

Reference Committee F

Report(s) of the Board of Trustees

- 16 AMA Reimbursement of Necessary HOD Business Meeting Expenses for Delegates and Alternates

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REPORT OF THE BOARD OF TRUSTEES

B of T Report 16-I-24

Subject: AMA Reimbursement of Necessary HOD Business Meeting Expenses for Delegates and Alternates (Resolution 606-A-23)

Presented by: Michael Suk, MD, JD, MPH, MBA, Chair

Referred to: Reference Committee F

1 At the 2023 Annual Meeting of the American Medical Association (AMA) House of Delegates
2 (HOD) Resolution 606, “AMA Reimbursement of Necessary HOD Business Meeting Expenses for
3 Delegates and Alternates” was referred to the Board of Trustees for a report back to the HOD. The
4 Reference Committee heard mixed testimony, including compelling testimony from the Board of
5 Trustees regarding their fiduciary responsibility to our AMA and the need to allow sufficient time
6 to identify and fully assess the impact on our AMA. An informational report was provided at the
7 2024 Annual Meeting.

8
9 Resolution 606-A-23 asked:

10
11 That our American Medical Association develop a reimbursement policy consistent with
12 established AMA travel policies for reasonable travel expenses that any state or national
13 specialty society is eligible to receive reimbursement for its delegate’s and alternate delegate’s
14 actual expenses directly related to the necessary business functions required of its AMA
15 delegates and alternate delegates in service to the AMA at HOD meetings, including travel,
16 lodging, and meals; and

17
18 That each state or national specialty society requesting such reimbursement for its delegate’s
19 and alternate delegate’s reasonable travel expenses will submit its own aggregated
20 documentation to the AMA in whatever form is requested by the AMA.

21
22 **BACKGROUND**

23
24 Resolution 606-A-23 highlighted the significance of the AMA HOD as a policy-making body with
25 diverse voices being represented through the delegations. The resolution focuses on the costs that
26 are incurred by the organizations sending delegates and alternates to the meetings without
27 discussing the costs of the meeting to the AMA. The resolution pointed out that several state and
28 specialty medical societies are facing financial hardships due to several factors, including declining
29 membership. As these organizations are looking to cut costs, not sending their full complement of
30 delegates and alternate delegates to the AMA HOD meetings could be seen as a savings. In some
31 instances, delegates pay their own expenses to attend AMA HOD meetings so they can be a part of
32 the robust policy-making process.

33
34 Your AMA Board is acutely aware of the high cost to the Federation of attending AMA HOD
35 meetings as the AMA is already spending approximately \$12 million annually to host these
36 meetings. If the AMA were to adopt this resolution, an estimated \$8.1 million would be added to
37 the cost for our governance meetings. An expenditure of this magnitude annually needs careful

1 consideration including all factors that would contribute to this expenditure with feasible options
2 for reducing the overall costs, while maintaining the fiduciary responsibility of the Board and
3 protecting the governance of the association.

4
5 *LISTENING SESSIONS*

6
7 Following the 2024 Annual HOD meeting, the Board of Trustees hosted three listening sessions
8 with members of the HOD and Federation staff. Over 100 state and specialty society delegates and
9 executives participated. The purpose of the calls was to gather information and assess
10 recommendations or other options for mitigating the costs of the HOD meetings.

11
12 It is understood that sending a delegation to an AMA HOD meeting can be seen as a financial
13 burden for state and specialty societies that are experiencing financial strains. It was also expressed
14 that certain societies have chosen to prioritize other activities or programs within their society over
15 sending a full delegation to an AMA HOD meeting.

16
17 The decline in professional medical society membership can be attributed to several environmental
18 factors, including a rapidly evolving health care landscape, shifts in professional priorities among
19 younger physicians, and challenges in adapting to modern business models. Many medical
20 societies rely on traditional membership-based revenue models, which may not align with the
21 expectations of younger physicians who seek more immediate, tangible benefits from their
22 affiliations, such as digital resources, networking opportunities, and career support or alternatively
23 find most of their needs met through their employers. Additionally, younger physicians are often
24 burdened with substantial student debt and face time constraints due to demanding work schedules,
25 making them less willing to pay for memberships that do not provide clear value. Resistance to
26 generational change within these societies can further exacerbate the decline, as established leaders
27 may be hesitant to embrace new technologies, flexible engagement methods, and innovative
28 services that appeal to younger members. Furthermore, the rise of online communities and free
29 educational resources has diminished the perceived need for traditional society memberships, as
30 physicians can access information and professional networks more conveniently and cost-
31 effectively through digital platforms and their employers.

32
33 The following categories of costs associated with attending AMA HOD meetings and potential
34 ways to mitigate their costs were raised during the listening sessions.

35
36 Costs associated with On-site Meetings

37
38 1) Travel-Associated Costs

39
40 Cost mitigation strategies for hosting large medical conferences at hotels that focused on
41 optimizing expenditures without compromising the quality and impact of the event.

- 42
43 a. Negotiating contracts with venues to include discounts on food and beverage services,
44 such as opting for buffet-style meals or selecting less expensive menu options that still
45 cater to dietary needs and preferences. Since meeting venues negotiate an overall
46 package, this may simply shift current discounts from one category to another.
47 b. Choosing venues in less expensive cities or during off-peak seasons can also result in
48 significant savings. This item was raised by multiple participants over all three days. It
49 was recognized that current AMA policy G-630.140, Lodging, Meeting Venues, and
50 Social Functions, limits options for venues and can only be changed through
51 affirmative action of the House of Delegates.

- 1 c. Utilizing convention centers, which may offer more flexible pricing and amenities
2 tailored for large events, may help reduce venue costs compared to traditional hotel
3 settings. However, these cost savings may be offset by losing discounts attained when
4 meeting rooms and hotel sleeping rooms are reserved at the same facility and
5 additional transportation costs to move between hotel and convention center. In
6 addition, this option could impose challenges to those who have impaired mobility or
7 other disabilities.
- 8 d. Leveraging technology to provide virtual participation options can lower the need for
9 physical space and associated expenses.
- 10 e. Partnering with local vendors and suppliers can further decrease costs, while
11 consolidating event components such as audiovisual services through bundled
12 packages can lead to better pricing.

13
14 2) Time commitment

15
16 In addition to the financial concerns, the time spent preparing and attending HOD meetings
17 was given as an added challenge for delegates and alternates, particularly those in private
18 practice. Extended time away from family and patients was a repeated concern. It was
19 conveyed that not only are the costs of the meeting, but also the time spent preparing and
20 attending the meeting are major concerns that the Board of Trustees must consider. Several
21 delegates voiced support for shortening the meeting and revisiting the elimination and/or
22 structure of the Interim meeting. The suggestions included changing one or both HOD
23 meetings to a fully or partially virtual format or hybrid meeting, shortening the meetings, and
24 eliminating one meeting a year. There is the potential for many delegates and alternates to
25 benefit by attending shorter meetings and having less time away from their practices.

26
27 3) Corporate Sponsorship

28
29 Medical specialty organizations employ a variety of strategies to finance their annual meetings
30 and conferences, balancing income streams from corporate sponsorships, registration fees, and
31 educational grants. Corporate sponsorships often represent a significant portion of funding,
32 with companies in the pharmaceutical, medical device, and technology sectors contributing
33 funds in exchange for opportunities to showcase their products and services. These
34 sponsorships can include exhibitor booths, branded sessions, or other promotional activities.
35 Payment for educational sessions is another revenue stream, where attendees pay to participate
36 in workshops, seminars, or continuing medical education activities. Organizations may also
37 receive educational grants from industry partners, which are typically earmarked for specific
38 educational content and must adhere to guidelines to maintain educational integrity and
39 independence. Additional funds may come from advertising in conference materials and
40 ancillary events like social gatherings or fundraising dinners. The strategic flow of these funds
41 is carefully managed to cover the costs of venue rental, speaker fees, technology, and logistics,
42 ensuring that the event provides value to both attendees and sponsors while aligning with the
43 organization's mission and educational goals. However AMA policy G-630.040, Principles on
44 Corporate Relationships, addresses situations where our AMA cannot utilize external funding
45 and states "Funding core governance activities from corporate sponsors, i.e., the financial
46 support for conduct of the House of Delegates...could make our AMA become dependent on
47 external funding for its existence or could allow a supporter, or group of supporters, to have
48 undue influence on the affairs of the AMA."

49
50 4) Financial Assistance

51

1 While listening session participants suggested a variety of approaches, overall financial
2 assistance to support delegates and alternates attending the meetings was the most mentioned
3 option, pointing to the resolution's original language as a "quick fix" to a complex situation,
4 while recognizing that the complexity indicates a need for a multi-phase solution. Resolution
5 606-A-23 called for each state or national specialty society to request reimbursement for its
6 delegates' and alternate delegates' reasonable travel expenses by submitting aggregated
7 documentation to the AMA in whatever form is requested by the AMA. Alternatively, a grant
8 program or request for support, was suggested as an option for those organizations who need
9 assistance as a temporary support mechanism to maintain participation in the HOD.

10
11 Based on a financial analysis of 178 constituent and specialty societies, the AMA understands
12 the financial landscape of the Federation. There appears to be an immediate need to provide
13 support for some delegations if the AMA is to maintain the strong policy making process that
14 is currently in place. At the same time, and before attempting to solve the problem, a deeper
15 understanding of the issue needs to be obtained. There are extenuating factors that should be
16 examined:(1) societies with a financial challenge who need to direct their resources internally;
17 and (2) societies with resources available who are deciding not to fund AMA delegations.
18 Without some understanding of each individual situation, it is difficult to determine a solution
19 that is appropriate for all situations over the long term, while still maintaining AMA's fiduciary
20 obligations. A temporary solution could solve the immediate need of delegations in societies
21 facing financial pressure to maintain an active presence at AMA HOD meetings. Support for
22 those delegations in need of additional assistance could provide emergency relief while
23 providing time to find a long-term solution that supports the sustainability of the AMA HOD
24 while also acting as a responsible fiduciary for the AMA. Your Board needs to examine all
25 aspects of the current HOD meeting and find areas that can be refined to offer increased value
26 and lower costs for all participants.

