

REPORTS OF THE COUNCIL ON CONSTITUTION AND BYLAWS

The following reports were presented by Jerry Abraham, MD, MPH, Chair, Chair:

1. BYLAWS REVIEW REPORT

Reference committee hearing: see report of Reference Committee on Ethics and Bylaws.

HOUSE ACTION: NOT ADOPTED

At the 2025 Annual Meeting, the House of Delegates referred CCB Report 1-A-25, Bylaws Review Report, back to the Council. CCB Report 1 proposed bylaw amendments related to inconsistent, incomplete or inaccurate bylaw provisions, most notably those associated with the filling of vacancies. Online and in-person reference committee testimony was supportive of changes other than those that focused on the Board's role vis-à-vis that of the Medical Student Section (MSS) when appointing student members to American Medical Association (AMA) Councils and in filling a vacancy in the Medical Student Trustee position.

The MSS testified that it was not opposed to language requiring its governing council to submit two or more nominees for each Council position as the section's practice was to submit multiple nominees for each position. However, the testimony opposed new language paralleling existing language governing the filling of the Medical Student Trustee vacancy which explicitly stated the Board could request additional nominations. Lastly, the MSS supported deletion of that long-existing language codifying the Board's prerogative to request additional nominations from the MSS Governing Council before appointing a Medical Student Trustee to fill the vacancy.

The Council committed to better understanding why existing bylaw language related to a student trustee vacancy and its proposed changes to the student councilor appointment process was problematic. In doing so, it looked at the history of the medical student trustee position as well as the current and historical processes used by the MSS and the Board to appoint student members of the AMA Councils. It also looked at the Board's Standing Rules, which provide specificity regarding the Board's processes in making all appointments.

BACKGROUND

The Medical Student Trustee position came into existence as a result of [BOT Report W-A-83](#) in which the Board proposed to create a "slotted" seat for a medical student on the Board. This recommendation followed years of inviting a medical student to attend Board meetings as a guest, with a later policy of formally inviting the guest medical student to contribute to the Board deliberations. [BOT Report W-A-83](#) noted that "students traditionally were afforded a separate participation status due to their limited time in a student membership category" and thus the Board proposed a mechanism comparable to how student members of the AMA Councils were then selected -- whereby the MSS provided two or more nominations to the Board, who would then select and confirm one of the candidates. [Earlier processes for student members of councils entailed House election of nonvoting medical student members of some but not all AMA Councils from among medical student candidates presented by the Board of Trustees from among nominations submitted by the MSS; however, by 1983, the House was no longer involved in selecting the medical student councilors]. The House adopted the Board proposal that the medical student trustee position be created as a nonvoting position similar to student council positions whereby the Board vets the MSS-submitted student nominees.

As the creation of a student trustee position required a change to the AMA Constitution as well as Bylaws, the House acted on the bylaws via [CCB-A-I-83](#). The Bylaw language addressed the appointment of the student trustee from among nominations submitted by the MSS Governing Council as well as filling a student trustee vacancy from among two or more nominations similarly submitted by the MSS. In both cases, the House adopted bylaw language that enabled the Board to request additional nominations.

Nearly a decade later, the MSS submitted a resolution proposing that the MSS directly elect the student trustee. [BOT L-I-91](#), Medical Student Trustee Selection Process, addressed the referred resolution but also provided a historical background on the student nomination process. While the 1983 Bylaws specified two or more nominations from the MSS governing council, in practice student applicants were solicited from among the MSS membership. The MSS Assembly then elected three nominees, the Governing Council forwarded those three names to the Board, and then the Board selected a student for appointment. For the first five years, the MSS ranked the nominees, with the Board

consistently selecting the first ranked student. Beginning in 1990 the Board requested that candidates be unranked and in 1991 recommended that the MSS directly elect the nonvoting student trustee. BOT Report L-I-91 also noted that “Since the House of Delegates does not elect the student trustee, it is important for the Board to continue to play a role in selection of the student trustee as it does in the selection of student representatives to most AMA Councils.” In separate action in 1991, the student trustee was also given voting privileges on policy-making matters, and the House adopted the requisite constitutional and bylaws changes in 1992.

