AMERICAN MEDICAL ASSOCIATION PRIVATE PRACTICE PHYSICIANS SECTION

Resolution: 3
(I-26)

Introduced by: Alex Shteynshlyuger, MD

Subject: Ensuring Independent AMA Reports and Studies

Referred to: PPPS Reference Committee
(, MD, Chair)

Whereas, the functioning of the AMA House of Delegates process is of crucial importance to the long-term success of the AMA; and

Whereas, the AMA resolution process, including reference committees, relies on the expertise of the AMA staff for advice, and the AMA Board of Trustees relies on the expertise of the same AMA staff for advice on writing board reports; and

Whereas, the AMA staff is not infallible and the use of the same staff for resolution writing to write board reports prevents the issue from being examined objectively without the weight of prior belief systems and subjects the AMA board reports to the risk of unrecognized and uncorrectable confirmation and anchoring biases; therefore be it

RESOLVED, that our American Medical Association will ensure the AMA Board of Trustees, when reporting back to the House of Delegates (HOD) on original resolutions, 1) does not draw on the same AMA staff or advisors who advised the HOD on original resolutions, and 2) conducts independent studies free from confirmation and anchoring biases (Directive to Take Action).

Fiscal Note: (Assigned by HOD)

Received: 8/3/2026

RELEVANT AMA POLICY

Guidelines for Drafting a Resolution or Report G-600.061

Resolutions or reports with recommendations to our American Medical Association House of Delegates shall meet the following guidelines:

1. When proposing new AMA policy or modification of existing policy, the resolution or report should meet the following criteria:
    a. The proposed policy should be stated as a broad guiding principle that sets forth the general philosophy of the Association on specific issues of concern to the medical profession.
    b. The proposed policy should be clearly identified at the end of the resolution or report.
    c. Recommendations for new or modified policy should include existing policy related to the subject as an appendix provided by the sponsor and supplemented as necessary by AMA staff. If a modification of existing policy is being proposed, the resolution or report should set out the pertinent text of the existing policy, citing the policy number from the AMA policy database, and clearly identify the proposed modification. Modifications should be indicated by underlining proposed new text and lining through any proposed text deletions. If adoption of the new or modified policy would render obsolete or supersede one or more existing policies, those existing policies as set out in the AMA policy database should be identified and recommended for rescission. Reminders of this requirement should be sent to all organizations represented in the House prior to the resolution submission deadline.
    d. A fiscal note setting forth the estimated resource implications (expense increase, expense reduction, or change in revenue) of the proposed policy, program, or action shall be generated by AMA staff in consultation with the sponsor. Estimated changes in expenses will include direct outlays by the AMA as well as the value of the time of AMA's elected leaders and staff. A succinct description of the assumptions used to estimate the resource implications must be included in each fiscal note. When the resolution or report is estimated to have a resource implication of $50,000 or more, the AMA shall publish and distribute a document explaining the major financial components or cost centers (such as travel, consulting fees, meeting costs, or mailing). No resolution or report that proposes policies, programs, or actions that require financial support by the AMA shall be considered without a fiscal note that meets the criteria set forth in this policy.
2. When proposing to reaffirm existing policy, the resolution or report should contain a clear restatement of existing policy, citing the policy number from the AMA policy database.
3. When proposing to establish a directive, the resolution or report should include all elements required for establishing new policy as well as a clear statement of existing policy, citing the policy number from the AMA policy database, underlying the directive.
4. Reports responding to a referred resolution should include the resolves of that resolution in its original form or as last amended prior to the referral. Such reports should include a recommendation specific to the referred resolution. When a report is written in response to a directive, the report should sunset the directive calling for the report.
5. The House's action is limited to recommendations, conclusions, and policy statements at the end of report. While the supporting text of reports is filed and does not become policy, the House may correct factual errors in AMA reports, reword portions of a report that are objectionable, and rewrite portions that could be misinterpreted or

misconstrued, so that the "revised" or "corrected" report can be presented for House action at the same meeting whenever possible. The supporting texts of reports are filed.

