

REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

CLRPD Report 1-A-24

Subject: Establishment of a LGBTQ+ Section

Presented by: Gary Thal, MD, Chair

Referred to: Reference Committee F

1 In May 2023, the American Medical Association (AMA) Council on Long Range Planning and
2 Development (CLRPD) received a Letter of Application from the Advisory Committee (AC) on
3 Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) Issues requesting a change in status to
4 the LGBTQ+ Section. AMA bylaws on Sections (§7.00) define the mission of AMA sections and
5 identify each section as fixed or delineated. This report presents to the AMA House of Delegates
6 (HOD) CLRPD’s evaluation of the proposal for a LGBTQ+ Section using criteria identified by
7 Policy G-615.001, “[Establishment and Functions of Sections](#)” in consideration of requests for new
8 sections or changing the status of member component groups.
9

10 APPLICATION OF CRITERIA

11
12 Following an initial review and discussion of the AC’s proposal for section status, the CLRPD met
13 with the leadership of the AC to obtain clarification on some of the information presented in the
14 letter of application. This part of the report presents criterion followed by material excerpted from
15 the letter of application and the AC’s response to CLRPD’s request for additional information. The
16 assessment section conveys the Council’s evaluation of the proposal for delineated section status.
17

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

22 Currently, the AC serves as the experts on LGBTQ+ issues. Transitioning the group to a section
23 would serve as an entry point to the HOD for most AMA resolutions seeking to advance LGBTQ+
24 physician and medical student needs and the practice of LGBTQ+ medicine. In this sense, the
25 LGBTQ+ Section would provide the opportunity for underrepresented members of the AMA to
26 introduce issues of concern and to participate in the AMA policymaking process.
27

28 The goals and objectives of the LGBTQ+ Section shall include, but not be limited, to:

- 29
- 30 • Provide a dedicated forum for involvement, mentoring, and networking for LGBTQ+
31 physicians and medical students.
- 32 • Increase the membership, participation, and representation of LGBTQ+ physicians and
33 students in the AMA.
- 34 • Advocate for practices at AMA meetings to be inclusive to the needs of LGBTQ+
35 physicians, residents, medical students, and guests in attendance (e.g., gender neutral
36 bathrooms, availability of gender pronouns ribbons for name badges).

- 1 • Enhance AMA policy, advocacy, and education on LGBTQ+ health and professional
2 issues.
- 3 • Advocate for best practices with AMA membership to foster camaraderie and safely
4 identify as LGBTQ+ physicians and trainees.
- 5 • Increase and foster further collaboration with Health Professionals Advancing LGBTQ
6 Equity (GLMA) and additional professional societies, associations, and across AMA
7 business units and sections on mutual interests and goals.
- 8 • Reduce inequities faced by LGBTQ+ students, physicians, and patients and build support
9 systems through representation in membership, LGBTQ+ focused programming, and
10 mentorship opportunities.

11

12 *2. Consistency - Objectives and activities of the group are consistent with those of the AMA.*
13 *Activities make good use of available resources and are not duplicative.*

14

15 Members of the LGBTQ+ Section would advocate for physicians and medical students by focusing
16 on strategies, programs, and policies to better serve AMA members, potential members, and
17 patients who identify as LGBTQ+. In 2022, the AC held an impromptu meeting with the Chair of
18 the AMA Board of Trustees (BOT) to discuss the AMA's messaging on Mpox, previously known
19 as Monkeypox or MPV. This meeting was to ensure that no groups affected by this public health
20 crises were further stigmatized, and to address the vaccine shortage so that distribution was
21 performed in an equitable and effective manner to prevent further spread.

22

23 The Committee holds a liaison position that serves on the AMA Foundation (AMAF) Fellowship
24 Commission on LGBTQ+ Health, which determines institutional grants to support the
25 advancement of LGBTQ+ Health and Equity initiatives. Additionally, the AC funds and selects
26 annual awardees for the AMAF LGBTQ+ Award for Excellence. These awards and grants are
27 establishing the pathway for physicians who identify as LGBTQ+ to become involved in the AMA,
28 gain peer recognition, and advance evidence-based practices of health equity standards for
29 LGBTQ+ patients. Given that the AC has been in existence since 2005, and that the strategic plan
30 and work of the Committee has demonstrated its continued need, the section would continue to be
31 essential, with neither change to staffing, nor duplicative efforts arising from the transition.

32

33 In November 2023, the AC sponsored a session with leading experts in the field of LGBTQ+ health
34 policy and legislation who discussed important and timely legislative efforts at the state and federal
35 levels impacting LGBTQ+ health care access and treatment, such as the current landscape of
36 legislation and bills that were passed recently affecting LGBTQ+ health care and access; current
37 court cases that resulted from enacted anti-LGBTQ+ legislation; newer bills, such as Shield laws,
38 that are being passed in an effort to protect access to LGBTQ+ health care services in some states,
39 and the sponsors and organizations backing anti-LGBTQ+ legislation and some of their strategies.

