DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2025 Interim Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-25)

Final Report of Reference Committee on Ethics and Bylaws

Mark Casanova, MD, Chair

RECOMMENDED FOR ADOPTION

1. BOT Report 08 – On the Ethics of Human Lifespan Prolongation
2. BOT Report 21 – Specialty Society Representation in the House of Delegates - Five-Year Review
3. CEJA Report 01 – Amendment to Opinion 1.1.1 "Patient-Physician Relationships"
4. CEJA Report 02 – Supporting Efforts to Strengthen Medical Staffs Through Collective Actions and/or Unionization
5. CEJA Report 03 – Ethical Impetus for Research in Pregnant and Lactating Individuals
6. Resolution 001 – Clarifying Conscientious Objection
7. Resolution 005 – Preserving Autonomy in the Patient-Physician Relationship
8. Resolution 006 – Amendment to AMA Bylaws to Enable Continuity of Leadership
9. Resolution 008 – Health Plan In-Network Steering of Pathology/Laboratory Services
10. Resolution 009 – Gender Equity in Disability Insurance for Physicians

RECOMMENDED FOR ADOPTION AS AMENDED

11. BOT Report 05 – Addressing the Unregulated Body Brokerage Industry
12. BOT Report 10 – Improving Usability of Electronic Health Records (EHRs) for Transgender and Gender Diverse Patients
13. BOT Report 11 – Supporting Diversity in Research
14. BOT Report 19 – Addressing the Historical Injustices of Anatomical Specimen Use
15. Resolution 003 – Report on Gender-Based Pay Equity in Medicine
16. Resolution 007 – Improving Protection for Reproductive Health Information

RECOMMENDED FOR REFERRAL

17. CCB Report 02 – Bylaws Clarifications Subsequent to A-25 House of Delegates Meeting
18. CCB Report 03 – Credentialing of Temporary Delegates and Alternate Delegates
    Resolution 010 – Clarifying the Medical Student Section's and Resident and Fellow Section's Abilities to Fill Temporary Vacancies in Accordance with the AMA Bylaws

19. Resolution 002 – Ensuring Ethical Use of Wearable Recording Devices in Clinical Encounters

RECOMMENDED FOR NOT ADOPTION

20. CCB Report 01 – Bylaws Review Report
21. Resolution 004 – Patient Options to Restrict Secondary Use of Their Healthcare Data

RECOMMENDED FOR ADOPTION

(1) BOT REPORT 08 – ON THE ETHICS OF HUMAN LIFESPAN PROLONGATION

RECOMMENDATION:

Your Reference Committee recommends that BOT Report 08 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendations in BOT Report 08 adopted and the remainder of the report filed.

The Board of Trustees recommends that Policy D-140.947 be rescinded as having been accomplished by this report and the remainder of the report be filed.

No online testimony was proffered. Limited in-person testimony was in unanimous support. Your Reference Committee recommends that the report be adopted.

(2) BOT REPORT 21 – SPECIALTY SOCIETY REPRESENTATION IN THE HOUSE OF DELEGATES - FIVE-YEAR REVIEW

RECOMMENDATION:

Your Reference Committee recommends that BOT Report 21 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendations in BOT 21 adopted and the remainder of the report filed.

The Board of Trustees recommends that the following be adopted, and the remainder of this report be filed:

1. The American College of Occupational and Environmental Medicine, American Gastroenterological Association, American Geriatrics Society, American Orthopaedic Association, American Psychiatric Association, American Roentgen Ray Society, American Society of Nuclear Cardiology, Society of Cardiovascular Computed Tomography, and Society of Hospital Medicine retain representation in the American Medical Association House of Delegates. (Directive to Take Action)

2. Having failed to meet the requirements for continued representation in the AMA House of Delegates as set forth in the AMA Bylaw B-8.5.2 The Triological Society be

placed on probation and be given one year to work with AMA membership staff to increase their AMA membership. (Directive to Take Action)

Limited in-person testimony was in unanimous support. Your Reference Committee recommends that the report be adopted.

(3) CEJA REPORT 01 – AMENDMENT TO OPINION 1.1.1 "PATIENT-PHYSICIAN RELATIONSHIPS"

RECOMMENDATION:

Your Reference Committee recommends that CEJA Report 01 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendations in CEJA Report 01 be adopted and the remainder of the report filed.

ADOPTED LANGUAGE:

The practice of medicine, and its embodiment in the clinical encounter between a patient and a physician, is fundamentally a moral activity that arises from the imperative to care for patients and to alleviate suffering. The relationship that emerges between a patient and a physician must be based on trust. The physician's obligation to be trustworthy entails additional ethical duties such as a commitment to act for the good of patients; to uphold respect for patients as persons; to develop good communication skills; and to be professionally competent. This trust is fostered by physicians' ethical responsibilities to place patients' welfare above the physician's own self-interest or obligations to others, to use sound medical judgment on patients' behalf, and to advocate for their patients' welfare. When external influences negatively impact this trust, or the patient-physician relationship directly, physicians individually and collectively should advocate for changes to ameliorate the situation and promote a more hospitable environment in which patient-physician relationships may flourish.

A patient-physician relationship commences when a physician begins to serve a patient's medical needs. The contexts that may lead to a patient-physician relationship vary: they generally occur as a response to a request by a patient or a patient's surrogate, but can also include certain contractual, legally mandated, or emergency settings without the explicit request or consent of the patient.

