

## DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2024 Interim Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-24)

Final Report of Reference Committee F

Michael B. Simon, MD, MBA, Chair

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1 Your Reference Committee recommends the following consent calendar for acceptance:

2  
3 **RECOMMENDED FOR ADOPTION**

- 4  
5 1. Report of the House of Delegates Committee on the Compensation of the Officers  
6  
7 2. Council on Long Range Planning and Development Report 1 - Academic  
8 Physicians Section Five-Year Review  
9  
10 3. Board of Trustees Report 25 - World Medical Association Observer Status in the  
11 House of Delegates  
12  
13 4. Resolution 608 - Direct Election of Resident/Fellow Members of the AMA Board of  
14 Trustees and Various AMA Councils  
15

16 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 17  
18 5. Speakers' Report 1 - Report of the Election Task Force 2  
19

20 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 21  
22 6. Board of Trustees Report 16 - AMA Reimbursement of Necessary HOD Business  
23 Meeting Expenses for Delegates and Alternates  
24 Resolution 605 - AMA House of Delegates Expenses  
25 Resolution 609 - Restoring Annual and Interim Meeting Schedule  
26

27 **RECOMMENDED FOR NOT ADOPTION**

- 28  
29 7. Resolution 601 - Expanding AMA Meeting Venue Options  
30  
31 8. Resolution 602 - Delaying the ETF Endorsement Timeline Revision for Section  
32 IOP Revisions  
33  
34 9. Resolution 607 - AMA House of Delegates Venues  
35

### Amendments

If you wish to propose an amendment to an item of business, click here: [Submit New Amendment](#)

1 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

2

3 10. Resolution 604 - Opposing Discrimination and Protecting Free Speech Among  
4 Member Organizations of Organized Medical Associations

5

6 11. Resolution 606 - Protecting Free Speech and Encouraging Respectful Discourse  
7 Among Member Organizations of Organized Medical Associations

## RECOMMENDED FOR ADOPTION

1 (1) REPORT OF THE HOUSE OF DELEGATES COMMITTEE  
2 ON THE COMPENSATION OF THE OFFICERS

3  
4 RECOMMENDATION:

5  
6 Madam Speaker, your Reference Committee recommends  
7 that the Report of the House of Delegates Committee on the  
8 Compensation of the Officers be adopted and the remainder  
9 of the Report be filed.

10  
11 **HOD ACTION: Report of the House of Delegates**  
12 **Committee on the Compensation of the Officers adopted**  
13 **and the remainder of the Report filed.**  
14

15 The Committee on Compensation of the Officers recommends the following  
16 recommendations be adopted and the remainder of this report be filed.

17  
18 1. That there be no change to the current Definitions effective July 1, 2018 as they appear  
19 in the Travel and Expenses Standing Rules for AMA Officers for the Governance  
20 Honorarium, Per Diem for Representation and Telephonic Per Diem except for the  
21 Governance Honorarium and Per Diem amounts as recommended in 2, 3 and 4 below.

- 22
- 23 • Definition of Governance Honorarium effective July 1, 2017:  
24 The purpose of this payment is to compensate Officers, excluding Board Chair,  
25 Chair-Elect and Presidents, for all Chair-assigned internal AMA work and related  
26 travel. This payment is intended to cover all currently scheduled Board meetings,  
27 special Board or Board committee, subcommittee and task force meetings, Board  
28 orientation, Board development and media training, and Board conference calls,  
29 and any associated review or preparatory work, and all travel days related to all  
30 such meetings. The Governance Honorarium also covers Internal Representation,  
31 such as section and council liaison meetings (and associated travel) or calls, up to  
32 eleven (11) Internal Representation days.
  - 33
  - 34 • Definition of Per Diem for Representation effective July 1, 2017:  
35 The purpose of this payment is to compensate for Board Chair-assigned  
36 representation day(s) and related travel for Officers, excluding Board Chair, Chair-  
37 Elect and Presidents. Representation is either external to the AMA, or for  
38 participation in a group or organization with which the AMA has a key role in  
39 creating/partnering/facilitating achievement of the respective organization goals  
40 such as the AMA Foundation, PCPI, etc., or for Internal Representation days  
41 above eleven (11). The Board Chair may also approve a per diem for special  
42 circumstances that cannot be anticipated such as weather-related travel delays.
  - 43
  - 44 • Definition of Telephonic Per Diem for Representation effective July 1, 2017:  
45 Officers, excluding the Board Chair, Chair-Elect and Presidents, who are assigned  
46 as the AMA representative to outside groups as one of their specific Board  
47 assignments or assigned Internal Representation days above eleven (11), receive

- 1 a per diem rate for teleconference meetings when the total of all teleconference  
2 meetings of 30 minutes or longer during a calendar day equal 2 or more hours.  
3 Payment for these meetings would require approval of the Chair of the Board.
- 4 2. That the Governance Honorarium for all Board members excluding, Board Chair,  
5 President, President-elect, and Immediate Past President be increased effective  
6 July 1, 2025 to \$68,500. (Directive to Take Action)
- 7
- 8 3. That the Per Diem for Chair-assigned representation for all Board members excluding  
9 the Board Chair, and Presidents and related travel be increased effective July 1, 2025  
10 to \$1,550 per day. (Directive to Take Action)
- 11
- 12 4. That the Per Diem for Chair-assigned Telephonic Per Diem for Representation be  
13 increased effective July 1, 2025 to \$775 as defined. (Directive to Take Action)
- 14

15 Limited, yet supportive, testimony was provided. Your Reference Committee recommends  
16 adoption of the Report of the House of Delegates Committee on the Compensation of the  
17 Officers.

18

19 (2) COUNCIL ON LONG RANGE PLANNING AND  
20 DEVELOPMENT REPORT 1 - ACADEMIC PHYSICIANS  
21 SECTION FIVE-YEAR REVIEW

22

23 RECOMMENDATION:

24

25 Madam Speaker, your Reference Committee recommends  
26 that the Council on Long Range Planning and Development  
27 Report 1 be adopted and the remainder of the Report be  
28 filed.

29

30 **HOD ACTION: Council on Long Range Planning and**  
31 **Development Report 1 adopted and the remainder of the**  
32 **Report filed.**

33

34 The Council on Long Range Planning and Development recommends that our American  
35 Medical Association renew delineated section status for the Academic Physicians Section  
36 through 2029 with the next review no later than the 2029 Interim Meeting.

37

38 Your Reference Committee received no negative testimony in response to the Council's  
39 report and appreciates the Academic Physicians Section's cooperation with the Council,  
40 which allowed for a thorough review. Your Reference Committee supports the  
41 recommendation of the Council.

1 (3) BOARD OF TRUSTEES REPORT 25 - WORLD MEDICAL  
2 ASSOCIATION OBSERVER STATUS IN THE HOUSE OF  
3 DELEGATES

4  
5 RECOMMENDATION:

6  
7 Madam Speaker, your Reference Committee recommends  
8 that Board of Trustees 25 be adopted and the remainder of  
9 the Report be filed.

