

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 2  
(I-26)

Introduced by: Luis Seija, MD, MSHP, Elizabeth Farkouh, MD, MS

Subject: Modernizing AMA Policy on Organizational Funding and Provision of Alcohol at Official Meetings and Events

Referred to: Reference Committee

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1 Whereas, the American Medical Association (AMA) adopted policy H-30.970, "The Use of AMA  
2 Funds for the Purchase of Alcohol," in 1989, and the policy has subsequently been reaffirmed  
3 without substantive revision despite significant advances in scientific evidence and the evolution  
4 of the AMA's alcohol policy portfolio; and

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6 Whereas, H-30.970 was adopted before the AMA recognized alcohol as a risk factor for multiple  
7 cancers and before the adoption of many of its current evidence-based policies to reduce  
8 alcohol-related harm; and

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10 Whereas, the AMA recognizes alcohol use as a major preventable cause of morbidity and  
11 mortality and supports numerous evidence-based policies to reduce population-level  
12 alcohol use and alcohol-related harm; and

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14 Whereas, the AMA routinely sponsors meetings, conferences, and events at which alcoholic  
15 beverages are purchased with organizational funds or otherwise provided to attendees; and

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17 Whereas, the routine service of alcoholic beverages at professional meetings may  
18 unintentionally exclude physicians in recovery and others who choose not to consume alcohol  
19 for health, pregnancy, religious, cultural, safety, or other personal reasons;<sup>1</sup> and

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21 Whereas, organizational practices should reflect and reinforce the AMA's public health mission,  
22 evidence-based policy positions, commitment to inclusion, and responsible fiscal stewardship;  
23 and

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25 Whereas, modernizing H-30.970 presents an opportunity to better align the AMA's  
26 organizational practices regarding the purchase and provision of alcoholic beverages with  
27 contemporary scientific evidence, its alcohol policy portfolio, and its leadership in alcohol-related  
28 public health while preserving flexibility for appropriate organizational functions; therefore be it

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30 RESOLVED, that our American Medical Association (AMA) ensure that the purchase and  
31 provision of alcoholic beverages at official AMA meetings, conferences, and sponsored events  
32 are consistent with the AMA's evidence-based alcohol policies, public health mission,  
33 commitment to inclusivity, and responsible fiscal stewardship, and that routine organizational  
34 funding for alcoholic beverages be minimized whenever feasible and appropriate; and be it  
35 further

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37 RESOLVED, that our AMA evaluate opportunities to transition away from routine organizational  
38 funding of alcoholic beverages at official AMA meetings, conferences, and sponsored events  
39 through a deliberate, phased approach that considers operational feasibility, contractual

obligations, fiscal impact, and organizational objectives while promoting organizational practices that are consistent with the AMA's evidence-based alcohol policies, public health mission, and commitment to responsible fiscal stewardship; and be it further

RESOLVED, that our AMA prioritize meeting and event practices that foster inclusive professional environments and reflect the organization's leadership in alcohol-related public health; and be it further

RESOLVED, that our AMA rescind policy H-30.970, "The Use of AMA Funds for the Purchase of Alcohol."

Fiscal Note: Modest

#### REFERENCES

1. Ellythy LM, Michel IM, Farkouh EK, Padela AI. Alcohol and the medical community: a cocktail for exclusion. *Hastings Cent Rep.* 2024;54(6):3-6. doi:10.1002/hast.4944.

#### RELEVANT RFS POSITION STATEMENTS

##### 30.001R Alcohol and Youth

That our AMA-RFS support: (1) state medical societies working with the appropriate agencies to develop a state-funded educational campaign to counteract pressures on young people to use alcohol and (2) working with the appropriate medical societies and agencies to draft legislation minimizing alcohol promotions, advertising, and other marketing strategies by the alcohol industry focused on adolescents. (Substitute Resolution 9, A-01) (Reaffirmed Report A, A26)

##### 30.002R Advertising of Alcoholic Beverages

That our AMA-RFS oppose televised advertising of alcoholic beverages. (Substitute Resolution 38, I-94) (Reaffirmed Report F, A-05) (Reaffirmed Report E, A-16) (Reaffirmed Report A, A-26)

#### RELEVANT AMA POLICY

##### The Use of AMA Funds for the Purchase of Alcohol H-30.970

The use of alcohol in moderation continues to be acceptable and legal behavior in our society. Because of this, the Association should serve as an example and encourage individual responsibility as the key to moderation. The prohibition of funding for alcohol at AMA-sponsored events would be counterproductive to this position. The Association should continue to be a leader in educating physicians and the public on the dangers of alcoholism.

