



# House of Delegates Reference Manual

Procedures, Policies and Practices

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# AMA House of Delegates Reference Manual

## Procedures, Policies and Practices

### Introduction

This Reference Manual provides comprehensive information about the American Medical Association's House of Delegates policy development process. This publication is designed to be a reference for experienced delegates, new delegates or alternate delegates, AMA Section representatives, Federation staff, Official Observers, and guests.

The [Council on Constitution and Bylaws](#), in concert with the Speakers of the [House of Delegates](#) (HOD), has consolidated into this single document a number of AMA policies and directives, AMA Bylaws, practices announced in the Speakers' Letter, and prior publications that relate to how the House of Delegates operates, including:

- “Procedures of the House of Delegates” (initially adopted by the House of Delegates in 1969);
- “Guide to the AMA House of Delegates Meetings” (prepared originally in 1999 by the Council on Long Range Planning and Development);
- “Developing Resolutions to the House of Delegates: Suggested Guidelines;” and
- “The Election Manual” (based on AMA policy and existing practices).

The early sections provide an overview, whereas later sections provide more specifics. The appendices include additional details regarding procedures and general reference material.

At each HOD meeting, the House of Delegates ratifies the current version of this Manual as the official method of procedure when it adopts the Report of the Committee on Rules and Credentials. We hope you find this a valuable resource, and welcome comments on its content. Suggestions for improvement in future versions also are encouraged. Please note, however, that most existing procedures are based on policies that have been ratified by the AMA House of Delegates or set forth in the [AMA Bylaws](#). Changes may require further action by the House of Delegates.

In the event of apparent conflict between this Reference Manual and an AMA Bylaw or policy, the text of the Bylaw or policy shall prevail. Please report any apparent conflict by [email](#).

## Chapter 1: General Information on the AMA House of Delegates

The [House of Delegates](#), also known as the “House” or the HOD, is the AMA’s policymaking body, and is the foundation of organized medicine in America. It is a democratic forum that represents the views and interests of a diverse group of member physicians and medical students who come together to establish broad policy on health, medical, professional and governance matters, as well as the broad principles within which AMA’s business activities are conducted.

### **Composition of the House of Delegates**

The House of Delegates has almost 700 voting delegates (and a corresponding number of alternate delegates), each selected by the organization being represented. All delegates are required to be AMA members. Specific roles and responsibilities are covered in Chapter 2.

The House includes delegates from:

- Constituent medical associations, allocated on a proportional basis with one delegate per every 1,000 active AMA members. Only one constituent association from each U.S. state, commonwealth, territory, or possession shall be granted representation in the House of Delegates.
- Each of the national medical specialty organizations represented in the House. The number of delegates representing national medical specialty societies equals the number of delegates representing the constituent associations, with [AMA policy](#) specifying the current method used to ensure parity. Each national medical specialty society granted representation is entitled to delegate representation based on the number of seats allocated to it by apportionment. The apportionment of delegates from each specialty society is one delegate for each 1,000, or fraction thereof, specialty societies members as of December 31 of each year who have full voting privileges, are eligible to hold office in that society, are active members of the AMA and are members in good standing of both the specialty society and the AMA.
- Professional interest medical associations qualifying under the Bylaws (one delegate each).
- The five federal services (each with one delegate)—US Air Force, US Army, US Navy, US Department of Veterans Affairs, and US Public Health Service.
- The eleven AMA Sections—Integrated Physician Practice, International Medical Graduates, Minority Affairs, Academic Physicians, Medical Student, Organized Medical Staff, Private Practice Physicians, Resident and Fellow, Senior Physicians, Women Physicians and Young Physicians (one delegate each).
- Medical student regional delegates, allocated on a proportional basis, with one delegate for every 2,000 active student members within each of the 7 regions in the country. This is in addition to the delegate from the Medical Student Section.
- Additional resident and fellow delegates from the AMA Resident and Fellow Section, awarded on a basis of one delegate for every 2,000 AMA member resident and fellow physicians. This is in addition to the delegate from the Resident and Fellow Section.