10  
11 **HOD ACTION: Board of Trustees 25 adopted and the**  
12 **remainder of the Report filed.**

13  
14 The Board of Trustees recommends that the World Medical Association be admitted as  
15 an Official Observer in the House of Delegates, and that the remainder of this report be  
16 filed.

17  
18 The testimony was supportive of granting the World Medical Association's Official  
19 Observer status in our AMA House of Delegates.

20  
21 (4) RESOLUTION 608 - DIRECT ELECTION OF  
22 RESIDENT/FELLOW MEMBERS OF THE AMA BOARD  
23 OF TRUSTEES AND VARIOUS AMA COUNCILS

24  
25 RECOMMENDATION:

26  
27 Madam Speaker, your Reference Committee recommends  
28 that Resolution 608 be adopted.

29  
30 **HOD ACTION: Alternate Resolution adopted in lieu of**  
31 **Resolution 608.**

32  
33 **RESOLVED, that our American Medical Association amend**  
34 **existing policy and election rules to permit an exception to**  
35 **the endorsement timeline for the Resident and Fellow**  
36 **Section, allowing endorsements to be obtained no later than**  
37 **six months before the election, applicable only to**  
38 **candidates for resident- and fellow-designated seats on the**  
39 **Board of Trustees and AMA Councils.**

40  
41 RESOLVED, that our American Medical Association (AMA) modify its Constitution and  
42 Bylaws to allow the Resident and Fellow Section (RFS) to directly elect the resident/fellow  
43 member of our AMA Board of Trustees as well as modify its Bylaws to allow the RFS to  
44 directly elect the resident/fellow member of our AMA Council on Constitution and Bylaws  
45 (CCB), our AMA Council on Medical Education (CME), our AMA Council on Medical  
46 Service (CMS), and our AMA Council on Science and Public Health (CSAPH).

47  
48 Opposing testimony indicated that members of our AMA Board of Trustee represent the  
49 entire House of Delegates and should be voted on by the larger body. Supportive  
50 testimony spoke to the impact of endorsement and election rule changes that are making

1 it disproportionately difficult for a resident in a three year residency program (e.g., family  
2 medicine, internal medicine, emergency medicine) to plan for, be endorsed, run, be  
3 elected, and serve a full term for the resident and fellow trustee position due to the  
4 extended timeline spanning more than three years.

## RECOMMENDED FOR ADOPTION AS AMENDED

1 (5) SPEAKERS' REPORT 1 - REPORT OF THE ELECTION  
2 TASK FORCE 2

3  
4 RECOMMENDATION A:

5  
6 Madam Speaker, your Reference Committee recommends  
7 that Speakers' Report 1 be amended by addition and  
8 deletion to read as follows:

- 9  
10 1. That the following "Glossary of Election Terms" be  
11 added to our AMA Election Policy (New HOD Policy):

12  
13 **Glossary**

14  
15 **Active campaign window** - period of time after the  
16 Speaker's notice of the opening of active campaigning  
17 until the Election Session during the House of Delegates  
18 meeting at which elections are being held.

19  
20 **Active campaigning** - Outreach by candidates or their  
21 surrogate(s), including but not limited to, members of  
22 their campaign team, to members of the House of  
23 Delegates with the goal of being elected by the AMA  
24 House of Delegates.

25  
26 **Announced candidate** - person who has indicated their  
27 intention to run for elected position; announcement can  
28 be made only by sending an electronic announcement  
29 card to the Speakers via the HOD office by email to  
30 hod@ama-assn.org.

31  
32 **Campaign manager(s)** - person(s) identified by the  
33 candidate to the HOD Office as the person(s)  
34 responsible for running the campaign.

35  
36 **Campaign team** - campaign manager(s) and/or staff  
37 identified by the candidate to the HOD Office.

38  
39 **Campaign-related** - any content that includes reference  
40 to an announced candidate in the context of their  
41 candidacy for an elected position within the AMA.

42  
43 **Digital** - relating to, using, or storing data or information  
44 in the form of digital signals; involving or relating to the  
45 use of computer technology; this includes, but is not  
46 limited to, social media and communication platforms.

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

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

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

14  
15 **Featured** - identification of a candidate at an event by  
16 the host or organizer of the event, including but not  
17 limited to, written or verbal announcement of the  
18 candidate or their candidacy.

19  
20 **Sponsoring group**

- 21 • Sponsoring group is an endorsing group that may  
22 offer endorsements to the delegate(s) and/or  
23 alternate delegate(s) representing that sponsoring  
24 group without the need to provide their endorsement  
25 process to the HOD Office.  
26 • The association, society, AMA section, or other  
27 entity for which a prospective candidate serves as  
28 an AMA HOD delegate or alternate delegate as  
29 certified with the HOD office.  
30 • The Section delegate and alternate delegate are the  
31 only individuals who may be sponsored by their  
32 respective AMA Section.  
33 • Current trustees or Council members seeking re-  
34 election as a trustee or election to president-elect  
35 may be sponsored by the delegation for which they  
36 served as an AMA HOD delegate or alternate  
37 delegate immediately prior to their election to the  
38 board.  
39 • Individuals may self sponsor act as their own  
40 sponsoring group (self-sponsor nomination).



1 RECOMMENDATION B:  
2

3 Madam Speaker, your Reference Committee recommends  
4 that Speakers' Report 1 be amended by addition of a  
5 recommendation to read as follows:  
6

- 7 7. Policy G-610.090 Section VI item 7 be amended by  
8 addition and deletion to read as follows (Modify HOD  
9 Policy):

10  
11 **VI. Interview Rules**

12 Candidates and interviewers must comply with the  
13 following rules:

- 14 7. Virtual interviews are subject to the following  
15 constraints:
- 16 a. Interviews may be conducted only during a  
17 ~~4-7 day~~ 9-14 day window (preferably across  
18 two separate weekends) as designated by  
19 the Speaker beginning at least two weeks  
20 but not more than ~~4-six~~ (6) weeks prior to the  
21 scheduled Opening Session of the House of  
22 Delegates meeting at which elections will  
23 take place.
  - 24 b. Interviews conducted on weeknights must be  
25 scheduled between 5 pm and 10 pm or on  
26 weekends between 8 am and 10 pm based  
27 on the candidate's local time, unless another  
28 mutually acceptable time outside these  
29 hours is arranged.
  - 30 c. Caucuses and delegations scheduling  
31 interviews for candidates within the  
32 parameters above must offer alternatives to  
33 those candidates who have conflicts with the  
34 scheduled time.

35  
36 RECOMMENDATION C:  
37

38 Madam Speaker, your Reference Committee recommends  
39 that Speakers' Report 1 be adopted as amended and the  
40 remainder of the Report be filed.

