

REPORT OF THE COUNCIL ON CONSTITUTION AND BYLAWS

CCB Report 5-A-24

Subject: Establishment of a LGBTQ+ Section  
(CLRPD Report 1-A-24)

Presented by: Mark Bair, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws

---

1 At the 2024 Annual Meeting of the American Medical Association (AMA) House of Delegates  
2 (HOD), the HOD adopted Council on Long Range Planning and Development (CLRPD) Report 1-  
3 A-24, Establishment of a LGBTQ+ Section. CLRPD Report 1 recommended that our AMA  
4 transition the Advisory Committee on Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ)  
5 Issues to the LGBTQ+ Section as a delineated section, and develop bylaw language to recognize  
6 the LGBTQ+ Section.

7  
8 This report presents the requisite bylaw provisions to formally establish the LGBTQ+ Section. The  
9 language defines section membership, addresses eligibility for office, and election of section  
10 governing council members and section leadership. Adoption of this report also will provide the  
11 LGBTQ+ Section with HOD representation.

12  
13 This report also proposes a change to an existing AMA Policy to minimize conflicts between  
14 policy and Bylaws. AMA Policy D-65.990, adopted in 2018, specifies that our AMA utilize the  
15 terminology LGBTQ, yet more recent policies use LGBTQ+, with the ‘plus’ used to signify all of  
16 the gender identities and sexual orientations that letters and words cannot fully describe. Both the  
17 Advisory Committee and the Council on Long Range Planning and Development support naming  
18 this new section the LGBTQ+ Section."

19  
20 **DISCUSSION**

21  
22 The AMA Bylaws provide general parameters for the AMA Sections as follows:

23  
24 **7.0.1 Mission of the Sections.** A Section is a formal group of physicians or medical students  
25 directly involved in policymaking through a Section delegate and representing unique  
26 interests related to professional lifecycle, practice setting, or demographics. Sections shall  
27 be established by the House of Delegates for the following purposes:

28  
29 **7.0.1.1 Involvement.** To provide a direct means for membership segments represented in  
30 the Sections to participate in the activities, including policy-making, of the AMA.

31  
32 **7.0.1.2 Outreach.** To enhance AMA outreach, communication, and interchange with the  
33 membership segments represented in the Sections.

34  
35 **7.0.1.3 Communication.** To maintain effective communications and working  
36 relationships between the AMA and organizational entities that are relevant to the  
37 activities of each Section.

- 1           **7.0.1.4 Membership.** To promote AMA membership growth.  
2  
3           **7.0.1.5 Representation.** To enhance the ability of membership segments represented in  
4           the Sections to provide their perspective to the AMA and the House of Delegates.  
5  
6           **7.0.1.6 Education.** To facilitate the development of information and educational activities  
7           on topics of interest to the membership segments represented in the Sections.  
8  
9       **7.0.2 Informational Reports.** Each Section may submit at the Annual Meeting an informational  
10       report detailing the activities and programs of the Section during the previous year. The  
11       report(s) shall be submitted to the House of Delegates through the Board of Trustees. The  
12       Board of Trustees may make such non-binding recommendations regarding the report(s) to  
13       the Sections as it deems appropriate, prior to transmitting the report(s) to the House of  
14       Delegates without delay or modification by the Board. The Board may also submit written  
15       recommendations regarding the report(s) to the House of Delegates.  
16  
17       **7.0.3 Governing Council.** There shall be a Governing Council for each Section to direct the  
18       programs and the activities of the Section. The programs and activities shall be subject to  
19       the approval of the Board of Trustees or the House of Delegates.  
20  
21           **7.0.3.1 Qualifications.** Members of each Section Governing Council must be members of  
22           the AMA and of the Section.  
23  
24           **7.0.3.2 Voting.** Members of each Section Governing Council shall be elected by the  
25           voting members of the Section present at the business meeting of the Section,  
26           unless otherwise provided in this Bylaw.  
27  
28           **7.0.3.3 Additional Requirements.** Each Section shall adopt rules governing the  
29           composition, election, term, and tenure of its Governing Council.  
30  
31       **7.0.4 Officers.** Each Section shall select a Chair and Vice Chair or Chair-Elect and other  
32       necessary and appropriate officers.  
33  
34           **7.0.4.1 Qualifications.** Officers of each Section must be members of the AMA and of the  
35           Section.  
36  
37           **7.0.4.2 Voting.** Officers of each Section shall be elected by the voting members of the  
38           Section, unless otherwise provided in this Bylaw.  
39  
40           **7.0.4.3 Additional Requirements.** Each Section shall adopt rules governing the titles,  
41           duties, election, term, and tenure of its officers.  
42  
43       **7.0.5 Delegate and Alternate Delegate.** Each Section shall elect a Delegate and Alternate  
44       Delegate to represent the Section in the House of Delegates.  
45  
46       **7.0.6 Business Meeting.** There shall be a Business Meeting of members of each Section. The  
47       Business Meeting shall be held on a day prior to each Annual and Interim Meeting of the  
48       House of Delegates.  
49  
50           **7.0.6.1 Purpose.** The purposes of the Business Meeting shall be:



1 D-65.990, Utilization of "LGBTQ+" in Relevant Past and Future AMA Policies. Our AMA  
2 will: (1) utilize the terminology "lesbian, gay, bisexual, transgender, and queer plus"  
3 and the abbreviation "LGBTQ+" in all future policies and publications when broadly  
4 addressing this population; (2) revise all relevant and active policies to utilize the  
5 abbreviation "LGBTQ+" in place of the abbreviations "LGBT" and "GLBT" where  
6 such text appears; and (3) revise all relevant and active policies to utilize the terms  
7 "lesbian, gay, bisexual, transgender, and queer plus" to replace "lesbian, gay, bisexual,  
8 and transgender" where such text appears.

9  
10 (2) That the following amendments to the Bylaws be adopted, Adoption requires the affirmative  
11 vote of two-thirds of the members of the HOD present and voting following a one-day layover.

12  
13 **7--Sections**

14  
15 \*\*\*

16  
17 **7.12 LGBTQ+. The LGBTQ+ Section is a delineated Section.**

18  
19 **7.12.1 Membership.** All active ~~physician~~ members of the AMA ~~members~~, including  
20 residents, fellows and medical students, who either self-identify as gay, lesbian,  
21 bisexual, transgender, and/or queer plus, or who are allies or have interest in  
22 LGBTQ+ issues, shall be eligible for section membership. Members must opt in to  
23 join the Section.

24  
25 **7.12.2 Elections.** Any Section member is eligible to hold office or serve on the  
26 Governing Council. All members of the Section shall be entitled to vote in  
27 elections. Ballot distribution and the voting process shall be conducted pursuant to  
28 election procedures adopted by the Section and approved by the Board of  
29 Trustees.

30  
31 **7.12.2.1** The Governing Council shall annually elect its Chair and Vice Chair  
32 from among the Governing Council members elected by Section  
33 members.

34  
35 **7.12.2.2** If a Governing Council member ceases to meet the membership  
36 requirements of Bylaw 7.12.1 prior to the expiration of the term for  
37 which elected, the term of such officer or member shall terminate and  
38 the position shall be declared vacant and a successor will be elected.

39  
40 **7.12.2.3** If any medical student, resident/fellow or young physician member of  
41 the governing council ceases to meet the criteria for membership in the  
42 section they represent within 90 days prior to the Annual Meeting they  
43 will be permitted to continue to serve in their position until the  
44 conclusion of the Annual Meeting in the calendar year in which they  
45 cease to meet the membership requirement of their section.

46  
47 (Modify Bylaws)

48  
49 (3) That the balance of the report be filed.

Fiscal Note: Less than \$500.

### **Relevant AMA Policy**

H-160.991, Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations H-160.991. 1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ+) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ+; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ+ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ+ patients; (iii) encouraging the development of educational programs in LGBTQ+ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ+ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ+ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ+ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity. 2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors. 3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ+ health issues. 4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ+ people. (CSA Rep. C, I-81 Reaffirmed: CLRPD Rep. F, I-91 CSA Rep. 8 - I-94 Appended: Res. 506, A-00 Modified and Reaffirmed: Res. 501, A-07 Modified: CSAPH Rep. 9, A-08 Reaffirmation A-12 Modified: Res. 08, A-16 Modified: Res. 903, I-17 Modified: Res. 904, I-17 Res. 16, A-18 Reaffirmed: CSAPH Rep. 01, I-18)

D-200.972, Encouraging LGBTQ+ Representation in Medicine, Our AMA: (1) will advocate for the creation of targeted efforts to recruit sexual and gender minority students in efforts to increase medical student, resident, and provider diversity; (2) encourages the inclusion of sexual orientation and gender identity data in all surveys as part of standard demographic variables, including but not limited to governmental, AMA, and the Association of American Medical Colleges surveys, given respondent confidentiality and response security can be ensured; and (3) will work with the Association of American Medical Colleges to disaggregate data of LGBTQ++ individuals in medicine to better understand the representation of the unique experiences within the LGBTQ++ communities and their overlap with other identities. (Res. 004, A-22)