##### Alcohol Consumption and Health H-30.934

1. Our AMA recognizes that alcohol consumption at any level, not just heavy alcohol use or addictive alcohol use, is a modifiable risk factor for cancer.
2. Our AMA will work with relevant parties to: a) Promote public education about the risks between alcohol use and cancer, especially breast cancer; and b) Educate clinicians regarding the influence of alcohol use and breast cancer as well as other cancer risks and treatment complications.
3. Our AMA supports evidence-based efforts to minimize alcohol use, including eliminating the use of "pinkwashing" to market alcohol products and supporting warning labels on the ingredients and products.

##### Increasing Taxes on Alcoholic Beverages D-30.995

Our AMA will: (1) support increases in federal taxes on beer, wine, and liquor, with a substantial portion of the new revenues to be earmarked to the prevention of alcohol abuse and drunken driving, treatment of persons with alcohol use disorders or at-risk drinking patterns, and public health and medical programs that serve vulnerable populations; (2) encourage state and local increases in taxes on beer, wine, and liquor, with a substantial portion of the new revenues to be earmarked to the purposes noted above; (3) support, to the extent possible, state and local efforts to increase taxes on beer, wine, and liquor; (4) collaborate with other national organizations with an interest in this subject, including national medical specialty societies, the American Public Health Association, the Center for Science in the Public Interest,

Mothers Against Drunk Driving, and the AMA Alliance; and (5) when state legislative efforts to increase alcohol taxes are stymied, encourage state medical societies to give consideration to the use of ballot initiatives in the states that allow such initiatives.

#### **Increasing Taxes on Alcoholic Beverages H-30.939**

It is AMA policy that federal, state, and local tax rates on alcoholic beverages be based on the grams of ethanol present in the beverage, not on the fluid volume of beverages such as beer, wine, and distilled spirits.

#### **Supporting Labeling and Dietary Guideline Clarity for Alcoholic Beverages H-30.940**

1. Our AMA:
  - a. supports accurate and appropriate labeling disclosing the alcohol content of all beverages, including so-called "nonalcoholic" beer and other substances as well, including over-the-counter and prescription medications, with removal of "nonalcoholic" from the label of any substance containing any alcohol.
  - b. supports efforts to educate the public and consumers about the alcohol content of so-called "nonalcoholic" beverages and other substances, including medications, especially as related to consumption by minors.
  - c. urges the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and other appropriate federal regulatory agencies to continue to reject proposals by the alcoholic beverage industry for authorization to place beneficial health claims for its products on container labels.
  - d. urges the development of federal legislation to require nutritional labels on alcoholic beverages in accordance with the Nutritional Labeling and Education Act.
2. Our AMA:
  - a. expresses its strong disapproval of any consumption of "nonalcoholic beer" by persons under 21 years of age, which creates an image of drinking alcoholic beverages and thereby may encourage the illegal underaged use of alcohol.
  - b. recommends that health education labels be used on all alcoholic beverage containers and in all alcoholic beverage advertising (with the messages focusing on the hazards of alcohol consumption by specific population groups especially at risk, such as pregnant people, as well as the dangers of irresponsible use to all sectors of the populace).
  - c. recommends that the alcohol beverage industry be encouraged to accurately label all product containers as to ingredients, preservatives, and ethanol content (by percent, rather than by proof).
3. Our AMA actively supports and will work for a total statutory prohibition of advertising of all alcoholic beverages except for inside retail or wholesale outlets. Pursuant to that goal, our AMA
  - a. supports federal and/or state oversight for all forms of alcohol advertising.
  - b. supports continued research, educational, and promotional activities dealing with issues of alcohol advertising and health education to provide more definitive evidence on whether, and in what manner, advertising contributes to alcohol abuse.
  - c. opposes any form of advertising which links alcoholic products to agents of socialization in order to promote drinking.
  - d. will work with state and local medical societies to support the elimination of advertising of alcoholic beverages from all mass transit systems.
  - e. urges college and university authorities to bar alcoholic beverage companies from sponsoring athletic events, music concerts, cultural events, and parties on school campuses, and from advertising their products or their logo in school publications.
  - f. urges its constituent state associations to support state legislation to bar the promotion of alcoholic beverage consumption on school campuses and in advertising in school publications.
4. Our AMA:
  - a. urges producers and distributors of alcoholic beverages to discontinue all advertising directed toward youth, including promotions on high school and college campuses.
  - b. urges advertisers and broadcasters to cooperate in eliminating television program content that depicts the irresponsible use of alcohol without showing its adverse consequences (examples of such use include driving after drinking, drinking while pregnant, or drinking to enhance performance or win social acceptance).