DISCUSSION

While CCB Report 1-A-25 came about as part of the Council’s ongoing responsibility to ensure clear and consistent Bylaws, the Council learned that the Board itself had been looking at the current student appointment process with an eye toward making improvements to increase the candidate pool. In 2025, a Board-appointed subcommittee articulated its concern about how the MSS Governing Council often selected students who have already served in an MSS leadership role for additional leadership positions on AMA councils and committees. The Board then was compelled to vote for a specific candidate as most but not all ranked nominees were recommended for multiple positions due to the MSS application process that allowed students to rank their choice of three councils rather than apply for just one. In follow-up, the Board asked the MSS to implement changes such that student candidates would apply for a single position only to ensure that the Board would receive a greater variety of applicants. The goal was to have MSS provide at least two candidates per position with diverse candidates representing students in their early years of medical school, students from traditional four-year programs and students from programs of longer duration that often culminated in multiple degrees.

After the House referred CCB Report 1-A-25 back to the Council, the Council confirmed with the Board its support of the Council’s recommendations to require two or more nominations for any student council positions. The Council also confirmed the Board’s prerogative to request additional nominations for any appointed position should be referenced in the Bylaws with respect to student positions, as those student positions are the only positions referenced in the Bylaws where nominees come from a single source.

Throughout its discussions, the Council acknowledged that the student trustee and the student council members are managed differently than all other AMA leadership positions. Whereas the House elects every other trustee position, the MSS itself elects the medical student trustee with no House involvement. In electing the trustees for the other two Board seats that exist for special time-limited membership segments -- the Resident and Fellow Trustee and the Young Physician Trustee -- the House elects from among candidates that may be nominated by the Federation. In 2024, the House defeated a proposal that would have allowed the RFS to elect the Resident and Fellow Trustee in similar fashion to how the MSS elects the Medical Student Trustee. The Council also noted that while all three time-limited trustee positions were created to give voice to a specific time-limited membership segments, those trustees indeed represent all physicians and medical students.

In further reviewing the Board’s Standing Rules, the Council examined the role of the Awards and Nominations Committee, the body that advises the Board on all awards and nominations. Awards and Nominations present a recommendation from the list of nominees for each vacancy, with the Board voting on the nominations. The Standing Rules state that when a single nominee remains after the nominations have been declared closed, the Board may accept or reject said nominee for appointment, and when rejecting a nominee, the Committee then is tasked with presenting additional nominees for the position. The Council concluded that since the Board confirms nominees for any vacancy that occurs with the Medical Student Trustee position, student positions on all councils and any ensuing vacancies, these positions are under the purview of the Awards and Nominations Committees, which manages these as appointed positions. The Council, in resubmitting its bylaw language to acknowledge the Board’s prerogative of being able to request additional nominees, emphasizes this is not unique to MSS positions as it applies to any Board-appointed positions. However, while not unique, the Council believes the language should be included in the Bylaws as the Board’s role with these positions is indeed unique as contrasted with all other positions cited in the AMA Bylaws. The hope is that the Board’s suggestions to the MSS about ways to modify its application process and to expand the applicant pool will allow for more diverse candidates and culminate in a new process that obviates the need to ever ask the MSS to submit additional nominations.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments (highlighted in RED) to the Bylaws be adopted, and that the remainder of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting following a one-day layover.

3--Officers

3.6 Vacancies.

- 3.6.1 Appointment.** The Board of Trustees may, by appointment, fill any vacancy in the office of Speaker, Vice Speaker or Trustee, except the public trustee, to serve until the next meeting of the House of Delegates. A vacancy in the office of medical student trustee ~~shall~~ may be filled by appointment by the Board of Trustees from a minimum of two ~~2 or more nominations~~ nominees submitted ~~provided~~ by the Medical Student Section Governing Council. The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointment.

6--Councils

6.6 Council on Long Range Planning and Development.**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 ~~two~~ 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 Board of Trustees from a minimum of two ~~nominees submitted by the~~ Medical Student Section Governing Council ~~of the Medical Student Section with the concurrence of the Board of Trustees. The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointment.~~

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 member 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 ~~four~~-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 ~~two~~-year term.
- 6.6.5.3 Medical Student Member.** If the medical student member of the Council ceases to complete the term for which appointed, the Board of Trustees may appoint a successor to fill the remainder of the unexpired term from a minimum of two nominees submitted by the Medical Student Section Governing Council. The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointment.