While the patient-physician relationship may involve one patient and one physician, in today's complex health care system, such relationships often involve multiple members of a care team, patient family members, and surrogates. The core values of the patient-physician relationship, however, remain unchanged. How these values are implemented will depend on many factors, including the setting, the needs of the patient, the duration of the relationship, and the training, expertise, and experience of the physician, and will necessarily

reflect the myriad ways that patients and physicians interact. While every patient-physician relationship will be different and will change over time, the fundamental importance of establishing and sustaining trust through respect for persons, good communication, and professional competency will always be crucial at every layer, node, and time of the relationship. It is the duty of physicians, therefore, to uphold these values and support patients and the primacy of the patient-physician relationship to the best of their ability in all practice settings and at all times.

Your Council on Ethical and Judicial Affairs recommends that Opinion 1.1.1, "Patient Physician Relationships" be amended by addition and deletion and the remainder of this report be filed.

The practice of medicine, and its embodiment in the clinical encounter between a patient and a physician, is fundamentally a moral activity that arises from the imperative to care for patients and to alleviate suffering. ~~The relationship between a patient and a physician is based on trust, which gives rise to~~ The relationship that emerges between a patient and a physician must be based on trust. The physician's obligation to be trustworthy entails additional ethical duties such as a commitment to act for the good of patients; to uphold respect for patients as persons; to develop good communication skills; and to be professionally competent. This trust is fostered by physicians' ethical responsibility~~y~~ies to place patients' welfare above the physician's own self-interest or obligations to others, to use sound medical judgment on patients' behalf, and to advocate for their patients' welfare. When external influences negatively impact this trust, or the patient-physician relationship directly, physicians individually and collectively should advocate for changes to ameliorate the situation and promote a more hospitable environment in which patient-physician relationships may flourish.

A patient-physician relationship ~~exists~~ commences when a physician begins to serve a patient's medical needs. ~~Generally, the relationship is entered into by mutual consent between physician and patient (or surrogate). However, in certain circumstances a limited patient-physician relationship may be created without the patient's (or surrogate's) explicit agreement. Such circumstances include:~~ The contexts that may lead to a patient-physician relationship vary: they generally occur as a response to a request by a patient or a patient's surrogate, but can also include certain contractual, legally mandated, or emergency settings without the explicit request or consent of the patient.

While the patient-physician relationship may involve one patient and one physician in today's complex health care system, such relationships often involve multiple members of a care team, patient family members and surrogates. The core values of the patient-physician relationship, however, remain unchanged. How these values are implemented will depend on many factors, including the setting, the needs of the patient, the duration of the relationship, and the training, expertise, and experience of the physician, and will necessarily reflect the myriad ways that patients and physicians interact. While every patient-physician relationship will be different and will change over time, the fundamental importance of establishing and sustaining trust through respect for persons, good communication, and professional competency will always be crucial at every layer, node, and time of the relationship. It is the duty of physicians, therefore, to uphold these values

and support patients and the primacy of the patient-physician relationship to the best of their ability in all practice settings and at all times.
~~a When a physician provides emergency care or provides care at the request of the patient's treating physician. In these circumstances, the patient's (or surrogate's) agreement to the relationship is implicit.~~

~~b When a physician provides medically appropriate care for a prisoner under court order, in keeping with ethics guidance on court-initiated treatment.~~

~~c When a physician examines a patient in the context of an independent medical examination, in keeping with ethics guidance. In such situations, a limited patient-physician relationship exists.~~

(Modify HOD/CEJA Policy)

Online testimony was limited and mixed. In-person testimony was also limited and mixed. CEJA testified that online calls for referral expressed a desire for the recommendation to address terminating a physician-patient relationship; however, CEJA explained that these concerns are addressed in a separate opinion in the *Code of Medical Ethics*, Opinion 1.1.5, "Terminating a Patient-Physician Relationship". Limited testimony raised the question of the prospective patient, which is addressed in *Code of Medical Ethics*, Opinion 1.1.2. The majority of testimony was in favor of adoption. Your Reference Committee recommends that the report be adopted.

(4) CEJA REPORT 02 – SUPPORTING EFFORTS TO STRENGTHEN MEDICAL STAFFS THROUGH COLLECTIVE ACTIONS AND/OR UNIONIZATION

RECOMMENDATION:

Your Reference Committee recommends that CEJA Report 02 be adopted and the remainder of the report filed.

HOD ACTION: Recommendations in CEJA Report 02 referred.

The Council on Ethical and Judicial Affairs recommends that the following recommendations be adopted and the remainder of the report be filed:

1. That Opinion 1.2.10 be amended by addition and deletion with a change in title as follows:

Advocacy and Collective Actions by Physicians ~~Political Action by Physicians~~

Like all Americans, physicians enjoy the right to advocate for change in law and policy, in the public arena, and within their institutions. Indeed, physicians have an ethical responsibility to seek change when they believe the requirements of law, ~~or~~ policy, or

practice are contrary to the best interests of patients. However, advocacy actions should not put the wellbeing of patients in jeopardy.
Collective action is one means by which physicians can advocate for patients, the health of communities, the profession, and their own health. Physicians have a responsibility to avoid disruption to patient care when engaging in any collective action. When considering collective actions that have the potential to be disruptive, whether aimed at changing the policies of government, the private sector, or their own institutions, there are additional considerations that should be addressed. These include avoiding harm to patients, minimizing the impact of actions on patient access to care, maintaining trust in the patient-physician relationship, fulfilling the responsibility to improve patient care, avoiding mental and physical harms to physicians, promoting physician wellbeing, upholding the values and integrity of the profession, and considering alternative measures that could reasonably be expected to achieve similar results with less potential effect on patient and physician wellbeing.