6. All resolutions and reports should be written to include both "MD and DO," unless specifically applicable to one or the other.
7. Reports or resolutions should include, whenever possible or applicable, appropriate reference citations to facilitate independent review by delegates prior to policy development.
8. Each resolution resolve clause or report recommendation must be followed by a phrase, in parentheses, that indicates the nature and purpose of the resolve. These phrases are the following:
    a. New HOD Policy
    b. Modify Current HOD Policy
    c. Consolidate Existing HOD Policy
    d. Modify Bylaws
    e. Rescind HOD Policy
    f. Reaffirm HOD Policy
    g. Directive to Take Action
9. Our AMA's Board of Trustees, AMA councils, House of Delegates reference committees, and sponsors of resolutions will try, whenever possible, to make adjustments, additions, or elaborations of AMA policy positions by recommending modifications to existing AMA policy statements rather than creating new policy.

Citation: CLRPD Rep. 4, A-09; Modified by BOT Rep. 15, A-00; Consolidated: CLRPD Rep. 3, I-01; Modified: CLRPD Rep. 6, A-03; Reaffirmed: BOT Rep. 19, A-04; Appended: Res. 606, A-05; Appended: Res. 611, A-07; Modified: CCB/CLRPD Rep. 1, A-12; Modified: Speakers Rep., A-18; Reaffirmed: CCB/CLRPD Rep. 1, A-22

Executive Vice President G-630.010

1. The qualifications, roles and responsibilities of the Executive Vice President are as follows:
    a. The office of the Executive Vice President shall be filled, if possible, by a Doctor of Medicine or Osteopathy who is an active member of our AMA at the time of their appointment and who possesses the necessary managerial qualifications.
    b. The EVP shall clearly define and regularly evaluate roles and accountability of the corporate staff in adhering to clear guidelines on the limits of their decision-making authority and where to turn when confronted with issues beyond their scope of action:
        i. The EVP should work with staff, the Board and the House to establish guidelines that differentiate between operational and policy issues, and identify to whom the staff should turn when they believe they are confronting an issue with policy implications.
        ii. These guidelines should be included both in the employee manual and a Board of Trustees Handbook.
        iii. (These guidelines should be annually reviewed and updated, with the EVP leading the revision process.
        iv. Objectives in the performance appraisals of senior managers should be refocused to align with our AMA vision and bonus criteria should also be linked to the vision and the strategic plan.

v. Managers need to supervise work groups by establishing clear, measurable performance objectives and tasks for all staff and hold staff accountable.

c. The EVP shall evaluate staff structure and audit resources to ensure that our AMA is supported efficiently and effectively, consistent with the Strategic Plan approved by the House. As part of the evaluation of staff structure, the EVP should examine our AMA's member services strategy to ensure that the structure facilitates responsive and accurate responses to member queries.

d. Without suggesting that the current practice is or was in any way unauthorized, improper or illegal, the Executive Vice President will have the responsibility for hiring and firing the General Counsel following consultation with the Board of Trustees.

2. Selecting an EVP:
    a. The Search Committee for the AMA Executive Vice President should have equal representation from the Board of Trustees and House of Delegates, with the Board members of the Committee appointed by the Chair of the Board and the House of Delegates Members appointed by the Speaker, with the Chair of the Committee appointed by the Chair of the Board of Trustees.
    b. Outside legal counsel shall be retained on behalf of AMA to negotiate and draft the employment contract for the Executive Vice President.

Citation: Res. 40, I-68; Reaffirmed: CLRPD Rep. C, A-88; Reaffirmed: Sunset Report, I-98; Consolidated: CLRPD Rep. 3, I-01; Appended: Report of the House of Delegates Select Committee, I-01; Reaffirmed: CCB Rep 2, A-11; Reaffirmed: Joint CCB/CLRPD Rep. 1, A-21; Modified: CCB/CLRPD Rep. 1, A-22; Modified: Speakers Rep. 02, I-24