6.7 Council on 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 by the Board of Trustees from a minimum of two nominees nominations submitted by the Medical Student Section Governing Council. The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointment.

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.

6.7.5 Vacancies. Any vacancy, with the exception of a vacancy in the medical student position, occurring on the Council shall may 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.

6.7.5.1 Medical Student Member. If the medical student member ceases to complete the term for which appointed, the Board may appoint a medical student member from a minimum of two nominees submitted by the Medical Student Section Governing Council to fill the remainder of the one-year term. The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointment.

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. The Chair of the Board of Trustees will present announced candidates, who shall be entered into nomination by the Speaker at the opening session of the meeting at which elections take place. Nominations may also be made from the floor by a member of the House of Delegates at the opening session of the meeting at which elections take place.

6.8.2 Medical Student Member. Medical student members of these Councils shall be appointed by the Board of Trustees from a minimum of two nominees submitted by the Medical Student Section Governing Council ~~of the Medical Student Section with the concurrence of the Board of Trustees.~~ The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointments.

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.

- 6.9.1.3 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~~eight 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 with the exception of a medical student who is appointed to fill a vacancy.
- 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~~four-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~~two-year term.
- 6.9.3.3 Medical Student Member.** If the medical student member of these Councils ceases to complete the term for which appointed, the Board may appoint a medical student member from a minimum of two nominees submitted by the Medical Student Section Governing Council to fill the remainder of the one-year term. The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointment.
- 6.11 Term of Resident/Fellow Physician or Medical Student Member.** A resident/fellow physician member of a Council who completes residency or fellowship within 90 days prior to an Annual Meeting shall be permitted to serve on the Council until the completion of the Annual Meeting. A medical student member of a Council who graduates from an educational program during their term shall be permitted to serve on the Council for up to 200 days after graduation but not extending past the completion of the Annual Meeting following graduation. Service on a Council as a resident/fellow physician and/or medical student member shall not be counted in determining maximum Council tenure.

2. BYLAWS CLARIFICATIONS SUBSEQUENT TO A-25 HOUSE OF DELEGATES MEETING

Reference committee hearing: see report of Reference Committee on Ethics and Bylaws.

**HOUSE ACTION: BYLAW SECTION 5.3.9 REFERRED
OTHER RECOMMENDATIONS ADOPTED
REMAINDER OF REPORT FILED**

At the 2025 Annual Meeting, the House of Delegates adopted CCB Report 3, Clarifying Bylaw Language, which recommended changes to the American Medical Association (AMA) Bylaws that streamlined AMA's membership categories to be: Active Members, Honorary Members, International Members and Affiliate Members. Previously, Active Membership included two distinct categories -- Active Constituent Members (those who paid their dues through their constituent association) and Active Direct Members (those who remitted their dues directly to the AMA). It was brought to the Council's attention that the definition of Active Member should more clearly reflect that the AMA Active Member category was open only to international medical graduates who worked or lived in the United States.

Also, at the 2025 Annual Meeting, several HOD members sought a bylaw interpretation from the Council on Ethical and Judicial Affairs (CEJA) with respect to Bylaw 5.3.9, and questioned whether the HOD had the authority to constitute an advisory committee, or whether that was a privilege of the Board. CEJA's interpretation opined that based on other bylaw language about the fiduciary role and authority of the Board in implementing HOD policy as well as historical precedence associated with other advisory committees that it was the Board's responsibility to not only appoint members to these committees (as detailed in Bylaw 5.3.9) but also to constitute them. The Council and CEJA agreed that the existing Bylaw language should be clarified.

The Council has proposed bylaw amendments to ensure clarity and accuracy.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments (highlighted in RED) to the Bylaws be adopted, and that the remainder of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting following a one-day layover.

1--Membership

1.1 Categories.

Categories of membership in the American Medical Association (AMA) are: Active Members, Affiliate Members, Honorary Members, and International Members.