- c. supports continued warnings against the irresponsible use of alcohol and challenges the liquor, beer, and wine trade groups to include in their advertising specific warnings against driving after drinking.
  - d. commends those automobile and alcoholic beverage companies that have advertised against driving while under the influence of alcohol.
- 5. Our AMA supports federal and state legislation and regulations requiring standardized, front-of-package labeling on all alcoholic beverages that discloses:
  - a. the number of standard drinks per container and aligns with current guidelines on alcohol consumption; and
  - b. the best available science, including appropriate acknowledgment of alcohol's causal link to cancer and the evidence that the risk of harm increases with greater alcohol consumption.
- 6. Our AMA supports legislation and regulations ensuring:
  - a. alcohol labeling is presented with sufficient prominence, legibility, and design features, such as minimum font size, and color contrast, and optional pictorial elements, to enhance readability and support informed decision-making across populations; and
  - b. clear, evidence-based point-of-sale warning signage in physical and digital retail environments where alcohol is sold.
- 7. Our AMA supports extending alcohol labeling requirements to "non-alcoholic" or "zero proof" beverages that are manufactured, packaged, or marketed in a manner similar to alcoholic beverages, to ensure consistent transparency regarding alcohol content.
- 8. Our AMA continues to strongly urge the Dietary Guidelines Advisory Committee to explicitly warn about the risks of alcohol consumption and its relationship to certain cancers and other diseases and affirm that there is no safe threshold for alcohol consumption.
- 9. Our AMA will submit a public comment in response to the Alcohol and Tobacco Tax and Trade Bureau's proposed rule on Alcohol Facts Statements, calling for labeling standards that include standard drink information, health risk disclosures, consumer-centric design, and harmonization with federal dietary guidance and emerging public health evidence.
- 10. Our AMA supports research and evaluation initiatives to determine the impact of alcohol warning labels and signage on consumer knowledge and behavior, health outcomes, and alcohol sales patterns, with ongoing assessment to ensure future labeling interventions are evidence-informed and population-appropriate.
- 11. Our AMA advocates for the inclusion of clear, evidence-based warnings concerning the health risks of alcohol use in seniors on all alcoholic beverage containers, and work with regulatory bodies to develop standards for such warning labels in alignment with AMA policy.

#### **Recommendations for AMA Involvement in Activities Related to Alcohol Use Disorder H-30.998**

To further emphasize the seriousness of alcohol use disorder and the importance of the physician's role in prevention and treatment of this disease, our AMA: (1) encourages relevant medical specialty societies to inform their membership about opportunities for treatment and early intervention, especially among women with alcohol use disorder and children of those with alcohol use disorder; (2) encourages the broadcasting industry and appropriate advertising agencies to formulate a sustained public service campaign on the medical and social hazards of excessive alcohol use; (3) reaffirms that effective and comprehensive treatment for persons with alcohol use disorder requires the involvement of a physician; and (4) urges that quality of treatment not be sacrificed to cost considerations.

#### **Harmful Alcohol Use and Concomitant Substance Misuse H-30.972**

Our AMA (1) supports documenting the strong correlation between harmful alcohol use and other substance misuse; (2) reaffirms the concept that alcohol is an addictive drug and its abuse is one of the nation's leading drug problems; and (3) encourages state medical societies to work actively with drug task forces and study committees in their respective states to assure that their scope of study includes recognition of the strong correlation between harmful alcohol use and other substance misuse and recommendations to decrease the immense number of health, safety, and social problems associated with harmful alcohol use.

#### **Alcoholism as a Disease H-30.977**

The AMA urges change in federal laws and regulations to require that the Veterans Administration determine benefits eligibility on the basis that alcoholism is a disease.

**Alcohol and Drug Use and Addiction Education H-170.992**

1. Our American Medical Association supports continued encouragement for increased educational programs relating to use of and addiction involving alcohol, cannabis and controlled substances.
2. Our AMA supports the implementation of alcohol and cannabis education in comprehensive health education curricula, kindergarten through grade twelve.
3. Our AMA encourages state medical societies to work with the appropriate agencies to develop a state-funded educational campaign to counteract pressures on young people to use alcohol, cannabis products, and controlled substances.

**Addiction and Unhealthy Substance Use H-95.976**

Our American Medical Association is committed to efforts that can help the national problem of addiction and unhealthy substance use from becoming a chronic burden. The AMA pledges its continuing involvement in programs to alert physicians and the public to the dimensions of the problem and the most promising solutions. The AMA, therefore:

1. supports cooperation in activities of organizations in fostering education, research, prevention, and treatment of addiction;
2. encourages the development of addiction treatment programs, complete with an evaluation component that is designed to meet the special needs of pregnant people and parents with infant children through a comprehensive array of essential services;
3. urges physicians to routinely provide, at a minimum, a historical screen for all pregnant people, and those of childbearing age for substance abuse and to follow up positive screens with appropriate counseling, interventions and referrals;
4. supports pursuing the development of educational materials for physicians, physicians in training, other health care providers, and the public on prevention, diagnosis, and treatment of perinatal addiction. In this regard, the AMA encourages further collaboration in delivering appropriate messages to health professionals and the public on the risks and ramifications of perinatal drug and alcohol use;
5. urges the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the Substance Abuse and Mental Health Services Administration to continue to support research and demonstration projects around effective prevention and intervention strategies;
6. urges that public policy be predicated on the understanding that alcoholism and drug dependence, including tobacco use disorder as indicated by the Surgeon General's report, are diseases characterized by compulsive use in the face of adverse consequences;
7. affirms the concept that addiction is a disease and supports developing model legislation to appropriately address perinatal addiction as a disease, bearing in mind physicians' concern for the health of the pregnant person, the fetus and resultant offspring; and
8. calls for better coordination of research, prevention, and intervention services for pregnant people and infants at risk for both HIV infection and perinatal addiction.