[AMA Bylaws](#) set out the criteria for HOD membership for each of these entities. Additional bylaw provisions provide for extra seats to unified societies (societies whose own members are also required to be AMA members), and provisions to cover societies that have a loss of AMA members and experience a consequential loss in number of delegates. While the [Specialty and Service Society has a role](#) in administering admittance to the HOD for national medical

specialty societies and professional interest medical associations, the HOD remains the ultimate authority in granting additional seats, expanding delegation size, and terminating the participation of any society.

The HOD also has ex officio members without the right to vote: AMA Officers (in addition to the Speaker and the Vice Speaker who have the right to vote), the former Presidents, former Trustees, and the Chairs of AMA Councils who are not delegates.

In addition, AMA Bylaws provide for Official Observer Status in the HOD. National organizations may apply to the Board of Trustees for such status, and must demonstrate compliance with the guidelines for official observers adopted by the House of Delegates ([AMA Policy G-600.025](#)). Official observers have the right to speak and debate on the floor of the House of Delegates upon invitation from the Speaker. Official observers do not have the right to introduce business, introduce an amendment, make a motion, or vote.

A complete list of represented societies appears in the [Appendix](#).

### **Meeting Overview**

The [AMA Bylaws](#) specify that the House of Delegates shall meet twice annually, at an annual meeting and at an interim meeting. Typically, the AMA convenes its Annual Meeting in June, and the Interim Meeting in November. AMA Bylaws also outline the procedures under which special meetings of the HOD can occur. Information on the dates and location for each Annual and Interim meeting is available on the [HOD website](#).

The schedules differ slightly between the Annual and Interim meetings, with the Annual Meeting including events related to elections and the inauguration of the incoming AMA President. The Interim Meeting is shortened by one day. The actual day of adjournment may vary slightly, as the House adjourns when its business is concluded.

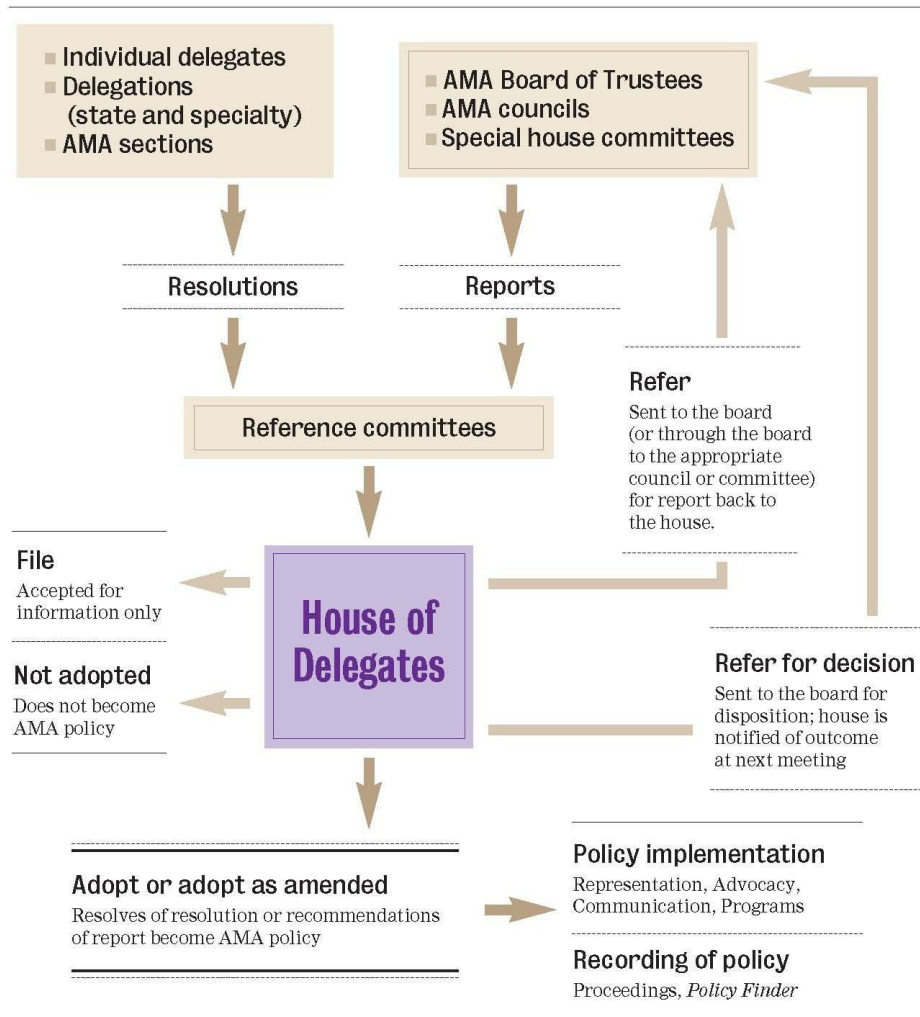
Current AMA Bylaws stipulate that the business of the Interim Meeting be focused on issues related to legislation and advocacy. Advocacy is defined as “active use of communication and influence with public and private sector entities responsible for making decisions that directly affect physician practice, payment for physician services, funding and regulation of education and research, and access to and delivery of medical care.” In addition, resolutions and reports pertaining to ethics or other business specifically requiring action at the Interim Meeting may be considered at that meeting, along with any other business which the majority of delegates vote to consider.