41  
42 **HOD ACTION: Speakers' Report 1 adopted as amended**  
43 **and the remainder of the Report filed.**  
44

45 *Recommendations adopted from this report will be in effect at the close of Interim 2024.*  
46 *For clarification purposes only, additions within existing policy language are shown in red.*  
47

- 48 1. That the following "Glossary of Election Terms" be added to our AMA Election Policy  
49 (New HOD Policy):

## **Glossary**

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

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

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

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

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

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

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

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

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

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

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

### **Sponsoring group**

- The association, society, AMA section, or other entity for which a prospective candidate serves as an AMA HOD delegate or alternate delegate as certified with the HOD office.
- The Section delegate and alternate delegate are the only individuals who may be sponsored by their respective AMA Section.

- Current trustees seeking re-election as a trustee or election to president-elect may be sponsored by the delegation for which they served as an AMA HOD delegate or alternate delegate immediately prior to their election to the board.
- Individuals may act as their own sponsoring group (self-sponsor).

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

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

1. Every effort should be made to have two or more candidates ~~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.
3. Policy G-610.090 Section III items 1 and 6 be amended by addition and deletion to read as follows (Modify HOD Policy):

## 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, the sponsoring group, if any, and a list of endorsing groups, if any 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.
  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.
4. Policy G-610.090 Section IV items 1, 6, and 7 be amended by addition and deletion to read as follows (Modify HOD Policy):

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

1. Active campaigning for our AMA elective office an elected AMA position may not begin until the active campaign window opens as announced by the Speaker following the Spring Board of Trustees meeting immediately preceding the meeting at which the election is scheduled to take place. 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.
6. Active campaigning via mass outreach to delegates by candidates or on behalf of a candidate by any method is prohibited. A reduction in the volume of telephone calls and personal electronic communication from candidates and on behalf of candidates is encouraged. No part of this rule shall be interpreted to limit developing or communicating within a campaign team. 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. Printed and digital Campaign materials may not be distributed to members of the House other than by the HOD office candidate email and on the AMA Candidates' Page. by postal mail or its equivalent. The AMA Office of House of Delegates Affairs will not 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.
5. Policy G-610.090 Section IV be amended by the addition of a new second and final item with appropriate renumbering to read as follows (New HOD Policy):
  2. An announced candidate may discuss their candidacy on an individual basis in private conversations after the announcement of candidacy until the active campaigning period begins. Prior to the active campaigning period, no other individual may discuss the candidacy except in private conversations with the announced candidate on an individual basis. This rule does not prohibit any candidate from discussions for the purpose of forming a campaign team or from a campaign team discussing a candidate or campaign strategy. This rule also does not prohibit persons not associated with a campaign from discussing candidates in private conversations.
  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.

Testimony provided by the author stated that the Election Task Force Report was updated to reflect feedback offered during an open forum at the 2024 Annual Meeting.

Further testimony highlighted that:

- the proposed sponsorship process may potentially place some members at a disadvantage with respect to the overall endorsement process. Your Reference Committee proffered an amendment to the definition for a Sponsoring group to clarify that a Sponsoring group is an Endorsing group that is not required to submit their endorsing procedures to the House of Delegates Office because the House of Delegates Office can verify delegate / alternate delegate status based on its credentialing information.
- greater flexibility is needed for virtual candidate interviews and an amendment was proffered for the Interview Rules to address this concern.

Finally, your Reference Committee received limited, yet disparate, testimony on the timeline for the campaign window. Concerns were raised about costs and equity if the campaign window was extended.

## RECOMMENDED FOR ADOPTION IN LIEU OF

- 1 (6) BOARD OF TRUSTEES REPORT 16 - AMA  
2 REIMBURSEMENT OF NECESSARY HOD BUSINESS  
3 MEETING EXPENSES FOR DELEGATES AND  
4 ALTERNATES  
5 RESOLUTION 605 - AMA HOUSE OF DELEGATES  
6 EXPENSES  
7 RESOLUTION 609 - RESTORING ANNUAL AND INTERIM  
8 MEETING SCHEDULE

9  
10 RECOMMENDATION A:

11  
12 Madam Speaker, your Reference Committee recommends  
13 that the Recommendations in Board of Trustees Report 16  
14 be amended by an additional recommendation to read as  
15 follows:  
16

- 17 2. That our AMA will issue a report at the 2025 Annual  
18 Meeting, and each meeting thereafter, identifying the  
19 number of delegates and alternate delegates supported  
20 by the grants and the total amount provided under our  
21 AMA House of Delegates Emergency Assistance  
22 Program;  
23

24 RECOMMENDATION B:

25  
26 Madam Speaker, your Reference Committee recommends  
27 that the Recommendations in Board of Trustees Report 16  
28 be amended by an additional recommendation to read as  
29 follows:  
30

- 31 3. That our AMA will provide the House of Delegates with  
32 reports on a regular cadence detailing ongoing work  
33 regarding House of Delegates meetings to mitigate  
34 costs, explore solutions, and maintain participation while  
35 reducing the financial burden on all parties over the long  
36 term.

1 RECOMMENDATION C:  
2

3 Madam Speaker, your Reference Committee recommends  
4 that the Recommendations in Board of Trustees Report 16  
5 be amended by an additional recommendation to read as  
6 follows:  
7

- 8 4. That our AMA will not reduce by one day the 2025  
9 Annual and Interim Meetings and will issue a report for  
10 consideration at the 2025 Annual Meeting outlining  
11 details for potential changes to the length and format of  
12 future House of Delegates meetings; and that  
13

14 RECOMMENDATION D:  
15

16 Madam Speaker, your Reference Committee recommends  
17 that Board of Trustees Report 16 as amended be adopted  
18 in lieu of Resolutions 605 and 609 and the remainder of  
19 Report be filed.  
20

21 **HOD ACTION: Board of Trustees Report 16 as amended**  
22 **adopted in lieu of Resolutions 605 and 609 and the**  
23 **remainder of Report filed.**  
24

25 Board of Trustees Report 16

26 The AMA recognizes that engagement by the organizations who send representatives to  
27 our HOD meetings to participate in the policy-making process is essential to the strength  
28 of organized medicine. Your Board of Trustees is committed to supporting attendance at  
29 AMA HOD meetings, providing immediate financial relief on a short-term emergency  
30 basis, and developing a plan for long-term sustainable participation. Therefore, your Board  
31 of Trustees recommends that Resolution 606-A-23 not be adopted and the remainder of  
32 this report be filed.  
33

34 Resolution 605

35 RESOLVED, that our American Medical Association provide \$1000, in 2024 dollars, per  
36 designated delegate and alternate delegate that attends the Annual and/or Interim  
37 meetings of our AMA (Directive to Take Action)  
38

39 RESOLVED, that our AMA give the meeting stipend to the delegate or alternate delegate  
40 themselves, rather than to the state or subspecialty society that they represent. (Directive  
41 to Take Action)  
42

43 Resolution 609

44 RESOLVED, that our American Medical Association Board of Trustees restore the length  
45 of the Regular Meetings (Annual and Interim) of the House of Delegates to the length that  
46 occurred in 2024, and shall do so at the Annual Meeting of the House of Delegates in 2025  
47 and continuing (Directive to Take Action)  
48

49 RESOLVED, that any proposed changes to the structure or format of the Regular  
50 Meetings of the House of Delegates, including but not limited to duration, composition, or

1 appportionment, be brought before the House for open discussion and approval by vote  
2 prior to implementation. (Directive to Take Action)

3  
4 Your Reference Committee wishes to highlight that testimony reflected consensus around  
5 the fact that Federation members and societies, as well as our AMA, are impacted by  
6 rising and exorbitant meeting costs. All recognize that this plan is needed to address the  
7 growing financial barrier to participation in the policymaking process of our AMA House of  
8 Delegates. Further consensus reflected that such a plan is complex. Our Board of  
9 Trustees indicate in their report that three listening sessions with members of the House  
10 of Delegates and Federation staff were convened in which 100+ state and specialty  
11 society delegates and executives participated.

