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REPORT OF THE BOARD OF TRUSTEES

B of T Report 12-I-23

Subject: American Medical Association Meeting Venues and Accessibility (Resolution 610-A-22, Resolve 2; and Resolution 602-I-22)

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

Referred to: Reference Committee F

At the 2022 Annual Meeting, Resolution 610 was introduced by the Senior Physicians Section. The House of Delegates adopted three resolves, which were incorporated into Policy G-630.140, "Lodging, Meeting Venues, and Social Functions," as sections [6] through [8], respectively. G-630.140[8] was rescinded through approval of Board of Trustees Report 18-A-23.

A fourth resolve of Resolution 610-A-22 was referred and asked that "our AMA investigate ways of allowing meaningful participation in all meetings of the AMA by members who are limited in their ability to physically attend meetings."

At the 2022 Interim Meeting, Resolution 602, introduced by the Southeast Delegation and the American College of Radiology, was referred. Resolution 602-I-22 asked that Policy G-630.140, "Lodging, Meeting Venues, and Social Functions," be amended by addition and deletion to read as follows:

AMA policy on lodging and accommodations includes the following:

1. Our AMA supports choosing hotels for its meetings, conferences, and conventions based on size, service, location, cost, and similar factors.

2. Our AMA shall attempt, when allocating meeting space, to locate the Section Assembly Meetings in the House of Delegates Meeting hotel or in a hotel in close proximity.

3. All meetings and conferences organized and/or primarily sponsored by our AMA will be held in a town, city, county, or state that has regulation or ~~enacted comprehensive~~ legislation requiring smoke-free worksites and public places (including restaurants and bars), unless intended or existing contracts or special circumstances justify an exception to this policy, and our AMA encourages state and local medical societies, national medical specialty societies, and other health organizations to adopt a similar policy.

4. It is the policy of our AMA not ~~to hold meetings organized and/or primarily sponsored by our AMA, in cities, counties, or states, or~~ pay member, officer or employee dues in any club, restaurant, or other institution, that has exclusionary policies, including, but not limited to, policies based on, race, color, religion, national origin, ethnic origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age unless intended or existing contracts or special circumstances justify an exception to this policy.

5. Our AMA staff will work with facilities where AMA meetings are held to designate an area for breastfeeding and breast pumping.

6. All future AMA meetings will be structured to provide accommodations for members and invited attendees who are able to physically attend, but who need assistance in order to meaningfully participate.

7. Our AMA will revisit our criteria for selection of hotels and other venues in order to facilitate maximum participation by members and invited attendees with disabilities.

8. Our AMA will report back to the HOD by no later than the 2023 Annual Meeting with a plan on how to maximize meeting participation for members and invited attendees with disabilities.

This report responds to the referred resolve of Resolution 610-A-22, and to Resolution 602-I-22 (Note: the text of Policy G-630.140 included in Resolution 602-I-22 above includes Section [8] of the policy, since that section was not rescinded until the 2023 Annual Meeting).

RESOLUTION 602-I-22

Policy G-630.140, especially bullets [3] and [4], constrain options for AMA meeting venues. When Section 4 was added to the policy, the AMA Office of General Counsel determined that the most expedient way to comply with the policy would be for the AMA to follow the list (hereafter the "California list") compiled by the State of California Attorney General's office to comply with its state law AB 1887.

The California Legislature determined that "California must take action to avoid supporting or financing discrimination against lesbian, gay, bisexual, and transgender people." To that end, AB 1887 prohibits a state agency, department, board, or commission from requiring any state employees, officers, or members to travel to a state that has enacted a law that: (1) has the effect of voiding or repealing existing state or local protections against discrimination on the basis of sexual orientation, gender identity, or gender expression; (2) authorizes or requires discrimination against same-sex couples or their families or on the basis of sexual orientation, gender identity, or gender expression; or (3) creates an exemption to antidiscrimination laws in order to permit discrimination against same-sex couples or their families or on the basis of sexual orientation, gender identity, or gender expression. The law also prohibits California from approving a request for state-funded or state-sponsored travel to such a state.

There are, as of the time of this report's drafting, 24 states on the California list (though it will likely consist of 26 states shortly, as the California Attorney General has announced that Missouri and Nebraska will be added). At the time the AMA decided to follow the California list, many other organizations were using the list as a guide to meeting venues and organization-funded travel. However, this list's utility has diminished over the years, as it has had unintended consequences, including for academics, researchers, and others in the DEI and LGBTQ+ communities. Even the City of San Francisco has decided to no longer use it for travel by its employees. The State of California is also considering repeal of AB1887.

While Policy G-630.140 supports choosing hotels for its meetings, conferences, and conventions based on size, service, location, cost, and similar factors, there are already very few venues that can accommodate the House (and its many associated ancillary meetings of the sections, caucuses, etc.)

meeting without requiring multiple hotels and a convention center. Additionally, the size of the House is increasing. There are now over 700 delegate slots, with a corresponding number of alternate delegates, though not all credential or attend the meetings. This number further limits the venues that are options for our Annual and Interim Meetings.

Adhering to the California list diminishes the number of venues capable of hosting the Annual and Interim Meetings even further, given that more than half the nation is deemed ineligible. It also has had the effect of making it so some Medical Student Section regions cannot have a meeting within their own region.

RESOLUTION 610-A-22, RESOLVE 2

As noted above, Board of Trustees Report 18-A-23 responded to the following adopted resolve of Resolution 610-A-22: That our AMA report back to the HOD by no later than the 2023 Annual Meeting with a plan on how to maximize meeting participation for members and invited attendees with disabilities. BOT Report 18-A-23 covered in detail accessibility options already in place for meeting attendees with disabilities. This report thus only will discuss the referred resolve asking that our AMA investigate ways of allowing meaningful participation in all meetings of the AMA by members who are limited in their ability to physically attend meetings.

In trying to be responsive to all participants' needs, the AMA has provided for accommodations to be made for all in attendance who have the need for assistance. Recognizing that there are those for whom an onsite accommodation may not be enough, options for virtual participation have been made available when possible. Specifically, House meetings include Online Member Forums allowing for members to comment on the items of business before the House. In addition, members and others are invited and encouraged to view sessions through live streaming of all House sessions and reference committee hearings. However, AMA meetings are not only about the content that is delivered but about the interaction with others on-site, the availability of mentorship, and in the case of the National Advocacy Conference, the opportunity to advocate for AMA priorities by visiting with Members of Congress and their staff.

While some would suggest a hybrid model is the best option for those who are unable to attend in-person, a hybrid meeting is not a viable solution for the Annual and Interim Meetings in particular. The cost of the meetings would likely double, as the AMA would be hosting two meetings: the virtual and the in-person. Without strict registration, credentialing, and attendance protocols there would be no way to know how many people would be attending in person and how many virtually, presenting issues with credentialing and voting.

A hybrid model would create conundrums in contracting and financing the meeting. There would likely be either not enough hotel rooms or too many that go unused, which could cause the AMA to incur a penalty for attrition. In addition, if only a few participate virtually, it would not be worth the expense to offer that option.

A hybrid would also result in significant issues with completing the business in a timely fashion. As experienced with the virtual special meetings, business had to be strictly limited, and the time devoted to committee hearings and House sessions still exceeded that of in-person meetings.

Thus, while meaningful participation is a laudable goal, it is not deemed to be practical for Annual and Interim Meetings at this time. The Board of Trustees and Speakers will continue to monitor future means for enhancing participation options for those who cannot attend in person.

DISCUSSION

While myriad factors are considered when determining future meeting sites for AMA House of Delegates meetings, the primary consideration is alignment of AMA policy and availability of acceptable venues. Acceptable venues include those which meet the needs of all meeting attendees to participate with any necessary accommodations.

