisted suicide” and accordingly amend HOD policies and directives, excluding Code of  
30 Medical Ethics opinions (New HOD Policy); and be it further  
31

32 RESOLVED, that our AMA rescind our HOD policies on physician-assisted suicide, H-270.965  
33 “Physician-Assisted Suicide” and H-140.952 “Physician Assisted Suicide,” while retaining our  
34 Code of Medical Ethics opinion on this issue (Rescind HOD Policy); and be it further  
35

36 RESOLVED, that our AMA amend H-140.966 “Decisions Near the End of Life” by deletion as  
37 follows, while retaining our Code of Medical Ethics opinions on these issues:  
38

39 Decisions Near the End of Life, H-140.966

40 Our AMA believes that: (1) The principle of patient autonomy requires  
41 that physicians must respect the decision to forgo life-sustaining  
42 treatment of a patient who possesses decision-making capacity. Life-  
43 sustaining treatment is any medical treatment that serves to prolong life  
44 without reversing the underlying medical condition. Life-sustaining  
45 treatment includes, but is not limited to, mechanical ventilation, renal  
46 dialysis, chemotherapy, antibiotics, and artificial nutrition and hydration.  
47 (2) There is no ethical distinction between withdrawing and withholding  
48 life-sustaining treatment.

49 (3) Physicians have an obligation to relieve pain and suffering and to  
50 promote the dignity and autonomy of dying patients in their care. This  
51 includes providing effective palliative treatment even though it may

foreseeably hasten death. More research must be pursued, examining the degree to which palliative care reduces the requests for euthanasia or assisted suicide.

~~(4) Physicians must not perform euthanasia or participate in assisted suicide. A more careful examination of the issue is necessary. Support, comfort, respect for patient autonomy, good communication, and adequate pain control may decrease dramatically the public demand for euthanasia and assisted suicide. In certain carefully defined circumstances, it would be humane to recognize that death is certain and suffering is great. However, the societal risks of involving physicians in medical interventions to cause patients' deaths is too great to condone euthanasia or physician-assisted suicide at this time.~~

(5) Our AMA supports continued research into and education concerning pain management. (Modify Current HOD Policy)

and be it further

RESOLVED, that our AMA study changing our existing position on medical aid in dying, including reviewing government data, health services research, and clinical practices in domestic and international jurisdictions where it is legal. (Directive to Take Action)