Prior to each meeting, the AMA Office of House of Delegates Affairs confirms with each represented society the official roster of delegates and alternate delegates. A list of names of all delegates and alternate delegates is included in the HOD Handbook, and becomes a part of the meeting Proceedings.



## A Synopsis of the HOD Policy Development Process

# How AMA sets policy



SOURCE: AMERICAN MEDICAL ASSOCIATION'S *GUIDE TO HOUSE OF DELEGATES MEETINGS*; OFFICE OF HOD AFFAIRS.  
ADAPTED FROM A CHART PUBLISHED IN THE JUNE 11, 2007 ISSUE OF AMERICAN MEDICAL NEWS. WWW.AMEDNEWS.COM

In brief, voting delegates introduce business to the AMA House through presentation of resolutions on behalf of their delegation, or as individuals. Reports from the Board of Trustees and AMA Councils on topics of interest to physicians or in response to previously adopted or referred resolutions also are routinely received as business. Business also includes reports from various convention committees.

Nearly every report and resolution is referred to a reference committee for consideration, although exceptions are noted. A reference committee is a special committee that serves to expedite the business of the House—see [Chapter 4](#) for additional information. Reference committee hearings are the venue at which delegates, alternate delegates and others can support, oppose, voice concern, or articulate their point of view on items of business under consideration. Most items referred to a reference committee are also posted online for advance comments in an online member forum.

Disparate points of view expressed in the online member forums and in the onsite reference committee hearings are considered by the reference committee as the committee crafts its report with recommendations. Reference committee recommendations are subsequently considered in a more formal manner by all HOD delegates. It is the HOD that ultimately takes action on all items of business.

### **Traditions, including Privilege of the Floor**

Tradition governs a substantial portion of each formal session of the HOD. The invocation, National Anthem, addresses by outgoing and incoming Presidents, remarks by the Speaker, recognition of distinguished guests, and the like are in this category. The AMA Speaker, a member of the AMA Board of Trustees, is the chief presiding officer over the HOD.

The Speaker has the prerogative to permit as many presentations as may be appropriate without unduly intruding on the time necessary for the HOD to accomplish its regular business. Unscheduled presentations may be arranged either through the Speaker or in response to a House request that receives a two-thirds vote of delegates present and voting.

### **Meetings held in conjunction with House of Delegates Meetings**

The AMA Board, the AMA Councils, the AMA Sections, the Specialty and Service Society, caucuses, and Section Councils are among the groups that meet in conjunction with the HOD meetings. The purposes and roles of these groups are briefly discussed below.

#### **Board of Trustees**

The **Board of Trustees** meets several times before and during the Annual and Interim HOD meetings. AMA Bylaws provide additional details about the Board of Trustees in general and its specific responsibilities throughout the year.

The AMA is governed by a Board of Trustees consisting of the following officers: President, President-Elect, Immediate Past President, Speaker of the HOD, Vice Speaker of the HOD, and 12 at-large Trustees. There are an additional 3 seats slotted for specific AMA membership groups: medical student trustee, resident and fellow physician trustee, and a young physician trustee. The Board also includes a non-physician public member. The Board annually elects a Chair, Chair-elect and Secretary from among its own members.