Due to current policy and size constraints the AMA is limited to approximately four properties in the continental United States: Hyatt Regency Chicago in Illinois, Gaylord Chula Vista in California, Gaylord Rockies in Denver, Colorado, and Gaylord National in Maryland as options for the Annual and Interim Meetings of the HOD. These properties are compliant with the Americans with Disabilities Act and allow for in-person participation of all members of the HOD. There are properties that could accommodate the meetings in other states, but due to discriminatory or smoking policy those are eliminated from the list of possibilities.

While state laws are a factor, other determinations should be allowed in the consideration of future meeting venues. For example, several of the properties that can hold the AMA meeting in one venue are excluded due to state laws (e.g., Florida and Texas). The parent companies of the properties may have a strong policy that prohibits the exclusions that are not provided in the state law and would therefore make the property's own policies compliant with AMA policy. Disney, for example, is generally regarded as a nondiscriminatory employer and venue, and Orlando's Swan and Dolphin is a Disney property. Nonetheless, because of recently adopted legislation, the entire state of Florida is disallowed.

CONCLUSION

The Association has been boxed into the proverbial corner by well-meaning policies, but whether the AMA's policies on meeting locations are having their intended effect merits consideration. No state is likely to change its policies to secure an AMA meeting, as our meetings are relatively small and carry minimal economic value. In truth, the policies are likely of no impact outside the four walls of the AMA. Changing current policy to allow locations (states, cities) would expand options for future meetings. Selection of venues will of course be sensitive to state laws and any risks that attendees would face, but not limited by state laws. It is of utmost importance to emphasize the significance of prioritizing the safety of our participants as a central element of this policy. It is also important to address the criminalization of medicine aspect, particularly in relation to reproductive health care laws following the *Dobbs* decision. This includes a thorough examination of the potential impact of these laws on medical professionals and patients, as well as the potential implications for attendees' safety and access to comprehensive healthcare services.

In summary, however, the Board does not believe it is prudent for the AMA to be hamstrung by policies that overly constrain its abilities to contract for and hold meetings and recommends amendments to Policy G-630.140 to allow the AMA greater latitude in venue selection while retaining strong anti-discrimination policy. The Board also notes that amendment of G-630.140[3], as suggested by Resolution 602-I-22, is a reasonable change to the venue selection policy with regard to smoking.

RECOMMENDATION

The Board of Trustees therefore recommends that Policy G-630.140, "Lodging, Meeting Venues, and Social Functions," be amended by addition and deletion as follows in lieu of Resolution 610-A-22, Resolve 2, and Resolution 602-I-22, and the remainder of this report be filed:

AMA policy on lodging and accommodations includes the following:

1. Our AMA supports choosing hotels for its meetings, conferences, and conventions based on size, service, location, cost, and similar factors.

2. Our AMA shall attempt, when allocating meeting space, to locate the Section Assembly Meetings in the House of Delegates Meeting hotel or in a hotel in close proximity.

3. All meetings and conferences organized and/or primarily sponsored by our AMA will be held in a town, city, county, or state that has enacted regulation or legislation requiring smoke-free worksites and public places (including restaurants and bars), unless intended or existing contracts or special circumstances justify an exception to this policy, and our AMA encourages state and local medical societies, national medical specialty societies, and other health organizations to adopt a similar policy.

4. It is the policy of our AMA not to ~~hold meetings and/or primarily sponsored by our AMA or~~ pay member officer or employee dues in any club, restaurant, or other institution that has exclusionary policies, including, but not limited to, policies based on, race, color, religion, national origin, ethnic origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age unless intended or existing contracts or special circumstances justify an exception to this policy.

5. Our AMA will not hold meetings organized by or primarily sponsored by our AMA at venues that have exclusionary policies, including, but not limited to, policies based on, race, color, religion, national origin, ethnic origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age unless intended or existing contracts or special circumstances justify an exception to this policy.

6. Our AMA staff will work with facilities where AMA meetings are held to designate an area for breastfeeding and breast pumping.

7. All future AMA meetings will be structured to provide accommodations for members and invited attendees who are able to physically attend, but who need assistance in order to meaningfully participate.

8. Our AMA will revisit our criteria for selection of hotels and other venues in order to facilitate maximum participation by members and invited attendees with disabilities.

9. Our AMA will utilize security experts to assess the safety risk for our attendees and guests at all venues. (Modify Current HOD Policy)

Fiscal Note: No significant fiscal impact

REPORT OF THE BOARD OF TRUSTEES

B of T Report 13-I-23

Subject: House of Delegates (HOD) Modernization (Resolution 622-A-22)

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

Referred to: Reference Committee F

At the June 2022 Annual Meeting, Resolution 622, "HOD Modernization," was considered and referred.

BACKGROUND

Resolution 622-A-22, in part, called on our American Medical Association (AMA) to convene a task force "…to determine how future in-person meetings may be updated to improve the efficiency and effectiveness of the HOD, while making efforts to maintain the central tenets of our House, including equity, democracy, protecting minority voices, and recognizing the importance of in-person deliberations." The need for a task force was deliberated with the decision that there were already multiple activities and task forces planned or in progress and that creating yet another task force at this time would not assist in creating efficiencies as desired. This report serves to provide updates on current task forces and modernization activities in the House of Delegates.

One of the major undertakings that continues is the review and implementation of reforms of the HOD elections process. Resolution 603-A-19 called on our AMA to create a Speaker-appointed task force for the purpose of recommending improvements to the HOD election process. At the June 2021 Special Meeting of the AMA, Speakers' Report 2, "Report of the Election Task Force," was submitted with forty-one recommendations. Recommendation 41 of that report was adopted which called for a review to be conducted by the Speaker after an interval of two years with a report back to the HOD. After the adjournment of the 2023 Annual Meeting (and the end of the two-year assessment period) the Speaker appointed the Election Task Force 2 (ETF2) with broad representation from the House of Delegates. An in-person meeting is scheduled for Saturday, August 25, 2023, with subsequent virtual meetings to be scheduled as required. A report of the ETF2 to the HOD is planned at I-23 to provide an update on its activities and provide recommendations if ready to do so.

Another major initiative just getting underway is establishing a Resolution Modernization Task Force (RMTF). Resolution 604, "Speakers' Task Force to Review and Modernize the Resolution Process," was adopted at the 2023 Annual Meeting. The first resolved of Resolution 604 reads:

> That our American Medical Association form a Speakers' Task Force on the Resolution Process to review the entire process of handling resolutions for our AMA House of Delegates, including but not limited to definitions of on time resolutions, emergency resolutions, and late resolutions, deadlines for submission of resolutions by all sections, processing and review of reference committee reports, and use of virtual meetings so that all on time resolutions can be submitted by the same deadline (Directive to Take Action)

The resolution also calls for a report back to the HOD by the 2024 Annual Meeting. Immediately following the 2023 Annual Meeting, the Speaker appointed the Resolution Modernization Task Force (RMTF) with broad representation from the House of Delegates. An in-person meeting is scheduled for Sunday, August 26, 2023, with subsequent meetings to follow as needed to review all processes related to resolutions and provide recommendations to the HOD for consideration. Also included as a part of the RMTF activities, there will be a review of the Online Member Forums. Resolution 606-N-21, "Increasing the Effectiveness of Online Reference Committee Testimony," calls for the AMA to conduct a two-year trial during which reference committees will produce a reference committee document based on the written online testimony prior to the in-person reference committee hearings. I-23 will mark the end of the two-year trial period. Your Board believes that the RMTF is the most appropriate body to conduct this review and provide recommendations in their report due at A-24.