1.1.1 Active Members.

1.1.1.1 Active Members. Active members must meet one of the following requirements:

- a. Possess the United States degree of doctor of medicine (MD) or doctor of osteopathic medicine (DO), ~~or a recognized international equivalent;~~
- b. Work or reside in the United States and possess a recognized international medical degree equivalent to the United States MD or DO; or
- b. c. Are medical students in educational programs provided by a college of medicine or osteopathic medicine accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation leading to the MD or DO degree. This includes those students who are on an approved sabbatical, provided that the student will be in good standing upon returning from the sabbatical.

1.1.4 International Members.

Physicians who have graduated from medical schools located outside the United States and its territories and are ineligible to be Active Members and who can fulfill and document the following requirements:

- a. Graduation from a medical school listed in the World Health Organization Directory.
- b. Possession of a valid license in good standing in the country of graduation or practice location documented by one of the following:
 - (i) verification that the applicant is an international member of a national medical specialty society seated in the House of Delegates that has a procedure to verify the applicant's educational credentials;
 - (ii) certification from the national medical association in the country of practice attesting to the applicant's valid authorization to practice medicine without limitation; or

- (iii) certification from the registry or licensing authority of the country of practice attesting to the applicant's valid license in good standing.

5—Board of Trustees

5.3 Duties and Privileges. In addition to the rights and duties conferred or imposed upon the Board of Trustees by law and custom and elsewhere in the Constitution and Bylaws, the Board of Trustees shall:

5.3.1 Management. Manage or direct the management of the property and conduct the affairs, work and activities of the AMA consistent with the policy actions and directives adopted by the House of Delegates, except as may be otherwise provided in the Constitution or these Bylaws.

5.3.1.1 The Board is the principal governing body of the AMA and it exercises broad oversight and guidance for the AMA with respect to the management systems and risk management program of the AMA through its oversight of the AMA's Executive Vice President.

5.3.1.2 Board of Trustees actions should be based on policies and directives approved by the House of Delegates. In the absence of specifically applicable House policies or directives and to the extent feasible, the Board shall determine AMA positions based on the tenor of past policy and other actions that may be related in subject matter.

5.3.3 Fulfillment of House of Delegates Charge. Review all resolutions and recommendations adopted by the House of Delegates to determine how to fulfill the charge from the House. Resolutions and recommendations pertaining to the expenditure of funds also shall be reviewed. If it is decided that the expenditure is inadvisable, the Board shall report, at its earliest convenience, to the House the reasons for its decisions.

5.3.3.1 In determining expenditure advisability, the Board will consider the scope of the proposed expenditure and whether it is consistent with the AMA's vision, goals, and priorities. Where the Board recommends that a proposed expenditure is not prudent and is inadvisable, the Board will present alternative actions, if feasible, in its report to the House.

[Editor's note: the following section referred]

5.3.9 Establishment and Appointment of Committees. ~~Establish~~ ~~Appoint~~ such committees as necessary to carry out the purposes of the AMA and appoint committee membership.

5.3.9.1 An advisory committee will be constituted for purposes of education and advocacy.
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5.3.9.1.1 It will have a governing council and a direct reporting relationship to the Board.

5.3.9.1.2 An advisory committee will not have representation in the House of Delegates.

5.3.9.1.3 An advisory committee will operate under a charter that will be subject to review and renewal by the Board at least every four years.

5.3.9.2 An ad hoc committee will be constituted as a special committee, workgroup or taskforce.

5.3.9.2.1 It will operate for a specific purpose and for a prescribed period of time.

3. CREDENTIALING OF TEMPORARY DELEGATES AND ALTERNATE DELEGATES

Reference committee hearing: see report of Reference Committee on Ethics and Bylaws.

HOUSE ACTION: REFERRED

Over the years, there has been confusion around several existing Bylaws that focus on credentialing a delegate or alternate delegate when the original credentialed delegate or alternate is unable to attend a meeting in whole or in part. Specifically, the Speakers recently noted that they as well as delegations experienced difficulties at A-25 trying to follow existing [Bylaws 2.10.4 and 2.10.4.1](#) and expressed strong support for a single designation to identify those delegates and alternate delegates who were taking the place of a previously credentialed delegate or alternate delegate for all or the remainder of the meeting.