When considering participation ~~Physicians who participate~~ in advocacy activities, including collective actions:

a. ~~Ensure that the health of patients is not jeopardized, and that patient care is not compromised.~~ Physicians should recognize that, in pursuing their primary commitment to patients, physicians can, and at times may have an obligation to, engage in collective political action to advocate for changes in law and institutional policy aimed at promoting patient care and wellbeing.

b. ~~Avoid using disruptive means to press for reform. Strikes and other collective actions may reduce access to care, eliminate or delay needed care, and interfere with continuity of care and should not be used as a bargaining tactic. In rare circumstances, briefly limiting personal availability may be appropriate as a means of calling attention to the need for changes in patient care. Physicians should be aware that some actions may put them or their organizations at risk of violating antitrust laws or laws pertaining to medical licensure or malpractice.~~ Physicians may also engage in collective action to advocate for changes within their institutions, including changes in patient care practices, physician work conditions, health and wellbeing, and/or institutional culture that negatively affect patient care.

c. Physicians should refrain from collective action that would likely jeopardize the health of patients or compromise patient care.

d. Physicians may consider engaging in disruptive forms of collective action that do not compromise patient care only as a last resort, with the primary objective to improve patient care and outcomes by calling attention to and/or making needed changes in practices, protocols, incentives, expectations, structures, and/or institutional culture.

e. Disruptive actions, including strikes, that could directly compromise patient care should be avoided and should not be used solely for physician self-interest.

f. Physicians should avoid forming workplace or other alliances, such as unions, with ~~workers~~ colleagues and others who do not share physicians' primary and overriding commitment to patients.

g. Physicians should refrain from using ~~undue influence or pressure colleagues~~ punitive or coercive means to force others to participate in advocacy activities or collective actions, or to penalize others ~~and should not punish colleagues, overtly or covertly,~~ for deciding not to participate in such activities.

2. That Policy H-405.946(2) be rescinded as having been accomplished by this report. (Rescind AMA Policy)

Online testimony was mixed between calls for referral and adoption. In-person testimony was mixed, with a majority in favor of adoption. Your Reference Committee recommends that the report be adopted.

(5) CEJA REPORT 03 – ETHICAL IMPETUS FOR RESEARCH IN PREGNANT AND LACTATING INDIVIDUALS

RECOMMENDATION:

Your Reference Committee recommends that CEJA Report 03 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendations in CEJA Report 03 adopted and the remainder of the report filed.

The Council on Ethical and Judicial Affairs recommends that following being adopted and the remainder of the report be filed:

1.Research involving pregnant and lactating individuals, including but not limited to, research regarding interventions intended to benefit pregnant or lactating individuals and/or their fetuses or nursing infants, must balance the health and safety of individuals who participate and the well-being of their fetuses or nursing infant against the desire to develop new and innovative therapies. Although it is important to carefully consider potential fetal risks involved when pregnant and lactating individuals participate in research, it is critical to realize that large scale exclusion from participation by these individuals has also precluded potential benefits and in some cases resulted in harm for this group. The paucity of data on safe and effective medical treatment during pregnancy and breastfeeding has resulted in physicians and patients choosing between pursuing medical interventions with uncertain risks to themselves and their fetuses or nursing infants, or foregoing the interventions altogether, which might itself cause harm due to undertreatment of medical conditions.

Understanding both the potential risks of participation and of non-participation, physicians conducting research must obtain the informed, voluntary consent of pregnant or lactating individuals, and adhere to general principles for ethical conduct of research

as in all human participant's research. In addition, physicians conducting research should:

(a) Include pregnant and lactating individuals in research for which they would otherwise be eligible in order to establish a greater knowledge base, produce relevant data, and promote respect for individuals.

(b) Consider excluding pregnant and lactating individuals only when a study poses a substantial risk of significant harm to them or their fetuses or nursing infants, and:

i. specify why the research excludes pregnant and lactating individuals;

ii. seek alternative research methodologies to rectify gaps in knowledge.

(c) Where scientifically appropriate and available, base studies that include pregnant and lactating individuals on well-designed, ethically sound, existing research with nonhuman animals or nongravid human participants to better assess potential risks.

(d) Minimize risks to the fetus or nursing infant to the greatest extent possible, especially when the research is not conducted primarily to investigate potential benefit for fetuses or nursing infants, but rather for the development of important biomedical knowledge that cannot be obtained by any other means. (New HOD/CEJA Policy)

2. AMA Policy D-140.949 be rescinded as having been accomplished by this report (Rescind AMA Policy)

Online testimony was in unanimous support. The report was not extracted at the in-person hearing. Your Reference Committee recommends that the report be adopted.

(6) RESOLUTION 001 – CLARIFYING CONSCIENTIOUS OBJECTION

RECOMMENDATION:

Your Reference Committee recommends that Resolution 001 be adopted.

HOD ACTION: Resolution 001 adopted.

RESOLVED, that our American Medical Association study the use of conscientious objection to refuse care to patients based upon their membership in particular groups, including when such refusal does not meet the legal standard of invidious discrimination, and return recommendations strengthening present policy against this practice (Directive to Take Action); and be it further

RESOLVED, that our AMA ask the Council on Ethical and Judicial Affairs to consider amending the AMA Code of Medical Ethics--including, but not limited to, its relevant

Principles--to ensure that a physician's right to choose their patients is appropriately limited by their duty to provide equitable access to care (Directive to Take Action); and be it further

RESOLVED, that our AMA (i) support efforts to include protections for patients, as they are delineated in the AMA Code of Medical Ethics, in state- and federal-level policies codifying conscientious objection and (ii) oppose policies protecting conscientious objection which do not also provide these protections to patients. (New HOD Policy)

Online testimony was mixed, with a majority in opposition. In-person testimony was generally in favor of adoption. Your Reference Committee recommends that the resolution be adopted.