Fiscal Note: Modest – between \$1,000 - \$5,000

Received: 09/19/2023

#### REFERENCES

1. Nowels D, VandeKieft G, Ballentine JM. Medical Aid in Dying. *Am Fam Physician*. 2018;97(5):339-343.
2. American Association of Suicidology. "Suicide" Is Not the Same as "Physician Aid in Dying." Published October 30, 2017. Accessed March 8, 2023. <https://ohiooptions.org/wp-content/uploads/2016/02/AAS-PAD-Statement-Approved-10.30.17-ed-10-30-17.pdf>
3. States with Legal Medical Aid in Dying. Britannica ProCon. Updated December 19, 2022. Accessed March 8, 2023. <https://euthanasia.procon.org/states-with-legal-physician-assisted-suicide>
4. US Census Bureau. Updated 2022. Accessed March 8, 2023. <https://www.census.gov/quickfacts/fact/table/US/PST045222>
5. Kane L. Life, Death, and Painful Dilemmas: Ethics 2020 Medscape Survey. Published November 13, 2020. Accessed March 8, 2023. <https://www.medscape.com/slideshow/2020-ethics-report-life-death-6013311>.
6. Mueller PS. Ethical and Legal Concerns Associated With Withdrawing Mechanical Circulatory Support: A U.S. Perspective. *Front Cardiovasc Med*. 2022 Jul 26;9:897955. doi: 10.3389/fcvm.2022.897955.
7. Parast L, Tolpadi AA, Teno JM, Elliott MN, Price RA. Hospice Care Experiences Among Cancer Patients and Their Caregivers. *J Gen Intern Med*. 2021 Apr;36(4):961-969. doi: 10.1007/s11606-020-06490-x. Epub 2021 Jan 19.
8. Al Rabadi L, LeBlanc M, Bucy T, Ellis LM, Herschman DL, Meyskens FL Jr, Taylor L, Blanke CD. Trends in Medical Aid in Dying in Oregon and Washington. *JAMA Netw Open*. 2019 Aug 2;2(8):e198648. doi: 10.1001/jamanetworkopen.2019.8648.
9. Chi NC, Demiris G. Family Caregivers' Pain Management in End-of-Life Care: A Systematic Review. *Am J Hosp Palliat Care*. 2017 Jun;34(5):470-485. doi: 10.1177/1049909116637359. Epub 2016 Mar 14.
10. Kitzinger J, Kitzinger C. Deaths after feeding-tube withdrawal from patients in vegetative and minimally conscious states: A qualitative study of family experience. *Palliat Med*. 2018 Jul;32(7):1180-1188. doi: 10.1177/0269216318766430. Epub 2018 Mar 23.
11. Rachels J. Active and passive euthanasia. *N Engl J Med*. 1975 Jan 9;292(2):78-80. doi: 10.1056/NEJM197501092920206.
12. Mayeda DP, Ward KT. Methods for overcoming barriers in palliative care for ethnic/racial minorities: a systematic review. *Palliat Support Care*. 2019;17(6):697-706. doi:10.1017/S1478951519000403
13. Ashana DC, D'Arcangelo N, Gazarian PK, Gupta A, Perez S, Reich AJ, Tjia J, Halpern SD, Weissman JS, Ladin K. "Don't Talk to Them About Goals of Care": Understanding Disparities in Advance Care Planning. *J Gerontol A Biol Sci Med Sci*. 2022 Feb 3;77(2):339-346. doi: 10.1093/gerona/ghab091. PMID: 33780534; PMCID: PMC8824574.
14. Jones T, Luth EA, Lin SY, Brody AA. Advance Care Planning, Palliative Care, and End-of-life Care Interventions for Racial and Ethnic Underrepresented Groups: A Systematic Review. *J Pain Symptom Manage*. 2021 Sep;62(3):e248-e260. doi: 10.1016/j.jpainsymman.2021.04.025. Epub 2021 May 11. PMID: 33984460; PMCID: PMC8419069.
15. Lenko R, Voepel-Lewis T, Robinson-Lane SG, Silveira MJ, Hoffman GJ. Racial and Ethnic Differences in Informal and Formal Advance Care Planning Among U.S. Older Adults. *J Aging Health*. 2022 Dec;34(9-10):1281-1290. doi: 10.1177/08982643221104926. Epub 2022 May 27. PMID: 35621163; PMCID: PMC9633341.
16. Obermeyer Z, Makar M, Abujaber S, Dominici F, Block S, Cutler DM. Association Between the Medicare Hospice Benefit and Health Care Utilization and Costs for Patients With Poor-Prognosis Cancer. *JAMA*. 2014;312(18):1888-1896. doi:10.1001/jama.2014.14950

17. Templeton A. What Oregon's Death with Dignity settlement means for terminally ill patients from out of state. Oregon Public Broadcasting. Published March 31, 2022. Accessed March 8, 2023. <https://www.opb.org/article/2022/03/31/what-oregons-death-with-dignity-settlement-means-for-terminally-ill-patients-from-out-of-state>.

## RELEVANT AMA POLICY

### Code of Medical Ethics Opinion 5.7 Physician-Assisted Suicide

Thoughtful, morally admirable individuals hold diverging, yet equally deeply held, and well-considered perspectives about physician-assisted suicide. Nonetheless, at the core of public and professional debate about physician-assisted suicide is the aspiration that every patient come to the end of life as free as possible from suffering that does not serve the patient's deepest self-defining beliefs. Supporters and opponents share a fundamental commitment to values of care, compassion, respect, and dignity; they diverge in drawing different moral conclusions from those underlying values in equally good faith. Guidance in the AMA Code of Medical Ethics encompasses the irreducible moral tension at stake for physicians with respect to participating in assisted suicide. Opinion E-5.7 powerfully expresses the perspective of those who oppose physician-assisted suicide. Opinion 1.1.7 articulates the thoughtful moral basis for those who support assisted suicide.

Physician-assisted suicide occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (e.g., the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide).

It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life. However, permitting physicians to engage in assisted suicide would ultimately cause more harm than good.

Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Physicians:

- (a) Should not abandon a patient once it is determined that cure is impossible.
- (b) Must respect patient autonomy.
- (c) Must provide good communication and emotional support.
- (d) Must provide appropriate comfort care and adequate pain control.

AMA Principles of Medical Ethics: I,IV; Issued: 2016

### Code of Medical Ethics Opinion 5.7 Euthanasia

Euthanasia is the administration of a lethal agent by another person to a patient for the purpose of relieving the patient's intolerable and incurable suffering.

It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life.

However, permitting physicians to engage in euthanasia would ultimately cause more harm than good.