27
28 Implementation of newly adopted changes on Introducing Business to the AMA House, G-
29 600.060, may also yield savings yet-to-be realized.

30
31 *OTHER CONSIDERATIONS*

32
33 Further considerations must be made about the financial implications of comprehensively
34 implementing a policy such as Resolution 606-A-23 calls for, including the financial status of the
35 AMA and the Federation organizations that would be impacted by such a policy. While funding
36 delegate/alternate travel to AMA meetings would not immediately threaten the AMA's financial
37 standing, it would adversely affect the AMA's efforts in other key areas that support physician
38 practices. It is crucial to understand that AMA financial policy provides for ongoing sustainable
39 operations and programmatic activities for both the short- and long-term. By policy, any
40 expenditures above the current budget levels will require reducing expenses from other areas of the
41 annual budget. Such expenditures would reduce financial allocations that support other
42 programmatic activities such as advocacy, health equity, improving health outcomes, public health.
43 If this resolution were adopted, that would result in an ongoing annual \$8.1 million cost reduction
44 in other programs, which at the current rate of inflation would cost almost \$100 million over the
45 next ten years.

46
47 Tax Implications

48
49 AMA's tax-exempt status and the regulations under which it operates to maintain that status is a
50 key consideration when determining if or how to provide benefits or contributions to individuals or
51 organizations. AMA's tax counsel has advised that generally the IRS has found that the provision

1 of financial benefits to members in certain situations will constitute private inurement which will
2 result in the loss of tax-exempt status. Counsel did advise that the IRS has consistently viewed
3 paying the reasonable travel expenses of volunteers, particularly those who have a defined role in
4 governance, as being acceptable and not treated as compensation which in this case would cover
5 those attendees with an official role, delegates and alternate delegates, and thus led to the language
6 of the resolution submitted to the HOD.

7
8 Further discussions with tax counsel have resulted in another potential alternative to direct
9 reimbursement: providing travel grants to societies in the HOD to cover or partially cover direct
10 out-of-pocket expenses for delegates and alternate delegates based on financial need of the
11 organization they represent in the HOD. Under this alternative, counsel recommended the
12 following criteria: 1) the travel grants be limited to societies that demonstrate financial need; 2) the
13 travel grants be specifically identified as grants to cover travel reimbursement only for voting
14 delegates and alternate delegates who participate in the HOD meetings, enabling delegates to
15 participate in discussions regarding important issues affecting AMA and the medical profession; 3)
16 the grant agreement between AMA and the society require that the funds are for reimbursement of
17 incurred travel expenses in a manner that is consistent with 501(c)(6) purposes; and 4) that AMA
18 establish a cap on the amount that any one society can receive for reimbursement of travel
19 expenses.

20 21 DISCUSSION

22
23 Your Board of Trustees has approached this report with two elements weighing heavily: (1) the
24 fiduciary responsibility of the Board of Trustees to make sound, reasonable and prudent financial
25 decisions and (2) the need to have a policy-making process that includes representatives from
26 across the Federation. With myriad issues influencing AMA HOD participation, your Board of
27 Trustees has determined that one report cannot address all the issues that are contributing to the
28 current financial situation across the Federation that limit or threaten to limit participation in the
29 policy-making process. However, the Board recognizes that there is an immediate need to provide
30 relief to several societies to maintain a vibrant HOD and is committed to providing that relief in a
31 temporary emergency assistance program. At the same time, your Board of Trustees also
32 recognizes the need for further examination of the factors that are creating the current situation and
33 will form an ad hoc work group of the Board to continue to look at ways to mitigate costs, explore
34 solutions, and maintain participation in order to reduce the financial burden on all parties over the
35 long term.

36
37 **Emergency Assistance Program:** In the near term, your Board of Trustees will establish an
38 emergency assistance program that will be funded at no more than \$1 million per year for two
39 years, to be discontinued after I-26. The purpose of this temporary assistance program will be to
40 offer financial relief to Federation organizations to support the funding of delegates and alternates
41 to attend the AMA Annual and Interim HOD meetings. The funding will be made available as a
42 grant to societies who are deemed to spend a greater percentage of their annual revenue to support
43 their AMA delegation than the AMA spends on the Annual and Interim meetings (based on an
44 average cost estimate per delegate for all societies and using the most recent Form 990 available).
45 The AMA will provide the society \$300 per day per delegate and alternate delegate that will be
46 required to be used for expenses related to the AMA HOD meetings. This amount was based on
47 Internal Revenue Service guidelines for allowable per diem amounts to eliminate the need for
48 documentation of expenses and avoid any tax issues. Each society that is deemed eligible to receive
49 assistance will need to provide a formal request to the AMA to receive funding. The funds will be
50 paid directly to the society, not to the individual delegates and alternates, but will be limited to use
51 for defraying the costs for delegates and alternate delegates to attend the AMA HOD meetings.

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Shorter Meetings: Additionally, to defray costs, the AMA will compress the schedule of both the Annual and Interim Meetings by eliminating one day from each meeting, thereby ending each meeting a day earlier. This schedule will be implemented at the Annual 2025 meeting of the HOD. It is estimated that this will reduce the cost to societies by a minimum of \$1.4 million per year and benefit many delegates and alternates by requiring less time away from their practices.

Ongoing Efforts to Mitigate Costs: Finally, the Board of Trustees will continue to examine all aspects of our policy-making process to determine efficiencies, which will result in cost mitigations for all who participate. As part of this examination, the Board ad hoc committee will evaluate meeting venues, locations, options for methods of participation, economies of scale related to food and beverage and audio-visual costs, and all other aspects that contribute to the cost of the meetings and report back at I-25 and I-26 at the conclusion of the program.

RECOMMENDATIONS

The AMA recognizes that engagement by the organizations who send representatives to our HOD meetings to participate in the policy-making process is essential to the strength of organized medicine. Your Board of Trustees is committed to supporting attendance at AMA HOD meetings, providing immediate financial relief on a short-term emergency basis, and developing a plan for long-term sustainable participation. Therefore, your Board of Trustees recommends that Resolution 606-A-23 not be adopted and the remainder of this report be filed.

Fiscal Note: \$2 million

REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

CLRPD Report 1-I-24

Subject: Academic Physicians Section Five-Year Review

Presented by: Michelle Berger, MD, Chair

Referred to: Reference Committee F
(Rebecca L. Johnson, MD, Chair)

1 American Medical Association (AMA) Bylaw 7.0.9 states, “A delineated section must reconfirm
2 its qualifications for continued delineated section status and associated representation in the House
3 of Delegates by demonstrating at least every 5 years that it continues to meet the criteria adopted
4 by the House of Delegates.” AMA Bylaw 6.6.1.5 states that one function of the Council on Long
5 Range Planning and Development (CLRPD) is “to evaluate and make recommendations to the
6 House of Delegates, through the Board of Trustees, with respect to the formation and/or change in
7 status of any section. The Council will apply criteria adopted by the House of Delegates.”
8

9 APPLICATION OF CRITERIA

10
11 The Council analyzed information from a letter of application submitted in November 2023 from
12 the Academic Physicians Section (APS) for renewal of delineated section status and continued
13 representation in the AMA House of Delegates (HOD). APS leadership also responded to a follow-
14 up query from the Council, providing further details on several points. This portion of the report
15 presents each criterion and related information provided by the Section. The information in this
16 report focuses on activities beginning in June 2019.
17

18 *Criterion 1: Issue of Concern - Focus will relate to concerns that are distinctive to the subset*
19 *within the broader, general issues that face medicine. A demonstrated need exists to deal with these*
20 *matters, as they are not currently being addressed through an existing AMA group.*
21

22 The APS remains the only AMA constituent group focused specifically on the perspectives of
23 academic physicians. Following an administrative move from Medical Education to
24 Governance/Marketing and Member Experience, the APS began an annual strategic planning
25 process along with all other AMA sections. This process includes APS Governing Council (GC)
26 attendance at the annual Sections Leadership Retreat, leading to greater awareness of the work of
27 the APS and increased opportunities for strategic alliances with other sections.
28

29 The APS identified the following issues/concerns on which the Section is currently prioritizing and
30 on which the Section has focused over the last five years:
31

- 32 1. Payment and reimbursement issues specific to academic physicians graduate medical
33 education funding and sustainability
- 34 2. Workforce and the “physician supply chain”
- 35 3. Diversity, equity, inclusion, and belonging (DEIB)
- 36 4. Physician wellness
- 37 5. Scope of practice

1 The APS, often in collaboration with other AMA constituent groups, hosts many educational
 2 programs to address their prioritized issues of concern.