(7) RESOLUTION 005 – PRESERVING AUTONOMY IN THE PATIENT-PHYSICIAN RELATIONSHIP

RECOMMENDATION:

Your Reference Committee recommends that Resolution 005 be adopted.

HOD ACTION: Resolution 005 adopted.

RESOLVED, that our American Medical Association study relevant sections of the *Code of Medical Ethics* to address outside political and administrative influences on the patient physician relationship and its impact on shared decision making in the clinical setting. (Directive to Take Action)

Online testimony was in near unanimous support. The resolution was not extracted at the in-person hearing. Your Reference Committee recommends that the resolution be adopted.

(8) RESOLUTION 006 – AMENDMENT TO AMA BYLAWS TO ENABLE CONTINUITY OF LEADERSHIP

RECOMMENDATION:

Your Reference Committee recommends that Resolution 006 be adopted.

HOD ACTION: Resolution 006 adopted.

RESOLVED, that our American Medical Association amend AMA Bylaw 7.1.2 to allow the Resident and Fellow Section (RFS) Immediate Past Chair to serve in the position even if they have graduated from the RFS. (Modify Current HOD Policy)

Online testimony was in near unanimous support. The resolution was not extracted at the in-person hearing. Your Reference Committee recommends that the resolution be adopted.

(9) RESOLUTION 008 – HEALTH PLAN IN-NETWORK STEERING OF PATHOLOGY/LABORATORY SERVICES

RECOMMENDATION:

Your Reference Committee recommends that Resolution 008 be adopted.

HOD ACTION: Resolution 008 adopted.

RESOLVED, that our American Medical Association support state and federal legislative efforts to expressly prohibit in-network steering by health insurance plans, or by laboratory benefit managers under contract with such plans, to "preferred" or "designated" in-network laboratories or pathologists, thereby excluding other in-network pathology and laboratory providers (New HOD Policy); and be it further

RESOLVED, that our AMA advocate in partnership with state medical societies and medical specialty societies to protect ordering physician discretion to refer pathology and laboratory specimens to any in-network pathologist or in-network laboratory of their choice, based upon relevant medical considerations in the best interest of patient care, consistent with AMA Code of Medical Ethic. (Directive to Take Action)

Online testimony was in unanimous support. The resolution was not extracted at the in-person hearing. Your Reference Committee recommends that the resolution be adopted.

(10) RESOLUTION 009 – GENDER EQUITY IN DISABILITY INSURANCE FOR PHYSICIANS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 009 be adopted.

HOD ACTION: Resolution 009 adopted.

RESOLVED, that our American Medical supports gender-neutral disability insurance premiums for physicians. (New HOD Policy)

Online testimony was evenly mixed between support and calls for referral. In-person testimony was strongly against referral and in favor of adoption. Your Reference Committee recommends that the resolution be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(11) *BOT REPORT 05 – ADDRESSING THE UNREGULATED BODY BROKERAGE INDUSTRY

RECOMMENDATION A:

Your Reference Committee recommends that BOT Report 05 be amended by addition and deletion of the first section of H-460.890 as follows:

> 1. Our AMA recognizes the need for ethical~~,~~ and transparent~~,~~ regulations for body and body part donation ~~regulations~~ consistent with body donation best practices including:

RECOMMENDATION B:

That subsection 1(f) of H-460.890 be amended by addition as follows:

> *f. Disposition:* Final disposition of the body should be made in accordance with the wishes of the donor and their families when feasible.

RECOMMENDATION C:

That BOT Report 05 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in BOT Report 05 adopted as amended and the remainder of the report filed.

ADOPTED LANGUAGE:

1. Our AMA recognizes the need for ethical and transparent regulations for body and body part donation consistent with body donation best practices including:

> ***a. Outreach:*** **This covers all communications with body donors and their families, beginning with the initial engagement to request donations. Ethical outreach is premised on transparency and accountability, free from any form of coercion or enticement.**
>
> ***b. Registration:*** **A registration process is imperative for ensuring accurate and transparent informed consent during the body donation decision process. Pertinent information which should be conveyed during the**

registration process includes any disposition and distribution of bodies or body parts, including the locations, possible uses of the body or body parts (i.e., military, education, forensic, etc.), and financial aspects of body donation. Additionally, the registration process should outline the body donor eligibility and suitability criteria.

c. Custody: **A transparent custody process is imperative for ensuring the ethical stewardship and management of the body entrusted to the end user (e.g., researchers, educators, clinicians).**

d. Tracking: **A tracking system should be put in place to ensure the proper governance, oversight, and infrastructure (including registration and informed consent) during the use of donated bodies. Tracking systems should include a mechanism for monitoring body donation policies and procedures and a reporting mechanism for violations of these policies.**

e. Use: **Bodies should be used in a respectful, dignified, and ethical manner for education and research purposes.**

f. Disposition: **Final disposition of the body should be made in accordance with the wishes of the donor and their families when feasible.**

g. Memorialization: **A respectful memorial ceremony for the family in which the body donor is honored for their "altruism and commitment to education and research" should be held at the conclusion of the use of the body as well as governing oversight of the body donation policies.**

2. Supports federal and state legislation consistent with body donation best practices that require all body donation programs adopt and implement policies which uphold informed consent, transparency, and accountability during the process of human body donation and use.