Euthanasia is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. Euthanasia could readily be extended to incompetent patients and other vulnerable populations.

The involvement of physicians in euthanasia heightens the significance of its ethical prohibition. The physician who performs euthanasia assumes unique responsibility for the act of ending the patient's life. Instead of engaging in euthanasia, physicians must aggressively respond to the needs of patients at the end of life. Physicians:

- (a) Should not abandon a patient once it is determined that a cure is impossible.
- (b) Must respect patient autonomy.
- (c) Must provide good communication and emotional support.
- (d) Must provide appropriate comfort care and adequate pain control.

AMA Principles of Medical Ethics: I,IV; Issued: 2016



**H-270.965 Physician-Assisted Suicide**

Our AMA strongly opposes any bill to legalize physician-assisted suicide or euthanasia, as these practices are fundamentally inconsistent with the physician's role as healer. [Sub. Res. 5, I-98; Reaffirmed: CEJA Rep. 11, A-08; Reaffirmed: BOT Rep. 09, A-18]

**H-140.952 Physician Assisted Suicide**

It is the policy of the AMA that: (1) Physician assisted suicide is fundamentally inconsistent with the physician's professional role.

(2) It is critical that the medical profession redouble its efforts to ensure that dying patients are provided optimal treatment for their pain and other discomfort. The use of more aggressive comfort care measures, including greater reliance on hospice care, can alleviate the physical and emotional suffering that dying patients experience. Evaluation and treatment by a health professional with expertise in the psychiatric aspects of terminal illness can often alleviate the suffering that leads a patient to desire assisted suicide.

(3) Physicians must resist the natural tendency to withdraw physically and emotionally from their terminally ill patients. When the treatment goals for a patient in the end stages of a terminal illness shift from curative efforts to comfort care, the level of physician involvement in the patient's care should in no way decrease.

(4) Requests for physician assisted suicide should be a signal to the physician that the patient's needs are unmet and further evaluation to identify the elements contributing to the patient's suffering is necessary. Multidisciplinary intervention, including specialty consultation, pastoral care, family counseling and other modalities, should be sought as clinically indicated.

(5) Further efforts to educate physicians about advanced pain management techniques, both at the undergraduate and graduate levels, are necessary to overcome any shortcomings in this area. Physicians should recognize that courts and regulatory bodies readily distinguish between use of narcotic drugs to relieve pain in dying patients and use in other situations. [CEJA Rep. 8, I-93; Reaffirmed by BOT Rep. 59, A-96; Reaffirm: Res. 237, A-99; Reaffirmed: CEJA Rep. 8, A-09; Reaffirmed: CEJA Rep. 03, A-19]

**H-140.966 Decisions Near the End of Life**

Our AMA believes that: (1) The principle of patient autonomy requires that physicians must respect the decision to forgo life-sustaining treatment of a patient who possesses decision-making capacity. Life-sustaining treatment is any medical treatment that serves to prolong life without reversing the underlying medical condition. Life-sustaining treatment includes, but is not limited to, mechanical ventilation, renal dialysis, chemotherapy, antibiotics, and artificial nutrition and hydration.

(2) There is no ethical distinction between withdrawing and withholding life-sustaining treatment.

(3) Physicians have an obligation to relieve pain and suffering and to promote the dignity and autonomy of dying patients in their care. This includes providing effective palliative treatment even though it may foreseeably hasten death. More research must be pursued, examining the degree to which palliative care reduces the requests for euthanasia or assisted suicide.

(4) Physicians must not perform euthanasia or participate in assisted suicide. A more careful examination of the issue is necessary. Support, comfort, respect for patient autonomy, good communication, and adequate pain control may decrease dramatically the public demand for euthanasia and assisted suicide. In certain carefully defined circumstances, it would be humane to recognize that death is certain and suffering is great. However, the societal risks of involving physicians in medical interventions to cause patients' deaths is too great to condone euthanasia or physician-assisted suicide at this time.

(5) Our AMA supports continued research into and education concerning pain management.