12  
13 Our Board of Trustees has established a two-year Emergency Assistance Program,  
14 beginning at A-25. The purpose of this temporary assistance program will be to offer  
15 financial relief to Federation organizations to support the funding of delegates and  
16 alternates, including medical student and resident and fellow physician delegates elected  
17 from their sections and allocated to be supported by their societies to attend the AMA  
18 Annual and Interim HOD meetings. The funding will be made available as a grant to  
19 societies who are deemed to spend a greater percentage of their annual revenue to  
20 support their AMA delegation (based on an average cost estimate per delegate for all  
21 societies and using each state and specialty society's most recent Form 990 available)  
22 than the AMA spends on the Annual and Interim meetings (approximately 2.6%). The AMA  
23 will provide the society with the IRS per diem allowable rate per delegate and alternate  
24 delegate that will be required to be used for expenses related to the AMA HOD meetings.  
25 Each society that is deemed eligible to receive assistance will need to provide a formal  
26 request to the AMA to receive funding. The funds will be paid directly to the society, not to  
27 the individual delegates and alternate delegates, but will be limited to use for defraying  
28 the costs for delegates and alternate delegates to attend the AMA House of Delegates  
29 meetings. The AMA has already acquired the necessary documentation to issue the  
30 grants if requested by qualifying societies and there is no administrative reporting or  
31 support needed from state and specialty societies, residents, fellows or medical students.

32  
33 Your Reference Committee noted an additional concern raised in the testimony, which is  
34 further clarity and transparency is needed for the financial assistance provided under our  
35 AMA House of Delegates Emergency Assistance Program. Your Reference Committee  
36 believes both clarity and transparency will be achieved with the ongoing reports requested  
37 in Recommendation B.

38  
39 Additional testimony on issuing grants without means testing was offered. Your Reference  
40 Committee wishes to note that means testing is an important aspect of fiduciary  
41 responsibility and preservation of tax-exempt status. In order to evaluate the pilot grant  
42 program, your Reference Committee recommends information on recipients be reported  
43 at an aggregate level.

44  
45 As noted in Board of Trustees Report 16, the "AMA's tax-exempt status and the  
46 regulations under which it operates to maintain that status is a key consideration when  
47 determining if or how to provide benefits or contributions to individuals or organizations."  
48 Accordingly, the Board of Trustees sought counsel to protect the tax-exempt status of our  
49 Association while ensuring compliance with Internal Revenue Service guidelines for  
50 providing grants to societies. The AMA House of Delegates Emergency Assistance



1 Program minimizes the risk to the AMA's tax-exempt status. Other alternatives proposed  
2 would expose the AMA to unacceptable levels of IRS risk and scrutiny.

3  
4 Testimony was heard regarding the desire of the House of Delegates to have input  
5 regarding any substantial changes to the House of Delegates meeting, including what was  
6 proposed by the Board in this report to shorten the meeting by one day.

7  
8 Those expressing concerns about Board of Trustees Report 16 and Resolution 609  
9 identified that our Board of Trustees proactively shortened our House of Delegates  
10 meetings by one day. There were questions as to whether the decision is within the  
11 purview of our Board of Trustees. Your Reference Committee determined that our AMA  
12 Bylaws establish our Board of Trustees as fiduciaries, which provides for broad discretion  
13 regarding venue negotiations. The Board of Trustees Report further indicates, "It is  
14 estimated that this [shortening the meeting by one day] will reduce the cost to societies by  
15 a minimum of \$1.4 million per year and benefit many delegates and alternates by requiring  
16 less time away from their practices." To be clear, the \$1.4 million per year in cost savings  
17 is a benefit to Federation members and societies. Further, the AMA House of Delegates  
18 Emergency Assistance Program is not dependent on shortening our AMA meetings. Our  
19 Board of Trustees opted to shorten the 2025 Annual Meeting by one day due to these  
20 anticipated cost savings, but the action is reversible. Your Reference Committee heard  
21 overwhelming testimony supporting reinstatement of the meeting day and therefore  
22 recommends restoring the original timeline to our House of Delegates meetings.

## RECOMMENDED FOR NOT ADOPTION

1 (7) RESOLUTION 601 - EXPANDING AMA MEETING VENUE  
2 OPTIONS

3  
4 RECOMMENDATION:

5  
6 Madam Speaker, your Reference Committee recommends  
7 that Resolution 601 not be adopted.

8  
9 **HOD ACTION: Resolution 601 not adopted.**

10  
11 RESOLVED, that our American Medical Association rescind Policy G-630.140 Item 4.  
12 (Rescind HOD Policy)

13  
14 Your Reference Committee received mixed, but predominantly negative, testimony in  
15 response to Resolution 601. Those who support the resolution do not believe our AMA  
16 Policy G-630.140, Item 4 has achieved any legislative changes or made any significant  
17 political statement, and boycotts are not effective in changing legislation. It is believed that  
18 the policy has resulted in increased meeting costs due to the limiting of meeting venues.  
19 Those opposed to Resolution 601 do not believe our AMA Policy G-630.140, Item 4 exists  
20 simply to make a political statement. Opposing testimony further indicated that medical  
21 professionals have an obligation to not support discrimination, and the adoption of  
22 Resolution 601 would send a strong message that money means more than principles.  
23 Your Reference Committee heard extensive testimony that attendee safety is paramount,  
24 and since travel to and from, and meeting events occur outside the venue, the selection  
25 of the city and state is important in protecting attendee safety.

26  
27 While your Reference Committee acknowledges the concerns expressed about exorbitant  
28 meeting costs, the issue is being addressed by our AMA via other methods.