3. Encourages state medical societies to advocate for legislation consistent with body donation best practices (Modify Current Policy)

The Board of Trustees recommends that the following be adopted in lieu of Resolution 212-I-24 and the remainder of the report be filed.

1. That Policy H-460.890, Improving Body Donation Regulation," be amended by addition and deletion as follows:

1. Our AMA recognizes the need for ethical, and transparent~~,~~ regulations for body and body part donation ~~regulations~~ consistent with body donation best practices including:

a. Outreach: This covers all communications with body donors and their families, beginning with the initial engagement to request donations. Ethical outreach is premised on transparency and accountability, free from any form of coercion or enticement.

b. Registration: A registration process is imperative for ensuring accurate and transparent informed consent during the body donation decision process. Pertinent information which should be conveyed during the registration process includes any disposition and distribution of bodies or body parts, including the locations, possible uses of the body or body parts (i.e., military, education, forensic, etc.), and financial aspects of body donation. Additionally, the registration process should outline the body donor eligibility and suitability criteria.

c. Custody: A transparent custody process is imperative for ensuring the ethical stewardship and management of the body entrusted to the end user (e.g., researchers, educators, clinicians).

d. Tracking: A tracking system should be put in place to ensure the proper governance, oversight, and infrastructure (including registration and informed consent) during the use of donated bodies. Tracking systems should include a mechanism for monitoring body donation policies and procedures and a reporting mechanism for violations of these policies.

e. Use: Bodies should be used in a respectful, dignified, and ethical manner for education and research purposes.

f. Disposition: Final disposition of the body should be made in accordance with the wishes of the donor and their families.

g. Memorialization: A respectful memorial ceremony for the family in which the body donor is honored for their "altruism and commitment to education and research" should be held at the conclusion of the use of the body as well as governing oversight of the body donation policies.

2. Supports federal and state legislation consistent with body donation best practices that require all body donation programs adopt and implement policies which uphold informed consent, transparency, and accountability during the process of human body donation and use.

3. Encourages state medical societies to advocate for legislation consistent with body donation best practices. (Modify Current HOD Policy)

Online testimony was in near unanimous support. Your Reference Committee found a minor error in the report's recommendation, which failed to strike out and underline language that should be part of the addition and deletion formatting, and proffered an amendment to correct it. In-person testimony was limited. An amendment was proffered to provide greater flexibility in meeting the wishes of family members. Your Reference Committee recommends that the report be adopted as amended.

(12) BOT REPORT 10 – IMPROVING USABILITY OF ELECTRONIC HEALTH RECORDS (EHRS) FOR TRANSGENDER AND GENDER DIVERSE PATIENTS

RECOMMENDATION A:

Your Reference Committee recommends that BOT Report 10 be amended by addition and deletion in recommendations 3 and 4 as follows:

> 3. Our AMA acknowledge the evolving nature of language and engage appropriate collaborators ~~stakeholders~~ to ensure the continued relevance and accuracy of terminology used across AMA resources and advocacy. (New HOD Policy)
>
> 4. Our AMA continue to support efforts by EHR vendors, health systems, and physician practices, and work with relevant collaborators ~~stakeholders~~ (e.g., the ASTP/ONC, LGBTQIA+ advocacy groups, and minors' privacy experts), to improve EHR usability for transgender and gender-diverse patients, with attention to strong privacy protections, and report back on this progress by I-26. (New HOD Policy)

RECOMMENDATION B:

That BOT Report 10 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in BOT Report 10 adopted as amended and the remainder of the report filed.

ADOPTED LANGUAGE:

1. Our AMA reaffirm Policy H-315.967, "Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation." (Reaffirm HOD Policy)

2. Our AMA support the use of the term "chosen name" over "preferred name," recognizing its importance to transgender and gender-diverse patients. (New HOD Policy)

3. Our AMA acknowledge the evolving nature of language and engage appropriate collaborators to ensure the continued relevance and accuracy of terminology used across AMA resources and advocacy. (New HOD Policy)

4. Our AMA continue to support efforts by EHR vendors, health systems, and physician practices, and work with relevant collaborators (e.g., the ASTP/ONC, LGBTQIA+ advocacy groups, and minors' privacy experts), to improve EHR usability for transgender and gender-diverse patients, with attention to strong privacy protections, and report back on this progress by I-26. (New HOD Policy)

The Board of Trustees recommends that the following be adopted in lieu of Resolution 004-I-24 and the remainder of the report be filed:

1. Our AMA reaffirm Policy H-315.967, "Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation." (Reaffirm HOD Policy)

2. Our AMA support the use of the term "chosen name" over "preferred name," recognizing its importance to transgender and gender-diverse patients. (New HOD Policy)

3. Our AMA acknowledge the evolving nature of language and engage appropriate stakeholders to ensure the continued relevance and accuracy of terminology used across AMA resources and advocacy. (New HOD Policy)

4. Our AMA continue to support efforts by EHR vendors, health systems, and physician practices, and work with relevant stakeholders (e.g., the ASTP/ONC, LGBTQIA+ advocacy groups, and minors' privacy experts), to improve EHR usability for transgender and gender-diverse patients, with attention to strong privacy protections, and report back on this progress by I-26. (New HOD Policy)

Online testimony was in near unanimous support. An amendment was proffered to replace the use of "stakeholders" in recommendations 3 and 4, given the negative connotation to many Indigenous peoples, with "partners" or "collaborators". The minimal in-person testimony was in unanimous support of the report as amended. Your Reference Committee recommends that the report be adopted as amended.