40

41 *3. Appropriateness - The structure of the group will be consistent with its objectives and activities.*

42

43 Due to its protected class nature and voluntary membership, the LGBTQ+ Section would not enroll
44 members based on sexual orientation, gender identity and expression (SOGIE) data. Instead,
45 members would need to opt in as members of the section. All AMA members may receive the
46 monthly LGBTQ+ newsletter, attend webinars, and AMA Interim and Annual meeting educational
47 programming.

48

49 The current AC leadership consists of a Chair, Vice Chair, GLMA Representative, Medical Student
50 Section (MSS) Representative, Young Physician Section (YPS) Representative, Resident Fellow
Section (RFS) Representative and two Members at-Large. As the LGBTQ+ Section, the governing

1 council (GC) would oversee the elections process for the delegate and alternate delegate positions
2 and allow any member of the section to apply for these positions. Section membership would then
3 vote to elect these positions. Terms of service for GC members will be addressed in the section's
4 internal operating procedure (IOP). The GC, including the delegates, would meet prior to the HOD
5 meetings and at other times throughout the year with elections taking place prior to the Annual
6 Meeting of the HOD. The Chair and Chair-elect positions would be elected positions from
7 members of the GC with the Chair-elect (now Vice Chair under current AC format) ascending to
8 Chair. Voting would be conducted in accordance with the section's IOP and call for a majority
9 consensus.

10
11 *4. Representation Threshold - Members of the formal group would be based on identifiable*
12 *segments of the physician population and AMA membership. A substantial number of members*
13 *would be represented by this formal group. At minimum, this group would be able to represent*
14 *1,000 AMA members. It is important to note this threshold will not be used to determine*
15 *representation, as each new section will be allocated only one delegate and one alternate delegate*
16 *in the AMA HOD.*

17
18 The percentage of U.S. adults who self-identify as gay, lesbian, bisexual, transgender, or something
19 other than heterosexual has increased to a new high of 7.2 percent, which is double the percentage
20 when Gallup first measured it a decade ago. Based on this estimate, there are approximately 23
21 million people who identify as transgender or non-binary, meaning those individuals whose gender
22 identity differs from cultural expectations based on the sex assigned at birth and/or falls outside
23 binary gender categories of “man” or “woman.”^{1 2}

24
25 The Association of American Medical Colleges Graduation Questionnaire notes that over one
26 percent of graduating medical students identify as a different gender than their sex assigned at
27 birth, and nearly 12 percent identify as gay, lesbian, bisexual, or another sexual identity besides
28 heterosexual.³ Of the 250,000 AMA members, nearly seven percent identify as LGBTQ+ based on
29 those who provided SOGIE information. The “prefer not to say” category in SOGIE data, is around
30 two percent, which is consistent with the 2022 Gallup census information. The AC has identified
31 another possible five percent of AMA membership as allies; so, as many as 12,500 active members
32 in the AMA would consider themselves allies to the LGBTQ+ Section.

33
34 With increased visibility as a section and additional opportunities for engagement and
35 collaboration, the section may be able to further reduce stigma within and outside the AMA.
36 Currently, the AC listserv engages a total of 1,703 individuals. Half of those are AMA members
37 (804) and the other half are not (899). As a section, it is anticipated that more LGBTQ+ members
38 will recruit friends and colleagues to be actively engaged members of the section. Groups where
39 the section may find opportunities to recruit new AMA members include GLMA, Medical Student
40 Pride Alliance (MSPA), LGBTQ+ members of specialty societies, and others.

¹ Gallup. US LGBT identification steady at 7.2%. Accessed August 6, 2023. <https://news.gallup.com/poll/470708/lgbt-identification-steady.aspx>.

² UCLA SCHOOL OF LAW WILLIAMS INSTITUTE. HOW MANY ADULTS AND YOUTH IDENTIFY AS TRANSGENDER IN THE UNITED STATES? ACCESSED MAY 19, 2023. <HTTPS://WILLIAMSINSTITUTE.LAW.UCLA.EDU/PUBLICATIONS/TRANS-ADULTS-UNITED-STATES/>.

³ AAMC. 2024 Medical School Graduation Questionnaire. Accessed May 19, 2004. <https://www.aamc.org/data-reports/students-residents/report/graduation-questionnaire-gq>.