**Health Promotion and Disease Prevention H-425.993**

The AMA (1) reaffirms its current policy pertaining to the health hazards of tobacco, alcohol, accidental injuries, unhealthy lifestyles, and all forms of preventable illness; (2) advocates intensified leadership to promote better health through prevention; (3) believes that preventable illness is a major deterrent to good health and accounts for a major portion of our country's total health care expenditures; (4) actively supports appropriate scientific, educational and legislative activities that have as their goals: (a) prevention of smoking and its associated health hazards; (b) avoidance of alcohol abuse, particularly that which leads to accidental injury and death; (c) reduction of death and injury from vehicular and other accidents; and (d) encouragement of healthful lifestyles and personal living habits; (5) advocates that health be considered one of the goals in transportation planning and policy development including but not limited to the establishment, expansion, and continued maintenance of affordable, accessible, barrier-free, reliable, and preferably clean-energy public transportation; and (6) strongly emphasizes the important opportunity for savings in health care expenditures through prevention.

**9.3.1 Physician Health & Wellness**

When physician health or wellness is compromised, so may the safety and effectiveness of the medical care provided. To preserve the quality of their performance, physicians have a responsibility to maintain

their health and wellness, broadly construed as preventing or treating acute or chronic diseases, including mental illness, disabilities, and occupational stress.

To fulfill this responsibility individually, physicians should:

(a) Maintain their own health and wellness by:

(i) following healthy lifestyle habits;

(ii) ensuring that they have a personal physician whose objectivity is not compromised.

(b) Take appropriate action when their health or wellness is compromised, including:

(i) engaging in honest assessment of their ability to continue practicing safely;

(ii) taking measures to mitigate the problem;

(iii) taking appropriate measures to protect patients, including measures to minimize the risk of transmitting infectious disease commensurate with the seriousness of the disease;

(iv) seeking appropriate help as needed, including help in addressing substance abuse. Physicians should not practice if their ability to do so safely is impaired by use of a controlled substance, **alcohol**, other chemical agent or a health condition.

Collectively, physicians have an obligation to ensure that colleagues are able to provide safe and effective care, which includes promoting health and wellness among physicians.

### **Supporting and Funding Sobering Centers H-30.933**

1. Our American Medical Association will monitor the scientific evidence and encourage further research of sobering centers and similar entities for best practices including:
  - Health outcomes from sobering center utilization.
  - Partnerships with medical personnel and health care entities for policies, protocols and procedures that improve patient outcomes, such as transitions of care and safety measures.
  - The appropriate level of medical collaboration, evaluation, support, and training of staff in sobering centers.
  - Health economic analyses for sobering care models in comparison to existing health care, criminal-legal, and community-based systems.
  - Best practices for sobering centers based on location (e.g., urban, suburban, and rural) and community needs.
2. Our AMA will support state and local efforts to decriminalize public intoxication and enact alternatives to criminalization of public intoxication, including deflection, diversion, and criminal record expungement policies.
3. Our AMA will support federal and state-based regulation of sobering centers.
4. Our AMA will encourage and support local, state, and federal efforts (e.g., funding, policy, regulations) to establish safe havens for sobering care, as an alternative to criminalization, with harm reduction services and linkage to evidence-based treatment in place of EDs or jails/prisons for medically uncomplicated intoxicated persons.

### **AMA Election Rules and Guiding Principles G-610.090**

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

#### **Glossary of Election Terms**

**Active campaign window** – Period of time after the Speaker's notice of the opening of active campaigning until the Election Session during the House of Delegates meeting at which elections are being held.

**Active campaigning** – Outreach by candidates or their surrogate(s), including but not limited to members of their campaign team, to members of the House of Delegates with the goal of being elected by the AMA House of Delegates.

**Announced candidate** – Person who has indicated their intention to run for elected position; announcement can be made only by sending an electronic announcement card to the Speakers via the HOD office by email to [hod@ama-assn.org](mailto:hod@ama-assn.org).

**Campaign manager(s)** – Person(s) identified by the candidate to the HOD Office as the person(s) responsible for running the campaign.