(13) BOT REPORT 11 – SUPPORTING DIVERSITY IN RESEARCH

RECOMMENDATION A:

Your Reference Committee recommends that the first recommendation in BOT Report 11 be amended by addition and deletion as follows:

1. That our American Medical Association support ~~the use of language interpreters and translators, at a cost not to be funded by the physician,~~ the

development of a framework to fund language interpreters and translators at no cost to individual physicians or practices in clinical trials and health research participation to promote equitable data collection and outcomes. (New HOD Policy)

RECOMMENDATION B:

That BOT 11 be adopted as amended and the remainder of the report be filed.

HOD ACTION: First recommendation in BOT Report 11 amended by addition and deletion as follows:

1. That our American Medical Association support ~~the use of language interpreters and translators, at a cost not to be funded by the physician,~~ the use of language interpreters and translators, ~~the development of a framework to fund language interpreters and translators~~ at no cost to individual physicians or practices in clinical trials and health research participation to promote equitable data collection and outcomes. (New HOD Policy)

BOT Report adopted as amended.

ADOPTED LANGUAGE:

1. That our American Medical Association support the use of language interpreters and translators at no cost to individual physicains or practices in clinical trials and health research participation to promote equitable data collection and outcomes. (New HOD Policy)

2. That our AMA encourage Institutional and Research Review Boards (IRBs) to develop and publish standardized guidelines for interpreter services to ensure appropriate enrollment and ongoing participation of clinical research participants with Limited English Proficiency and Deaf or Hard of Hearing people. (New HOD Policy)

3. That our AMA encourage Institutional and Research Review Boards (IRBs) to develop and publish transparent guidelines for improving the diversity of research participants, including (1) that eligibility criteria be as inclusive as possible, (2) that written justification for exclusion be provided for review, and (3) that additional accommodations for potential enrollees be considered. (New HOD Policy)

4. That our AMA support greater inclusion in clinical trials and health research of all peoples and groups that are underrepresented or excluded from such research to promote greater study generalization, health equity, and justice. (New HOD Policy)

5. That our AMA support community-centered engagement before, during, and after clinical trials and health research to foster and sustain public trust in medicine and science. (New HOD Policy)

6. That our AMA encourage that all study protocols involving human research participants include appropriate funding to support the inclusion of underrepresented and excluded populations. (New HOD Policy)

The Board of Trustees recommends that the following be adopted in lieu of Resolution 007-I-24 and the remainder of this report be filed:

1. That our American Medical Association support the use of language interpreters and translators, at a cost not to be funded by the physician, in clinical trials and health research participation to promote equitable data collection and outcomes. (New HOD Policy)

2. That our AMA encourage Institutional and Research Review Boards (IRBs) to develop and publish standardized guidelines for interpreter services to ensure appropriate enrollment and ongoing participation of clinical research participants with Limited English Proficiency and Deaf or Hard of Hearing people. (New HOD Policy)

3. That our AMA encourage Institutional and Research Review Boards (IRBs) to develop and publish transparent guidelines for improving the diversity of research participants, including (1) that eligibility criteria be as inclusive as possible, (2) that written justification for exclusion be provided for review, and (3) that additional accommodations for potential enrollees be considered. (New HOD Policy)

4. That our AMA support greater inclusion in clinical trials and health research of all peoples and groups that are underrepresented or excluded from such research to promote greater study generalization, health equity, and justice. (New HOD Policy)

5. That our AMA support community-centered engagement before, during, and after clinical trials and health research to foster and sustain public trust in medicine and science. (New HOD Policy)

6. That our AMA encourage that all study protocols involving human research participants include appropriate funding to support the inclusion of underrepresented and excluded populations. (New HOD Policy)

Online testimony was in unanimous support. In-person testimony was in strong support, with two amendments proffered. Your Reference Committee recommends that the report be adopted as amended.

(14) BOT REPORT 19 – ADDRESSING THE HISTORICAL INJUSTICES OF ANATOMICAL SPECIMEN USE

RECOMMENDATION A:

Your Reference Committee recommends that the first recommendation in BOT 19 be amended by addition and deletion as follows:

1. Our AMA supports the guidelines set forth by the American Association for Anatomy's 2024 task force report Human Body Donation Programs B~~b~~est P~~p~~ractices and Rrecommended S~~s~~tandards ~~for human body donation programs~~. (New HOD Policy)

RECOMMENDATION B:

That recommendation two be amended by addition and deletion as follows:

2. That section ~~6~~7 of H-140.820 be rescinded as having been accomplished by this report.

RECOMMENDATION C:

That BOT 19 be adopted as amended and the remainder of the report be filed.

HOD ACTION: BOT Report 19 adopted as amended.

ADOPTED LANGUAGE:

1. Our AMA supports the guidelines set forth by the American Association for Anatomy's 2024 task force report Human Body Donation Program Best Practices and Recommended Standards. (New HOD Policy)

2. That section 7 of H-140.820 be rescinded as having been accomplished by this report

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The Board of Trustees recommends that the following be adopted and the remainder of the report be filed.