For I-23, changes were made to expedite the processing of business items including adjusting the on-time resolution submission deadlines where allowable within our rules and creating a template for correct resolution formatting. These changes will allow for posting of the handbook as one item without an addendum and will also allow for posting of all items to the Online Member Forums for member comments. This will in turn allow for a more robust discussion by the reference committees for their preliminary document production. More substantial changes are expected following the completion of the RMTF process, but members can be assured that any improvements that can be put into place for the HOD to run more efficiently and effectively will be considered and implemented if possible.

In addition to the aforementioned task forces looking at specific areas to improve efficiencies within the HOD itself, your Board along with AMA management are open to and are looking at ways to improve efficiencies internally in support of HOD functions. Board of Trustees Report 20-A-23 adopted policy stating, "that our AMA continues to invest in critical information technology and other appropriate infrastructure that allows for the tracking of past resolutions, existing policy, and supporting materials," and that work is ongoing. The HOD website is under review, upgrades and improvements to the online member forums and AMA Policy Finder are in the queue to begin work in late 2023/early 2024. Online submission forms for volunteer applications and other information gathering needs are being explored with planned implementation in the near future.

CONCLUSION

The Board concludes that the ETF2 and RMTF should continue their work in examining and improving current processes within the HOD and provide recommendations for consideration by the HOD when appropriate. Additionally, the Board and AMA management will continue to investigate opportunities to support processes and solutions that optimize efficiencies where possible, provide a satisfactory experience for all HOD members and enable constituencies to feel engaged and informed.

RECOMMENDATION

In light of these considerations, your Board of Trustees recommends that:

1. Resolution 622-A-22 not be adopted.
2. Board of Trustees Report 20-A-23 be reaffirmed.

Fiscal Note: $150 to update these policies in PolicyFinder.

RELEVANT AMA POLICY

Directives from the Election Task Force D-610.998(10)
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.

Speakers Task Force to Review and Modernize the Resolution Process (Res 604-A-23 get policy #)
1. Our American Medical Association form a Speakers Task Force on the Resolution Process to review the entire process of handling resolutions for our AMA House of Delegates, including but not limited to definitions of on time resolutions, emergency resolutions, and late resolutions, deadlines for submission of resolutions by all sections, processing and review of reference committee reports, and use of virtual meetings so that all on time resolutions can be submitted by the same deadline.
2. Our AMA Speakers Task Force on the Resolution Process report back to our AMA House of Delegates by the 2024 Annual Meeting with recommendations regarding the resolution process.

Increasing the Effectiveness of Online Reference Committee Testimony D-600.956
1. Our AMA will conduct a trial of two-years during which all reference committees, prior to the in-person reference committee hearing, produce a preliminary reference committee document based on the written online testimony.
2. The preliminary reference committee document will be used to inform the discussion at the in-person reference committee.
3. There be an evaluation to determine if this procedure should continue.
4. The period for online testimony will be no longer than 14 days.

Surveillance Management System for Organized Medicine Policies and Reports (BOT Report 20-A-23 get policy #)
1. Our AMA maintains the existing resolution management structure within the House of Delegates without imposing a potentially confusing or unsustainable prioritization matrix on delegates and reference committees.
2. That our AMA continues to invest in critical information technology and other appropriate infrastructure that allows for the tracking of past resolutions, existing policy, and supporting materials.

REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

CLRPD Report 1-I-23

Subject: Women Physicians Section Five-Year Review

Presented by: Gary Thal, MD, Chair

Referred to: Reference Committee F

AMA Bylaw 7.0.9 states, "A delineated section must reconfirm its qualifications for continued delineated section status and associated representation in the House of Delegates by demonstrating at least every 5 years that it continues to meet the criteria adopted by the House of Delegates." AMA Bylaw 6.6.1.5 states that one function of the Council on Long Range Planning and Development (CLRPD) is "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."

The Council believes the five-year review cycle offers an excellent opportunity to provide the House of Delegates (HOD) with updates on section activities to ensure that these sections continue to meet HOD goals. The Council assessed information from the letter of application submitted by the Women Physicians Section (WPS) for renewal of delineated section status, which is presented in the discussion section of this report.

APPLICATION OF CRITERIA TO THE WOMEN PHYSICIANS SECTION

Criterion 1: Issue of Concern – Focus will relate to concerns that are distinctive to the subset within the broader, general issues that face medicine. A demonstrated need exists to deal with these matters, as they are not currently being addressed through an existing AMA group.

The WPS identified the following priority areas of concern as focal points of the last five years: issues/concerns of women physicians and women patients, such as gender discrimination; underrepresentation of women physician leaders; health issues that disproportionately impact women patients; and gender bias and discrimination with professional development and advancement of women in medicine.

The Council asked the section what actions have been taken on these issues, as well as the results of those activities. On the issue of gender discrimination and inequities in professional development, the WPS submitted resolutions on topics related to salary transparency, female physician work patterns, maternal discrimination, and caregiver burnout. WPS resolutions resulted in the establishment of two new AMA policies and the amendment of three AMA policies.

On health issues that disproportionally or uniquely impact women patients, WPS resolutions resulted in the establishment of 10 new AMA policies and the amendment of 16 AMA policies. On the issue of under-representation of women physician leaders in organized medicine and academic medicine, the WPS continues work on the WPS Pathway to Leadership education series and provides EdHub content on negotiation skills for women in medicine and other appropriate topics.

Criterion 2: Consistency – Objectives and activities of the group are consistent with those of the AMA. Activities make good use of available resources and are not duplicative.

Over the past five years, the WPS collaborated with the Medical Student Section on joint educational sessions and mentoring events, partnered with the Organized Medical Staff Section to host a webinar entitled, "Unique Challenges Facing Women Physicians During COVID-19," and co-hosted several education sessions with other AMA sections. Additionally, WPS partnered with the AMA Alliance for WPS members to periodically serve as guest authors for *Physician Family* magazine (a quarterly publication produced by the AMA Alliance).

Each year, the WPS governing council (GC) coordinates with staff to identify strategic directives for the section. Section activities have focused on support to increase leadership opportunities, social media presence, mentorship, and collaboration. The WPS leads the AMA's Women in Medicine (WIM) event each September. During this time, the WPS implements two major programs: Inspirational Physicians Recognition Program (formerly the Physician Mentor Recognition Program), which provides an opportunity for physicians to express appreciation to the special men and women who have offered time, wisdom, and support throughout their professional journeys, and the Joan F. Giambalvo Fund for the Advancement of Women (formerly the Giambalvo Memorial Scholarship Fund). The AMA Foundation, in association with the WPS, established the Fund with the goal of advancing the progress of women in the medical profession and strengthening the ability of the AMA to identify and address the needs of women physicians and medical students.

Criterion 3: Appropriateness – The structure of the group will be consistent with its objectives and activities.

Membership of the WPS consists of 1) automatic enrollment of all female physician and medical student members of the AMA as identified in the AMA Masterfile, 2) an "opt-out" mechanism for female AMA members who do not wish to be WPS members, and 3) an "opt-in" mechanism for any other active AMA member who wishes to join the WPS. The structure of the section has remained stable over time and continues to support opportunities for members to contribute to the governance, leadership, objectives, and activities of WPS.

The WPS convenes a GC from its members and holds strategic planning meetings to plot its annual and long-term goals and ensure alignment with the goals of the AMA. All section members have opportunities throughout the year to contribute to the deliberations of the WPS either in person or by virtual means such as AMA HOD Meetings, Online Forums, listservs, X (formerly Twitter), and special interest Facebook groups.

HOD Meetings provide specific opportunities for members to participate in the section:

- Submit a resolution to the WPS or join the WPS policy committee to develop resolutions for consideration by the section.
- Participate in the WPS Online Forum to review and ratify resolutions.
- Comment on pending HOD reports and resolutions to determine WPS position.
- Attend educational sessions at the Annual and Interim Meetings.