3
 4 At the 2019 Annual Meeting of the HOD, the APS collaborated with the Medical Student Section
 5 (MSS) to host an educational session, “Connecting the dots: Unprofessional behavior,
 6 mistreatment, impairment, and their impact on burnout in education and practice.” At its I-19
 7 meeting, the APS held an educational session, “Recruiting, Retaining, ‘Retraining,’ and Rewarding
 8 Community Physicians.” At the November 2020 and 2021 meetings, respectively, the APS
 9 convened the educational sessions, “Impacts on the medical education ‘supply chain’ in the
 10 residency program application and selection process” and “Racial diversity in the academic
 11 physician ‘supply chain’.” In May 2021, the APS developed a webinar, “Scope of practice issues
 12 that will impact current trainees' practice environment,” in collaboration with the Medical Student
 13 Section and Resident and Fellow Section. At the June 2021 meeting, the APS partnered with the
 14 AMA Minority Affairs Section (MAS) on the educational session “African, Black, and Caribbean
 15 Voices: Patient narratives as a means to counter racism and unconscious bias in medicine.” In April
 16 2022, the APS presented a webinar on wellness specific to academic physicians, featuring lead
 17 AMA staff from Professional Satisfaction and Practice Sustainability and the Center for Health
 18 Equity, and the June 2022 APS meeting featured a talk on AMA medical education support for
 19 equity, diversity, and belonging by lead medical education staff involved in DEIB. Two APS
 20 education sessions were held at the Section’s 2023 Annual and Interim meetings: “Career Threats
 21 in an RVU-Driven World” and “Show Them What You’re Worth: Educational Value Units
 22 (EVUs) in Academic Medical Practice.” In addition, the APS presented a webinar in October 2023,
 23 “How to recruit, orient, and retain community preceptors.”

24
 25 Attendee evaluations have shown these sessions to be consistently well received. The sessions have
 26 helped provide strategies to aid academic physicians and their respective institutions. The Section
 27 intends to use both educational and policy development tactics to enhance the focus on their
 28 prioritized issues. The APS stated its intention to apply a DEIB perspective to all its educational
 29 programming and will work to ensure that any resolutions that come from the Section reflect the
 30 principles of DEIB where appropriate and applicable. The APS has collaborated with other sections
 31 (e.g., the MAS and MSS as exemplified above) as well as AMA business units, including
 32 Improving Health Outcomes, the Center for Health Equity, and Professional Satisfaction and
 33 Practice Sustainability to convene internal AMA experts on relevant subjects and provide the
 34 highest quality of continuing medical education (CME) content.

35
 36 The issues listed above reflect many of the overarching concerns expressed by physicians and
 37 verified through member and nonmember surveys and feedback. Through attention to and
 38 awareness of the AMA’s strategic priorities and objectives, the APS acts on issues most relevant to
 39 medical education and academic physician practice. Such work helps extend awareness of the
 40 AMA’s mission to a larger audience and leads to increased participation in the APS (and the AMA)
 41 among academic physicians.

42
 43 *Criterion 2: Consistency - Objectives and activities of the group are consistent with those of the*
 44 *AMA. Activities make good use of available resources and are not duplicative.*

45
 46 The APS has been intentional in its efforts to reflect AMA strategic objectives throughout its
 47 educational and policy development processes. Addressing large-scale AMA issues such as scope
 48 of practice, physician wellness, and health equity to its academic physician members helps expand
 49 the AMA message and its Recovery Plan for America’s Physicians to core APS members.
 50 Specifically, the Section has been involved with the ChangeMedEd initiative, the activities of
 51 which are promoted directly to core APS members. In September 2023, the APS partnered with the

1 Medical Education unit to feature APS as part of the AMA exhibit at ChangeMedEd 2023, a
2 national conference bringing together leaders and innovators in medical education and related
3 health care fields to accelerate change in medical education across the continuum and transform the
4 way future physicians and residents are trained.

5
6 Section leadership and staff are in discussion with AMA membership staff (Health System Partners
7 program) to determine how APS and its engagement and policymaking opportunities might be
8 presented as part of the value proposition for group membership for academic institutions.

9
10 *Criterion 3: Appropriateness - The structure of the group will be consistent with its objectives and*
11 *activities.*

12
13 The primary opportunity for APS members to participate in APS activities occurs during the
14 Section's twice-annual meetings in June and November. The institution of twice-annual webinars
15 has helped to extend awareness of and engagement with the APS in the interim between the two
16 face-to-face meetings. These sessions also create additional opportunities for sharing topics and
17 information outside the June and November meetings. Participation in the nine-member GC of
18 APS provides a pathway for professional development and leadership, and the structure of the
19 Section provides for a bridge of information, awareness, and knowledge to and from the AMA to
20 leadership and faculty at academic medical centers. The Section's recently developed the
21 Resolutions/Policy Committee and Medical Education Committee that have created additional
22 opportunities for engagement of APS members and have helped reduce the workload on the GC,
23 allowing a more strategic approach to the Section's goals.

24
25 Email communications to the APS listserv provide news and updates on key APS and AMA
26 activities. The academic physician segment of AMA MedEd Update is the de facto newsletter for
27 the Section, unlike other sections that have their own dedicated communications. The APS noted
28 this as a possible area of improvement, to ensure more standardized and predictable email
29 communications to APS members, versus the ad hoc emails to the APS listserv.

30
31 Other opportunities for participation include:

- 32
- 33 • Engaging in the APS Resolutions/Policy Committee and CME Committee
 - 34 • Informing Section policies, products, and services through participation in surveys and
35 focus groups
 - 36 • Participating as a student in educational programming tailored to develop the knowledge,
37 skills, and attitudes that faculty physicians need to effectively prepare the next generation
38 of physicians
 - 39 • Networking and interacting with peers who have similar interests at other institutions,
40 multiplying the prospects for success beyond what any one individual or institution could
41 achieve on its own
 - 42 • Involvement and engagement with the ChangeMedEd initiative, through participation in its
43 webinars and other meetings
- 44

45 *Criterion 4: Representation Threshold - Members of the formal group would be based on*
46 *identifiable segments of the physician population and AMA membership. The formal group would*
47 *be a clearly identifiable segment of AMA membership and the general physician population. A*
48 *substantial number of members would be represented by this formal group. At minimum, this*
49 *group would be able to represent 1,000 AMA members. It is important to note this threshold will*

1 *not be used to determine representation as each new group will be allocated only one delegate and*
2 *one alternate delegate.*

3
4 AMA Bylaws specify three avenues for APS membership among active physician members of the
5 AMA: appointment by the dean of any United States medical school with an educational program;
6 elective membership of those with a faculty appointment at a United States medical school with an
7 educational program; elective membership of those who have an active role in undergraduate,
8 graduate or CME or who serve in a clinical/research capacity with an academic medical center,
9 community hospital, or other health care setting. Previous attempts to quantify academic physicians
10 using available AMA data concluded that there were approximately 20,000 physicians engaged in
11 “medical teaching” and/or employed by a medical school, with approximately 2,500 AMA
12 members among them. Given the more expansive definition of potential APS membership as
13 defined by AMA Bylaws, it is estimated that there may be as many as 80,000 academic physicians
14 in the United States, and as many as 10,000 AMA members among them.

15
16 *Criterion 5: Stability - The group has a demonstrated history of continuity. This segment can*
17 *demonstrate an ongoing and viable group of physicians will be represented by this section and*
18 *both the segment and the AMA will benefit from an increased voice within the policymaking body.*

19
20 APS membership has grown from 513 to 573 since the Section’s 2019 renewal of delineated
21 section status, an increase of 11.7 percent. Between 35 and 263 APS members have attended each
22 of the Section’s meetings since A-19, with a median attendance of 52.5 members per meeting. The
23 APS webinars implemented in 2022 have seen an average of 35 participants per session.

24
25 The APS has instituted a periodic new member orientation and networking session at recent
26 meetings to ensure that new meeting attendees and new members feel welcome and gain an
27 understanding of the Section’s role within the AMA. The Section has developed an updated
28 member application to help make membership operations more efficient and effective. The APS
29 has also engaged in numerous discussions and collaborative activities with other sections, such as
30 the Young Physicians Section (YPS), Organized Medical Staff Section, and Senior Physicians
31 Section, to raise awareness of the opportunities for cross-memberships across different sections. In
32 a positive sign of change, a growing number of YPS members are seeking to “graduate” from the
33 YPS to the APS as they transition out of eligibility for YPS membership.

34
35 The Section has seen strong interest in GC positions and has been mindful of situations in which
36 GC members are elected to new positions in lieu of new GC members. Collaboration with other
37 sections has helped increase opportunities for joint work on, when appropriate, policy issues and
38 educational topics. An additional venue for leadership opportunities for GC members is through
39 serving as an APS liaison to the Council on Medical Education. One individual on the GC is
40 elected as APS liaison to the Council and three other GC members are appointed to serve as ex
41 officio liaisons to the undergraduate, graduate, and CME committees of the Council. These
42 individuals report back to the APS as to the activities of the Council and work to ensure that the
43 APS perspective is reflected in Council on Medical Education reports as they are being drafted.