The Board is responsible for implementing AMA Policy and acts as AMA's chief fiduciary agent.

#### **AMA Councils**

The AMA has 7 Councils, which also typically meet in conjunction with the House of Delegates meetings:

- **Council on Constitution and Bylaws;**
- **Council on Ethical and Judicial Affairs;**
- **Council on Legislation;**
- **Council on Long Range Planning and Development;**
- **Council on Medical Education;**
- **Council on Medical Service; and**

- [Council on Science and Public Health](#).

All Councils, with the exceptions of the Council on Legislation, develop reports for consideration by the House of Delegates. The Council on Legislation differs from the others in that it presents its recommendations directly to the Board of Trustees for decision. The Council on Long Range Planning and Development also may present its reports to the Board of Trustees or to the HOD. The specific charges to the AMA Councils, their scope of responsibilities and their selection processes are in the [AMA Bylaws](#).

### [Specialty and Service Society](#)

The [Specialty and Service Society](#) (SSS), a special unit of the AMA recognized in its [Bylaws](#), meets in conjunction with both Annual and Interim meetings.

Representation in the HOD for national medical specialty organizations requires a series of actions—petitions to participate, documentation of AMA membership, and initial participation in the [Specialty and Service Society](#) (SSS) prior to House admission. The SSS administers the process for granting specialty societies representation in the House, periodically reviews the qualification of these societies, and administers a termination mechanism for those societies who no longer qualify for HOD participation, according to Standing Rules ratified by the SSS and approved by the AMA Board of Trustees. An 8-member Governing Council, elected by the SSS membership, oversees the SSS.

The SSS is made up of the national medical specialty societies, federal services, and professional interest medical associations. There are two categories of groups in the SSS. First are those societies that have seats in the HOD and second are those seeking admission to the House. An association must first be represented in the SSS for three years before it is eligible to seek admission to the HOD. In addition to participation in the SSS, societies must also comply with other criteria for admission to the HOD specified in AMA Policies [G-600.020](#) and [G-600.022](#).

### [AMA Sections](#)

Meetings of the AMA Sections are usually held on the days immediately preceding the HOD's opening session at both Annual and Interim meetings. The AMA Sections are:

- [Academic Physicians Section \(APS\)](#)
- [Integrated Physician Practice Section \(IPPS\)](#)
- [International Medical Graduates \(IMG\)](#)
- [Medical Student Section \(MSS\)](#)
- [Minority Affairs Section \(MAS\)](#)
- [Organized Medical Staff Section \(OMSS\);](#)
- [Private Practice Physicians Section \(PPPS\)](#)
- [Resident and Fellows Section \(RFS\)](#)
- [Senior Physicians Section \(SPS\)](#)
- [Women Physicians Section \(WPS\)](#)
- [Young Physicians Section \(YPS\)](#)

The [HOD website](#) includes links to the meetings of the Sections, and HOD members are welcome to also participate in Section business meetings, educational sessions and caucuses. Registration and credentialing for Section meetings is separate from that of the HOD meeting. Also, Sections do not always meet at the same facility as the HOD.

AMA Sections were created to provide for more active involvement in the AMA by various segments of the physician and medical student population who were not otherwise well represented in the HOD in a focused manner. The specific charges, scope of responsibility, and membership of each Section are in the AMA Bylaws. A Section can either be a fixed or delineated Section, and is so identified in the Bylaws. Delineated Sections are required to reconfirm at least every five years their qualifications for continued representation in the House of Delegates via the Council on Long Range Planning and Development. CLRPD will apply the [criteria](#) adopted by the House of Delegates.

One purpose of the Sections is to give voice to groups through a Section delegate who participates in the HOD meetings, thus enabling the groups to submit resolutions and articulate concerns on resolutions affecting their particular constituency.

#### AMA Special Groups/Advisory Committees

An advisory committee is an entity whose activities relate to education and advocacy and which operates under a charter subject to review and renewal by the BOT at least every four years. An advisory committee has a governing council and a direct reporting relationship to the BOT, but does not have representation in the HOD. The Board currently has an [Advisory Committee on LGBTQ Issues](#).

An advisory committee may convene a caucus, educational symposia, or other social events that are open to interested HOD, Board, Council or Section members. The HOD website includes links to such meetings that are convened in conjunction with the HOD.