In addition, WPS members can:

- Serve as a WPS Associate for their state and specialty societies.
- Run for a seat on the GC – the Council meets three times a year; two of the meetings are in connection with the AMA Annual and Interim Meetings.
- Participate in the WIM event every September.
- Apply for a grant through the Joan F. Giambalvo Fund for the Advancement of Women.
- Nominate their mentors through the Inspirational Physician Award.

Additionally, the WPS continues to work with the American Medical Women's Association to cross promote programs and meetings.

Criterion 4: Representation Threshold – Members of the formal group would be based on identifiable segments of the physician population and AMA membership. The formal group would be a clearly identifiable segment of AMA membership and the general physician population. A substantial number of members would be represented by this formal group. At minimum, this group would be able to represent 1,000 AMA members.

The WPS membership is defined in the AMA's Bylaws as follows:

- 7.10.1 Membership. All female physicians and medical students who are active members of the AMA shall be eligible to be members of the Women Physicians Section.
- 7.10.11 Other active members of the AMA who express an interest in women's issues shall be eligible to join the section.

According to CLRPD Report 1-JUN-21, Demographic Characteristics of the House of Delegates and AMA Leadership (hereinafter referred to as the "2021 CLRPD report"), there are 103,229 female members in the AMA. In addition, several male members have chosen to join the WPS. When the WPS was established as a section in 2013, there were 67,000 female members.

Criterion 5: Stability – The group has a demonstrated history of continuity. This segment can demonstrate an ongoing and viable group of physicians will be represented by this section and both the segment and the AMA will benefit from an increased voice within the policymaking body.

WPS membership has increased over the past five years. Overall, continuous efforts have been made to increase member engagement in section policymaking activities (net increase of 85 percent) and to promote participation in networking and professional development opportunities. Engagement through AMA communication channels (i.e., monthly member newsletters, AMA social channels, and AMA web) help create awareness of AMA as well as WPS resources and events of significance to women in medicine. Special communications during Women's History Month and Women in Medicine Month have helped develop member sentiment and resulted in new member conversions.

Since 2017, there have been a total of 15 openings and 38 applications for WPS GC positions. These positions were filled by election and/or appointment. Since the inception of the WPS policy committee in 2016, there have been consistent inquiries and/or requests to join the committee. The most notable increase occurred in 2022, where the committee size increased by 92 percent (from 12 members in 2021 to 23 members in 2022). WPS members can join the committee by sending an email to section staff. The number of WPS HOD Handbook Review volunteers increased consistently over the last five years. In 2022, there was a 145 percent increase in volunteers for the Annual and Interim meetings (combined). WPS members can join

through the Annual and Interim meeting registration or by sending an email to section staff. Handbook Review volunteers have an opportunity to serve as the Chair of each review committee.

Criterion 6: Accessibility - Provides opportunity for members of the constituency who are otherwise under-represented to introduce issues of concern and to be able to participate in the policymaking process within the AMA House of Delegates (HOD).

Board Report 19-A-22, Demographic Report of the House of Delegates and AMA Membership, indicates that female physicians are slightly under-represented among delegates and alternate delegates (35.4 percent) compared to AMA members (38.6 percent) and total physicians and medical students in the United States (36 percent). Moreover, the 2021 CLRPD report indicates that female physicians are under-represented among delegates. Women represent 38 percent of all AMA members, and only 30.7 percent of delegates are female. Additionally, women make up 35.5 percent of the total physicians and medical students in the United States. This report further notes that women physicians make up 36.1perrcent of AMA members across the states; however, only 28.1 percent of state delegates and alternates are women.

Between year-end 2016 and year-end 2020, female physician representation among alternate delegates and AMA Councils, Sections and Special Groups increased by 9.9- and 9.4- percentage points, respectively. Representation of female physicians on the AMA Board (35 percent) reflects a five-percentage point increase and is comparable to AMA members and total physicians and medical students in the United States.

The WPS convenes an HOD Handbook Review Committee prior to each WPS business meeting. The committee reviews reports and resolutions that have been submitted to the HOD and identifies issues relevant to the WPS or that are of timely significance to the profession of medicine. The committee recommendations are shared during the WPS business meeting, which convenes prior to the opening of the HOD. Overall, this process allows for discussion and development of a position, which then guides the WPS delegate and alternate delegate as they testify on the section's behalf.

CLRPD DISCUSSION

AMA Policy G-615.002, "AMA Member Component Groups," states that "Delineated Sections will allow a voice in the house of medicine for large groups of physicians, who are connected through a unique perspective, but may be under-represented. These sections will often be based on demographics or mode of practice." The AMA is well positioned to represent and address the specific interests and needs of defined physician groups, with benefits to those groups and the Association as a whole.

The CLRPD commends the WPS for focusing on issues/concerns of women physicians as well as women's health for patients and for offering numerous activities focused on these areas of medicine and health care. While strides have been made among women physicians in leadership positions, these physicians remain under-represented. Additionally, the current climate in the United States, including lack of access to care, contributes to prevailing/escalating women health issues, which are of critical importance. Therefore, these concerns remain priorities for the section. The WPS serves its constituents by bringing professional issues unique to women physicians to the forefront of organized medicine, and by providing targeted educational programs and resources for the policymaking process.

The structure of the section has been consistent with its objectives and activities, (e.g., processes for HOD handbook review and submission of resolutions, and member participation in the WPS online forum and educational sessions at annual and interim meetings), which reflects thoughtful consideration when the section was formed. The WPS is comprised of members from an identifiable segment of AMA membership and the general physician population and represents a substantial number of members; however, these physicians remain under-represented compared to total AMA and U.S. populations of physicians and medical students. AMA Physician Masterfile data indicate that the number of women physicians and medical students has grown steadily for a decade, highlighting the alignment of the WPS with potential AMA membership growth.

The WPS meetings, elections, and educational sessions are well attended and demonstrate increasing engagement, while strategies are in place to further increase participation. The population of potential WPS members continues to expand. The AMA has benefited from an increased voice of WPS members within the policymaking body of the Association. CLRPD members noted that three of the past six AMA presidents were female physicians. Further, since the WPS was initiated, and the Women Physicians Congress that preceded the section, more women physicians have reached the highest level of leadership within the Association than previously recorded.

The section provides numerous opportunities for members of the constituency to introduce issues of concern and participate in the HOD policymaking process. The WPS has continually pursued ways to improve member communications and the resolution process, thereby encouraging member involvement. The WPS provides a formal structure for women physicians to participate directly in the deliberations of the HOD and impact policy.

In closing, CLRPD members determined that the WPS meets all criteria. The Council thanks WPS leadership, section members, and staff for their thoughtful work on the reapplication process, their continued contributions to ensure that the perspectives of women physicians remain prominent in the AMA policymaking process, and all their efforts on behalf of women physicians and female patients in the United States.

RECOMMENDATION

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Women Physicians Section through 2028 with the next review no later than the 2028 Interim Meeting and that the remainder of this report be filed. (Directive to Take Action)

Fiscal Note: Within current budget

REPORT OF THE HOUSE OF DELEGATES COMMITTEE ON THE COMPENSATION OF THE OFFICERS

Compensation Committee Report, I-2023

Subject: REPORT OF THE HOUSE OF DELEGATES COMMITTEE ON THE COMPENSATION OF THE OFFICERS

Presented by: Claudette Dalton, MD, Chair

Referred to: Reference Committee F

This report by the committee at the November 2023 Interim Meeting includes one recommendation and documents the compensation paid to Officers for the period July 1,2022 through June 30, 2023, including 2022 calendar year IRS reported taxable value of benefits, perquisites, services, and in-kind payments for all Officers.