The Council looked at the Bylaws and agreed that the word temporary delegate or alternate delegate was a better term to characterize an individual who was taking the place of another individual who had been credentialed by their society at least 45 days before the meeting. For credentialing purposes, all individuals whose names are submitted by the 45-day deadline in advance of a meeting, even those delegates or alternate delegates who are filling vacancies for their societies, are not designated as a substitute delegate or alternate delegate and thus receive the privileges of their position.

The Council, however, in looking at provisions that govern the credentialing of delegates found several outmoded provisions. The language related to certification is outmoded when specifying how delegates and alternate delegates are credentialed. Certification refers to the outdated process of having each group represented in the House of Delegates fill out a form and certify its accuracy. The Council understands that the term certification may have varying implications or significance for different purposes and delegations. Credentialing more appropriately reflects the current process.

As noted in prior testimony, the Medical Student Section (MSS) and the Resident and Fellow Section (RFS) requested retention of language specifying that constituent associations may have medical student and/or resident and fellow delegation members. Additionally, they requested that similar language be applied to specialty societies. Therefore, the Council added language to that effect.

The AMA does not hold outside entities to any further requirements than the need for their delegates and alternate delegates to be members of the AMA and their association, and therefore the Council initially deleted proscriptive language regarding terms and the filling of vacancies. However, several delegations requested that the original bylaw language be reinstated.

Language regarding some vacancies was similarly problematic. Additionally, earlier this year, the Speakers, the Council and the Resident and Fellow Section (RFS) noted a discrepancy with respect to the RFS sectional delegates and alternate delegates. Existing Bylaw 2.4.6 provided that a delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of the term, yet Bylaw 2.4.3 stated that delegates and alternate delegates shall be elected (not selected) by the RFS in accordance with procedures adopted by the Section.

A vacancy is when a departure results in an open position where the person vacating the position does not return. AMA Bylaws allow for a selected “delegate” to immediately fill the open position. The use of the word “delegate” is important here – it implies that the position may only be filled by someone who is already a delegate (or alternate delegate) and has satisfied the applicable eligibility and credentialing requirements. This is important because the person filling that vacancy will take on the privileges previously enjoyed by the delegate.

While a temporary alternate delegate is temporary, the role of a temporary alternate delegate is similar to that of an alternate delegate, in that the temporary alternate delegate shall have all the rights and privileges similar to an alternate delegate (e.g., the temporary alternate delegate may vote but is not eligible for nomination or election as a Speaker or Vice Speaker of the HOD). Unlike a delegate that fills a vacancy, a temporary alternate delegate fills an open position for a single meeting. Like a delegate that fills a vacancy, a temporary alternate delegate is subject to eligibility and credentialing requirements of the seat to be filled.

To be consistent with the plain meaning of a substitute, a substitute taking the seat of a properly credentialed delegate (or alternate delegate), should meet the requirements of the original seat to be substituted, especially since a temporary alternate delegate would enjoy voting rights. A contrary position (e.g., dismiss the election requirement of an original seat) could be viewed as elevating a position that serves as a temporary accommodation to one that circumvents the original seat's established requirements.

With acknowledgement of extenuating circumstances that may warrant the need for a temporary alternate delegate, proposed language is offered to allow a special election to satisfy Bylaw requirements for an election for medical student regional delegates and alternate delegates (Bylaw 2.3.3) and resident and fellow sectional delegates and alternate delegates (Bylaw 2.4.3). As the medical student regional delegates and resident and fellow sectional delegates were established by the House to provide enhanced representation of these two sections, the House adopted some very specific guardrails to ensure that these individuals are elected, not appointed, by their peers.

Also, in keeping with the criteria by which AMA's Emergency Assistance Program funds are allocated, it is essential that the Bylaws are accurate when referencing the process by which duly credentialed members of the House are identified for each meeting as well as the process by which an opening is filled.

The revised Council report proposes additional bylaw amendments to provide further clarification and accuracy.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following Bylaws amendments and deletions (highlighted in RED) be adopted, and that the remainder of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting following a one-day layover.

2—House of Delegates

2.0.1 Composition and Representation....

2.0.1.1 Qualification of Members of the House of Delegates. Members of the House of Delegates must be active members of the AMA and of the entity they represent.

2.0.1.2 Rights and Privileges. Delegates have the privilege of the floor of the House of Delegates which includes the ability to submit resolutions, discuss and make motions on items of business and vote in elections.