**Campaign presentation** – A written or verbal presentation about a campaign or a solicitation of votes for an AMA election to a non-sponsoring group. A candidate may attend and participate in the business of a non-campaign-related meeting or event of a non-sponsoring group or non-endorsing group, but the candidate shall not engage in campaigning of any kind.

**Campaign team** – Campaign manager(s) and/or staff identified by the candidate to the HOD Office.

**Campaign-related** – Any content that includes reference to an announced candidate in the context of their candidacy for an elected position within the AMA.

**Digital** – Relating to, using, or storing data or information in the form of digital signals; involving or relating to the use of computer technology; this includes, but is not limited to, social media and communication platforms.

**Elected position(s)** – Council or Officer position within the AMA elected by the House of Delegates of the AMA.

**Endorsing group** - Any group that wishes to endorse candidates other than the candidates they are eligible to sponsor. See definition of “Sponsoring Group.”

**Endorse** - Any public acknowledgement by a candidate or members of a group of the group’s support of a candidate. Internal discussions of support in a closed session of the group are not considered public for the purpose of this definition.

**Featured** – Identification of a candidate at an event by the host or organizer of the event, including but not limited to, written or verbal announcement of the candidate or their candidacy.

**Sponsoring group**

- Sponsoring group is an endorsing group that may offer endorsements to the delegate(s) and/or alternate delegate(s) representing that sponsoring group without the need to provide their endorsement process to the HOD Office.
- The association, society, AMA section, or other entity for which a prospective candidate serves as an AMA HOD delegate or alternate delegate as certified with the HOD office.
- The Section delegate and alternate delegate are the only individuals who may be sponsored by their respective AMA Section.
- Current trustees or Council members seeking re-election or election to president-elect may be sponsored by the delegation for which they served as an AMA HOD delegate or alternate delegate immediately prior to their election.
- Individuals may self-sponsor (self-nomination).

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

1. Our American Medical Association delegates should:    a. avail themselves of all available background information about candidates for elected positions in our AMA.    b. determine which candidates are best qualified to help the AMA achieve its mission.    c. make independent decisions when voting for candidates.
2. Any electioneering practices that distort the democratic processes of House elections, such as vote trading for the purpose of supporting candidates, are unacceptable. This principle applies between as well as within caucuses and delegations.
3. Candidates for elected positions should comply with the requirements and the spirit of House of Delegates policy on campaigning and campaign spending.
4. Candidates and their sponsoring organizations should exercise restraint in campaign spending. Federation organizations should establish clear and detailed guidelines on the appropriate level of resources that should be allocated to the political campaigns of their members of our AMA leadership positions.
5. Incumbency should not assure the re-election of an individual to an AMA leadership position.
6. Service in any AMA leadership position should not assure ascendancy to another leadership position.
7. Delegations and caucuses when evaluating candidates may provide information to their members encouraging open discussion regarding the candidates.
8. Delegations and caucuses should be a source of encouragement and assistance to qualified candidates. Nomination and endorsement should be based upon selecting the most qualified individuals to lead our AMA regardless of the number of positions up for election in a given race. Delegations and caucuses are reminded that all potential candidates may choose to run for office, with or without their endorsement and support.

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

## **II. Guidelines for Candidacy for AMA Offices**

1. Every effort should be made to have two or more candidates for each vacancy.
2. The Federation (in sponsoring candidates for leadership positions), the House of Delegates (in electing Council and Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions) should consider the need to enhance and promote diversity.