BACKGROUND

At the 1998 Interim Meeting, the House of Delegates (HOD) established a House Committee on Trustee Compensation, currently named the Committee on Compensation of the Officers, (the "Committee"). The Officers are defined in the American Medical Association's (AMA) Constitution and Bylaws. (Note: under changes to the Constitution previously approved by the HOD, Article V refers simply to "Officer," which includes all 21 members of the Board among whom are President, President-Elect, Immediate Past President, Secretary, Speaker and Vice Speaker of the HOD, collectively referred to in this report as Officers.) The composition, appointment, tenure, vacancy process and reporting requirements for the Committee are covered under the AMA Bylaws. Bylaws 2.13.4.5 provides:

> The Committee shall present an annual report to the House of Delegates recommending the level of total compensation for the Officers for the following year. The recommendations of the report may be adopted, not adopted, or referred back to the Committee, and may be amended for clarification only with the concurrence of the Committee.

At A-00, the Committee and the Board jointly adopted the American Compensation Association's definition of total compensation which was added to the Glossary of the AMA Constitution and Bylaws. Total compensation is defined as the complete reward/recognition package awarded to an individual for work performance, including: (a) all forms of money or cash compensation; (b) benefits; (c) perquisites; (d) services; and (e) in-kind payments.

Since the inception of this Committee, its reports document the process the Committee follows to ensure that current or recommended Officer compensation is based on sound, fair, cost-effective compensation practices as derived from research and use of independent external consultants, expert in Board compensation. Reports beginning in December 2002 documented the principles the Committee followed in creating its recommendations for Officer compensation.

CASH COMPENSATION SUMMARY

The cash compensation of the Officers shown in the following table will not be the same as compensation reported annually on the AMA's IRS Form 990s because Form 990s are based on a calendar year. The total cash compensation in the summary is compensation for the days these officers spent away from home on AMA business approved by the Board Chair. The total cash compensation in the summary includes work as defined by the Governance Honorarium, Per Diem for Representation and Telephone Per Diem for External Representation. Detailed definitions are in the Appendix.

The summary covers July 1, 2022 to June 30, 2023.

AMA Officers	Position	Total Compensation	Total Days
David H Aizuss, MD	Officer	$ 69,800	46
Toluwalase A Ajayi, MD	Officer	$ 70,500	42.5
John H. Armstrong, MD	Officer	-	2.5
Madelyn E. Butler, MD	Officer	$ 79,600	54
Alex Ding, MD, MS, MBA	Officer	$ 69,800	53
Willarda V Edwards, MD, MBA	Officer	$ 81,000	52.5
Lisa Bohman Egbert, MD	Vice Speaker, House of Delegates	$ 141,200	97
Jesse M Ehrenfeld, MD, MPH	President-Elect	$ 284,960	93
Scott Ferguson, MD	Officer	$ 74,700	53
Sandra Adamson Fryhofer, MD	Chair	$ 283,080	99.5
Gerald E Harmon, MD	Immediate Past President	$ 284,960	111
Drayton Charles Harvey	Officer	$ 74,000	49
Marilyn Heine, MD	Officer	$ 73,300	48
Pratistha Koirala, MD	Officer	$ 67,000	42
Ilse R Levin, DO, MPH & TM	Officer	$ 74,700	46.5
Thomas J Madejski, MD	Officer	$ 83,800	60
Bobby Mukkamala, MD	Chair	$ 97,100	68.5
Harris Pastides, PhD, MPH	Public Board Member Officer	$ 69,800	37.5
Jack Resneck, Jr, MD	President	$ 290,160	141.5
Bruce A Scott, MD	Speaker, House of Delegates	$ 113,900	92.5
Aliya Siddiqui, MS	Officer	-	3
Michael Suk, MD, JD, MPH, MBA	Secretary	$ 79,600	75
Willie Underwood, III, MD, MSc, MPH	Chair- Elect	$ 207,480	92.5

President, President-Elect, Immediate Past President, and Chair
In 2022-2023, each of these positions received an annual Governance Honorarium which was paid in monthly increments. These four positions spent a total of 445 days on approved Assignment and Travel, or 111.3 days each on average.

Chair-Elect
This position received a Governance Honorarium of approximately 75% of the Governance Honorarium provided to the Chair.

All Other Officers
All other Officers received cash compensation, which included a Governance Honorarium of $67,000 paid in monthly installments.

Assignment and Travel Days
As defined, these are Travel Days that are approved by the Board Chair to externally represent the AMA and for Internal Representation above 11 days. These days were compensated at a per diem rate of $1,400. The total Assignment and Travel Days for all Officers (excluding the President, President-Elect, Immediate Past President and Chair) were 1,015.

EXPENSES

Total expenses paid for period, July 1, 2022 – June 30, 2023, was $967,741, without use of upgrade allowance of $5,000 for Presidents and $2,500 all other Officers per position per term. Total upgrade allowances used for the period were $28,166.

BENEFITS, PERQUISITES, SERVICES, AND IN-KIND PAYMENTS

Officers are able to request benefits, perquisites, services, and in-kind payments, as defined in the "AMA Board of Trustees Standing Rules on Travel Expenses." These non-taxable business expense items are provided to assist the Officers in performing their duties.

- AMA Standard laptop computer or iPad
- American Express card (for AMA business use)
- Combination fax/printer/scanner (reimbursable up to $250)
- An annual membership to the airline club of choice offered each year during the Board member's tenure
- Personalized AMA stationery, business cards, and biographical data for official use

Additionally, all Officers are eligible for $305,000 term life insurance and are covered under the AMA's $500,000 travel accident policy and $10,000 individual policy for medical costs arising out of any accident while traveling on official business for the AMA. Life insurance premiums paid by the AMA are reported as taxable income. Also, travel assistance is available to all Officers when traveling more than 100 miles from home or internationally.

Secretarial support, other than that provided by the AMA's Board office, is available up to defined annual limits as follows: President, during the Presidential year, $15,000, and $5,000 each for the President-Elect, Chair, Chair-Elect, and Immediate Past President per year. Secretarial expenses incurred by other Officers in conjunction with their official duties are paid up to $750 per year per Officer. This is reported as taxable income.

Officers are also eligible to participate in a service provided to AMA employees by Care@Work through Care.com. This service offers referral services at no cost and back-up care for children and adults up to 10 days a calendar year at a subsidized rate. If a Board member uses back-up care, it will be reported to the IRS as taxable income.

Calendar year taxable life insurance and taxable secretarial fee reported to the IRS totaled $41,394 and $44,750 respectively for 2022. An additional $6,625 was paid to third parties for secretarial services during 2022.

METHODOLOGY

Early in 2023, the Committee commissioned Ms. Becky Glantz Huddleston, an expert in board compensation with WTW, to review and update the 2018 research on compensation of the Officers focusing on the leadership positions: President, President-Elect, Immediate Past President, Chair and Chair-Elect. The purpose of the review was to ensure the leadership roles are compensated appropriately for the work performed on behalf of the AMA.

The Committee's review and subsequent recommendations for leadership compensation are based on the principle of the value of the work performed as affirmed by the HOD. In addition, the following additional guidelines were followed:

- Compensation should take into account that the AMA is a complex organization when comparing compensation provided to Board members by for-profit and by complex not-for-profit of similar size and complexity.
- Compensation should be aligned with long term interests of AMA members and fulfillment of the fiduciary responsibilities of the Officers.
- Officers should be adequately compensated for their value, time and effort.
- Compensation should reinforce choices and behaviors that enhance effectiveness.

The process the Committee followed along with the principles previously noted, is consistent with IRS recommended guidelines for determining reasonable and competitive levels of compensation.