The [AMA Bylaws](#) specify a process for an advisory committee that wishes to become a Section with HOD representation. The group may submit an application to the Council on Long Range Planning and Development, which will make its recommendation to the House of Delegates through the Board of Trustees, or a resolution may be submitted for Section status. The advisory committee or special group must meet the [criteria for Section status](#) adopted by the HOD.

#### Caucuses/Regional Meetings

A caucus consists of a group of physicians and medical students who meet to discuss pending resolutions and reports and possible actions of the HOD. Delegates may participate in multiple caucuses, including those from their specialty, state, and region. In caucus meetings, delegates try to reach a consensus on certain HOD items of business and/or reference committee report recommendations. Caucuses and regional meetings are also good venues for networking and leadership development, particularly for those new to the HOD. There also are caucuses convened during the HOD meetings by the AMA Sections and the Special Groups. Candidates for AMA offices often make appearances at caucuses to solicit support for their candidacy.

#### Section Councils

Section Councils typically meet in conjunction with HOD meetings, with those meetings being open to all physicians from that specialty, including the participants of the AMA Section meetings.

Specialty Sections (called Section Councils) were originally conceived as a way to bring together specialist delegates who represented their state medical associations (now called constituent

associations) in the HOD at a time when only state medical associations had HOD representation. Also, in the past, when HOD meetings were accompanied by large scientific educational programs, the Section Councils helped organize these programs and scientific exhibits. Today, the Section Councils, due to the growing representation of national medical specialty societies, function more as specialty caucuses or as providers of educational programs on topics of interest to their members.

The [AMA Bylaws](#) recognize Section Councils for the following specialties: Allergy; Anesthesiology; Cardiovascular Disease; Clinical Pharmacology and Therapeutics; Dermatology; Digestive Diseases; Disease of the Chest; Emergency Medicine; Endocrinology; Family and General Practice; Federal and Military Medicine; General Surgery; Genetics; Internal Medicine; LGBTQ Health; Neurological Surgery; Neurology; Nuclear Medicine; Obstetrics and Gynecology; Ophthalmology; Orthopedic Surgery; Otolaryngology-Head and Neck Surgery; Pain and Palliative Medicine; Pathology; Pediatrics; Physical Medicine and Rehabilitation; Plastic, Reconstructive and Maxillofacial Surgery; Preventive Medicine; Psychiatry; Radiology; and Urology.

The AMA Specialty and Service Society maintains a [directory](#) of Section Councils. The resource includes a list of each section council's member societies, key contact information and a description of activities.

#### *Educational Sessions/Exhibits/CME*

A number of ancillary meetings or open forums take place in conjunction with HOD meetings, some mandated by AMA policy and others continued due to practice. Examples include an [Open Forum on Health Equity](#), and open forums convened by the [AMA Litigation Center](#), [Council on Ethical and Judicial Affairs](#), [Council on Legislation](#), and the [Forum for Medical Affairs](#). All educational sessions held in conjunction with HOD meetings must be approved by the Speakers.

AMA Sections and other groups also offer educational symposia that are open to all, some offering CME credit.

The Speakers' Letter distributed in advance of each HOD meeting and posted online includes information about educational sessions convened in conjunction with the HOD meeting.

There are few commercial exhibits, but there are exhibits that focus on AMA products and services or those of its subsidiaries.

#### *Social Functions/Hospitality*

A variety of social functions and hospitality events convened by state medical associations, specialty societies, or the sections occur in conjunction with HOD meetings and provide networking opportunities. Some of these events are by invitation-only, while others are open to all attendees. At times, the AMA itself or one of its affiliates such as the AMA Foundation (the AMA's philanthropic arm) hosts receptions. At the Annual Meeting, the AMA hosts the AMA Candidate Reception (open to all) and the inaugural reception for the incoming President, usually followed by a dinner (tickets required).

A comprehensive Master Schedule of all events is posted on the [HOD website](#).

### Other Meetings

AMA policy states that the Speakers are to be notified prior to any planning for ancillary meetings and conferences to be scheduled in conjunction with the Annual or Interim HOD meetings in sufficient time to assess the impact of the timing and purpose on the HOD deliberations. Prior approval of the Speakers is required before any meeting other than regular meetings of AMA Councils, Committees, Sections, and other groups that are part of the formal structure of our AMA can be scheduled.