44
45 *Criterion 6: Accessibility - Provides opportunity for members of the constituency who are*
46 *otherwise under-represented to introduce issues of concern and to be able to participate in the*
47 *policymaking process within the AMA House of Delegates (HOD).*

48
49 As the only AMA component group that represents the perspectives of academic physicians, the
50 APS ensures that the AMA carries on its historic role in medical education standards and
51 excellence, which was a catalyst for the AMA’s founding in 1847. The AMA Section on Medical

1 Schools (now APS) was established in 1976 to “allow more direct participation in the AMA by
2 physician members who are active in medical school administration.” (AMA Board of Trustees
3 Report P C-76). A 1979 AMA brochure noted that “The purpose of the Section is to provide a
4 formal structure for medical educators to participate directly in the deliberation of the AMA House
5 of Delegates; and to provide a forum for review, discussion, and development of recommendations
6 and policies on national medical education and health care issues.”
7

8 The APS, through the genesis of its Resolutions/Policy Committee, has taken a more active role in
9 policy development in the HOD, and has sent six resolutions to the HOD since the 2020 Interim
10 Meeting of the HOD. The APS also contributes to HOD reports—reports of the Council on
11 Medical Education in particular—through the work of the APS liaison to the Council on Medical
12 Education and GC members who are appointed to serve as ex officio liaisons to the undergraduate,
13 graduate, and CME committees of the Council. The APS has worked to focus on issues affecting
14 medical education and academic physicians. The GC carefully reviews potential policy and curates
15 what is sent forward to the HOD. During the Section’s twice-annual meetings members are invited
16 to take part in the review of medical education reports/resolutions, voice opinions during debate
17 and vote on the recommended APS action. At its meeting on the Friday prior to HOD meetings, the
18 APS GC reviews all relevant HOD business items and develops a consent calendar for
19 consideration by the entire APS membership. These recommendations are shared with APS
20 members during the APS business meeting, with sufficient time for review, deliberation, dialogue,
21 and voting. Members are also invited to join the Resolutions/Policy Committee. In addition, the
22 APS reviews and assesses testimony on a wide variety of reports and resolutions that are
23 considered by the HOD at its annual and interim meetings.
24

25 The Section previously formed the Academic Medicine Caucus, which from 2011 to 2019 helped
26 reach a broader swath of current and potential members (i.e., those who attend the AMA HOD
27 meeting on behalf of their state or specialty delegation but may not be involved in AMA sections)
28 and reviewed proposed AMA policy (including the positions of the APS on the various HOD
29 items). The integrated relationship between the two bodies helped ensure a more encompassing and
30 holistic front for all academic physicians in the HOD and AMA policymaking processes. The
31 Section noted that it was considering the possible reintroduction of this caucus.
32

33 DISCUSSION

34

35 The APS is the only section that represents the perspectives of academic physicians and focuses on
36 issues that are significant and not currently being addressed through another existing AMA group.
37 Since its previous five-year review, the Section has enhanced its strategic planning process in
38 collaboration with the other AMA sections. This has facilitated collaboration and the selection of
39 areas of focus and initiatives that align with the AMA’s strategic direction. The Section’s
40 participation in the ChangeMedEd initiative, among other collaborations with other AMA groups
41 and business units, demonstrates the APS’s desire to contribute to and work towards the broader
42 goals of the Association.
43

44 The structure of the APS allows members to participate in the deliberations and pursue the
45 objectives of the Section, and the APS Listserv provides news and updates on key APS and AMA
46 activities and provides networking and leadership opportunities for Section members. The Section
47 has made strides to expand its membership through thoughtful collaborations with other AMA
48 sections, in particular the MSS and YPS. The APS maintains regular communication with medical
49 student leadership by including the chair of the MSS GC in monthly APS GC meetings. This
50 relationship has increased awareness of and participation in APS events among medical students.
51 The APS has worked with MSS leadership to change the perception of AMA among medical

1 school leadership and faculty, thereby increasing the likelihood of these leaders supporting their
2 students' participation in AMA activities. For example, with support from APS, MSS and student
3 membership staff now host a quarterly "faculty advisor training" to provide information about
4 AMA initiatives and discuss how faculty advisors can best support MSS members/chapters at their
5 institutions. The APS and MSS have discussed how the sections might work together to provide
6 mentorship opportunities for medical students. These efforts demonstrate not only a desire to
7 expand the scope of APS, but also to provide support to medical students and amplify the work of
8 the AMA to the overall health care community.

9
10 The Section has demonstrated a desire to self-assess and has thoughtfully considered possible
11 improvements that could be made to its current communications and governance strategies
12 including the possible implementation of section-specific communications and the reorganization
13 of the Academic Medicine Caucus.

14
15 The APS has a history of more than 40 years at the AMA and has introduced or significantly
16 contributed to resolutions and reports that resulted in new policies that have benefitted both the
17 AMA HOD, academic physicians and the entire health care community. The Section provides
18 numerous ways for its constituents to speak on issues and business items relevant to the work of the
19 Section, and allows more direct participation in the AMA by physician members.

20
21 The Council appreciates the thorough work of APS leadership and staff in completing this letter of
22 application and follow up communications, as well as the deliberation of the Section as it looks to
23 improve upon its already commendable work in the future.

24
25 CONCLUSION

26
27 The CLRPD has determined that the APS meets all required criteria, and it is therefore appropriate
28 to renew the delineated section status of the APS.

29
30 RECOMMENDATIONS

31
32 The Council on Long Range Planning and Development recommends that our American Medical
33 Association renew delineated section status for the Academic Physicians Section through 2029
34 with the next review no later than the 2029 Interim Meeting. (Directive to Take Action)

Fiscal Note: Within current budget

REPORT OF THE HOUSE OF DELEGATES COMMITTEE
ON THE COMPENSATION OF THE OFFICERS

Compensation Committee Report, I-2024

Subject: REPORT OF THE HOUSE OF DELEGATES COMMITTEE ON THE
COMPENSATION OF THE OFFICERS

Presented by: Evelyn Lewis, MD, Chair

Referred to: Reference Committee F

1 This report by the committee at the November 2024 Interim Meeting includes several
2 recommendations and documents the compensation paid to Officers for the period July 1,2023
3 through June 30, 2024, including 2023 calendar year IRS reported taxable value of benefits,
4 perquisites, services, and in-kind payments for all Officers.

5
6 BACKGROUND

7
8 At the 1998 Interim Meeting, the House of Delegates (HOD) established a House Committee on
9 Trustee Compensation, currently named the Committee on Compensation of the Officers, (the
10 “Committee”). The Officers are defined in the American Medical Association’s (AMA)
11 Constitution and Bylaws. (Note: under changes to the Constitution previously approved by the
12 HOD, Article V refers simply to “Officer,” which includes all 21 members of the Board among
13 whom are President, President-Elect, Immediate Past President, Secretary, Speaker and Vice
14 Speaker of the HOD, collectively referred to in this report as Officers.) The composition,
15 appointment, tenure, vacancy process and reporting requirements for the Committee are covered
16 under the AMA Bylaws. Bylaws 2.13.4.5 provides:

17
18 The Committee shall present an annual report to the House of Delegates recommending the
19 level of total compensation for the Officers for the following year. The recommendations of
20 the report may be adopted, not adopted, or referred back to the Committee, and may be
21 amended for clarification only with the concurrence of the Committee.

22
23 At A-00, the Committee and the Board jointly adopted the American Compensation Association’s
24 definition of total compensation which was added to the Glossary of the AMA Constitution and
25 Bylaws. Total compensation is defined as the complete reward/recognition package awarded to an
26 individual for work performance, including: (a) all forms of money or cash compensation; (b)
27 benefits; (c) perquisites; (d) services; and (e) in-kind payments.

28
29 Since the inception of this Committee, its reports document the process the Committee follows to
30 ensure that current or recommended Officer compensation is based on sound, fair, cost-effective
31 compensation practices as derived from research and use of independent external consultants,
32 expert in Board compensation. Reports beginning in December 2002 documented the principles
33 the Committee followed in creating its recommendations for Officer compensation.

CASH COMPENSATION SUMMARY

The cash compensation of the Officers shown in the following table will not be the same as compensation reported annually on the AMA’s IRS Form 990s because Form 990s are based on a calendar year. The total cash compensation in the summary is compensation for the days these officers spent away from home on AMA business approved by the Board Chair. The total cash compensation in the summary includes work as defined by the Governance Honorarium, Per Diem for Representation and Telephone Per Diem for External Representation. Detailed definitions are in the Appendix.

The summary covers July 1, 2023 to June 30, 2024.

AMA Officers	Position	Total Compensation	Total Days
David H Aizuss, MD	Secretary	\$ 72,600	61
Toluwalase A Ajayi, MD	Officer	\$ 71,900	55
John H. Armstrong, MD	Vice Speaker, House of Delegates	\$ 80,300	59.5
Geralyn R. Breig	Officer	-	2
Madelyn E. Butler, MD	Officer	\$ 81,000	55
Alex Ding, MD, MS, MBA	Officer	\$ 90,100	70
Willarda V Edwards, MD, MBA	Officer	\$ 85,900	52.5
Lisa Bohman Egbert, MD	Speaker, House of Delegates	\$ 119,500	91
Jesse M Ehrenfeld, MD, MPH	President	\$ 290,160	194
Scott Ferguson, MD	Officer	\$ 76,100	50
Sandra Adamson Fryhofer, MD	Immediate Past Chair	\$ 115,300	87
Melissa J. Garretson, MD	Officer	-	2.5
Marilyn Heine, MD	Officer	\$ 76,800	58
Lynn Jeffers, MD, MBA	Officer	-	3
Pratistha Koirala, MD	Officer	\$ 71,900	41.5
Ilse R Levin, DO, MPH & TM	Officer	\$ 81,700	50.5
Thomas J Madejski, MD	Officer	\$ 91,500	61
Bobby Mukkamala, MD	Officer	\$ 89,400	61.5
Harris Pastides, PhD, MPH	Officer	\$ 67,000	40
Jack Resneck, Jr, MD	Immediate Past President	\$ 284,960	134
Bruce A Scott, MD	President-Elect	\$ 289,160	113.5
Aliya Siddiqui, MS	Officer	\$ 106,200	88.5
Michael Suk, MD, JD, MPH, MBA	Chair-Elect	\$ 207,480	83
Willie Underwood, III, MD, MSc, MPH	Chair	\$ 280,280	134.5
David Welsh, MD, MBA	Officer	-	2

President, President-Elect, Immediate Past President, and Chair

In 2023-2024, each of these positions received an annual Governance Honorarium which was paid in monthly increments. These four positions spent a total of 576 days on approved Assignment and Travel, or on average, 144 days each.

Chair-Elect

This position received a Governance Honorarium of approximately 75% of the Governance Honorarium provided to the Chair.

1 All Other Officers

2 All other Officers received cash compensation, which included a Governance Honorarium of
3 \$67,000 paid in monthly installments.