## **III. Candidate Announcement, Nominations and Open Positions**

1. Individuals intending to seek election at the next Annual Meeting should make their intentions known to the Speakers by providing the Speaker's office with an electronic announcement "card" that includes any or all of the following elements and no more: the candidate's name, photograph, the office sought, the sponsoring group, if any, and a list of endorsing groups, if any. The Speakers will ensure that the information is posted on our AMA website in a timely fashion, generally on the morning of the last day of a House of Delegates meeting or upon adjournment of the meeting. Announcements that include additional information (e.g., a brief resume) will not be posted to the website. Printed announcements may not be distributed to members of the House by any method.
2. Announcement cards of all known candidates will be projected on the last day of the Annual and Interim Meetings of our House of Delegates and posted on the AMA website. Following each meeting, an "Official Candidate Notification" will be sent electronically to the House. It will include a list of all announced candidates and all potential newly opened positions which may open as a result of the election of any announced candidate. Additional notices will also be sent out with regular Speaker communications to the HOD and with the Speaker's notice of the opening of active campaigning which generally follows the April Board meeting.
3. Candidates may notify the HOD Office of their intention to run for potential newly opened positions, as well as any scheduled open positions on the elected councils or the Board of Trustees, at any time by submitting an announcement card to the House Office. They will then be included in all subsequent projections of announcements before the House, "Official Candidate Notifications," and in any campaign activity that had not yet been finalized. All previously announced candidates will continue to be included on each Official Candidate Notification. Any candidate may independently announce their candidacy after active campaigning is allowed, but no formal announcement from the HOD office will take place other than on Official Candidate Notifications.
4. The Federation and members of the House of Delegates will be notified of unscheduled potential newly opened positions that may become available as a result of the election of announced candidates. Candidates will be allowed to announce their intention to run for these positions.
5. If a potential newly opened position on the Board or a specified council does not open but there are other open positions for the same council or the Board, an election will proceed for the existing open seats. Candidates will be offered the opportunity to withdraw their nomination prior to the vote. If there are no scheduled open seats on the Board or specified council for which a potential newly opened position is announced and if the potential newly opened position does not open (ie., the individual with the unexpired term is not elected to the office they sought), no election for the position will be held. In the event that a prior election results in a newly opened position without a nominated candidate or more positions are open than nominated candidates, the unfilled positions would remain unfilled until the next annual meeting.
6. Our AMA believes that:
  - a. specialty society candidates for our AMA House of Delegates elected offices should be listed in the pre-election materials available to the House as the representative of that society and not by the state in which the candidate resides.
  - b. elected specialty society members should be identified in that capacity while serving their term of office.
  - c. nothing in the above recommendations should preclude endorsement by any state delegation of the national specialty society candidate, if that state delegation should so choose.
7. Our AMA requires completion of conflict of interest forms by all candidates for election to our AMA Board of Trustees and councils prior to their election. Conflict of interest forms must be submitted after an individual has announced their candidacy and before the active campaign window begins or, if not previously announced, within 24 hours of the conclusion of the HOD Opening Session. The HOD Office will post such information on the "Members Only" section of

our AMA website before election by the House of Delegates, with links to the disclosure statements from relevant electronic documents.

8. Candidates will be provided with a copy of the current election rules and will be required to attest to abiding by them. Candidates are responsible for any and all actions or inaction undertaken on their behalf that is campaign related.

#### **IV. Communications, Campaign Memorabilia and Literature**

1. Active campaigning for an elected AMA position may not begin until the active campaign window opens as announced by the Speaker following the Spring Board of Trustees meeting immediately preceding the meeting at which the election is scheduled to take place.
2. An announced candidate may discuss their candidacy on an individual basis in private conversations after the announcement of candidacy until the active campaigning period begins. Prior to the active campaigning period, no other individual may discuss the candidacy except in private conversations with the announced candidate on an individual basis. This rule does not prohibit any candidate from discussions for the purpose of forming a campaign team or from a campaign team discussing a candidate or campaign strategy. This rule also does not prohibit persons not associated with a campaign from discussing candidates in private conversations.
3. An Election Manual containing information on all candidates for election shall continue to be developed annually, with distribution limited to publication on our AMA website, typically on the Web pages associated with the meeting at which elections will occur. The Election Manual will provide a link to the AMA Candidates' Page, but links to personal, professional or campaign related websites will not be allowed. The Election Manual provides an equal opportunity for each candidate to present the material they consider important to bring before the members of the House of Delegates and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings. The Election Manual serves as a mechanism to reduce the number of telephone calls, mailings and other messages members of the House of Delegates receive from or on behalf of candidates.
4. Our AMA Office of House of Delegates Affairs will provide an opportunity for all announced candidates to submit material to the HOD office which will then be sent electronically by the HOD Office in a single communication to all delegates and alternates. Parameters regarding content and deadlines for submission will be established by the Speaker and communicated to all announced candidates.
5. An AMA Candidates' Page will be created on our AMA website or other appropriate website to allow each candidate the opportunity to post campaign materials. Parameters for the site will be established by the Speaker and communicated to candidates.
6. Campaign expenditures and activities should be limited to reasonable levels necessary for adequate candidate exposure to the delegates. Campaign memorabilia and giveaways that include a candidate's name or likeness may not be distributed at any time.
7. Active campaigning via mass outreach to delegates by candidates or on behalf of the candidate by any method is prohibited. A reduction in the volume of telephone calls and personal electronic communication from candidates and on behalf of candidates is encouraged. No part of this rule shall be interpreted to limit developing or communicating within a campaign team. Electronic messages must include a simple mechanism to allow recipients to opt out of receiving future messages.
8. Printed and digital campaign materials may not be distributed to members of the House other than by the HOD office candidate email and on the AMA Candidates' Page.
9. Displays of campaign posters, signs, and literature in public areas of the venue at which Annual Meetings are held are prohibited because they detract from the dignity of the position being sought and are unsightly. Campaign posters may be displayed at a single campaign reception at which the candidate is featured. No campaign literature shall be distributed in the House of Delegates and no mass outreach electronic messages shall be transmitted after the opening session of the House of Delegates.
10. Campaign stickers, pins, buttons and similar campaign materials are disallowed. This rule will not apply for pins for AMPAC, the AMA Foundation, specialty societies, state and regional delegations and health related causes that do not include any candidate identifier. These pins should be small, not worn on the badge and distributed only to members of the designated group. General distribution of any pin, button or sticker is disallowed.