## Chapter 2: Delegates and Alternates

Delegates and alternate delegates to the House of Delegates (HOD) play a critical role in the democratic policymaking process that is the foundation of the AMA. Their role is a multi-dimensional one, and includes:

- Advocacy for patients within the HOD to improve the health of the public and the health care system;
- Representation of the perspectives of their sponsoring organization to the HOD;
- Representation of their physician and medical student constituents in the decision-making process of the HOD;
- Representation of the AMA and its House of Delegates to member and non-member physicians, medical associations, and others; and
- Solicitation of input from and provision of feedback to constituents.

Also, HOD delegates and alternate delegates are expected to foster a positive and useful two-way relationship between grassroots physicians and the AMA leadership.

The registration record of the Committee on Rules and Credentials constitutes the official call at each HOD meeting. It includes the physician's name and the name of the organization being represented, and becomes a part of the meeting Proceedings.

### **Delegate Responsibilities**

During the meeting, AMA delegates have a number of responsibilities and roles, including serving on HOD committees, participating in caucuses, and testifying at reference committee hearings on the merits of reports and resolutions. Also, after reference committees present their reports to the HOD, delegates have the opportunity to testify and vote on the recommendations of the reference committee for action.

Delegates also have pre- and post-meeting responsibilities. They work with their colleagues to draft resolutions for consideration at HOD meetings, submit and/or review advance online testimony, and report highlights of HOD meetings verbally or in print to the leadership or membership of the organizations they represent. For example, they may present such information at meetings of their hospital medical staff, county medical society, state medical association, or specialty society meeting; or write articles for their community newspapers, hospital newsletters or medical society newsletters or journals. Delegates also cultivate promising leaders for all levels of organized medicine and informally recruit new AMA members and help retain current members.

Year-round, the delegates and alternate delegates serve as a key source of information on AMA activities, programs, and policies. As such, they are direct contacts for individual members to communicate with and contribute to the formulation of AMA policy positions, identify situations that might be addressed through other AMA efforts, and aid in implementing AMA policies. AMA delegates make themselves accessible to individual members by providing the AMA with their addresses, telephone numbers, and email addresses so that the information can be provided to individual members through the [AMA Pictorial Directory](#).

## **Role of Alternate Delegates**

Alternate delegates have many of the same overall roles and responsibilities as delegates during the HOD meetings – they testify on resolutions and reports in reference committees, participate in caucuses, and serve on HOD committees.

Because alternate delegates technically are not HOD members, they cannot introduce resolutions; however, they can be temporarily credentialed to substitute for a delegate, and thus speak and debate on the HOD floor, offer amendments to pending matters, and make motions and vote on the outcome of items of business. In order to vote in elections, alternate delegates must be formally recredentialed as a delegate, as described in the following section.

It is also alternate delegates who are invited to serve as Assistant Tellers to assist with vote counting.

## **Delegates/Alternate Delegates Certification and Registration**

At least 30 days prior to the Annual or Interim Meeting of the House of Delegates, an official of each group represented in the HOD certifies to the AMA the delegates and alternate delegates from their respective associations. Prior to each meeting, the AMA sends a confirmation letter containing the names of each group's delegates so they can confirm that the information is correct and make changes. **While this is the responsibility of the society represented in the HOD, delegates and alternate delegates may wish to check with their societies to ensure that their credentials have been confirmed.**

**Registration is a separate process from credentialing/certification. Every attendee, whether attending a section meeting or the HOD, needs to register in advance of the meeting.** More details can be found on the HOD website.

At each HOD meeting, each delegate receives a delegate badge with an appropriate ribbon, plus an additional credential that can be given to an alternate delegate should the delegate need to be out of the room at the time a vote is taken. Each alternate delegate also receives an alternate delegate badge with an appropriate ribbon. To receive their credentials, delegates and alternate delegates must 1) acknowledge AMA's policies concerning conduct at AMA HOD meetings and 2) accept applicable adjudication and disciplinary processes for violation of the policies (see Appendix G). For security purposes, all attendees are required to provide photo identification and emergency contact information to receive their credentials and materials. All badges may be picked up at the AMA registration area, the location and hours of which are announced in the Speakers' Letter and in the Handbook.