4
5 Assignment and Travel Days

6 As defined, these are Travel Days that are approved by the Board Chair to externally represent the
7 AMA and for Internal Representation above 11 days. These days were compensated at a per diem
8 rate of \$1,400. The total Assignment and Travel Days for all Officers (excluding the President,
9 President-Elect, Immediate Past President and Chair) were 1,074.5.

10
11 EXPENSES

12
13 Total expenses paid for period, July 1, 2023 – June 30, 2024, was \$1,131,759, without use of
14 upgrade allowance of \$5,000 for Presidents and \$2,500 all other Officers per position per term.
15 Total upgrade allowances used for the period were \$32,741.

16
17 BENEFITS, PERQUISITES, SERVICES, AND IN-KIND PAYMENTS

18
19 Officers are able to request benefits, perquisites, services, and in-kind payments, as defined in the
20 “AMA Board of Trustees Standing Rules on Travel Expenses.” These non-taxable business
21 expense items are provided to assist the Officers in performing their duties.

- 22
23
- AMA Standard laptop computer or iPad
 - American Express card (for AMA business use)
 - Combination fax/printer/scanner (reimbursable up to \$250)
 - An annual membership to the airline club of choice offered each year during the Board member’s tenure
 - Personalized AMA stationery, business cards, and biographical data for official use
- 28
29

30 Additionally, all Officers are eligible for \$305,000 term life insurance and are covered under the
31 AMA’s \$500,000 travel accident policy and \$10,000 individual policy for medical costs arising out
32 of any accident while traveling on official business for the AMA. Life insurance premiums paid by
33 the AMA are reported as taxable income. Also, travel assistance is available to all Officers when
34 traveling more than 100 miles from home or internationally.

35
36 Secretarial support, other than that provided by the AMA’s Board office, is available up to defined
37 annual limits as follows: President, during the Presidential year, \$15,000, and \$5,000 each for the
38 President-Elect, Chair, Chair-Elect, and Immediate Past President per year. Secretarial expenses
39 incurred by other Officers in conjunction with their official duties are paid up to \$750 per year per
40 Officer. This is reported as taxable income. Calendar year taxable life insurance and taxable
41 secretarial fee reported to the IRS totaled \$28,914 and \$28,875 respectively for 2023. An additional
42 \$16,625 was paid to third parties for secretarial services during 2023.

43
44 Officers are also eligible to participate in a service provided to AMA employees by Care@Work
45 through Care.com. This service offers referral services at no cost and back-up care for children and
46 adults up to 10 days a calendar year at a subsidized rate. If a Board member uses back-up care, it
47 will be reported to the IRS as taxable income.

48

1 METHODOLOGY

2
3 In June 2024, the Committee commissioned Ms. Becky Glantz Huddleston, a consultant expert in
4 board compensation with WTW, to update the 2019 research on compensation of non-leadership
5 Officers. The purpose of the review was to ensure our non-leadership roles are compensated
6 appropriately for their work performed on behalf of the AMA.

7
8 The Committee’s review and subsequent recommendations for non-leadership compensation are
9 based on the principle of the value of the work performed as affirmed by the HOD. In addition, the
10 following additional guidelines were followed:

- 11
- 12 • Compensation should take into account that the AMA is a complex organization when
13 comparing compensation provided to Board members by for-profit and by complex not-
14 for-profit of similar size and complexity.
 - 15 • Compensation should be aligned with long term interests of AMA members and fulfillment
16 of the fiduciary responsibilities of the Officers.
 - 17 • Officers should be adequately compensated for their value, time and effort.
 - 18 • Compensation should reinforce choices and behaviors that enhance effectiveness.
- 19

20 The process the Committee followed along with the principles previously noted, is consistent with
21 IRS recommended guidelines for determining reasonable and competitive levels of compensation.

22
23 The Committee, with the assistance of Ms. Huddleston developed their recommendations based on:

- 24 • The current compensation structure.
 - 25 • Review and analysis of non-leadership compensation for the past two terms so that the data
26 reflects more of a ‘normal’ post-Covid schedule.
 - 27 • Pay practices for non-leadership positions at for-profit and not-for-profit organizations
28 similar to the AMA who pay and their Board members.
 - 29 • A collaborative, deliberative and objective review process.
- 30

31 FINDINGS

32
33 The Committee notes that Officers continue to make significant time commitments in supporting
34 our AMA in governance and representation functions. Given the amount of time required of Board
35 members, it is important that individuals seeking a position on the Board be aware of the scope of
36 the commitment and the related compensation.

37
38 To assess the current compensation structure, the consultant reviewed the time commitment of
39 Officers during the 2023/24 term and found that the time commitment for honorarium days is
40 generally consistent with the number of internal representation days being more variable and
41 external representation the most variable. The Per Diem addresses this variability for both
42 Internal and External Representation days. Internal Representation days greater than 11 are
43 compensated via the Per Diem. External Representation reflects the unique skillset and expertise
44 of each Officer. Officers are compensated for each External Representation Day via the Per
45 Diem. The current structure continues to be an appropriate approach to compensating Officers.

46
47 However, modest increases are recommended to both the Honorarium and Per Diem considering
48 the last adjustment was in 2019 and the compensation for not-for-profit boards has increased 4.8%
49 at the median. As such, the Committee is recommending increasing the Honorarium by \$1500,
50 increasing the Per Diem by \$150 and increasing the telephonic per diem by \$75.

1 RECOMMENDATIONS

2
3 The Committee on Compensation of the Officers recommends the following recommendations be
4 adopted and the remainder of this report be filed:

5
6 1. That there be no change to the current Definitions effective July 1, 2018 as they appear in the
7 Travel and Expenses Standing Rules for AMA Officers for the Governance Honorarium, Per Diem
8 for Representation and Telephonic Per Diem except for the Governance Honorarium and Per Diem
9 amounts as recommended in 2, 3 and 4 below.

10
11 • Definition of Governance Honorarium effective July 1, 2017:

12 The purpose of this payment is to compensate Officers, excluding Board Chair, Chair-Elect and
13 Presidents, for all Chair-assigned internal AMA work and related travel. This payment is intended
14 to cover all currently scheduled Board meetings, special Board or Board committee, subcommittee
15 and task force meetings, Board orientation, Board development and media training, and Board
16 conference calls, and any associated review or preparatory work, and all travel days related to all
17 such meetings. The Governance Honorarium also covers Internal Representation, such as section
18 and council liaison meetings (and associated travel) or calls, up to eleven (11) Internal
19 Representation days.

20
21 • Definition of Per Diem for Representation effective July 1, 2017:

22 The purpose of this payment is to compensate for Board Chair-assigned representation day(s) and
23 related travel for Officers, excluding Board Chair, Chair-Elect and Presidents. Representation is
24 either external to the AMA, or for participation in a group or organization with which the AMA
25 has a key role in creating/partnering/facilitating achievement of the respective organization goals
26 such as the AMA Foundation, PCPI, etc., or for Internal Representation days above eleven (11).
27 The Board Chair may also approve a per diem for special circumstances that cannot be anticipated
28 such as weather-related travel delays.

29
30 • Definition of Telephonic Per Diem for Representation effective July 1, 2017:

31 Officers, excluding the Board Chair, Chair-Elect and Presidents, who are assigned as the AMA
32 representative to outside groups as one of their specific Board assignments or assigned Internal
33 Representation days above eleven (11), receive a per diem rate for teleconference meetings when
34 the total of all teleconference meetings of 30 minutes or longer during a calendar day equal 2 or
35 more hours. Payment for these meetings would require approval of the Chair of the Board.

36
37 2. That the Governance Honorarium for all Board members excluding, Board Chair,
38 President, President-elect, and Immediate Past President be increased effective July 1, 2025 to
39 \$68,500. (Directive to Take Action)

40
41 3. That the Per Diem for Chair-assigned representation for all Board members excluding the
42 Board Chair, and Presidents and related travel be increased effective July 1, 2025 to \$1,550 per
43 day. (Directive to Take Action)

44
45 4. That the Per Diem for Chair-assigned Telephonic Per Diem for Representation be increased
46 effective July 1, 2025 to \$775 as defined. (Directive to Take Action)

47
48 Fiscal Note: Estimated annual cost of Recommendations 2, 3 and 4 is \$57,000 based on data
49 reported for July 1, 2023 through June 30, 2024.

APPENDIX

Board Leadership Compensation

POSITION	GOVERNANCE HONORARIUM
President	\$298,865
Immediate Past President	\$290,659
President-Elect	\$290,659
Chair	\$285,886
Chair-Elect	\$211,630

REPORT OF THE SPEAKERS

Speakers' Report 1-I-24

Subject: Report of the Election Task Force 2

Presented by: Lisa Bohman Egbert, MD, Speaker; and John H. Armstrong, MD, Vice Speaker

Referred to: Reference Committee F

1 BACKGROUND

2
3 At the 2023 Interim Meeting, Speakers' Report 3-I-23 "Report of the Election Task Force 2" was
4 presented with 29 recommendations. Fourteen of these recommendations were adopted, 14 were
5 referred, and one was not adopted.

6
7 Speakers' Report 2-A-24, "Report of the Election Task Force 2," was submitted as an
8 informational report which included suggested additions and deletions to AMA policy as well as a
9 glossary to provide clear definitions related to AMA elections. An open forum seeking input on
10 these items was held on Sunday, June 9, 2024, during the 2024 AMA Annual Meeting. The open
11 forum was well attended, and additional feedback was provided. Subsequently, the Election Task
12 Force 2 (ETF2) met and developed the following report and recommendations.

13 DISCUSSION

14
15
16 The goal of both Election Task Forces was to ensure that qualified candidates are selected in free
17 and fair elections by reducing obstacles or perceived obstacles that dissuade members from seeking
18 elective office and by enabling and facilitating an informed electorate. On reviewing current policy
19 and the testimony provided, the ETF2 has identified several areas to clarify the rules in order to
20 achieve this goal.