The Committee, with the assistance of Ms. Huddleston developed their recommendations based on:

- The current compensation structure.
- Review and analysis of leadership compensation for the past two terms so that the data reflects more of a 'normal' post-Covid schedule.
- Pay practices for leadership positions at for-profit and not-for-profit organizations similar to the AMA who pay and their Board members.
- A collaborative, deliberative and objective review process.

FINDINGS

The Committee notes that the Board leadership roles President, President-Elect, Immediate Past President, Chair, and Chair-Elect continue to make significant time commitments in supporting our AMA in governance and representation function and that representations work is unique to AMA leadership and officer roles.

AMA's leadership roles have a significant level of responsibility, resulting in a time commitment well above that required by other not-for-profit boards. As a result, to assess AMA compensation levels versus the not-for-profits compensation levels, a two-year average hourly rate was determined for each AMA leadership position aligned with the hourly rate for the Chair position at other not-for-profit organizations and associations. The three President and Chair-Elect positions are unique to the AMA and as such, these roles were also aligned to the external data of the Chair position.

The report concluded that while leadership compensation structure is generally aligned with the external market data, modest increases are appropriate to better align AMA leadership compensation to the market median hourly rate of the peer group. In determining its recommendation, the Committee considered the importance of the President's role in externally

representing the AMA while keeping in mind the AMA's Compensation Philosophy for Officers that requires a consideration of a volunteerism component in their compensation while fairly compensating leadership for the level of fiduciary responsibilities and the time commitment required of the roles. As such, the Committee is recommending a modest increase of 3% for the President's honorarium and 2% for all other leadership honoraria, recognizing that this will be the first increase in six years.

RECOMMENDATIONS

The Committee on Compensation of the Officers recommends the following recommendation be adopted and the remainder of this report be filed:

1. That the President honorarium be increased by 3% and that the President-Elect, Immediate Past-President, Chair and Chair-Elect honoraria be increased by 2% effective July 1, 2024. These increases result in the following Honoraria:

POSITION	**GOVERNANCE HONORARIUM**
President	$298,865
Immediate Past President	$290,659
President-Elect	$290,659
Chair	$285,886
Chair-Elect	$211,630

Fiscal Note: $29,861

APPENDIX

Definition of Governance Honorarium Effective July 1, 2017:

The purpose of this payment is to compensate Officers for all Chair-assigned internal AMA work and related travel. This payment is intended to cover all currently scheduled Board meetings, special Board or Board Committee meetings, task forces, subcommittees, Board orientation, development and media training, Board calls, sections, councils, or other internal representation meetings or calls, and any associated review or preparatory work, and all travel days related to all meetings as noted up to eleven (11) Internal Representation days.

Definition of Per Diem for Representation effective July 1, 2017:

The purpose of this payment is to compensate for Board Chair-assigned representation day(s) and related travel. Representation is either external to the AMA, or for participation in a group or organization with which the AMA has a key role in creating/partnering/facilitating, achievement of the respective organization goals such as the AMA Foundation, PCPI, etc. or for Internal Representation days above eleven (11). The Board Chair may also approve a per diem for special circumstances that cannot be anticipated such as weather-related travel delays. Per Diem for Chair-assigned representation and related travel is $1,400 per day.

Definition of Telephone Per Diem for External Representation effective July 1, 2017:

Officers, excluding the Board Chair and the President(s) who are assigned as the AMA representative to outside groups as one of their specific Board assignments or assigned Internal Representation days above eleven (11), receive a per diem for teleconference meetings when the total of all teleconference meetings of 30 minutes or longer during a calendar day equal 2 or more hours. Payment for those meetings would require the approval of the Chair of the Board. The amount of the Telephonic Per Diem will be ½ of the full Per Diem which is $700.

REPORT OF THE SPEAKERS

Speakers Report 02-I-23

Subject:	Extending Online Forum Trial Through A-24
Presented by:	Lisa Bohman Egbert, MD, Speaker; and John H. Armstrong, MD, Vice Speaker
Referred to:	Reference Committee F

At the N-21 Special Meeting of the AMA House of Delegates (HOD), resolution 606, "Increasing the Effectiveness of Online Reference Committee Testimony," was adopted as amended establishing policy D-600.956 which states:

1. Our AMA will conduct a trial of two-years during which all reference committees, prior to the in-person reference committee hearing, produce a preliminary reference committee document based on the written online testimony.
2. The preliminary reference committee document will be used to inform the discussion at the in-person reference committee.
3. There be an evaluation to determine if this procedure should continue.
4. The period for online testimony will be no longer than 14 days.

This trial was implemented beginning with the 2022 Annual Meeting and is set to conclude at the 2023 Interim Meeting.

For the trial each reference committee member was asked to be available to meet on the weekend prior to the start of the meeting to develop their preliminary reference committee document. Note that these reference committee preliminary meetings would be in violation of bylaw 2.13.1.5 which states, *"reference committees shall serve only during the meeting at which they are appointed."* (This prohibition excludes members of reference committee F, who are appointed to serve two-year terms.) However, because bylaw 2.13.1.5 goes on to say, *"unless otherwise directed by the House of Delegates,"* these preliminary meetings were able to be convened during the defined two-year period as specifically directed by the HOD in policy D-600.956. Therefore, reference committee preliminary meetings, except for F, will no longer be able to be held after the conclusion of the two-year trial at I-23.

At A-22 resolution 604, "Speakers' Task Force to Review and Modernize the Resolution Process," was adopted directing the speaker to establish a task force to evaluate and modernize the HOD resolution process. The Speaker appointed the Resolution Modernization Task Force (RMTF), and the first meeting was held on August 27, 2023. The RMTF was instructed to include an evaluation of the above trial and to make further recommendations within their report which is due at A-24.

For I-23, the Speakers have redefined the deadlines for resolution submission to enable the single posting of the entire handbook (without an addendum), minus the exempted resolutions. Likewise, the entire handbook was made available for comments on the Online Forum for its 14 day window. In addition, the Speaker instructed reference committees and their staff to enhance their

preliminary documents to better *"inform the discussion at the in-person reference committee"* hearings. The outcome of these changes is yet to be determined.

Given the ongoing work of the RMTF with a report due at I-24 and the enhancements to the I-23 on-time submission deadline, your Speakers recommend continuing the trial established by D-600.956 through A-24.

RECOMMENDATION:

1. That the trial established by Policy D-600.956 be continued through Annual 2024.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 601
(I-23)

Introduced by: Medical Student Section

Subject: Carbon Pricing to Address Climate Change

Referred to: Reference Committee F

Whereas, the World Health Organization, NIH, and multiple meta-analyses of thousands of studies and millions of mortality cases all estimate that climate change will contribute to hundreds of thousands of deaths annually from 2030 to 2050, due to chronic and communicable diseases, malnutrition, and heat stress[1-9]; and

Whereas, carbon pricing places a price on carbon dioxide emissions through either carbon taxes or cap-and-trade systems to economically incentivize their reduction and mitigate their contribution to climate change[10-16]; and

Whereas, William Nordhaus won the 2018 Nobel Prize in Economics for demonstrating that global carbon pricing with full international participation would be the most efficient and effective method for reducing greenhouse gas emissions, although his model also showed that if only half of the world's carbon emitters participated, costs would increase by 150%[15-22]; and

Whereas, the 2019 Economists' Statement on Carbon Dividends signed by 3,500 economists, including 4 former US Federal Reserve Chairs, 15 former US Council of Economic Advisors Chairs, and 28 Nobel laureates, states that "a carbon tax offers the most cost-effective lever to reduce carbon emissions at the scale and speed that is necessary"[23]; and

Whereas, carbon pricing reduces harmful air pollution and creates revenue that can be reinvested in healthcare, public health, and energy efficiency[21,23-27]; and