1. Our AMA supports the guidelines set forth by the American Association for Anatomy's 2024 best practices and recommended standards for human body donation programs. (New HOD Policy)
2. That section 6 of H-140.820 be rescinded as having been accomplished by this report

Online testimony was in unanimous support. In-person testimony was in strong support, with two amendments proffered, one to clarify a clerical mistake and another to incorporate all the language from the entire American Academy of Anatomy 2024 report. Your Reference Committee recommends that the report be adopted as amended.

(15) RESOLUTION 003 – REPORT ON GENDER-BASED PAY EQUITY IN MEDICINE

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 003 be amended by addition and deletion as follows:

> RESOLVED, that our American Medical Association study and report at ~~HOD 2026~~ I-26 the current pay structures and existing gender-based disparities ~~between male and female physicians,~~ in physician pay; and be it further ~~and review policies to ensure equitable compensation for all physicians.~~ (Directive to Take Action)

RECOMMENDATION B:

That a second resolve be added by addition as follows:

> RESOLVED, That our American Medical Association propose data-driven guidance to end gender-based pay disparities and create strategies to achieve transparency and equitable compensation across medical practice settings. (Directive to Take Action)

RECOMMENDATION C:

That Resolution 003 be adopted as amended.

HOD ACTION: Resolution 003 adopted as amended.

ADOPTED LANGUAGE:

RESOLVED, that our American Medical Association study and report at I-26 the current pay structures and existing gender-based disparities in physician pay; and be it further

RESOLVED, That our American Medical Association propose data-driven guidance to end gender-based pay disparities and create strategies to achieve transparency and equitable compensation across medical practice settings. (Directive to Take Action)

RESOLVED, that our American Medical Association study and report at HOD 2026 the current pay structures and existing disparities between male and female physicians, and review policies to ensure equitable compensation for all physicians. (Directive to Take Action)

Online testimony was mixed, with the majority in support. In-person testimony was in general support of the report and a proffered amendment to add data-driven guidelines to help end gender-based pay disparities. A second proffered amendment to extend the timeline for report back received mixed support. Your Reference Committee recommends that the resolution be adopted as amended.

(16) RESOLUTION 007 – IMPROVING PROTECTION FOR REPRODUCTIVE HEALTH INFORMATION

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 007 be amended by addition and deletion as follows:

> RESOLVED, that our American Medical Association support ~~the prohibition against~~ legislation and regulations prohibiting the use or disclosure of protected health information (PHI) to conduct ~~a~~ criminal, civil, or administrative investigations ~~into~~ or to impose criminal, civil, or administrative liability for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; and be it further (New HOD Policy)

RECOMMENDATION B:

That a second resolve be added by addition as follows:

RESOLVED, that our AMA advocate to ensure that the release of protected health information of a decedent to forensic pathologists be unimpeded by unnecessary administrative burdens. (Directive to Take Action)

RECOMMENDATION C:

That Resolution 007 be adopted as amended.

HOD ACTION: Resolution 007 adopted as amended.

ADOPTED LANGAUGE:

RESOLVED, that our American Medical Association support legislation and regulations prohibiting the use or disclosure of protected health information (PHI) to conduct a criminal, civil, or administrative investigations or to impose criminal, civil, or administrative liability for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; and be it further

RESOLVED, that our AMA advocate to ensure that the release of protected health information of a decedent to forensic pathologists be unimpeded by unnecessary administrative burdens. (New HOD Policy)

RESOLVED, that our American Medical Association support the prohibition against the use or disclosure of protected health information (PHI) to conduct a criminal, civil, or administrative investigation into or impose criminal, civil, or administrative liability for the mere act of seeking, obtaining, providing, or facilitating reproductive health care. (New HOD Policy)

Online testimony was in near unanimous support. In-person testimony was in near unanimous support of an amendment proffered by the authors. One additional minor amendment was proffered. Your Reference Committee recommends that the resolution be adopted as amended.

RECOMMENDED FOR REFERRAL

(17) CCB REPORT 02 – BYLAWS CLARIFICATIONS SUBSEQUENT TO A-25 HOUSE OF DELEGATES MEETING

RECOMMENDATION A:

Your Reference Committee recommends that section 5.3.9 be referred.

RECOMMENDATON B:

That CCB Report 02 be referred in part and the remainder of the report be adopted and filed.

HOD ACTION: CCB Report 02 referred in part and remainder of report adopted and filed.

ADOPTED LANGUAGE:

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);

b. Work or reside in the United States and possess a recognized international medical degree equivalent to the United States MD or DO; or

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.

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

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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.

***

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.

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.

Online testimony was unanimously in favor of a partial referral of section 5.3.9, citing concerns that the proposed amendment to 5.3.9 introduces a potential conflict with the bylaws, specifically section 2.13.6. Limited in-person testimony was mixed, with one call for referral, one for adoption, and one in favor of the preliminary report recommendation

of partial adoption. Your Reference Committee recommends that section 5.3.9 be referred and the remainder of the report be adopted.

(18) CCB REPORT 03 – CREDENTIALING OF TEMPORARY DELEGATES AND ALTERNATE DELEGATES

*RESOLUTION 010 – CLARIFYING THE MEDICAL STUDENT SECTION'S AND RESIDENT AND FELLOW SECTION'S ABILITIES TO FILL TEMPORARY VACANCIES IN ACCORDANCE WITH THE AMA BYLAWS

RECOMMENDATION:

Your Reference Committee recommends that CCB Report 03 with Resolution 010 be referred.

HOD ACTION: CCB Report 03 with Resolution 010 referred.