### **Temporary re-credentialing**

When a delegate or alternate delegate is unable to attend a HOD meeting, the officials of the organization may substitute a delegate, who on presenting proper credentials as outlined above, is eligible to serve as a delegate to the HOD for that meeting only. A delegate whose credentials have been accepted by the HOD Committee on Rules and Credentials and whose name has been placed on the HOD's official call remains a delegate until final adjournment of that meeting.

If a delegate is absent for part of a day, the delegate may give the voting badge to an alternate delegate or a substitute alternate delegate. If the delegate must leave the meeting or is absent for more than half a day, the delegate must formally transfer their credentials to either an alternate



delegate or a substitute alternate delegate at the Registration area. The person who takes the place of the delegate must comply with the formal recredentialing procedures established by the Committee on Rules and Credentials for such purpose and shall be known as a temporary substitute delegate.

A temporary substitute delegate has all the rights and privileges of a delegate, including the right to vote on items of business and vote in any election. The temporary substitute delegate, however, is ineligible for nomination or election as Speaker or Vice Speaker of the House of Delegates but may be nominated for other Board or Council positions.

### **Seating of Delegates**

Delegate seating for the HOD Business Meetings rotates from meeting to meeting. The Office of the House of Delegates Affairs makes delegate seating assignments to ensure that no one society sits in front (or in back) too often. Societies can request to be seated near other societies but must do so well in advance of the meeting. The seating chart for each HOD meeting is included in the HOD Handbook. AMA Bylaws govern the [seating of the Regional Medical Student delegates and RFS delegates](#).

Alternate delegates sit apart from the delegates in a reserved seating area during the formal HOD sessions. Reserved seats for alternate delegates are not pre-assigned.

Seating at reference committee hearings and other programming is unassigned for all participants.

Meetings begin promptly. Delegates, alternate delegates, and guests are urged to arrive early and be in their seats 15 minutes before the stated time. Similarly, delegates are urged to schedule their departures after the meeting adjourns on the last day, so that they can give full consideration to that day's business items.

### **Conflicts of Interest**

Immediately prior to testifying before the House or a Reference Committee, every individual must publicly disclose their actual or potential conflicts of interest, if any. A disclosable "conflict of interest" is an interest that is or may be material to the matter being considered and that would reasonably be expected to impair the objectivity of the individual who is testifying. Conflicts of interest, however, do not include an interest that results solely from the fact the testifying individual is a physician or medical student, in recognition that most testifying individuals have the same interest. When in doubt as to whether a conflict of interest exists or is disclosable, your Speakers recommend that individuals err on the side of caution and disclose any actual or potential conflicts to preserve the integrity of our process.

Upon disclosure of any conflicts of interest, an individual may testify without encumbrance. A Delegate who thinks or knows that a testifying individual has an undisclosed actual or potential conflict of interest may ask the Speakers of the House or the Chair of the Reference Committee, as applicable, to have the testifying individual disclose their conflict. The Speakers or the Chair, as applicable, have sole discretion to decide all matters related to the appropriate disclosure and management of conflicts of interests before the House or Reference Committee, respectively. The Speakers and Reference Committee Chairs may consult the Office of General Counsel and appropriate others as needed to decide the matter.

At the Opening Session of all House of Delegates meetings, the Conflict of Interest policy is ratified as a part of our Standing Rules (see [Chapter 9](#)).

## **Code of Conduct for Delegates and Alternate Delegates**

The AMA is committed to a [zero tolerance policy](#) for harassing conduct at all locations where AMA business is conducted. As a condition of attending and participating in any meeting all attendees must agree to adhere to this Code of Conduct. The Code of Conduct extends beyond formal sessions to include all dinners, receptions, and social gatherings held in conjunction with AMA hosted meetings.

The Office of General Counsel will appoint a “Conduct Liaison” for all AMA House of Delegates meetings and all other AMA hosted events. The Conduct Liaison will have responsibility for receiving reports of alleged policy violations, conducting investigations, and initiating both immediate and longer-term consequences for such violations. Alternatively, violations may be reported using an AMA reporting hotline (telephone and online) maintained by a third party on behalf of the AMA.