29  
30 **G-630.140, “Lodging, Meeting Venues, and Social Functions”**

31 Our American Medical Association’s policy on lodging and  
32 accommodations includes the following:

- 33
- 34 1. Our AMA supports choosing hotels for its meetings, conferences, and  
35 conventions based on size, service, location, cost, and similar factors.
  - 36 2. Our AMA shall attempt, when allocating meeting space, to locate the  
37 Section Assembly Meetings in the House of Delegates Meeting hotel  
38 or in a hotel in close proximity.
  - 39 3. All meetings and conferences organized and/or primarily sponsored by  
40 our AMA will be held in a town, city, county, or state that has enacted  
41 comprehensive legislation requiring smoke-free worksites and public  
42 places (including restaurants and bars), unless intended or existing  
43 contracts or special circumstances justify an exception to this policy,  
44 and our AMA encourages state and local medical societies, national  
45 medical specialty societies, and other health organizations to adopt a  
46 similar policy.
  - 47 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

1 member, officer or employee dues in any club, restaurant, or other  
2 institution, that has exclusionary policies, including, but not limited to,  
3 policies based on, race, color, religion, national origin, ethnic origin,  
4 language, creed, sex, sexual orientation, gender, gender identity and  
5 gender expression, disability, or age unless intended or existing  
6 contracts or special circumstances justify an exception to this policy.

- 7 5. Our AMA staff will work with facilities where AMA meetings are held to  
8 designate an area for breastfeeding and breast pumping.  
9 6. All future AMA meetings will be structured to provide accommodations  
10 for members and invited attendees who are able to physically attend,  
11 but who need assistance in order to meaningfully participate.  
12 7. Our AMA will revisit our criteria for selection of hotels and other venues  
13 in order to facilitate maximum participation by members and invited  
14 attendees with disabilities.

15  
16 (8) RESOLUTION 602 - DELAYING THE ETF  
17 ENDORSEMENT TIMELINE REVISION FOR SECTION  
18 IOP REVISIONS

19  
20 RECOMMENDATION:

21  
22 Madam Speaker, your Reference Committee recommends  
23 that Resolution 602 not be adopted.

24  
25 **HOD ACTION: Resolution 602 not adopted.**

26  
27 RESOLVED, that our American Medical Association House of Delegates candidate  
28 endorsement process revisions that were to be implemented for the 2026 election cycle  
29 be delayed to allow a thorough evaluation of unintended consequences and for revised  
30 State and Society bylaws and Section internal operating procedures to be duly ratified  
31 (Directive to Take Action)

32  
33 RESOLVED, that our AMA Board of Trustees expedite the approval of amendments to  
34 Section internal operating procedures as necessary to allow for their nomination and  
35 endorsement processes to align with impending changes to AMA House of Delegates  
36 procedure for nominations and endorsements. (Directive to Take Action)

37  
38 Testimony provided by our Board of Trustees noted the conflict between the endorsement  
39 rules for the Annual 2026 election cycle and the candidate endorsement processes  
40 outlined in the Sections' Internal Operating Procedures (IOP). In response, our Board of  
41 Trustees approved a temporary suspension of Section IOP requirements for endorsing  
42 candidates for AMA House of Delegates (HOD) elections.

43  
44 Although the Board of Trustees' action to address this conflict and the Governing Councils'  
45 capacity to act on behalf of the Sections between meetings was acknowledged, opposing  
46 testimony indicated there were still unintended consequences:

- 47  
48 • Section members did not have an opportunity to attain consensus on IOP changes  
49 needed to align their candidate endorsement process with the endorsement rules  
50 for the 2026 election cycle.

- The current rules may preclude some delegations and sections from implementing their established processes for candidate endorsements while potentially creating inequities for candidates.

It was further noted that adjusting the timing of the endorsement window to conclude after the Interim Meeting would alleviate these concerns for future election cycles. Since Resolution 602 calls for postponing a due date that has passed, your Reference Committee believes Resolution 602 cannot be adopted as written.

(9) RESOLUTION 607 - AMA HOUSE OF DELEGATES  
VENUES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 607 not be adopted.

**HOD ACTION: Resolution 607 not adopted.**

RESOLVED, that our American Medical Association retain the ability to choose any location within the continental United States to hold the Annual Meeting (Directive to Take Action)

RESOLVED, that our AMA Policy G630.140 Item 4 be rescinded (Rescind HOD Policy)

RESOLVED, that our AMA Board of Trustees will employ or contract any services that may reduce or alleviate concerns about risk factors related to a particular location venue (Directive to Take Action)

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

Your Reference Committee noted, and testimony indicated, that Resolution 607 is similar to Resolution 601 in its intent; consequently, there was overlapping testimony on the two items of business. Extensive testimony was heard against the second Resolve and without rescinding AMA Policy G-630.140, the first Resolve clause is in direct conflict with this existing policy. Limited testimony was provided on the third and fourth Resolve clauses, but previous Board reports in I-23 and A-24 indicate that the third and fourth resolve clauses have been and are continually being accomplished by our Board of Trustees.

## RECOMMENDED FOR REAFFIRMATION IN LIEU OF

1 (10) RESOLUTION 604 - OPPOSING DISCRIMINATION AND  
2 PROTECTING FREE SPEECH AMONG MEMBER  
3 ORGANIZATIONS OR ORGANIZED MEDICAL  
4 ASSOCIATIONS

5  
6 RECOMMENDATION:

7  
8 Madam Speaker, your Reference Committee recommends  
9 that AMA Policies H-65.951, H-65.961, and H-140.837 be  
10 reaffirmed in lieu of Resolution 604.

11  
12 **HOD ACTION: AMA Policies H-65.951, H-65.961, and**  
13 **H-140.837 reaffirmed in lieu of Resolution 604.**

14  
15 RESOLVED, that our American Medical Association supports that organized medical  
16 societies should not discriminate against, suspend, or otherwise punish member societies  
17 for the political views or actions of their host city, state, or national governments (New  
18 HOD Policy)

19  
20 RESOLVED, that our AMA supports that members of organized medical societies should  
21 not engage in harassment of other members, threats towards other members, or hate  
22 speech (New HOD Policy)

23  
24 RESOLVED, that our AMA support these principles on an international level among  
25 international medical organizations. (New HOD Policy)

26  
27 Initial testimony provided by the author highlighted the need for protections to mitigate  
28 discrimination and harassment toward various physician and medical student groups. It  
29 was noted that local and international organized medical societies are encouraged to  
30 uphold principles that support these protections.

31  
32 Opposing testimony expressed appreciation for the intent of the resolution. However, the  
33 following concerns were mentioned:

- 34
- 35 • A definition for the term "hate speech" is not well-defined and should be clarified  
36 before inclusion in AMA policy. A definition of the term would help provide the  
37 necessary perspective.
  - 38 • The first Resolve clause conflicts with AMA Policy G-630.140, Lodging, Meeting  
39 Venues, and Social Functions.
  - 40 • Existing AMA Policies H-65.951, H-65.961, and H-140.837 address discrimination  
41 and harassment.
- 42

43 While our AMA recognizes the need to address discrimination and harassment, as  
44 evidenced by existing policy, our AMA does not have the authority to adjudicate  
45 membership decisions for other organizations. Therefore, your Reference Committee  
46 recommends reaffirmation of current AMA policies and the author of Resolution 604  
47 agreed.