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 M~~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 two~~2~~-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.~~5~~6 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 M~~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.~~5~~6 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 the~~ir 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 a~~ny~~ temporary delegate or alternate delegate ~~form of substitute~~ (pursuant to Bylaws 2.8.3~~5~~ and 2.10.42) ~~only~~ for that region.

2.3.2 Apportionment. The total number of ~~M~~medical ~~S~~student r~~R~~egional 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 ~~Section~~ r~~R~~egional 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 d~~D~~elegates 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 d~~D~~elegates 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~~S~~tudent r~~R~~egional 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 ~~s~~elected to fill a vacancy shall assume office immediately after ~~s~~election 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 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 ~~D~~delegates 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 ~~D~~delegates 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 ~~D~~delegates 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 ~~s~~elected to fill a vacancy shall assume office immediately after ~~s~~election and serve for the remainder of the term

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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 M~~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.

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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~~ 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~~A~~n 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~~, n~~or 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]

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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 R~~resident and ~~F~~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.
(Modify Bylaws)

RESOLVED, that our American Medical Association Bylaws be amended to explicitly affirm the ability of the Resident and Fellow Section to appoint substitute resident and fellow sectional delegates and alternate delegates as well as temporary substitute resident and fellow sectional delegates in accordance with procedures adopted by the Section as all other delegations to the House of Delegates are able to and without being held to a higher threshold of election (Modify Bylaws); and be it further

RESOLVED, that our AMA Bylaws be amended to explicitly affirm the ability of the Medical Student Section to appoint substitute medical student regional delegates and alternate delegates as well as temporary substitute medical student regional delegates in accordance with procedures adopted by the Section as all other delegations to the House of Delegates are able to and without being held to a higher threshold of election. (Modify Bylaws)

Your Reference Committee heard extensive online and in-person testimony regarding the merits, pros, cons, and potential parliamentary and legal constraints. As CCB Report 03 and Resolution 010 are fundamentally inseparable, your Reference Committee conferred with counsel (OGC), and it was decided to combine them for consideration. The general consensus of the Reference Committee was to attempt to reach a remedy that would both meet the needs of the interested parties and not cause internal policy conflict. Through extensive discussion, a direct pathway was not obvious without referral of both items back to CCB for extensive review. The expectation is that Resolution 010 be incorporated into the revised CCB Report 03 to address the concerns of all those who testified, including those regarding internal bylaws conflicts.

(19) RESOLUTION 002 – ENSURING ETHICAL USE OF WEARABLE RECORDING DEVICES IN CLINICAL ENCOUNTERS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 002 be referred.

HOD ACTION: Resolution 002 referred.

RESOLVED, that our American Medical Association consider developing new ethical guidance to address the use of personal or wearable recording devices—including eyeglass-mounted cameras—by physicians and patients in clinical encounters, including provisions that:

a) Require informed patient consent prior to any recording,

b) Prohibit covert or undisclosed use of such devices in clinical care,\

c) Recommend that such non-clinical visual recording devices not be worn during physical examinations of the breast, pelvic, genital, or rectal areas, regardless of recording status.
(Directive to take Action); and be it further

RESOLVED, that our AMA work with appropriate entities and organizations to develop model institutional policies on the ethical use, disclosure, and documentation of wearable and ambient personal recording technologies in health care settings. (Directive to Take Action)

Online testimony was mixed, with the majority calling for referral. Calls for referral expressed concerns about patient safety, privacy, and security as well as a desire for the AMA to provide more in-depth recommendations. The resolution was not extracted at the in-person hearing. Your Reference Committee recommends that the resolution be referred.

RECOMMENDED FOR NOT ADOPTION

(20) CCB REPORT 01 – BYLAWS REVIEW REPORT

RECOMMENDATION:

Your Reference Committee recommends that CCB Report 01 be not adopted.

HOD ACTION: CCB Report 01 not adopted.

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

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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

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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.

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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 cease~~s~~ 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.
(Modify Bylaws)

Online testimony was mixed, with a majority calling for referral. In-person testimony was in strong support for non-adoption. Your Reference Committee recommends that the report be not adopted.

(21) RESOLUTION 004 – PATIENT OPTIONS TO RESTRICT SECONDARY USE OF THEIR HEALTHCARE DATA

RECOMMENDATION:

Your Refence Committee recommends that Resolution 004 be not adopted.

HOD ACTION: Resolution 004 referred.

RESOLVED, that our American Medical Association support healthcare data privacy practices that provide patients with options to withdraw or restrict secondary uses of their data, including the ability to retroactively withdraw their data from de-identified data sets. (New HOD Policy)

The majority of online testimony was in favor of referral for study. In-person testimony was mixed, with the majority in favor of non-adoption. Your Reference Committee recommends that the resolution be not adopted.

Madam Speaker, this concludes the report of Reference Committee on Ethics and Bylaws. I would like to thank Dr. Dale Mandel, Dr. Nancy Ellerbroek, Dr. Jason Jameson, Dr. Jennifer Piel, Dr. Tashera Perry, and Dr. Brigitta Robinson and all those who testified before the committee.

Tashera Perry, MD
Indiana State Medical Association

Brigitta Robinson, MD
Colorado Medical Society

Jason Jameson, MD
American Urological Association

Jennifer Piel, MD
American Academy of Psychiatry and the Law

Dale Mandel, MD
Pennsylvania Medical Society

Nancy Ellerbroek, MD
American College of Radiology

Mark Casanova, MD
Texas Medical Association
Chair

Amendments:

If you wish to propose an amendment to an item of business, use the following QR code or the following link: https://forms.office.com/r/13Y1p3bQq9