Whereas, a Stanford Energy Modeling Forum study used 11 economic models, which all concluded that a carbon tax would substantially reduce emissions with no major risk to economic growth (a maximum of only 0.1%)[28]; and

Whereas, Ireland's carbon tax has reduced emissions by 15% since 2008, including a 7% decrease in 2011 even as their economy grew that year[29-32]; and

Whereas, Australia's 2012 carbon tax drastically decreased emissions and coal use but was repealed in 2014, immediately resulting in rebound emission and coal increases[33-35]; and

Whereas, California's cap-and-trade system regulates emissions and increases alternative energy use, resulting in a return to 1990 emission levels 4 years ahead of schedule[24,26,36-37]; and

Whereas, the Regional Greenhouse Gas Initiative (RGGI) cap-and-trade system across 12 states decreased emissions by 35% over 5 years, compared to only 12% in other states[24,38]; and

Whereas, carbon pricing is used by 52 national or regional governments, who comprise 20% of global greenhouse gas emissions[24,39-42]; and

Whereas, our AMA declared climate change a public health crisis and "will advocat[e] for policies that: (a) limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at carbon neutrality by 2050…"; therefore be it

RESOLVED, that our American Medical Association amend D-135.966 by addition and deletion to read as follows:

> Declaring Climate Change a Public Health Crisis D-135.966
> Our AMA:
> 1. Our AMA declares climate change a public health crisis that threatens the health and well-being of all individuals.
> 2. Our AMA will protect patients by advocating for policies that: (a) limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at a 50 percent reduction in emissions by 2030 and carbon neutrality by 2050, and (c) support rapid implementation and incentivization of clean energy solutions and significant investments in climate resilience through a climate justice lens.
> 3. Our AMA will consider signing on to the Department of Health and Human Services Health Care Pledge or making a similar commitment to lower its own greenhouse gas emissions.
> 4. Our AMA encourages the health sector to lead by example in committing to carbon neutrality by 2050.
> 5. Our AMA will develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting.
> 6. Our AMA will advocate for federal and state carbon pricing systems and for US support of international carbon pricing.
> 7. Our AMA will work with the World Medical Association and interested countries' medical associations on international carbon pricing and other ways to address climate change. (Modify Current HOD Policy)

Fiscal Note: Modest – between $1,000 - $5,000

Received: 09/11/2023

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RELEVANT AMA POLICY

D-135.966 Declaring Climate Change a Public Health Crisis
1. Our AMA declares climate change a public health crisis that threatens the health and well-being of all individuals.
2. Our AMA will protect patients by advocating for policies that: (a) limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at carbon neutrality by 2050, and (c) support rapid implementation and incentivization of clean energy solutions and significant investments in climate resilience through a climate justice lens.
3. Our AMA will develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting. [Res. 420, A-22]

D-135.963 Climate Change and Human Health
1. Our AMA declares climate change a public health crisis that threatens the health and well-being of all individuals.
2. Our AMA will protect patients by advocating for policies that: (a) limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at a 50 percent reduction in emissions by 2030 and carbon neutrality by 2050, and (c) support rapid implementation and incentivization of clean energy solutions and significant investments in climate resilience through a climate justice lens.
3. Our AMA will consider signing on to the Department of Health and Human Services Health Care Pledge or making a similar commitment to lower its own greenhouse gas emissions.
4. Our AMA encourages the health sector to lead by example in committing to carbon neutrality by 2050.
5. Our AMA will develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting. [CSAPH Rep. 2, I-22]

H-135.973 Stewardship of the Environment
The AMA: (1) encourages physicians to be spokespersons for environmental stewardship, including the discussion of these issues when appropriate with patients; (2) encourages the medical community to cooperate in reducing or recycling waste; (3) encourages physicians and the rest of the medical community to dispose of its medical waste in a safe and properly prescribed manner; (4) supports enhancing the role of physicians and other scientists in environmental education; (5) endorses legislation such as the National Environmental Education Act to increase public understanding of environmental degradation and its prevention; (6) encourages research efforts at ascertaining the physiological and psychological effects of abrupt as well as chronic environmental changes; (7) encourages international exchange of information relating to environmental degradation and the adverse human health effects resulting from environmental degradation; (8) encourages and helps support physicians who participate actively in international planning and development conventions associated with improving the environment; (9) encourages educational programs for worldwide family planning and control of population growth; (10) encourages research and development programs for safer, more effective, and less expensive means of preventing unwanted pregnancy; (11) encourages programs to prevent or reduce the human and environmental health impact from global climate change and environmental degradation.(12) encourages economic development programs for all nations that will be sustainable and yet nondestructive to the environment; (13) encourages physicians and environmental scientists in the United States to continue to incorporate concerns for human health into current environmental research and public policy initiatives; (14) encourages physician educators in medical schools, residency programs, and continuing medical education sessions to devote more attention to environmental health issues; (15) will strengthen its liaison with appropriate environmental health agencies, including the National Institute of Environmental Health Sciences (NIEHS); (16) encourages expanded funding for environmental research by the federal government; and (17) encourages family planning through national and international support. [CSA Rep. G, I-89; Amended: CLRPD Rep. D, I-92; Amended: CSA Rep. 8, A-03; Reaffirmed in lieu of Res. 417, A-04; Reaffirmed in lieu of Res. 402, A-10; Reaffirmation I-16]

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution:606
(I-23)

Introduced by: Medical Student Section

Subject: Prevention of Healthcare-Related Scams

Referred to: Reference Committee F

Whereas, the FBI defines health fraud scams as including false marketing and impersonation, such as “convincing people to provide their health insurance identification number and other personal information to bill for non-rendered services, steal their identity, or enroll them in a fake benefit plan” and ”providing or billing for health services or equipment without a license”[1]; and

Whereas, the National Council on Aging lists health-related scams, such as fraudulent Medicare services, in their top ten scams targeting seniors, with victims losing a median of $800 per Medicare impersonation scam in 2022 (increasing from $500 in 2018)[2,3]; and

Whereas, scams increased during the COVID pandemic, specifically luring older individuals to disclose sensitive information and purchase fraudulent COVID treatments[4-5]; and

Whereas, in 2021, the FTC reported over 75,000 healthcare-related fraud events, totaling a loss of nearly $20 million by victims, and another 400,000 impersonations of government entities (particularly HHS and CMS officials), resulting in over $1 million in losses[3]; and

Whereas, federal and state officials have warned about increases in scams expected due to Medicaid unwinding as the COVID public health emergency ends[6-8]; and

Whereas, while scams can build distrust between patients and health professionals or government agencies, studies (including a randomized controlled trial) demonstrate that educational efforts on avoiding scams significantly increase fraud detection by consumers without decreasing trust in legitimate communications[9-12]; therefore be it

RESOLVED, that our American Medical Association encourage relevant parties to educate patients and physicians on healthcare-related scams, including how to avoid and report them. (New HOD Policy)