1 **H-65.951, “Healthcare and Organizational Policies and Cultural**  
2 **Changes to Prevent and Address Racism, Discrimination, Bias and**  
3 **Microaggressions”**

4 Our American Medical Association adopted the following guidelines for  
5 healthcare organizations and systems, including academic medical  
6 centers, to establish policies and an organizational culture to prevent and  
7 address systemic racism, explicit and implicit bias and microaggressions in  
8 the practice of medicine:  
9

10 **GUIDELINES TO PREVENT AND ADDRESS SYSTEMIC RACISM,**  
11 **EXPLICIT BIAS AND MICROAGGRESSIONS IN THE PRACTICE OF**  
12 **MEDICINE**

13 Health care organizations and systems, including academic medical  
14 centers, should establish policies to prevent and address discrimination  
15 including systemic racism, explicit and implicit bias and microaggressions  
16 in their workplaces.  
17

18 An effective healthcare anti-discrimination policy should:

- 19 • Clearly define discrimination, systemic racism, explicit and implicit bias  
20 and microaggressions in the healthcare setting.
- 21 • Ensure the policy is prominently displayed and easily accessible.
- 22 • Describe the management’s commitment to providing a safe and  
23 healthy environment that actively seeks to prevent and address  
24 systemic racism, explicit and implicit bias and microaggressions.
- 25 • Establish training requirements for systemic racism, explicit and implicit  
26 bias, and microaggressions for all members of the healthcare system.
- 27 • Prioritize safety in both reporting and corrective actions as they relate  
28 to discrimination, systemic racism, explicit and implicit bias and  
29 microaggressions.
- 30 • Create anti-discrimination policies that:
  - 31 • Specify to whom the policy applies (i.e., medical staff, students,  
32 trainees, administration, patients, employees, contractors, vendors,  
33 etc.).
  - 34 • Define expected and prohibited behavior.
  - 35 • Outline steps for individuals to take when they feel they have  
36 experienced discrimination, including racism, explicit and implicit bias  
37 and microaggressions.
  - 38 • Ensure privacy and confidentiality to the reporter.
  - 39 • Provide a confidential method for documenting and reporting incidents.
  - 40 • Outline policies and procedures for investigating and addressing  
41 complaints and determining necessary interventions or action.

42  
43 These policies should include:

- 44 • Taking every complaint seriously.
- 45 • Acting upon every complaint immediately.
- 46 • Developing appropriate resources to resolve complaints.
- 47 • Creating a procedure to ensure a healthy work environment is  
48 maintained for complainants and prohibit and penalize retaliation for  
49 reporting.

- 1 • Communicating decisions and actions taken by the organization
- 2 following a complaint to all affected parties.
- 3 • Document training requirements to all the members of the healthcare
- 4 system and establish clear expectations about the training objectives.
- 5

6 In addition to formal policies, organizations should promote a culture in  
7 which discrimination, including systemic racism, explicit and implicit bias  
8 and microaggressions are mitigated and prevented. Organized medical  
9 staff leaders should work with all stakeholders to ensure safe,  
10 discrimination-free work environments within their institutions.

11 Tactics to help create this type of organizational culture include:

- 12 • Surveying staff, trainees and medical students, anonymously and
- 13 confidentially to assess:
- 14 • Perceptions of the workplace culture and prevalence of discrimination,
- 15 systemic racism, explicit and implicit bias and microaggressions.
- 16 • Ideas about the impact of this behavior on themselves and patients.
- 17 • Integrating lessons learned from surveys into programs and policies.
- 18 • Encouraging safe, open discussions for staff and students to talk freely
- 19 about problems and/or encounters with behavior that may constitute
- 20 discrimination, including racism, bias or microaggressions.
- 21 • Establishing programs for staff, faculty, trainees and students, such as
- 22 Employee Assistance Programs, Faculty Assistance Programs, and
- 23 Student Assistance Programs, that provide a place to confidentially
- 24 address personal experiences of discrimination, systemic racism,
- 25 explicit or implicit bias or microaggressions.
- 26 • Providing designated support person to confidentially accompany the
- 27 person reporting an event through the process.
- 28

### 29 **H-65.961, “Principles for Advancing Gender Equity in Medicine”**

30 Our AMA:

- 31 1. declares it is opposed to any exploitation and discrimination in the
- 32 workplace based on personal characteristics (i.e., gender);
- 33 2. affirms the concept of equal rights for all physicians and that the
- 34 concept of equality of rights under the law shall not be denied or
- 35 abridged by the U.S. Government or by any state on account of gender;
- 36 3. endorses the principle of equal opportunity of employment and practice
- 37 in the medical field;
- 38 4. affirms its commitment to the full involvement of women in leadership
- 39 roles throughout the federation, and encourages all components of the
- 40 federation to vigorously continue their efforts to recruit women
- 41 members into organized medicine;
- 42 5. acknowledges that mentorship and sponsorship are integral
- 43 components of one’s career advancement, and encourages physicians
- 44 to engage in such activities;
- 45 6. declares that compensation should be equitable and based on
- 46 demonstrated competencies/expertise and not based on personal
- 47 characteristics;
- 48 7. recognizes the importance of part-time work options, job sharing,
- 49 flexible scheduling, re-entry, and contract negotiations as options for
- 50 physicians to support work-life balance;

- 1 8. affirms that transparency in pay scale and promotion criteria is  
2 necessary to promote gender equity, and as such academic medical  
3 centers, medical schools, hospitals, group practices and other  
4 physician employers should conduct periodic reviews of compensation  
5 and promotion rates by gender and evaluate protocols for advancement  
6 to determine whether the criteria are discriminatory; and
- 7 9. affirms that medical schools, institutions and professional associations  
8 should provide training on leadership development, contract and salary  
9 negotiations and career advancement strategies that include an  
10 analysis of the influence of gender in these skill areas.

11  
12 Our AMA encourages: (1) state and specialty societies, academic medical  
13 centers, medical schools, hospitals, group practices and other physician  
14 employers to adopt the AMA Principles for Advancing Gender Equity in  
15 Medicine; and (2) academic medical centers, medical schools, hospitals,  
16 group practices and other physician employers to: (a) adopt policies that  
17 prohibit harassment, discrimination and retaliation; (b) provide anti-  
18 harassment training; and (c) prescribe disciplinary and/or corrective action  
19 should violation of such policies occur.

20  
21 **H-140.837, "Policy on Conduct at AMA Meetings and Events"**

22 It is the policy of our American Medical Association that all attendees of  
23 AMA hosted meetings, events and other activities are expected to exhibit  
24 respectful, professional, and collegial behavior during such meetings,  
25 events and activities, including but not limited to dinners, receptions and  
26 social gatherings held in conjunction with such AMA hosted meetings,  
27 events and other activities. Attendees should exercise consideration and  
28 respect in their speech and actions, including while making formal  
29 presentations to other attendees, and should be mindful of their  
30 surroundings and fellow participants.