[subsequent section will be renumbered accordingly]

2.1 Constituent Associations....

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

2.1.4 Term. Delegates from constituent associations shall be selected for two2-year terms and assume office on the date set by the constituent association, provided that such seats are authorized pursuant to these Bylaws. Constituent associations entitled to more than one delegate shall select them so that half the number, as near as may be, are selected each year. One-year terms may be provided but only to the extent and for such time as is necessary to accomplish this proportion.

2.1.5 Vacancies. The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.

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

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

2.1.6.2 No Restriction on Selection. Nothing in this bylaw shall preclude a resident/fellow physician or medical student member from being selected to fill a full 2-year term as a delegate or alternate delegate from a constituent association as provided in Bylaw 2.1.34.

2.2 National Medical Specialty Societies....

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

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

2.2.5 Resident/Fellow Physician and Medical Student Delegates. A specialty association may designate one or more of its delegate and alternate delegate seats to be filled by a resident/fellow physician member or a medical student member.

2.2.5.1 Term. Such resident/fellow physician or medical student delegate or alternate delegate shall serve for a one-year.

2.2.5.2 No Restriction on Selection. Nothing in this bylaw shall preclude a resident/fellow physician or medical student member from being selected to fill a full 2-year term as a delegate or alternate delegate from a specialty association as provided in Bylaw 2.2.3.

2.2.56 Vacancies. The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.

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

2.3.1 Qualifications. Medical student regional delegates and alternate delegates must be active medical student members of the AMA. In addition, medical student regional delegates and alternate delegates must be members of and have received written endorsement from their endorsing constituent association where their educational program is located. The region in which the endorsing society is located determines the student's region, and a medical student may only serve

as a regional delegate, alternate delegate or ~~any temporary delegate or alternate delegate form of substitute~~ (pursuant to Bylaws 2.8.35 and 2.10.42) ~~only~~ for that region.

- 2.3.2 Apportionment.** The total number of ~~M~~medical ~~S~~student ~~r~~Regional delegates and alternate delegates is based on one delegate and one alternate delegate for each 2,000 active medical student members of the AMA, as recorded by the AMA on December 31 of each year. Each Medical Student Region, as ~~defined by~~ delineated in the rules of the Medical Student Section, is entitled to one delegate and one alternate delegate for each 2,000 active medical student members of the AMA in an educational program located within the jurisdiction of the Medical Student Region. Any remaining ~~M~~medical ~~S~~student ~~r~~Regional delegates and alternate delegates shall be apportioned one delegate and one alternate delegate per region(s) with the greatest number of active AMA medical student members in excess of a multiple of 2,000. If two regions have the same number of active AMA medical student members, ties will be broken by lottery by the ~~MSS~~ Medical Student Section Governing Council.
- 2.3.2.1 Effective Date.** In January of each year the AMA shall notify the chair of the Medical Student Section Governing Council of the number of seats in the House of Delegates to which each Medical Student Region is entitled. Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year.
- 2.3.3 Election.** Medical student regional delegates and alternates shall be elected by the Medical Student Section in accordance with procedures adopted by the Medical Student Section and approved by the Board of Trustees. ~~Each elected delegate and alternate delegate must receive written endorsement from their constituent association in accordance with procedures adopted by the Medical Student Section and approved by the Board of Trustees.~~ Regional dDelegates and alternate delegates shall be elected in conjunction with ~~at~~ the Business Meeting of the Medical Student Section associated with ~~prior to the Interim Meeting of the House of Delegates.~~ Regional dDelegates and alternate delegates shall assume their office ~~be seated at~~ the next Annual Meeting of the House of Delegates.
- 2.3.4 Certification Credentialing.** The ~~C~~chair of the Medical Student Section Governing Council, or the ~~C~~chair's designee, shall provide ~~certify to the AMA Office of House of Delegates Affairs with~~ the names and contact information of the delegates and alternate delegates for each Medical Student Region elected in accordance with 2.3.3 by December 31 of each year. ~~These appropriately identified individuals shall be duly credentialed for each House of Delegates meeting occurring within their term as defined in 2.3.5. Certification of delegates and alternate delegates must occur at least 45 days prior to the Annual Meeting of the House of Delegates.~~
- 2.3.5 Term.** Medical ~~s~~Student ~~r~~Regional delegates and alternate delegates shall be elected for one-year terms and shall assume office on the date set by the ~~Medical Student Section Governing Council.~~
- 2.3.6 Vacancies.** A medical student who fills a vacancy for a medical student regional delegate or alternate delegate must have been elected from the same medical student region as the vacating student. ~~The delegate or alternate delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.~~
- 2.4 Delegates from the Resident and Fellow Sectional Delegates and Alternate Delegates.** In addition to the delegate and alternate delegate representing the Resident and Fellow Section, resident and fellow ~~physician sectional~~ sectional delegates and alternate delegates shall be apportioned and elected in a manner as provided in this bylaw.
- 2.4.1 Qualifications.** Resident and fellow sectional dDelegates and alternate delegates ~~from the Resident and Fellow Section~~ must be active members of the Resident and Fellow Section of the AMA. In addition, resident and fellow sectional physician delegates and alternate delegates must be members of and have written endorsement from a ~~their endorsing~~ society or organization currently seated in the HOD, in a capacity appropriate to their level of training.