Fiscal Note: Modest - between $1,000 - $5,000

Received: 09/27/2023

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RELEVANT AMA POLICY

H-315.983 Patient Privacy and Confidentiality

13. Our AMA will pursue an aggressive agenda to educate patients, the public, physicians and policymakers at all levels of government about concerns and complexities of patient privacy and confidentiality in the variety of contexts mentioned. [BOT Rep. 9, A-98; Reaffirmation I-98; Appended: Res. 4, and Reaffirmed: BOT Rep. 36, A-99; Appended: BOT Rep. 16 and Reaffirmed: CSA Rep. 13, I-99; Reaffirmation A-00; Reaffirmed: Res. 246 and 504 and Appended Res. 504 and 509, A-01; Reaffirmed: BOT Rep. 19, I-01; Appended: Res. 524, A-02; Reaffirmed: Sub. Res. 206, A-04; Reaffirmed: BOT Rep. 24, I-04; Reaffirmed: BOT Rep. 19, I-06; Reaffirmation A-07; Reaffirmed: BOT Rep. 19, A-07; Reaffirmed: CEJA Rep. 6, A-11; Reaffirmed in lieu of Res. 705, A-12; Reaffirmed: BOT Rep. 17, A-13; Modified: Res. 2, I-14; Reaffirmation: A-17; Modified: BOT Rep. 16, A-18; Appended: Res. 232, A-18; Reaffirmation: I-18; Reaffirmed: Res. 219, A-21; Reaffirmed: Res. 229, A-21; Reaffirmed: BOT Rep. 12, I-21; Reaffirmed: BOT Rep. 22, A-22; Reaffirmation: A-23]

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 608
(I-23)

Introduced by: Senior Physicians Section

Subject: Confronting Ageism in Medicine

Referred to: Reference Committee F

Whereas, research has shown a strong link between ageism, in the form of negative stereotypes, prejudice and discrimination toward older people, and risks to their physical and mental health[1]; and

Whereas, ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age[2]; and

Whereas, only 8.5 percent of people worldwide in 2023 are aged 65 and over, but this percentage is projected to increase to nearly 17 percent of the world's population by 2050[3]; and

Whereas, the American Medical Association Senior Physicians Section has 62,000 senior physician members 65 years of age and above; and

Whereas, awareness of the issues and challenges of aging are needed to change subconscious stereotypes that people hold onto; and

Whereas, advocacy, that begins with education and prevention by the AMA, can help to prevent negative subconscious attitudes, i.e. stigmas, from developing and continuing; therefore be it

RESOLVED, that our American Medical Association develop practical interventions to combat ageism as a part of AMA's health equity policy (Directive to Take Action); and be it further

RESOLVED, that our AMA develop with other interested organizations educational materials, including a podcast, on ageism that can be distributed to medical, nursing and allied health schools, GME programs and CME/CNE providers to advocate for the importance of early interventions in the minimalizations and mistreatment of others (Directive to Take Action); and be it further

RESOLVED, that our AMA conduct outreach and collaboration with national senior governmental and private organizations to help educate the public and legislators on the significance of ageism and its subtleties of discrimination, inequities, and exclusions. (Directive To Take Action).

Fiscal Note: Modest - between $1,000 - $5,000

Received: 09/27/23

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RELEVANT AMA POLICY

Healthcare and Organizational Policies and Cultural Changes to Prevent and Address Racism, Discrimination, Bias and Microaggressions H-65.951
Our AMA adopted the following guidelines for healthcare organizations and systems, including academic medical centers, to establish policies and an organizational culture to prevent and address systemic racism, explicit and implicit bias and microaggressions in the practice of medicine:

GUIDELINES TO PREVENT AND ADDRESS SYSTEMIC RACISM, EXPLICIT BIAS AND MICROAGGRESSIONS IN THE PRACTICE OF MEDICINE
Health care organizations and systems, including academic medical centers, should establish policies to prevent and address discrimination including systemic racism, explicit and implicit bias and microaggressions in their workplaces.
An effective healthcare anti-discrimination policy should:

- Clearly define discrimination, systemic racism, explicit and implicit bias and microaggressions in the healthcare setting.
- Ensure the policy is prominently displayed and easily accessible.
- Describe the management's commitment to providing a safe and healthy environment that actively seeks to prevent and address systemic racism, explicit and implicit bias and microaggressions.
- Establish training requirements for systemic racism, explicit and implicit bias, and microaggressions for all members of the healthcare system.
- Prioritize safety in both reporting and corrective actions as they relate to discrimination, systemic racism, explicit and implicit bias and microaggressions.
- Create anti-discrimination policies that:
  - Specify to whom the policy applies (i.e., medical staff, students, trainees, administration, patients, employees, contractors, vendors, etc.).
  - Define expected and prohibited behavior.
  - Outline steps for individuals to take when they feel they have experienced discrimination, including racism, explicit and implicit bias and microaggressions.
  - Ensure privacy and confidentiality to the reporter.
  - Provide a confidential method for documenting and reporting incidents.
  - Outline policies and procedures for investigating and addressing complaints and determining necessary interventions or action.
- These policies should include:
  - Taking every complaint seriously.
  - Acting upon every complaint immediately.
  - Developing appropriate resources to resolve complaints.
  - Creating a procedure to ensure a healthy work environment is maintained for complainants and prohibit and penalize retaliation for reporting.
  - Communicating decisions and actions taken by the organization following a complaint to all affected parties.
  - Document training requirements to all the members of the healthcare system and establish clear expectations about the training objectives.

In addition to formal policies, organizations should promote a culture in which discrimination, including systemic racism, explicit and implicit bias and microaggressions are mitigated and prevented. Organized medical staff leaders should work with all stakeholders to ensure safe, discrimination-free work environments within their institutions.

Tactics to help create this type of organizational culture include:
- Surveying staff, trainees and medical students, anonymously and confidentially to assess:
  - Perceptions of the workplace culture and prevalence of discrimination, systemic racism, explicit and implicit bias and microaggressions.
  - Ideas about the impact of this behavior on themselves and patients.
- Integrating lessons learned from surveys into programs and policies.
- Encouraging safe, open discussions for staff and students to talk freely about problems and/or encounters with behavior that may constitute discrimination, including racism, bias or microaggressions.
- Establishing programs for staff, faculty, trainees and students, such as Employee Assistance programs, Faculty Assistance Programs, and Student Assistance Programs, that provide a place to confidentially address personal experiences of discrimination, systemic racism, explicit or implicit bias or microaggressions.
- Providing designated support person to confidentially accompany the person reporting an event through the process.

Citation: Res. 003, A-21

Towards Diversity and Inclusion: A Global Nondiscrimination Policy Statement and Benchmark for our AMA H-65.946
Our AMA reaffirms its commitment to complying with all applicable laws, rules or regulations against discrimination on the basis of protected characteristics, including Title VII of the Civil Rights Act, The Age Discrimination in Employment Act, and the Americans with Disabilities Act, among other federal, state and local laws, and will provide updates on its comprehensive diversity and inclusion strategy as part of the annual Board report to the AMA House of Delegates on health equity.
Citation: BOT Rep. 5, I-22

Support of Human Rights and Freedom H-65.965
Our AMA: (1) continues to support the dignity of the individual, human rights and the sanctity of human life, (2) reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity or transgender status, race, religion, disability, ethnic origin, national origin or age; (3) opposes any discrimination based on an individual's sex, sexual orientation, gender identity, race, appearance, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies; (4) recognizes that hate crimes pose a significant threat to the public health and social welfare of the citizens of the United States, urges expedient passage for appropriate hate crimes prevention legislation in accordance with our AMA's policy through letters to members of Congress; and registers support for hate crimes prevention legislation, via letter, to the President of the United States.
Citation: CCB/CLRPD Rep. 3, A-14, Reaffirmed in lieu of: Res. 001, I-16; Reaffirmation: A-17; Modified: Res. 013, A-22; Reaffirmed: BOT Rep. 5, I-22

Retirement and Hiring Practices H-25.996
It is urged that physicians, individually and through their constituent, component, and specialty medical societies, continue to stress the need to reappraise policies calling for compulsory retirement and age discrimination in hiring from the standpoint of health among older people, and that they participate actively and lend medical weight in the efforts of other groups to create a new climate of opportunity for the older worker.
Citation: Committee on Aging Report, I-62; Reaffirmed: CLRPD Rep. C, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed CSAPH Rep.2, A-08; Modified CCB Rep. 01, A-18.