[CEJA Rep. B, A-91; Reaffirmed by BOT Rep. 59, A-96; Reaffirmation A-97; Appended: Sub. Res. 514, I-00; Reaffirmed: CEJA Rep. 6, A-10; Reaffirmed in lieu of Res. 211, I-13; Reaffirmed: BOT Rep. 05, I-16]

# AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 005  
(I-23)

Introduced by: Resident and Fellow Section

Subject: Adopting a Neutral Stance on Medical Aid in Dying

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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1 Whereas, medical aid in dying is an end-of-life care option that allows a competent adult with a  
2 terminal illness to obtain a prescription to self-administer medication to hasten death in a  
3 peaceful and dignified manner<sup>1</sup>; and  
4

5 Whereas, the American Medical Association has long held strong opposition to the practice of  
6 medical aid in dying; and  
7

8 Whereas, medical aid in dying is being legalized in an increasing number of states, with 1 in 5  
9 Americans living in a state where it is legal<sup>2</sup>; and  
10

11 Whereas, medical aid in dying is a matter of personal autonomy and the right to self-  
12 determination; and  
13

14 Whereas, 61% of US adults support allowing medical assistance in dying<sup>3</sup>; and  
15

16 Whereas, medical aid in dying can provide comfort and dignity for terminally ill patients who are  
17 suffering and have exhausted all other treatment options; and  
18

19 Whereas, when state laws do not support a terminally ill person's ability to make their own end-  
20 of-life decisions based on their own preferences and desires, there can be moral conflicts with  
21 the existing ethical principles that can contribute to additional distress and anxiety in the  
22 terminally ill patient<sup>4</sup>; and  
23

24 Whereas, our AMA's opposition to medical aid in dying further creates conflict in the ethical  
25 obligations of physicians who may be asked to provide guidance or participate in the process;  
26 therefore be it  
27

28 RESOLVED, that our American Medical Association adopt a neutral stance on medical aid in  
29 dying and respect the autonomy and right of self-determination of patients and physicians in this  
30 matter. (New HOD Policy)

Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 9/26/23

**REFERENCES**

1. Buchbinder M. Access to Aid-in-Dying in the United States: Shifting the Debate From Rights to Justice. *Am J Public Health*. 2018 Jun;108(6):754-759. doi: 10.2105/AJPH.2018.304352. Epub 2018 Apr 19. PMID: 29672149; PMCID: PMC5944872.
2. Campbell EG, Kini V, Ressalam J, Mosley BS, Bolcic-Jankovic D, Lum HD, Kessler ER, DeCamp M. Physicians' Attitudes and Experiences with Medical Aid in Dying in Colorado: a "Hidden Population" Survey. *J Gen Intern Med*. 2022 Oct;37(13):3310-3317. doi: 10.1007/s11606-021-07300-8. Epub 2022 Jan 11. PMID: 35018562; PMCID: PMC8751472.
3. The Gallup Organization. (2022, November 29). Prevalence of living wills in U.S. up slightly. Gallup.com. Retrieved April 10, 2023, from <https://news.gallup.com/poll/312209/prevalence-living-wills-slightly.aspx>
4. Atkinson Smith, Mary DNP, MSL, APRN, FAANP; Torres, Lisa DNP, MSN, FNP, PNP; Burton, Terry C.. Patient Rights at the End of Life: The Ethics of Aid-in-Dying. *Professional Case Management* 25(2):p 77-84, March/April 2020. | DOI: 10.1097/NCM.0000000000000392

**RELEVANT AMA POLICY****Decisions Near the End of Life H-140.966**

Our AMA believes that: (1) The principle of patient autonomy requires that physicians must respect the decision to forgo life-sustaining treatment of a patient who possesses decision-making capacity. Life-sustaining treatment is any medical treatment that serves to prolong life without reversing the underlying medical condition. Life-sustaining treatment includes, but is not limited to, mechanical ventilation, renal dialysis, chemotherapy, antibiotics, and artificial nutrition and hydration.

(2) There is no ethical distinction between withdrawing and withholding life-sustaining treatment.

(3) Physicians have an obligation to relieve pain and suffering and to promote the dignity and autonomy of dying patients in their care. This includes providing effective palliative treatment even though it may foreseeably hasten death. More research must be pursued, examining the degree to which palliative care reduces the requests for euthanasia or assisted suicide.

(4) Physicians must not perform euthanasia or participate in assisted suicide. A more careful examination of the issue is necessary. Support, comfort, respect for patient autonomy, good communication, and adequate pain control may decrease dramatically the public demand for euthanasia and assisted suicide. In certain carefully defined circumstances, it would be humane to recognize that death is certain and suffering is great. However, the societal risks of involving physicians in medical interventions to cause patients' deaths is too great to condone euthanasia or physician-assisted suicide at this time.

(5) Our AMA supports continued research into and education concerning pain management.