11. Candidates and campaigns may not produce a personal campaign-related website or other digital campaign-related content. Candidates may not direct to personal or professional websites as a method of campaigning other than to the AMA Candidates' Page.

#### **V. Group Dinners and Meetings**

1. Candidates for our AMA office should not attend meetings of state medical societies unless officially invited and could accept reimbursement of travel expenses by the state society in accordance with the policies of the society.
2. At any AMA meeting convened prior to the time period for active campaigning, campaign-related expenditures and activities shall be discouraged. Large campaign receptions, luncheons, other formal campaign activities and the distribution of campaign literature and gifts are prohibited. It is permissible for candidates seeking election to engage in individual outreach meant to familiarize others with a candidate's opinions and positions on issues.
3. Each participant in group dinners, if attended by an announced candidate in a currently contested election, must pay their own share of the expenses, with the exception that societies and delegations may cover the expense for their own members. This rule would not disallow societies from paying for their own members or delegations gathering together with each individual or delegation paying their own expense. Gatherings of 4 or fewer delegates or alternates are exempt from this rule.

#### **VI. Interview Rules** Candidates and interviewers must comply with the following rules:

1. Groups wishing to conduct interviews must designate their interviewing coordinator and provide the individual's contact information to the Office of House of Delegates Affairs. The Speaker's Office will collect contact information for groups wishing to conduct interviews as well as for candidates and their campaign teams and will provide the information to both groups. Groups must indicate whether they wish to interview in-person or virtually and for which contest by the deadlines designated by the speaker.
2. Any formal questioning of an announced candidate, excluding a written questionnaire, is an interview and subject to the rules for interviews.
3. Interviews may be arranged between the parties once active campaigning is allowed.
4. Groups conducting interviews with announced candidates for a given office must offer an interview to all announced candidates at the time the group's interview schedule is finalized.
  - a. A sponsoring group may meet with an announced candidate who is a member of their group during the active campaign window without meeting with other candidates for the same office.
  - b. Interviewing groups may, but are not required to, interview persons who become announced candidates during the active campaign window. Should an interview be offered to such a candidate, all other announced candidates for the same office (even those previously interviewed) must be afforded the same opportunity and medium.
  - c. Any campaign-related presentation to an assembly by an announced candidate, with or without being followed by a discussion, question and answer session, or a vote of the assembly regarding the candidate, is an interview and subject to the rules on in-person interviews. No portion of this rule shall be interpreted to mean that a candidate acting in their current formal capacity would be unable to present or discuss matters pertaining to that formal capacity with any group.
5. Groups may elect to conduct interviews virtually or in-person.
6. In-person interviews may be conducted between Friday and Monday of the meeting at which elections will take place.
7. Virtual interviews are subject to the following constraints:
  - a. Interviews may be conducted only during a 9-14 day window (preferably across two separate weekends) as designated by the Speaker beginning at least two weeks but not more than six (6) weeks prior to the scheduled Opening Session of the House of Delegates meeting at which elections will take place.
  - b. Interviews conducted on weeknights must be scheduled between 5 pm and 10 pm or on weekends between 8am and 10 pm based on the candidate's local time, unless another mutually acceptable time outside these hours is arranged.
  - c. Caucuses and delegations scheduling interviews for candidates within the parameters above must offer alternatives to those candidates who have conflicts with the scheduled time.
8. Recording of interviews is allowed only with the knowledge and consent of the candidate.
9. Interviews are recommended to be recorded with consent of all participating individuals and disseminated to the interviewing group members when all are not able to be present for the interview.

10. Recordings of interviews may be shared only among members of the group conducting the interview.
11. A candidate is free to decline any interview request.
12. In consultation with the Election Committee, the Speaker, or where the Speaker is in a contested election, the Vice Speaker, may issue special rules for interviews to address unexpected situations.
13. The Speakers are encouraged to continue recorded virtual interviews of announced candidates in contested races, to be posted on the AMA website.

#### **VII. Campaign Receptions**

1. Our AMA will sponsor the AMA Candidate Reception which will be open to all candidates and all meeting attendees. Any candidate may elect to be “featured” at the AMA Candidate Reception. There will not be a receiving line at the AMA Candidate Reception. The rules regarding cash bars only at campaign receptions and limiting each candidate to be featured at a single reception will apply to the AMA Candidate Reception.
2. A state, specialty society, caucus, coalition, etc. may contribute to more than one party. However, a candidate may be featured at only one party, which includes: (a) being present in a receiving line, or (b) appearing by name or in a picture on a poster or notice in or outside of the party venue. At these events, **alcohol** may be served only on a cash or no-host bar basis.