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

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

2.4.3 Election. ~~Resident and fellow sectional~~ Ddelegates and alternate delegates shall be elected by the Resident and Fellow Section in accordance with procedures adopted by the Section and approved by the Board of Trustees. Resident and fellow sectional delegates and alternate delegates shall be elected at the Business Meeting of the Resident and Fellow Section prior to the Interim Meeting of the House of Delegates. Elected resident and fellow sectional delegates and alternate delegates shall assume their office at the next Annual Meeting of the House of Delegates. Each delegate and alternate delegate must receive written endorsement from a society or organization currently seated in the House of Delegates and in accordance with procedures adopted by the Resident and Fellow Section and approved by the Board of Trustees.

2.4.4 Certification Credentialing. The ~~C~~chair of the Resident and Fellow Section Governing Council, or the ~~C~~chair's designee, shall provide certify to the AMA Office of House of Delegates Affairs the names and contact information of the resident and fellow sectional delegates and alternate delegates elected in accordance with 2.4.3 by December 31 of each year for the Resident and Fellow Section. These appropriately identified individuals shall be duly credentialed for each House of Delegates meeting within their term as defined in 2.4.5. Certification of delegates and alternate delegates must occur at least 45 days prior to the Annual Meeting of the House of Delegates.

2.4.5 Term. ~~Resident and fellow sectional~~ Ddelegates and alternate delegates ~~from the Resident and Fellow Section~~ shall be elected for one-year terms ~~and shall assume office on the date set by the Resident and Fellow Section Governing Council.~~

2.4.6 Vacancies. A resident or fellow who fills a vacancy for a resident and fellow sectional delegate or alternate delegate must have been elected by the Resident and Fellow Section. The delegate or alternate delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of the term.

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

2.6.1 Certification Credentialing. The president, chief executive officer, chair, or other authorized individual of each entity described above shall provide certify to the AMA Office of House of Delegates Affairs with the names and contact information of their respective delegate and alternate delegate at least 45 days prior to each the Annual or Interim Meeting of the House of Delegates.

2.6.2 Term. Delegates from these entities shall be selected for 2-year terms, and shall assume office on the date set by the entity. Certification Credentialing of delegates and alternate delegates must occur at least 45 days prior to the Annual or Interim Meeting of the House of Delegates.