Citation: [CEJA Rep. B, A-91; Reaffirmed by BOT Rep. 59, A-96; Reaffirmation A-97; Appended: Sub. Res. 514, I-00; Reaffirmed: CEJA Rep. 6, A-10; Reaffirmed in lieu of Res. 211, I-13; Reaffirmed: BOT Rep. 05, I-16]

**Physician-Assisted Suicide H-270.965**

Our AMA strongly opposes any bill to legalize physician-assisted suicide or euthanasia, as these practices are fundamentally inconsistent with the physician's role as healer.

Citation: [Sub. Res. 5, I-98; Reaffirmed: CEJA Rep. 11, A-08; Reaffirmed: BOT Rep. 09, A-18]

**Code of Medical Ethics: 5.8 Euthanasia**

Euthanasia is the administration of a lethal agent by another person to a patient for the purpose of relieving the patient's intolerable and incurable suffering.

It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life.

However, permitting physicians to engage in euthanasia would ultimately cause more harm than good.

Euthanasia is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. Euthanasia could readily be extended to incompetent patients and other vulnerable populations.

The involvement of physicians in euthanasia heightens the significance of its ethical prohibition. The physician who performs euthanasia assumes unique responsibility for the act of ending the patient's life. Instead of engaging in euthanasia, physicians must aggressively respond to the needs of patients at the end of life. Physicians:

- (a) Should not abandon a patient once it is determined that a cure is impossible.
- (b) Must respect patient autonomy.
- (c) Must provide good communication and emotional support.
- (d) Must provide appropriate comfort care and adequate pain control.

# AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 006  
(I-23)

Introduced by: Medical Student Section

Subject: Inappropriate Use of Health Records in Criminal Proceedings

Referred to: Reference Committee on Amendments to Constitution and Bylaws

Whereas, every US state has a higher incarceration rate than any other high-income country, and patients experience high rates of chronic disease and psychiatric illness in prison<sup>1-5</sup>; and

Whereas, 34 states use discretionary parole, where a panel of individuals may grant an individual release from prison based on criminal history, program participation, and behavior while incarcerated, but irrelevant factors such as time of day of parole review and age and race of the individual may inappropriately affect interpretations and decisions<sup>6-8</sup>; and

Whereas, patients with extensive medical management, including psychotherapy, may have their health documentation inappropriately included in their parole portfolios even when not pertinent to a case, inflating the size of portfolios, increasing the workload perceived by parole boards, and negatively impacting chances of a fair parole decision<sup>9-11</sup>; therefore be it

RESOLVED, that our American Medical Association encourage collaboration with relevant parties, including state and county medical societies, the American College of Correctional Physicians, and the American Bar Association, on efforts to preserve patients' rights to privacy regarding medical care while incarcerated while ensuring appropriate use of medical records in parole and other legal proceedings to protect incarcerated individuals from punitive actions related to their medical care. (New HOD Policy)

Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 09/27/2023

## REFERENCES

1. Maruschak LM. Medical problems of prisoners: (448112008-001). Published online 2008. doi:10.1037/e448112008-0013.
2. Reingle Gonzalez JM, Connell NM. Mental Health of Prisoners: Identifying Barriers to Mental Health Treatment and Medication Continuity. *American Journal for Public Health*. 2014;104(12):2328-2333. doi:10.2105/AJPH.2014.3020434.
3. Wallace D, Wang X. Does in-prison physical and mental health impact recidivism? *SSM - Popul Health*. 2020;11:100569. doi:10.1016/j.ssmph.2020.100569
4. "Laura M. Maruschak, Bjs Statistician - Bureau of Justice Statistics." Accessed March 9, 2023.
5. Wilper AP, Woolhandler S, Boyd JW, Lasser, KE, McCormick D, Bor DH, et al. The health and health care of US prisoners: results of a nationwide survey. *American Journal of Public Health*. 2009; 99(4):666-72.
6. Frankel, Allison. "Revoked." *Human Rights Watch*, September 6, 2021.
7. Beth Schwartzapfel | The Marshall Project. "How Parole Boards Keep Prisoners in the Dark and behind Bars." *The Washington Post*. WP Company, July 11, 2015.
8. "Extraneous Factors in Judicial Decisions | PNAS." <https://www.pnas.org/doi/10.1073/pnas.1018033108>.
9. Profiles in Parole Release and Revocation: Examining the Legal Framework in the United States. St. Paul, MN: University of Minnesota, Robina Institute of Criminal Law and Criminal Justice; February 2022. Accessed March 8, 2023. [https://robinainstitute.umn.edu/sites/robinainstitute.umn.edu/files/2022-02/louisiana\\_parole\\_profile.pdf](https://robinainstitute.umn.edu/sites/robinainstitute.umn.edu/files/2022-02/louisiana_parole_profile.pdf)

10. Lewis v. Cain, No. 06-15022, 2015 WL 1602976 (E.D. La. Apr. 8, 2015) (Order granting conditional habeas relief). Accessed March 9, 2023. [https://www.laaclu.org/sites/default/files/field\\_documents/2015\\_Lewis\\_v\\_Cain\\_Doc3\\_1.pdf](https://www.laaclu.org/sites/default/files/field_documents/2015_Lewis_v_Cain_Doc3_1.pdf)
11. "Medical History - Statpearls - NCBI Bookshelf." Accessed March 9, 2023. <https://www.ncbi.nlm.nih.gov/books/NBK534249/>.