1 *5. Stability - The group has a demonstrated history of continuity. This segment can demonstrate*
2 *an ongoing and viable group of physicians, who will be represented by this section. Both the*
3 *segment and the AMA will benefit from an increased voice within the policymaking body.*
4

5 The AC participates in several efforts aimed at growing AMA membership and engagement.
6 While attending outside organizations meetings and events, such as Howard Brown Health LGBTQ
7 Midwest Symposium, MSPA annual meeting, Building the Next Generation of Academic
8 Physicians (BNGAP) LGBT Workforce Conference, and GLMA's annual meeting, AC members
9 provide awareness and greater understanding of the benefits to working with and joining the AMA.
10 The current AC includes physicians from several stakeholder institutions such as Howard Brown
11 Health, MSPA and GLMA. AC members also collaborate and engage with students at the BNGAP
12 meeting and through the MSS representative for outreach to MSPA to engage interested students
13 with the AC and its work. As a section, the group plans on further educational outreach to MSS,
14 RFS and YPS within the AMA and LGBTQ+ groups outside the AMA.
15

16 The AC has convened meetings during Annual and Interim Meetings of the HOD. Attendance at
17 assembly meetings ranges between 80 to 150 members with 20-30 new members attending
18 meetings. The monthly newsletter listserv, which reaches approximately 1,700 individuals, remains
19 vital and connects AC membership between and during meetings. Committee members are very
20 well informed on the socio-economic facets of medicine and the group's leadership has remained
21 stable and consistent, with continuous growth in applicants for open positions. Engagement in the
22 Committee's newsletter continues to be among the highest open and click through rates across the
23 sections. For 2022, the monthly newsletter email was opened by 10,662 individuals with an open
24 percentage rate of 48.92.
25

26 Annually, the AC undergoes a strategic planning process where the top strategic initiatives are
27 identified and supporting tactics and measures are established. AC leadership performs quarterly
28 check-ins to assess how the Committee is progressing on these goals. The AC established its 2022-
29 2023 strategic priorities to:
30

- 31 • Facilitate member involvement, mentoring, leadership development, and networking for
32 LGBTQ+ physicians, medical students, and allies.
- 33 • Improve health equity for LGBTQ+ patients and communities and increase LGBTQ+
34 representation in the physician workforce.
- 35 • Engage internal and external stakeholders in amplifying AMA policy and enhancing
36 education and awareness efforts on LGBTQ+ health and well-being.
37

38 In addition to the strategic objectives, the Committee identified the following items as additional
39 priorities and areas of focus:
40

- 41 1. Promote physician safety from threats and violence, especially when providing medically
42 necessary, evidence-based care.
- 43 2. Mpox eradication including equitable vaccine and treatment distribution.
44

45 The AC has always been focused on establishing goals and priorities that support the mission and
46 continued growth and capacity to reach more LGBTQ+ physicians and medical students, and
47 understands the necessity to remain nimble and open to accommodating issues that inevitably arise
48 and require attention and support from the AC and AMA leadership, such as laws and regulations
49 that seek to deny access to health care, and penalize/criminalize the provision of medically
50 necessary and appropriate care.

1 For the June 2022 meeting, the LGBTQ+ Caucus had 146 registrants, which was nearly seven
2 percent of the total number of registered attendees for section caucus events. Compared to previous
3 caucus events, there has been consistent growth in registered attendees. In 2019, the AC had 83
4 registrants, and for 2021 there were 169 (no data for June 2020 as that meeting was cancelled).
5 Registration for the I-22 Meeting had 115 registered attendees, which is a marked increase from
6 November 2021, where 106 registrations were received for the virtual event and 40 attended in
7 person. This is also a marked increase from the virtual November 2020 meeting, when 30
8 participants attended the Caucus event. At the November 2019 Interim meeting there were 101
9 registered participants for the LGBTQ+ Caucus event.

10
11 In 2022, the AC hosted educational events with high attendance and registration rates and
12 supported the AMA's commitment to embedding health equity. The topics and speakers selected at
13 both the 2022 Annual and Interim meetings were non-profit providers who support marginalized
14 LGBTQ+ communities. At the June meeting, the AIDS Foundation of Chicago (AFC) presented,
15 "Policy, Housing, Health Equity." The session relayed AFC's impact on reducing HIV-related
16 health disparities among Black, Indigenous, and people of color and LGBTQ+ communities
17 through housing, case management, policy and advocacy, and community engagement. For the
18 November Interim education session, Hawaii Health and Harm Reduction Center presented
19 "Knowing Your Place." Attendees of this session gained an increased understanding of western
20 concepts of LGBTQ+ identities; increased knowledge about the culture, history, and role of native
21 Hawaiian Mahu and of the impacts of colonialism on the native Hawaiian Mahu community; and
22 gained increased confidence to provide culturally appropriate health services to Native Hawaiian
23 LGBTQ+ communities.