2.6.3 Vacancies. The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.

- 2.8 Alternate Delegates.** Each organization represented in the House of Delegates may select an alternate delegate for each of its delegates entitled to be seated in the House of Delegates.
- 2.8.1 Qualifications.** Alternate delegates must be active members of the AMA and of the entity they represent.
- 2.8.2 Certification Credentialing.** Alternate delegates, with the exception of medical student regional and resident and fellow sectional alternate delegates, shall be certified and credentialed to the AMA in the same manner as delegates at least 45 days prior to each meeting of the House of Delegates.
- 2.8.3 Term.** Alternate delegates shall be selected for a 2-year term, and shall assume office on the date set by the organization, unless otherwise provided in these Bylaws.
- 2.8.4 Vacancies.** Alternate delegates selected to fill a vacancy shall assume office immediately after selection and shall serve for the remainder of that term.
- 2.8.5 Rights and Privileges.** At the request of their corresponding delegate, a ~~An alternate delegate may temporarily be seated for them substitute for a delegate, on the floor of the House of Delegates, at the request of the delegate by complying with the procedures established by the Committee on Rules and Credentials. The alternate delegate must display their corresponding delegate's temporary credential and may then assume their privilege of the floor. While substituting for a delegate, the alternate delegate may speak and debate on the floor of the House, offer an amendment to a pending matter, make motions, and vote.~~
- 2.8.6 Status.** The alternate delegate is not a “member of the House of Delegates” as that term is used in these Bylaws. Accordingly, an alternate delegate may not introduce resolutions into the House of Delegates, nor vote in any election conducted by the House of Delegates. An alternate delegate is not eligible for nomination or election as Speaker or Vice Speaker of the House of Delegates. The alternate delegate must immediately relinquish their position on the floor of the House of Delegates upon the request of their corresponding delegate for whom they ~~are~~ alternate delegate is substituting temporarily seated.
- 2.10 Registration and Seating of Delegates.**
- 2.10.1 Notification.** In January of each year, the AMA shall notify each organization of the number of seats in the House of Delegates to which it is entitled during the current year.
- 2.10.2 Credentials.** ~~A delegate or alternate delegate may only be seated if there is certification on file stating that the delegate or alternate delegate has been properly selected to serve in the House of Delegates.~~
- 2.10.3 Lack of Credentials.** ~~A delegate or alternate delegate may be seated without the certificate defined in Bylaw 2.10.2 provided proper identification as the delegate or alternate delegate selected by the respective entity is established, and so certified to the AMA.~~
- 2.10.2**
- 2.10.4 Substitute Temporary Delegate.** When a credentialed delegate or alternate delegate is unable to attend a meeting of the House of Delegates, or a portion thereof, the president, the president's designee or the chief executive officer, or chair other authorized individual of the entity the vacating delegate represents, or their designee, may appoint credential a temporary substitute delegate or temporary substitute alternate delegate, who shall be eligible to serve as such a temporary delegate or temporary alternate delegate in the House of Delegates at that meeting only.
- 2.10.2.1 Temporary Delegates or Alternate Delegates for the AMA Sections.** When a delegate from an AMA Section, other than the medical student regional and resident and fellow sectional delegates, is unable to attend a meeting of the House of Delegates, or a portion thereof, the alternate delegate from that section may be

credentialed as the temporary delegate. When an alternate delegate, other than the medical student regional and resident and fellow sectional alternate delegates, from an AMA Section is unable to attend a meeting of the House of Delegates, or a portion thereof, a temporary alternate delegate may be selected and subsequently credentialed from among the members of the section governing council.

2.10.2.2 **Temporary Medical Student Regional Alternate Delegate.** A medical student meeting the requirements in Bylaw 2.3.1 who fills a temporary unfilled seat for a medical student regional alternate delegate must have been elected at a special election with an endorsement from a constituent association within the same medical student region as the absent medical student. Temporary medical student regional alternate delegates may only serve at the meeting for which they were credentialed.

2.10.2.3 **Temporary Resident and Fellow Sectional Alternate Delegates.** A resident or fellow meeting the requirements in Bylaw 2.4.1 who fills a temporary unfilled seat for a resident and fellow sectional alternate delegate must be elected in a special election. Temporary resident and fellow sectional alternate delegates may only serve at the meeting for which they were credentialed.

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

[Subsequent bylaw provisions 2.10.5, 2.10.6 and 2.10.7 will be renumbered as 2.10.3, 2.10.4 and 2.10.5]

2.10.6

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

2.10.7

2.10.9 **Resident and Fellow Seating.** Each ~~delegate from the Resident and Fellow Section~~ sectional delegate shall be seated with ~~the physician's~~ their endorsing society or organization. ~~In the case where a delegate has been endorsed by multiple entities, the delegate must choose, prior to the election, with which delegation the delegate wishes to be seated.~~ Alternate delegates or temporary substitute resident and fellow sectional delegates and alternate delegates shall be assigned to the original delegate's seat location during the time they are seated for the original delegate.