31  
32 Any type of harassment of any attendee of our AMA hosted meeting, event  
33 and other activity, including but not limited to dinners, receptions and social  
34 gatherings held in conjunction with our AMA hosted meeting, event or  
35 activity, is prohibited conduct and is not tolerated. Our AMA is committed  
36 to a zero tolerance for harassing conduct at all locations where AMA  
37 business is conducted. This zero tolerance policy also applies to meetings  
38 of all AMA sections, councils, committees, task forces, and other leadership  
39 entities (each, an "AMA Entity"), as well as other AMA-sponsored events.  
40 The purpose of the policy is to protect participants in AMA-sponsored  
41 events from harm.

42  
43 **DEFINITION**

44 Harassment consists of unwelcome conduct whether verbal, physical or  
45 visual that denigrates or shows hostility or aversion toward an individual  
46 because of race, color, religion, sex, sexual orientation, gender identity,  
47 national origin, age, disability, marital status, citizenship or otherwise, and  
48 that:



- 1 1. Has the purpose or effect of creating an intimidating, hostile or offensive  
2 environment.
- 3 2. Has the purpose or effect of unreasonably interfering with an  
4 individual's participation in meetings or proceedings of the HOD or any  
5 AMA Entity.
- 6 3. Otherwise adversely affects an individual's participation in such  
7 meetings or proceedings or, in the case of AMA staff, such individual's  
8 employment opportunities or tangible job benefits.

9  
10 Harassing conduct includes, but is not limited to: epithets, slurs or negative  
11 stereotyping; threatening, intimidating or hostile acts; denigrating jokes;  
12 and written, electronic, or graphic material that denigrates or shows hostility  
13 or aversion toward an individual or group and that is placed on walls or  
14 elsewhere on our AMA's premises or at the site of any AMA meeting or  
15 circulated in connection with any AMA meeting.

16  
17 Harassing conduct also includes intimidation of participating individuals by  
18 a threat of consequences in order to compel actions by individuals or a  
19 group of individuals such as casting a particular vote.

#### 20 21 SEXUAL HARASSMENT

22 Sexual harassment also constitutes discrimination, and is unlawful and is  
23 absolutely prohibited. For the purposes of this policy, sexual harassment  
24 includes:

- 25 • Making unwelcome sexual advances or requests for sexual favors or  
26 other verbal, physical, or visual conduct of a sexual nature.
- 27 • Creating an intimidating, hostile or offensive environment or otherwise  
28 unreasonably interfering with an individual's participation in meetings  
29 or proceedings of the HOD or any AMA Entity or, in the case of AMA  
30 staff, such individual's work performance, by instances of such conduct.

31  
32 Sexual harassment may include such conduct as explicit sexual  
33 propositions, sexual innuendo, suggestive comments or gestures,  
34 descriptive comments about an individual's physical appearance,  
35 electronic stalking or lewd messages, displays of foul or obscene printed  
36 or visual material, and any unwelcome physical contact.

37  
38 Retaliation against anyone who has reported harassment, submits a  
39 complaint, reports an incident witnessed, or participates in any way in the  
40 investigation of a harassment claim is forbidden. Each complaint of  
41 harassment or retaliation will be promptly and thoroughly investigated. To  
42 the fullest extent possible, our AMA will keep complaints and the terms of  
43 their resolution confidential.

#### 44 45 OPERATIONAL GUIDELINES

46 Our AMA shall, through the Office of General Counsel, implement and  
47 maintain mechanisms for reporting, investigation, and enforcement of the  
48 Policy on Conduct at AMA Meetings and Events in accordance with the  
49 following:

1 1. Conduct Liaison and Committee on Conduct at AMA Meetings and  
2 Events (CCAM).

3 The Office of General Counsel will appoint a “Conduct Liaison” for all  
4 AMA House of Delegates meetings and all other AMA hosted meetings  
5 or activities (such as meetings of AMA councils, sections, the RVS  
6 Update Committee (RUC), CPT Editorial Panel, or JAMA Editorial  
7 Boards), with responsibility for receiving reports of alleged policy  
8 violations, conducting investigations, and initiating both immediate and  
9 longer-term consequences for such violations. The Conduct Liaison  
10 appointed for any meeting will have the appropriate training and  
11 experience to serve in this capacity, and may be a third party or an in-  
12 house AMA resource with assigned responsibility for this role. The  
13 Conduct Liaison will be:

- 14  
15 i. on-site at all House of Delegates meetings and other large, national  
16 AMA meetings and  
17 ii. on call for smaller meetings and activities. Appointments of the  
18 Conduct Liaison for each meeting shall ensure appropriate  
19 independence and neutrality, and avoid even the appearance of  
20 conflict of interest, in investigation of alleged policy violations and  
21 in decisions on consequences for policy violations.  
22

23 Our AMA shall establish and maintain a Committee on Conduct at AMA  
24 Meetings and Events (CCAM), to be comprised of 5-7 AMA members  
25 who are nominated by the Office of General Counsel (or through a  
26 nomination process facilitated by the Office of General Counsel) and  
27 approved by the Board of Trustees. The CCAM should include one  
28 member of the Council on Ethical and Judicial Affairs (CEJA); provided,  
29 however, that such CEJA member on the CCAM shall be recused from  
30 discussion and vote concerning referral by the CCAM of a matter to  
31 CEJA for further review and action. The remaining members may be  
32 appointed from AMA membership generally, with emphasis on  
33 maximizing the diversity of membership. Appointments to the CCAM  
34 shall ensure appropriate independence and neutrality, and avoid even  
35 the appearance of conflict of interest, in decisions on consequences for  
36 policy violations. Appointments to the CCAM should be multi-year, with  
37 staggered terms.  
38

39 2. Reporting Violations of the Policy

40 Any persons who believe they have experienced or witnessed conduct  
41 in violation of Policy H-140.837, Policy on Conduct at AMA Meetings  
42 and Events,” during any AMA House of Delegates meeting or other  
43 activities associated with the AMA (such as meetings of AMA councils,  
44 sections, the RVS Update Committee (RUC), CPT Editorial Panel or  
45 JAMA Editorial Boards) should promptly notify the:

- 46  
47 i. Conduct Liaison appointed for such meeting, and/or  
48 ii. The AMA Office of General Counsel and/or  
49 iii. the presiding officer(s) of such meeting or activity.