21
22 Following adoption of recommendation 29 of the 2023 Interim Meeting, Speakers' Report 3-I-23
23 "Report of the Election Task Force 2," the election rules previously found in multiple policies were
24 consolidated into AMA Policy G-610.090 AMA Election Rules and Guiding Principles (Appendix
25 A). For ease of further discussion and consideration, each recommendation in this report addresses
26 a single subsection of our consolidated election rules. The first recommendation offers the addition
27 of a glossary which defines terms used within the election policy.

28 *Section II. Guidelines for Nominations for AMA Offices*

29
30
31 Amendments to Section II of AMA Policy G-610.090 are recommended to further clarify the
32 policy by using the correct terminology regarding sponsoring versus nominating candidates.

33 *Section III. Candidate Announcement, Nominations and Open Positions*

34
35
36 The first suggested amendment to Section III clarifies sponsoring versus endorsing candidates as
37 previously defined by the Election Committee. Per action by the HOD at A-24, the HOD Office
38 was tasked with developing and administering a process by which all candidates are able to

1 determine from which groups they are eligible to ask for endorsement and monitoring the
2 eligibility for endorsement by listed groups. The HOD Office is only able to verify the group an
3 individual represents in the HOD; thus, that group may sponsor a candidate without the need for
4 HOD Office reporting. Individual membership in all other groups represented in the House cannot
5 be confirmed by the HOD Office. Therefore, groups wishing to publicly support a candidate, other
6 than those candidates that the group is eligible to sponsor, would have to offer an endorsement via
7 the new endorsement process.

8
9 Another recommended change in Section III is to remove email addresses from the candidate
10 announcement card to limit any potential unintended interaction with candidates, prior to the active
11 campaigning window, which could be perceived as violating election rules.

12
13 *Section IV. Communications, Campaign Memorabilia and Literature*

14
15 Section IV of our Election rules had several areas that needed clarification. The first recommended
16 modification in item 1 succinctly defines the announcement of and timeline for the active campaign
17 window. Previously, the Board of Trustees announced the active campaign window after its Spring
18 meeting. However, in recent practice, the Speaker has made the announcement after the Spring
19 Board of Trustees meeting in conjunction with the distribution of the Official Candidate
20 Notification. The language was changed to reflect this practice. Additionally, the ETF2 heard
21 proposals to move up the window. Testimony was mixed about opening the active campaign
22 window earlier, with no clear consensus heard. Therefore, the task force is not recommending a
23 change to the current timeline.

24
25 A new second item in this section provides very clear guidance pertaining to communications
26 about campaigns prior to active campaigning. The task force is aware of the concerns that a rule
27 prohibiting candidates from communicating about their campaigns prior to active campaigning
28 could be interpreted as limiting their ability to form a campaign team or discuss campaign strategy
29 with their team. This clarifies that both are expected and permitted and does not limit the formation
30 of campaign teams nor the discussion of strategy prior to the announcement of the active campaign
31 window.

32
33 The ETF2 also seeks to clarify the policy in item 6 as it pertains to communication by candidates to
34 other delegates. Language has been added to specifically prohibit mass outreach by
35 candidates. However, personal communication from candidates is allowed while simultaneously
36 encouraging the reduction in overall volume of communication. Language was added to allow
37 freedom of communication within campaign teams.

38
39 To ensure equitable ability for all candidates to share their message with HOD members, the ETF2
40 believes the route of access should be limited to the official AMA channels: the Election Manual,
41 AMA Candidates' Page and the HOD Office candidate email (which includes campaign materials
42 submitted by candidates). The ETF2 is recommending that candidates may not distribute additional
43 printed or digital campaign materials other than by these AMA channels. The task force further
44 recommends that candidates should neither produce nor link to external websites that contain
45 campaign-related content.

46
47 *Section VI. Interview Rules*

48
49 The Election Task Force heard concerns about definitions of timelines, candidacy, and potential
50 election violations that would be incurred by delegations meeting with their own members who
51 happened to be candidates. The proposed language in this section seeks to clarify that there is no

1 restriction on a group's ability to hold meetings at which all of their members, including announced
2 candidates, may participate.

3
4 Recommended amendments in this section better define the interview rules for candidates who
5 announce after the active campaign window opens. Additional proffered language provides clarity
6 that candidates who make presentations to groups in their current formal capacity are not in
7 violation of the interview rules.

8
9 CONCLUSION

10
11 The work of the Election Task Force 1 and Election Task Force 2 over the last several years have
12 made substantial improvements in AMA policy to address fairness and transparency of AMA
13 Elections. The ETF2 has taken into consideration concerns expressed at I-23 and during the A-24
14 open forum and makes the following recommendations.

15
16 RECOMMENDATIONS

17
18 *Recommendations adopted from this report will be in effect at the close of Interim 2024. For*
19 *clarification purposes only, additions within existing policy language are shown in red.*

- 20
21 1. That the following “Glossary of Election Terms” be added to our AMA Election Policy (New
22 HOD Policy):

23
24 **Glossary**

25
26 **Active campaign window** – period of time after the Speaker’s notice of the opening of
27 active campaigning until the Election Session during the House of Delegates meeting at
28 which elections are being held.

29
30 **Active campaigning** – Outreach by candidates or their surrogate(s), including but not
31 limited to, members of their campaign team, to members of the House of Delegates with
32 the goal of being elected by the AMA House of Delegates.

33
34 **Announced candidate** – person who has indicated their intention to run for elected
35 position; announcement can be made only by sending an electronic announcement card to
36 the Speakers via the HOD office by email to hod@ama-assn.org.

37
38 **Campaign manager(s)** – person(s) identified by the candidate to the HOD Office as the
39 person(s) responsible for running the campaign.

40
41 **Campaign team** – campaign manager(s) and/or staff identified by the candidate to the
42 HOD Office.

43
44 **Campaign-related** – any content that includes reference to an announced candidate in the
45 context of their candidacy for an elected position within the AMA.

46
47 **Digital** – relating to, using, or storing data or information in the form of digital signals;
48 involving or relating to the use of computer technology; this includes, but is not limited to,
49 social media and communication platforms.

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

3
4 **Endorsing group** - Any group that wishes to endorse candidates other than the candidates
5 they are eligible to sponsor. See definition of “Sponsoring Group.”

6
7 **Endorse** - any public acknowledgement by a candidate or members of a group of the
8 group’s support of a candidate, other than from the sponsoring group. Internal discussions
9 of support in a closed session of the group are not considered public for the purpose of this
10 definition.

11
12 **Featured** – identification of a candidate at an event by the host or organizer of the event,
13 including but not limited to, written or verbal announcement of the candidate or their
14 candidacy.

15
16 **Sponsoring group**

- 17 • The association, society, AMA section, or other entity for which a prospective
18 candidate serves as an AMA HOD delegate or alternate delegate as certified with
19 the HOD office.
- 20 • The Section delegate and alternate delegate are the only individuals who may be
21 sponsored by their respective AMA Section.
- 22 • Current trustees seeking re-election as a trustee or election to president-elect may
23 be sponsored by the delegation for which they served as an AMA HOD delegate or
24 alternate delegate immediately prior to their election to the board.
- 25 • Individuals may act as their own sponsoring group (self-sponsor)

26
27
28 2. Policy G-610.090 Section II be amended by addition and deletion to read as follows (Modify
29 HOD Policy):

30
31 **II. Guidelines for Candidacy ~~for Nominations~~ for AMA Offices**

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

39
40 3. Policy G-610.090 Section III items 1 and 6 be amended by addition and deletion to read as
41 follows (Modify HOD Policy):

42
43 **III. Candidate Announcement, Nominations and Open Positions**

- 44 1. Individuals intending to seek election at the next Annual Meeting should make
45 their intentions known to the Speakers by providing the Speaker’s office with an
46 electronic announcement “card” that includes any or all of the following elements
47 and no more: the candidate’s name, photograph, ~~email address~~, the office sought,
48 the sponsoring group, if any, and a list of endorsing groups, if any ~~societies~~. The
49 Speakers will ensure that the information is posted on our AMA website in a
50 timely fashion, generally on the morning of the last day of a House of Delegates
51 meeting or upon adjournment of the meeting. Announcements that include

- 1 additional information (e.g., a brief resume) will not be posted to the website.
2 Printed announcements may not be distributed to members of the House by any
3 method.
4 6. Our AMA believes that:
5 a. specialty society candidates for our AMA House of Delegates elected offices
6 should be listed in the pre-election materials available to the House as the
7 representative of that society and not by the state in which the candidate resides.
8 b. elected specialty society members should be identified in that capacity while
9 serving their term of office.
10 c. nothing in the above recommendations should preclude ~~formal~~ ~~co~~-endorsement
11 by any state delegation of the national specialty society candidate, if that state
12 delegation should so choose.
13
14 4. Policy G-610.090 Section IV items 1, 6, and 7 be amended by addition and deletion to read as
15 follows (Modify HOD Policy):
16