#### **VIII. Election Process**

1. At the Opening Session of the Annual Meeting, officer candidates in a contested election will give a two-minute self-nominating speech, with the order of speeches determined by lot. No speeches for unopposed candidates will be given, except for president-elect. When there is no contest for president-elect, the candidate will ask a delegate to place their name in nomination, and the election will then be by acclamation. When there are two or more candidates for the office of president-elect, a two-minute nomination speech will be given by a delegate. In addition, the Speaker of the House of Delegates will schedule a debate in front of the AMA-HOD to be conducted by rules established by the Speaker or, in the event of a conflict, the Vice Speaker.
2. Nominating speeches for unopposed candidates for office, except for President-elect, will not be heard.
3. AMA elections will be held on Tuesday at each Annual Meeting.
4. Voting for all elected positions including runoffs will be conducted electronically during an Election Session to be arranged by the Speaker.
5. All delegates eligible to vote must be seated within the House at the time appointed to cast their electronic votes.
6. The final vote count of all secret ballots of the House of Delegates shall be made public and part of the official proceedings of the House.
7. The Speaker is encouraged to consider means to reduce the time spent during the HOD meeting on personal points by candidates after election results are announced, including collecting written personal points from candidates to be shared electronically with the House after the meeting or imposing time limits on such comments.

#### **IX. Election Committee**

1. In accordance with Bylaw 2.13.7, the Speaker shall appoint an Election Committee of 9 individuals for 1-year terms (maximum tenure of 4 consecutive terms and a lifetime maximum tenure of 8 terms) to report to the Speaker. These individuals would agree not to be directly involved in a campaign during their tenure and would be appointed from various regions, specialties, sections, and interest groups. The primary role of the committee would be to work with the Speakers to adjudicate any election complaint. Additional roles to be determined by the Speaker and could include monitoring election reforms, considering future campaign modifications and responding to requests from the Speaker for input on election issues that arise. The Speaker and Vice Speaker shall be full members of the Election Committee.

#### **X. Campaign Complaint Reporting, Validation and Resolution Process**

1. Campaign violation complaints should be directed to the Speaker, the Vice Speaker, or the AMA General Counsel and should include the following details: a. The name of the person(s) thought to have violated the rules; b. The date of the alleged violation and the location if relevant; c. The specific violation being alleged (i.e., the way the rules were violated); d. The materials, if any, that violate the rules; original materials are preferred over copies. Where necessary, arrangements for collection of these materials will be made.

2. A formal election complaint must be filed in writing by a HOD delegate or alternate delegate via the election website before the commencement of the election session at which the candidate is currently seeking election.
3. Campaign violation complaints will be investigated by the Election Committee or a subcommittee thereof with the option of including the Office of General Counsel or the Director of the House of Delegates.
  - a. The Committee will collectively determine whether a campaign violation has occurred. As part of the investigation process the Election Committee or its subcommittee shall inform the candidate of the complaint filed and give the candidate the opportunity to respond to the allegation.
  - b. If the complaint implicates a delegation or caucus, the Election Committee or its subcommittee shall inform the chair of the implicated delegation or caucus of the complaint filed and give the implicated delegation or caucus chair(s) the opportunity to answer to the allegation as a part of the investigative process.
  - c. For validated complaints, the Committee will determine appropriate penalties, which may include an announcement of the violation by the Speaker to the House.
  - d. Committee members with a conflict of interest may participate in discussions but must recuse themselves from decisions regarding the merits of the complaint or penalties.
  - e. Deliberations of the Election Committee shall be confidential.
  - f. The Speaker shall include a summary of the Election Committee's activities in "Official Candidate Notifications" sent to the House, following each meeting at which an election was held. Details may be provided at the discretion of the Election Committee and must be provided when the penalty includes an announcement about the violator to the House.
4. A record of all complaints and the results of the validation and the resolution processes, including penalties, shall be maintained by our AMA Office of General Counsel and kept confidential.
5. The Election Committee will review the Campaign Complaint Reporting, Validation and Resolution Process as implemented and make further recommendations to the House as necessary.

#### **XI. Endorsements**

1. Our American Medical Association requires all groups that endorse candidates turn in information about their endorsement process, the deadline, and a staff contact for applications in a timely and streamlined manner, no later than 30 days prior to the start of the Interim Meeting preceding the Annual Meeting at which the election is to take place.
2. Our AMA will then post this information on the election website in a timely manner, with the information being easily digestible and accessible.
3. Our AMA will not allow any group that fails to provide this information in a timely manner to offer an endorsement during that election cycle.
4. Our AMA will create a specific period (similar to virtual elections) during which endorsements may be sought, with the endorsement window opening at the commencement of the Interim Meeting immediately preceding the Annual Meeting at which the election is to take place.