## **RELEVANT AMA POLICY**

### **D-430.993 Study of Best Practices for Acute Care of Patients in the Custody of Law Enforcement or Corrections**

1. Our AMA supports the development of: (1) best practices for acute care of patients in the custody of law enforcement or corrections, (2) clearly defined and consistently implemented processes between health care professionals and law enforcement that (a) can best protect patient confidentiality, privacy, and dignity while meeting the needs of patients, health professionals, and law enforcement and (b) ensures security measures do not interfere with the capacity to provide medical, mental health, pregnancy, end of life care, palliative care, and substance use care, especially in emergency situations, and (3) if conflict arises during an incarcerated individual's hospitalization that the hospital's bioethics committee should convene to address the issue and not a law enforcement liaison.
2. Our AMA affirms that: (1) the adoption of best practices in the acute care of patients in the custody of law enforcement or corrections is an important effort in achieving overall health equity for the U.S. as a whole, and (2) it is the responsibility of the medical staff to ensure quality and safe delivery of care for incarcerated patients.
3. Our AMA supports universal coverage of essential health benefits for all individuals in the custody of law enforcement or corrections and who are incarcerated.
4. Our AMA will work with interested parties, including but not limited to, the American College of Emergency Physicians and the American College of Correctional Physicians, to develop model federal legislation requiring health care facilities to inform patients in custody about their rights as a patient under applicable federal and state law. [Res. 407, A-22; Modified: CSAPH Rep. 06, A-23]

# AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 007  
(I-23)

Introduced by: Medical Student Section

Subject: Improving Access to Forensic Medical Evaluations and Legal Representation  
for Asylum Seekers

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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Whereas, asylum seekers are people fleeing conflict, violence, human rights violations, extreme poverty, or persecution, who enter a country and request sanctuary<sup>1-3</sup>; and

Whereas, in the US, 842,000 asylum cases are currently pending, with the backlog projected to increase to 1 million by 2025, demonstrating a need for physicians trained in forensic medical and psychiatric evaluations and immigration lawyers to represent asylum seekers<sup>4,5</sup>; and

Whereas, children are especially impacted by lengthy and traumatic migration and asylum processes, in some cases experiencing resignation syndrome, a catatonic state of reduced consciousness typically relieved by being granted asylum<sup>6-8</sup>; and

Whereas, only 9 states publicly fund legal representation for all asylum seekers, and barriers in access to immigration lawyers result in 40% of asylum seekers being unrepresented<sup>9</sup>; and

Whereas, lack of representation reduces probability of asylum, as 49% of represented asylum seekers are successful compared to only 18% of unrepresented asylum seekers<sup>4,8,10</sup>; and

Whereas, physicians play a critical role in asylum cases by providing medical evidence of well-founded fear of persecution for immigration judges determining asylum<sup>11</sup>; and

Whereas, physician forensic medical evaluations greatly improve success rates in asylum cases, with 74% of cases with evaluations granted asylum compared to only 42% overall, but demand for evaluations far exceeds physician supply<sup>13,14</sup>; and

Whereas, the Asylum Medicine Training Initiative offers free, self-paced, standardized education on forensic evaluations to any physician, requiring 5 to 7 hours<sup>16</sup>; therefore be it

RESOLVED, that our American Medical Association support public funding of legal representation for people seeking legal asylum (New HOD Policy); and be it further

RESOLVED, that our AMA support efforts to train and recruit physicians to conduct medical and psychiatric forensic evaluations for all asylum seekers through existing training resources, including, but not limited to, the Asylum Medicine Training Initiative. (New HOD Policy)

Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 09/27/2023

**REFERENCES**

1. United Nations High Commissioner for Refugees (no date) Asylum-seekers, UNHCR. UNHCR, The UN Refugee Agency. Available at: <https://www.unhcr.org/en-us/asylum-seekers.html> (Accessed: March 8, 2023).
2. An overview of U.S. refugee law and policy (2022) American Immigration Council. Available at: <https://www.americanimmigrationcouncil.org/research/overview-us-refugee-law-and-policy#:~:text=Of%20the%2011%2C814%20refugees%20who,%2C%20and%20Latin%20America%2FCaribbean.>
3. Who is a refugee, a migrant or an asylum seeker? (2022) Amnesty International. Available at: <https://www.amnesty.org/en/what-we-do/refugees-asylum-seekers-and-migrants/#definitions> (Accessed: March 8, 2023).
4. A Sober Assessment of the Growing U.S. Asylum Backlog (2022) TRAC Immigration. Available at: <https://trac.syr.edu/reports/705> (Accessed: March 8, 2023).
5. President of the United States (2022) Report to Congress on proposed refugee admissions for Fiscal Year 2023 - United States Department of State, U.S. Department of State. U.S. Department of State. Available at: <https://www.state.gov/report-to-congress-on-proposed-refugee-admissions-for-fiscal-year-2023/#overview> (Accessed: March 8, 2023).
6. Robjant, K., Hassan, R., & Katona, C. (2009). Mental health implications of detaining asylum seekers: Systematic review. *The British Journal of Psychiatry*, 194(4), 306-312. doi:10.1192/bjp.bp.108.053223
7. Sallin K, Lagercrantz H, Evers K, Engström I, Hjern A, Petrovic P. Resignation Syndrome: Catatonia? Culture-Bound? *Front Behav Neurosci*. 2016 Jan 29;10:7. doi: 10.3389/fnbeh.2016.00007. PMID: 26858615; PMCID: PMC4731541.
8. Asylum Denial Rates Continue to Climb (2020) TRAC Immigration. Available at: <https://trac.syr.edu/immigration/reports/630/> (Accessed: March 8, 2023).
9. Advancing Universal Representation initiative (no date) Vera Institute of Justice. Available at: <https://www.vera.org/ending-mass-incarceration/reducing-incarceration/detention-of-immigrants/advancing-universal-representation-initiative> (Accessed: March 8, 2023).
10. Asylum Decisions (2023) TRAC Immigration. Available at: <https://trac.syr.edu/phptools/immigration/asylum/> (April 8, 2023)
11. Disla de Jesus V, Appel J. A Call for Asylum Evaluation and Advocacy in Forensic Psychiatry. *Journal of the American Academy of Psychiatry and the Law Online* Sep 2022, 50 (3) 342-345; DOI: 10.29158/JAAPL.220050-22
12. Atkinson HG, Wyka K, Hampton K, Seno CL, Yim ET, Ottenheimer D, Arastu NS. Impact of forensic medical evaluations on immigration relief grant rates and correlates of outcomes in the United States. *J Forensic Leg Med*. 2021 Nov;84:102272. doi: 10.1016/j.jflm.2021.102272. Epub 2021 Oct 28. PMID: 34743036.
13. Ferdowsian H, McKenzie K, Zeidan A. Asylum Medicine: Standard and Best Practices. *Health Hum Rights*. 2019 Jun;21(1):215-225. PMID: 31239628; PMCID: PMC6586957.
14. Asylum Medicine Training Initiative <https://asylummedtraining.org/> (Accessed: April 8, 2023)

**RELEVANT AMA POLICY****H-350.957 Addressing Immigrant Health Disparities**

1. Our American Medical Association recognizes the unique health needs of refugees, and encourages the exploration of issues related to refugee health and support legislation and policies that address the unique health needs of refugees.
2. Our AMA: (A) urges federal and state government agencies to ensure standard public health screening and indicated prevention and treatment for immigrant children, regardless of legal status, based on medical evidence and disease epidemiology; (B) advocates for and publicizes medically accurate information to reduce anxiety, fear, and marginalization of specific populations; and (C) advocates for policies to make available and effectively deploy resources needed to eliminate health disparities affecting immigrants, refugees or asylees.
3. Our AMA will call for asylum seekers to receive all medically-appropriate care, including vaccinations in a patient centered, language and culturally appropriate way upon presentation for asylum regardless of country of origin. [Res. 804, I-09; Appended: Res. 409, A-15; Reaffirmation: A-19; Appended: Res. 423, A-19; Reaffirmation: I-19]