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

- 18 1. Active campaigning for ~~our AMA elective office~~ an elected AMA position may
19 not begin until the active campaign window opens as announced by the Speaker
20 following the Spring Board of Trustees meeting immediately preceding the
21 meeting at which the election is scheduled to take place. ~~Board of Trustees, after~~
22 ~~its April meeting, announces the candidates for council seats. Active campaigning~~
23 ~~includes mass outreach activities directed to all or a significant portion of the~~
24 ~~members of the House of Delegates and communicated by or on behalf of the~~
25 ~~candidate. If in the judgment of the Speaker of the House of Delegates~~
26 ~~circumstances warrant an earlier date by which campaigns may formally begin, the~~
27 ~~Speaker shall communicate the earlier date to all known candidates.~~
28 6. Active campaigning via mass outreach to delegates by candidates or on behalf of a
29 candidate by any method is prohibited. A reduction in the volume of telephone
30 calls and personal electronic communication from candidates and on behalf of
31 candidates is encouraged. No part of this rule shall be interpreted to limit
32 developing or communicating within a campaign team. ~~The Office of House of~~
33 ~~Delegates Affairs does not provide email addresses for any purpose. The use of~~
34 ~~E~~lectronic messages to contact electors should be minimized, and if used must
35 include a simple mechanism to allow recipients to opt out of receiving future
36 messages.
37 7. Printed and digital ~~C~~ampaign materials may not be distributed to members of the
38 House other than by the HOD office candidate email and on the AMA Candidates'
39 Page. ~~by postal mail or its equivalent. The AMA Office of House of Delegates~~
40 ~~Affairs will not longer furnish a file containing the names and mailing addresses of~~
41 ~~members of the AMA HOD. Printed campaign materials may not be distributed in~~
42 ~~the House of Delegates. Candidates are encouraged to eliminate printed campaign~~
43 ~~materials.~~
44
45 5. Policy G-610.090 Section IV be amended by the addition of a new second and final item with
46 appropriate renumbering to read as follows (New HOD Policy):
47
48 2. An announced candidate may discuss their candidacy on an individual basis in
49 private conversations after the announcement of candidacy until the active
50 campaigning period begins. Prior to the active campaigning period, no other
51 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.

9. 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.

6. Policy G-610.090 Section VI item 4 be amended by addition and deletion to read as follows (Modify HOD Policy):

VI. Interview Rules

Candidates and interviewers must comply with the following rules:

- 4. Groups conducting interviews with announced candidates for a given office must offer an interview to all ~~individuals that have officially announced their candidacy~~ 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 interviewing other candidates for the same office.
 - b. Interviewing groups may, but are not required to, interview ~~late announcing candidates~~ persons who become announced candidates during the active campaign window. Should an interview be offered to such a ~~late~~ candidate, all other announced candidates for the same office (even those previously interviewed) must be afforded the same opportunity and medium.
 - c. Any ~~appearance by a candidate before an organized meeting of a caucus or delegation, other than their own, will be considered an interview and fall under the rules for interviews~~ 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.

Fiscal note: Minimal

Appendix A

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.

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 for 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 Nominations for AMA Offices

1. Every effort should be made to nominate two or more eligible members for each Council vacancy.
2. The Federation (in nominating or 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, email address, the office sought and a list of endorsing societies. 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 formal co-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 our AMA elective office may not begin until the Board of Trustees, after its April meeting, announces the candidates for council seats. Active campaigning includes mass outreach activities directed to all or a significant portion of the members of the House of Delegates and communicated by or on behalf of the candidate. If in the judgment of the Speaker of the House of Delegates circumstances warrant an earlier date by which campaigns may formally begin, the Speaker shall communicate the earlier date to all known candidates.
2. 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.
3. 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.
4. 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.
5. 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.
6. A reduction in the volume of telephone calls and electronic communication from candidates and on behalf of candidates is encouraged. The Office of House of Delegates Affairs does not provide email addresses for any purpose. The use of electronic messages to contact electors should be minimized, and if used must include a simple mechanism to allow recipients to opt out of receiving future messages.
7. Campaign materials may not be distributed by postal mail or its equivalent. The AMA Office of House of Delegates Affairs will no longer furnish a file containing the names and mailing addresses of members of the AMA-HOD. Printed campaign materials may not be distributed in the House of Delegates. Candidates are encouraged to eliminate printed campaign materials.

8. 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.
9. 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.

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. Group dinners, if attended by an announced candidate in a currently contested election, must be "Dutch treat" - each participant pays 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 candidates for a given office must offer an interview to all individuals that have officially announced their candidacy at the time the group's interview schedule is finalized.
 - a. A group may meet with a candidate who is a member of their group without interviewing other candidates for the same office.
 - b. Interviewing groups may, but are not required to, interview late announcing candidates. Should an interview be offered to a late candidate, all other announced candidates for the same office (even those previously interviewed) must be afforded the same opportunity and medium.
 - c. Any appearance by a candidate before an organized meeting of a caucus or delegation, other than their own, will be considered an interview and fall under the rules for interviews.
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 4–7-day window designated by the Speaker beginning at least two weeks but not more than 4 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. 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.
3. 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.

4. 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.
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.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 601
(I-24)

Introduced by: Texas

Subject: Expanding AMA Meeting Venue Options

Referred to: Reference Committee F

1 Whereas, our American Medical Association Board of Trustees states in Report 21-A-24, line 19
2 of page 1, "It is at the discretion of the House of Delegates to change current policy" with
3 regards to Policy G-630.140; and
4

5 Whereas, our AMA Board of Trustees states in Report 21-A-24 on line 32, page 1, "This
6 strategic recommendation places a primary emphasis on prioritizing attendee safety, reflecting
7 the values and principles upheld by the AMA;" and
8

9 Whereas, since the initial passage of Policy G-630.140 we are not aware of any state legislature
10 citing Policy G-630.140, nor our AMA claiming Policy G-630.140 as being pivotal in rescinding
11 or blocking discriminatory legislation; and
12

13 Whereas, during the same period our AMA House of Delegates has witnessed a reduction in
14 the number of acceptable venues in which to meet and a dramatic increase in charges for those
15 venues that will house our AMA HOD meetings, an example being a gallon of coffee or
16 unsweetened iced tea costing delegations \$151 per gallon at A-24; and
17

18 Whereas, increases such as these have caused associations and delegations to reconsider and
19 actually reduce representation at meetings, with a disproportionate burden borne by decreased
20 funding for medical students and alternate delegates; and
21

22 Whereas, our AMA has extraordinary meeting planning staff who, if allowed to look beyond the
23 few currently available locations, could find and work with an event venue to create a meeting
24 experience that is cost-efficient for those involved, allowing for the greatest involvement of all;
25 therefore be it
26

27 RESOLVED, that our American Medical Association rescind Policy G-630.140 Item 4. (Rescind
28 HOD Policy)

Fiscal Note: Minimal – less than \$1,000

Received: 9/11/2024

RELEVANT AMA POLICY

G-630.140 Lodging, Meeting Venues, and Social Functions G-630.140

Our American Medical Association's policy on lodging and accommodations includes the following:

1. Our AMA supports choosing hotels for its meetings, conferences, and conventions based on size, service, location, cost, and similar factors.
2. Our AMA shall attempt, when allocating meeting space, to locate the Section Assembly Meetings in the House of Delegates Meeting hotel or in a hotel in close proximity.
3. All meetings and conferences organized and/or primarily sponsored by our AMA will be held in a town, city, county, or state that has enacted comprehensive legislation requiring smoke-free worksites and public places (including restaurants and bars), unless intended or existing contracts or special circumstances justify an exception to this policy, and our AMA encourages state and local medical societies, national medical specialty societies, and other health organizations to adopt a similar policy.
4. It is the policy of our AMA not to hold meetings organized and/or primarily sponsored by our AMA, in cities, counties, or states, or pay member, officer or employee dues in any club, restaurant, or other institution, that has exclusionary policies, including, but not limited to, policies based on, race, color, religion, national origin, ethnic origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age unless intended or existing contracts or special circumstances justify an exception to this policy.
5. Our AMA staff will work with facilities where AMA meetings are held to designate an area for breastfeeding and breast pumping.
6. All future AMA meetings will be structured to provide accommodations for members and invited attendees who are able to physically attend, but who need assistance in order to meaningfully participate.
7. Our AMA will revisit our criteria for selection of hotels and other venues in order to facilitate maximum participation by members and invited attendees with disabilities.

[Res. 2, I-87 Reaffirmed: Sunset Report, I-97 Res. 512, I-98; Consolidated: CLRPD Rep. 3, I-01; Reaffirmation A-04;

Modified: CCB/CLRPD Rep. 3, A-12; Modified: CCB/CLRPD Rep. 2, A-13; Modified: BOT Rep. 17, A-17; Appended: Res. 610, A-22; Modified: BOT Rep. 18, A-23; Reaffirmed: BOT Rep. 21, A-24]

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 602
(I-24)

Introduced by: New England

Subject: Delaying the ETF Endorsement Timeline Revision for Section IOP Revisions

Referred to: Reference Committee F

1 Whereas, the AMA House of Delegates (HOD) Speaker's Letter announced an interpretation of
2 A-24 Resolution 609 such that groups wanting to endorse HOD candidates for Board of
3 Trustees, Councils, etc., must do so over a full year in advance of the House of Delegates
4 election; and

5
6 Whereas, A-24 Resolution 609 did not specify a timeline for implementing this change, leaving
7 this up to the discretion of AMA leadership; and

8
9 Whereas, internal operating procedures (IOPs) for some of the AMA Sections have historically
10 required Section members planning to run in House of Delegates elections to apply for
11 nomination and/or endorsement by the Interim meeting prior to the HOD election, only six
12 months prior to the election; and

13
14 Whereas, the Speaker's planned implementation timeline for endorsements may unintentionally
15 cause inequity for some AMA Sections as, under their current IOPs, a Section's own nominated
16 candidate may not have the endorsement of that same Section due to current nomination
17 timelines; and

18
19 Whereas, in Sections where membership is time-limited (by years of practice, training, term-
20 limits, etc.), a requirement to be endorsed a full year prior to the HOD election unduly limits
21 qualified candidates; and

22
23 Whereas, the aforementioned Sections are unable to ratify new IOPs until they meet just prior
24 to each national AMA meeting; and