1 Alternatively, violations may be reported using our AMA reporting  
2 hotline (telephone and online) maintained by a third party on behalf of  
3 the AMA. The AMA reporting hotline will provide an option to report  
4 anonymously, in which case the name of the reporting party will be kept  
5 confidential by the vendor and not be released to our AMA. The vendor  
6 will advise our AMA of any complaint it receives so that the Conduct  
7 Liaison may investigate.  
8

9 These reporting mechanisms will be publicized to ensure awareness.  
10

### 11 3. Investigations

12 All reported violations of Policy H-140.837, "Policy on Conduct at AMA  
13 Meetings and Events," pursuant to Section 2 above (irrespective of the  
14 reporting mechanism used) will be investigated by the Conduct Liaison.  
15 Each reported violation will be promptly and thoroughly investigated.  
16 Whenever possible, the Conduct Liaison should conduct incident  
17 investigations on-site during the event. This allows for immediate action  
18 at the event to protect the safety of event participants. When this is not  
19 possible, the Conduct Liaison may continue to investigate incidents  
20 following the event to provide recommendations for action to the  
21 CCAM. Investigations should consist of structured interviews with the  
22 person reporting the incident (the reporter), the person targeted (if they  
23 are not the reporter), any witnesses that the reporter or target identify,  
24 and the alleged violator.  
25

26 Based on this investigation, the Conduct Liaison will determine whether  
27 a violation of the Policy on Conduct at AMA Meetings and Events has  
28 occurred.  
29

30 All reported violations of the Policy on Conduct at AMA Meetings and  
31 Events, and the outcomes of investigations by the Conduct Liaison, will  
32 also be promptly transmitted to the AMA's Office of General Counsel  
33 (i.e. irrespective of whether the Conduct Liaison determines that a  
34 violation has occurred).  
35

### 36 4. Disciplinary Action

37 If the Conduct Liaison determines that a violation of the Policy on  
38 Conduct at AMA Meetings and Events has occurred, the Conduct  
39 Liaison may take immediate action to protect the safety of event  
40 participants, which may include having the violator removed from the  
41 AMA meeting, event or activity, without warning or refund.  
42

43 Additionally, if the Conduct Liaison determines that a violation of the  
44 Policy on Conduct at AMA Meetings and Events has occurred, the  
45 Conduct Liaison shall report any such violation to the CCAM, together  
46 with recommendations as to whether additional commensurate  
47 disciplinary and/or corrective actions (beyond those taken on-site at the  
48 meeting, event or activity, if any) are appropriate.

1 The CCAM will review all incident reports, perform further investigation  
2 (if needed) and recommend to the Office of General Counsel any  
3 additional commensurate disciplinary and/or corrective action, which  
4 may include but is not limited to the following:  
5

- 6 • Prohibiting the violator from attending future AMA events or  
7 activities.
- 8 • Removing the violator from leadership or other roles in AMA  
9 activities.
- 10 • Prohibiting the violator from assuming a leadership or other role in  
11 future AMA activities.
- 12 • Notifying the violator's employer and/or sponsoring organization of  
13 the actions taken by AMA.
- 14 • Referral to the Council on Ethical and Judicial Affairs (CEJA) for  
15 further review and action.
- 16 • Referral to law enforcement.

17  
18 The CCAM may, but is not required to, confer with the presiding  
19 officer(s) of applicable events activities in making its recommendations  
20 as to disciplinary and/or corrective actions. Consequence for policy  
21 violations will be commensurate with the nature of the violation(s).  
22

23 5. Confidentiality

24 All proceedings of the CCAM should be kept as confidential as  
25 practicable. Reports, investigations, and disciplinary actions under  
26 Policy on Conduct at AMA Meetings and Events will be kept confidential  
27 to the fullest extent possible, consistent with usual business practices.  
28

29 6. Assent to Policy

30 As a condition of attending and participating in any meeting of the  
31 House of Delegates, or any council, section, or other AMA entities, such  
32 as the RVS Update Committee (RUC), CPT Editorial Panel and JAMA  
33 Editorial Boards, or other AMA hosted meeting or activity, each  
34 attendee will be required to acknowledge and accept (i) AMA policies  
35 concerning conduct at AMA HOD meetings, including the Policy on  
36 Conduct at AMA Meetings and Events and (ii) applicable adjudication  
37 and disciplinary processes for violations of such policies (including  
38 those implemented pursuant to these Operational Guidelines), and all  
39 attendees are expected to conduct themselves in accordance with  
40 these policies.  
41

42 Additionally, individuals elected or appointed to a leadership role in the  
43 AMA or its affiliates will be required to acknowledge and accept the  
44 Policy on Conduct at AMA Meetings and Events and these Operational  
45 Guidelines.  
46

47 [Editor's note: Violations of this Policy on Conduct at AMA Meetings  
48 and Events may be reported at 800.398.1496 or online at  
49 <https://www.lighthouse-services.com/ama>. Both are available 24 hours  
50 a day, 7 days a week.

1 Please note that situations unrelated to this Policy on Conduct at AMA  
2 Meetings and Events should not be reported here. In particular, patient  
3 concerns about a physician should be reported to the state medical  
4 board or other appropriate authority.]  
5

6 (11) RESOLUTION 606 - PROTECTING FREE SPEECH AND  
7 ENCOURAGING RESPECTFUL DISCOURSE AMONG  
8 MEMBER ORGANIZATIONS OR ORGANIZED MEDICAL  
9 ASSOCIATIONS

10  
11 RECOMMENDATION:

12  
13 Madam Speaker, your Reference Committee recommends  
14 that AMA Policies H-65.951, H-65.961, and H-140.837 be  
15 reaffirmed in lieu of Resolution 606.  
16

17 **HOD ACTION: AMA Policies H-65.951, H-65.961, and**  
18 **H-140.837 reaffirmed in lieu of Resolution 606.**  
19

20 RESOLVED, that our American Medical Association believes that organized medical  
21 societies should not suspend or otherwise punish member societies for the political views  
22 or military actions of their host governments (New HOD Policy)  
23

24 RESOLVED, that our AMA believes that members of organized medical societies should  
25 not engage in harassment of other members, threats towards other members, or hate  
26 speech. (New HOD Policy)  
27

28 Initial testimony provided by the author emphasizes the need for protections to mitigate  
29 discrimination and harassment toward various physician and medical student groups.  
30

31 As was previously stated in the response to Resolution 604, opposing testimony noted  
32 that clarification on the term "hate speech" is needed. Further, testimony indicated that the  
33 first Resolve clause conflicts with AMA Policy G-630.140, Lodging, Meeting Venues, and  
34 Social Functions. Testimony also noted that AMA has extensive policy to address  
35 discrimination and harassment.  
36

37 Therefore, your Reference Committee recommends reaffirmation of H-65.951, Healthcare  
38 and Organizational Policies and Cultural Changes to Prevent and Address Racism,  
39 Discrimination, Bias and Microaggressions; H-65.961, Principles for Advancing Gender  
40 Equity in Medicine; and H-140.837, Policy on Conduct at AMA Meetings and Events  
41 address discrimination and harassment. The author of Resolution 606 concurred with this  
42 recommendation.

1 Madam Speaker, this concludes the report of Reference Committee F. I would like to thank  
2 Emily D. Briggs, MD, MPH, Robert A. Gilchick, MD, MPH, Hillary Johnson-Jahangir, MD,  
3 PhD, Richard F. Labasky, MD, MBA, Brandi N. Ring, MD, MBA, Jayesh B. Shah, MD,  
4 MHA, and all those who testified before the Committee.

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Michael B. Simon, MD, MBA  
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