**D-350.983 Improving Medical Care in Immigrant Detention Centers**

1. Our AMA will: (1) issue a public statement urging U.S. Immigrations and Customs Enforcement Office of Detention Oversight to (a) revise its medical standards governing the conditions of confinement at detention facilities to meet those set by the National Commission on Correctional Health Care, (b) take necessary steps to achieve full compliance with these standards, and (c) track complaints related to substandard healthcare quality; (2) recommend the U.S. Immigrations and Customs Enforcement refrain from partnerships with private institutions whose facilities do not meet the standards of medical, mental, and dental care as guided by the National Commission on Correctional Health Care; and (3) advocate for access to health care for individuals in immigration detention. [Res. 017, A-17]

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 009  
(I-23)

Introduced by: Academic Physicians Section (AMA-APS)

Subject: Physicians Arrested for Non-Violent Crimes While Engaged in Public Protests

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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1 Whereas, the killing of Mr. George Floyd, while he was being restrained in police custody, has  
2 resulted in widespread social activism, including but not limited to protest marches and  
3 demonstrations that have included participation by physicians in many areas of the United  
4 States; and

5  
6 Whereas, medical care for individuals in the transgender community has been affected through  
7 politically motivated legislation in a number of states to limit gender-affirming care and other  
8 procedures, leading to public protests in many states; and

9  
10 Whereas, the 2022 Supreme Court decision rendered in “*Dobbs v. Jackson Women’s Health*  
11 *Organization*” (“*Dobbs*”), which removed the constitutional protections regarding access to  
12 certain health care services (elective abortion of a pregnancy), has also been met with  
13 numerous public protests, which have included participation by physicians; and

14  
15 Whereas, the *New England Journal of Medicine* published a perspective on August 24, 2022,  
16 reminding physicians, in the wake of *Dobbs*, of the appropriate role of professional participation  
17 in civil disobedience in light of this decision; and

18  
19 Whereas, the right to speak freely and to petition the government for redress of grievances is  
20 enshrined in the First Amendment of the Constitution of the United States as part of the Bill of  
21 Rights; and

22  
23 Whereas, there exists in the United States a long history of peaceful protest marches, many of  
24 which involved peaceful acts of civil disobedience while petitioning for grievances regarding  
25 issues such as the right to join a union, civil rights, and other causes; and

26  
27 Whereas, participation in events in which “civil disobedience” occurs often carries with such  
28 participation a significant risk for arrest by members of the police, because many of these  
29 marches have been met by forceful police responses, including the use of force disproportionate  
30 to any potential threat to public safety; and

31  
32 Whereas, police departments and public safety agencies nationwide have responded to some  
33 large protests with techniques such as “kettling,” in which police surround peaceful protesters in  
34 a manner that precludes their dispersal and results in an arrest of them all—a technique that  
35 has subsequently resulted in arrests of citizens who have been non-violently expressing their  
36 right to free speech; and



1 Whereas, other circumstances may also ensue in which physicians are arrested during peaceful  
2 expressions of protest, in which they cannot credibly be accused of having committed any crime  
3 of violence upon public safety personnel or others involved in or responding to such protests;  
4 and

5  
6 Whereas, some jurisdictions have escalated arrests for some non-violent acts of civil  
7 disobedience to potentially be charged as a “felony” offense; and

8  
9 Whereas, such arrests, whether alleged misdemeanors or alleged felonies, typically must be  
10 reported on credentialing or re-credentialing applications to state licensure boards, hospital  
11 organizations and insurers or governmental agencies that provide payment to physicians for  
12 their provision of health care goods and services; and

13  
14 Whereas, physicians who are arrested in circumstances as described above may reasonably  
15 fear that such arrests (and their reporting) may complicate their re-credentialing with state  
16 licensure boards, hospital organizations and/or insurers or governmental agencies that provide  
17 payment to physicians for their provision of health care goods and services; and

18  
19 Whereas, such arrests are typically viewed by these credentialing organizations as unrelated to  
20 fitness to practice medicine; and

21  
22 Whereas, failure to report such arrests can result in sanctions related to the physician’s failure  
23 to meet the obligation to truthfully provide answers to the questions posed by the credentialing  
24 organization(s); therefore be it

25  
26 RESOLVED, that our American Medical Association advocate to appropriate credentialing  
27 organizations and payers—including the Federation of State Medical Boards, state and  
28 territorial licensing boards, hospital and hospital system accrediting boards, and organizations  
29 that compensate physicians for provision of health care goods and services—that misdemeanor  
30 or felony arrests of physicians as a result of exercising their First Amendment rights of protest  
31 through nonviolent civil disobedience should not be deemed germane to the ability to safely and  
32 effectively practice medicine. (Directive to Take Action)

Fiscal Note: Moderate - between \$5,000 - \$10,000

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