25
26 Whereas, any Societies and Sections with conflicting internal rules may not be able to both
27 modify and ratify changes by their voting bodies and by the AMA HOD prior to the October 11th
28 2024 deadline to become an endorsing body, rendering the membership of these Sections
29 disenfranchised from determining whether and how to participate in the nomination and
30 endorsement process for the 2026 election cycle; therefore be it

31
32 RESOLVED, that our American Medical Association House of Delegates candidate
33 endorsement process revisions that were to be implemented for the 2026 election cycle be
34 delayed to allow a thorough evaluation of unintended consequences and for revised State and
35 Society bylaws and Section internal operating procedures to be duly ratified (Directive to Take
36 Action); and be it further

37
38 RESOLVED, that our AMA Board of Trustees expedite the approval of amendments to Section
39 internal operating procedures as necessary to allow for their nomination and endorsement

40 processes to align with impending changes to AMA House of Delegates procedure for
41 nominations and endorsements. (Directive to Take Action)

Fiscal Note: Minimal – less than \$1,000

Received: 9/19/2024

REFERENCES

1. Resident & Fellow Section Internal Operating Procedures subsections V.A.1. and V.G.2., and all subsections which refer to these.
2. Young Physician Section Internal Operating Procedures subsections IX.C., IX.D., and X.B., and all subsections which refer to these.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 604
(I-24)

Introduced by: New York

Subject: Opposing Discrimination and Protecting Free Speech Among Member
Organizations of Organized Medical Associations

Referred to: Reference Committee F

- 1 Whereas, the International Federation of Medical Student Association (IFMSA) is a global
2 organization that fosters collaboration, education, and advocacy among medical students from
3 diverse countries; and
4
- 5 Whereas, the IFMSA has recently suspended the Federation of Israeli Medical Students (FIMS),
6 a member society based on allegations of hostile and threatening comments that are violations
7 of the IFMSA code of conduct; and
8
- 9 Whereas, FIMS denies allegations of hostile and threatening comments while maintaining that
10 the suspension was politically motivated based on actions taken by its host country; and
11
- 12 Whereas, FIMS denies allegations of hostile and threatening comments while maintaining that
13 the suspension was politically motivated based on actions taken by its host country; and
14
- 15 Whereas, the American Medical Association (AMA) upholds principles of individual freedom of
16 speech, equity, inclusion, and the importance of engagement in a diverse global community;
17 and
18
- 19 Whereas, one of the main functions of parliamentary procedures is to assure that the minority
20 voices are heard; and
21
- 22 Whereas, it is essential for international medical organizations to focus on the advancement of
23 medical education and the promotion of human health rather than engaging in politically
24 motivated actions that may undermine the collaborative nature of their mission; and
25
- 26 Whereas, censure of a member society based solely on the political or military policies of its
27 host county, city or state country may unfairly penalize medical professionals who are working
28 toward positive change and who may not have control over the policies, may or may not agree
29 with such policies, and might not be able to speak against such policies; therefore be it
30
- 31 RESOLVED, that our American Medical Association supports that organized medical societies
32 should not discriminate against, suspend, or otherwise punish member societies for the political
33 views or actions of their host city, state, or national governments (New HOD Policy); and be it
34 further
35
- 36 RESOLVED, that our AMA supports that members of organized medical societies should not
37 engage in harassment of other members, threats towards other members, or hate speech (New
38 HOD Policy); and be it further

- 1 RESOLVED, that our AMA support these principles on an international level among
- 2 international medical organizations. (New HOD Policy)

Fiscal Note: Minimal – less than \$1,000

Received: 9/24/2024

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 605
(1-24)

Introduced by: New York

Subject: AMA House of Delegates Expenses

Referred to: Reference Committee F

- 1 Whereas, the cost of attending Annual and Interim meetings of the American Medical
2 Association (AMA) is quite high; and
3
4 Whereas, cost is often a factor leading many delegations to reduce the number of delegates
5 they bring to such meetings, thereby reducing the diversity of ideas that these delegates would
6 otherwise provide; and
7
8 Whereas, our AMA has considerable assets that could be used to defray the expenses incurred
9 by delegates; therefore be it
10
11 RESOLVED, that our American Medical Association provide \$1000, in 2024 dollars, per
12 designated delegate and alternate delegate that attends the Annual and/or Interim meetings of
13 our AMA (Directive to Take Action); and be it further
14
15 RESOLVED, that our AMA give the meeting stipend to the delegate or alternate delegate
16 themselves, rather than to the state or subspecialty society that they represent. (Directive to
17 Take Action)

Fiscal Note: \$2.82 million annually based on current delegate count but would increase if the delegate count increases.

Received: 9/24/2024

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 606
(I-24)

Introduced by: New York

Subject: Protecting Free Speech and Encouraging Respectful Discourse Among
Member Organizations of Organized Medical Associations

Referred to: Reference Committee F

- 1 Whereas, the International Federation of Medical Student Association (IFMSA) is a global
2 organization that fosters collaboration, education, and advocacy among medical students from
3 diverse countries; and
4
5 Whereas, the IFMSA has recently suspended the Federation of Israeli Medical Students (FIMS),
6 a member society based on allegations of hostile and threatening comments that are violations
7 of the IFMSA code of conduct; and
8
9 Whereas, FIMS denies allegations of hostile and threatening comments while maintaining that
10 the suspension was politically motivated based on actions taken by its host country; and
11
12 Whereas, the American Medical Association (AMA) upholds principles of individual freedom of
13 speech, equity, inclusion, and the importance of engagement in a diverse global community;
14 and
15
16 Whereas, one of the main functions of parliamentary procedures is to assure that the minority
17 voices are heard; and
18
19 Whereas, it is essential for international medical organizations to focus on the advancement of
20 medical education and the promotion of human health rather than engaging in politically
21 motivated actions that may undermine the collaborative nature of their mission; and
22
23 Whereas, censure of a member society based solely on the political or military policies of its
24 host country may unfairly penalize medical professionals who are working toward positive
25 change and who may not have control over their country's policies, may or may not agree with
26 such policies, and might not be able to speak against such policies; therefore be it
27
28 RESOLVED, that our American Medical Association believes that organized medical societies
29 should not suspend or otherwise punish member societies for the political views or military
30 actions of their host governments (New HOD Policy); and be it further
31
32 RESOLVED, that our AMA believes that members of organized medical societies should not
33 engage in harassment of other members, threats towards other members, or hate speech. (New
34 HOD Policy)

Fiscal Note: Minimal – less than \$1,000

Received: 9/24/2024

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 607
(I-24)

Introduced by: New York

Subject: AMA House of Delegates Venues

Referred to: Reference Committee F

1 Whereas, cost is often a factor leading many delegations to reduce the number of delegates
2 they bring to such meetings, thereby reducing the diversity of ideas that these delegates would
3 otherwise provide; and
4

5 Whereas, the cost of American Medical Association (AMA) meetings is often high because of
6 the relatively low number of venues competing to host these meetings; and
7

8 Whereas, the cost of the Annual meeting is particularly high because reportedly only one hotel
9 in Chicago that is able to accommodate a meeting of this size, thus eliminating the possibility of
10 exploring less expensive venues; and
11

12 Whereas, the ability for the AMA to negotiate better contract terms for the Annual Meeting is
13 hampered by confining the location to only Chicago; and
14

15 Whereas, AMA Policy G630.140 Item 4 places undue restrictions on the choice of venues for
16 the Interim meetings; and
17

18 Whereas, AMA Board of Trustees Report 21-A-24 stated that "It is at the discretion of the House
19 of Delegates to change current policy" with regard to AMA Policy G630.140; therefore be it
20

21 RESOLVED, that our American Medical Association retain the ability to choose any location
22 within the continental United States to hold the Annual Meeting (Directive to Take Action); and
23 be it further
24

25 RESOLVED, that our AMA Policy G630.140 Item 4 be rescinded (Rescind HOD Policy); and be
26 it further
27

28 RESOLVED, that our AMA Board of Trustees will employ or contract any services that may
29 reduce or alleviate concerns about risk factors related to a particular location venue (Directive to
30 Take Action); and be it further
31

32 RESOLVED, that our AMA Board of Trustees re-examine previously used and explore
33 potentially new venues for future Interim meetings. (Directive to Take Action)

Fiscal Note: Minimal – less than \$1,000

Received: 9/24/2024

RELEVANT AMA POLICY

Lodging, Meeting Venues, and Social Functions G-630.140

Our American Medical Association's policy on lodging and accommodations includes the following:

1. Our AMA supports choosing hotels for its meetings, conferences, and conventions based on size, service, location, cost, and similar factors.
2. Our AMA shall attempt, when allocating meeting space, to locate the Section Assembly Meetings in the House of Delegates Meeting hotel or in a hotel in close proximity.
3. All meetings and conferences organized and/or primarily sponsored by our AMA will be held in a town, city, county, or state that has enacted comprehensive legislation requiring smoke-free worksites and public places (including restaurants and bars), unless intended or existing contracts or special circumstances justify an exception to this policy, and our AMA encourages state and local medical societies, national medical specialty societies, and other health organizations to adopt a similar policy.
4. It is the policy of our AMA not to hold meetings organized and/or primarily sponsored by our AMA, in cities, counties, or states, or pay member, officer or employee dues in any club, restaurant, or other institution, that has exclusionary policies, including, but not limited to, policies based on, race, color, religion, national origin, ethnic origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age unless intended or existing contracts or special circumstances justify an exception to this policy.
5. Our AMA staff will work with facilities where AMA meetings are held to designate an area for breastfeeding and breast pumping.
6. All future AMA meetings will be structured to provide accommodations for members and invited attendees who are able to physically attend, but who need assistance in order to meaningfully participate.
7. Our AMA will revisit our criteria for selection of hotels and other venues in order to facilitate maximum participation by members and invited attendees with disabilities.