24
25 *6. Accessibility - Provides opportunity for members of the constituency, who are otherwise under-*
26 *represented, to introduce issues of concern and to be able to participate in the policymaking*
27 *process within the HOD.*
28

29 Since its formation, the AC has been well-organized and engaged in the AMA, has a collegial and
30 supportive relationship with the BOT and is recognized as the forum for physicians and medical
31 students who identify as LGBTQ+ within the AMA. The Committee conducts their meetings and
32 policy discussions in alignment with the HOD as do the sections, which the AC engages with, e.g.,
33 the Integrated Physician Practice Section, MSS, RFS, Minority Affairs Section, Women Physicians
34 Section and more on a regular and consistent basis. The AC has engaged with AMA staff to
35 support the AMA business efforts addressing the needs of physicians and health care of the
36 LGBTQ+ community. While many AC members are delegates or alternates who are familiar with
37 the activities and policymaking processes of the House, it is common that reference committee
38 members, section leaders, various delegations or BOT members may ask the unofficial opinion of
39 the AC on items of business at the HOD, despite the AC having no official standing at the House.
40 However, Committee members have not had a consistently visible identified voice in the HOD.
41 Members of the AC believe all of this has prepared the AC to transition quickly and efficiently to
42 become a highly functioning and effective section and that the time has come to transition to
43 section status with a delegate who can voice the official opinion of an LGBTQ+ Section.

44
45 The LGBTQ+ Section would serve as an entry point to the HOD for most AMA resolutions
46 seeking to support physicians, medical students, and patient health of the LGBTQ+ community.
47 This section can help ensure resolutions brought to the HOD provide opportunities for LGBTQ+
48 members to engage in the AMA policymaking process. Section members will be notified prior to
49 meetings of resolution submission guidelines and deadlines. Members would submit resolutions to
50 the GC for consideration that would then review the submission and assist the author(s) with
51 modifications, if needed. Section members could submit comments or testimony to revise the

1 original resolution. The GC would discuss resolutions and reports that are germane to the section
2 during their meetings. Section membership would vote to support, oppose, or recommend other
3 directives for the resolutions and reports, and would also solicit and discuss timely issues for future
4 policymaking activities. The LGBTQ+ Section could provide a friendly forum for under-
5 represented LGBTQ+ physicians and medical students who have often felt marginalized to
6 introduce issues of concern and to participate in the AMA policymaking process.

7
8 CLRPD ASSESSMENT

9
10 Within the AMA, there are no component groups solely devoted to advocacy and education related
11 to issues that are specific to LGBTQ+ individuals. Given the limited opportunity of the AC to
12 present issues of concern specific to this group, the CLRPD believes it would be appropriate to
13 afford LGBTQ+ physicians and medical students with an opportunity for a focused voice. The
14 proposed LGBTQ+ Section would be dedicated to advocacy on policy issues, provide leadership
15 development and educational opportunities for medical students and physicians, and monitor trends
16 and issues that affect physicians, medical students and patients who identify as LGBTQ+.

17
18 The LGBTQ+ Section would generate projects relevant to physicians and physicians in training
19 who have an interest in LGBTQ+ issues. Improving outreach and creating new opportunities for
20 participation among physicians and trainees may incentivize non-members of this demographic to
21 become AMA members. The structure of the proposed LGBTQ+ Section is conducive to sharing
22 key concerns and identifying meaningful opportunities for physicians, which supports the
23 objectives of this group. In accordance with the AMA bylaws, sections are required to have an
24 elected GC from the voting members of the section and establish a business meeting that would be
25 open to its members. The AC presently has an established online forum, which could create an
26 avenue for a voting body to elect GC members.

27
28 LGBTQ+ physicians and medical students remain a substantial market segment for our AMA and
29 this section would represent over 1,000 AMA members. Since its inception, the AC has taken steps
30 to align its structure with the activities of the AMA. AC leadership has built a solid foundation for
31 the group, which would benefit from a delegate's voice to address LGBTQ+ issues in the HOD.
32 The AMA's policymaking process could be strengthened by ensuring that the perspectives of these
33 physicians, medical students and patients are represented.

34
35 The CLRPD finds that the application meets all six criteria as defined in bylaws.

36
37 RECOMMENDATIONS

38
39 The Council on Long Range Planning and Development recommends that the following
40 recommendations be adopted and the remainder of the report be filed:

- 41
42 1. That our American Medical Association transition the Advisory Committee on Lesbian, Gay,
43 Bisexual, Transgender and Queer (LGBTQ+) Issues to the LGBTQ+ Section as a delineated
44 section. (Directive to Take Action)
45
46 2. That our AMA develop bylaw language to recognize the LGBTQ+ Section. (Directive to Take
47 Action)

Fiscal Note: The Advisory Committee on LGBTQ+ Issues submitted a detailed fiscal note that projected incremental expenditures of \$16,000 per annum for the proposed section.