At the Opening Session of all House of Delegates meetings, the Code of Conduct is ratified as a part of our Standing Rules (see [Chapter 9](#)). AMA policy and further details regarding the Code of Conduct can be found in [Appendix G](#).

## **Chapter 3: Roles and Duties of the Speaker and Vice Speaker**

The Speaker presides over House of Delegates (HOD) meetings, and performs such duties as custom and parliamentary usage require, or as mandated by the AMA Bylaws. The goal is to keep the HOD meeting moving in a fashion that facilitates debate. The Speaker also is responsible for convening and moderating a broad-based online forum for HOD members and other AMA members, for the purpose of discussing issues of importance to physicians and the health of the public.

According to the AMA Bylaws, the Vice Speaker officiates for the Speaker in the Speaker's absence or at their request. More typically, the Speaker and Vice Speaker work as a team in meeting preparations, communications with HOD members, and conducting the meeting. Because the Speaker and Vice Speaker work together so closely, they are referred to as "the Speakers."

Every June, the Speakers are elected from among the members of the House of Delegates, each to serve for one year in the elected position or until a successor is elected and installed. An individual elected as Speaker or Vice Speaker may serve a maximum tenure of 4 years. A list of past Speakers and Vice Speakers is included as [Appendix B](#).

On election, the Speakers continue to be members of the HOD, with all of the associated rights and privileges.

### **Speakers' Letters and other Communications from the Speakers**

Throughout the year, the Speakers periodically communicate with the members of the House of Delegates. [Updates](#) are also posted online on the HOD website. It is imperative that the AMA Office of the House of Delegates Affairs have accurate contact information, particularly a current email address, for all delegates and alternate delegates so that this information can reach them.

A Speakers' Letter is sent prior to each HOD meeting and is also available online. It includes important information about the items of business in the Handbook, the meeting schedule, educational programs, and other events.

The Speakers shall, when appropriate, issue reports to the House including reconciliation reports regarding policies which have been countermanded by subsequent House action.

### **Speaker Appointments**

The Speaker is responsible for several appointments throughout the year. The following are detailed in the bylaws:

- 5 members of the Council on Long Range Planning, including one resident/fellow physician;
- Members of the Committee on Compensation of Officers in conjunction with the president;
- 5 members of the Selection Committee for the Public Member for the Board of Trustees
- Members of the Election Committee;
- Members of Reference Committees;
- Members of the Committee on Rules and Credentials;
- Members of the Resolution Committee (Interim Meeting only);

- Members of any special committees of the House of Delegates; and
- The Chief Teller and Assistant Tellers.

Members of the House who are interested in being considered for any of these appointments are encouraged to make their wishes known to the Speaker or to the [AMA Office of House of Delegates Affairs](#). More details about the roles and responsibilities of the various HOD committees, and their composition, are provided in [Chapter 4](#).

### **Additional Speaker Responsibilities**

The Speaker responsibilities related to AMA elections are outlined in [Chapter 11](#). The Speaker also has the responsibility for calling any special HOD meetings under conditions set forth in the [AMA Bylaws](#).

The Speakers maintain an onsite Speakers' Office at all HOD meetings.

## Chapter 4: HOD Committees: Roles and Responsibilities

A number of committees are constituted to serve in conjunction with the Annual and Interim meetings of the AMA House of Delegates (HOD). Delegates and Alternates interested in serving on these committees need to complete an application that can be found on the [Speakers' Page](#) or for more information email [hod@ama-assn.org](mailto:hod@ama-assn.org).

As a means of broadening opportunities for service on HOD committees, the Speaker tries to avoid, whenever possible, selecting physicians and medical students who are currently AMA Council members. In choosing members for HOD committee service, the Speaker is encouraged to appoint a committee diverse in terms of specialty and geographic representation, gender, age, and ethnicity.

### **Rules and Credentials Committee**

The AMA Bylaws specifically provide for a [Committee on Rules and Credentials](#), which consists of 7 members, appointed by the Speaker. By tradition, at least 2 are from the AMA Council on Constitution and Bylaws. Membership is restricted to delegates and alternate delegates. A majority of the committee constitutes a quorum.

The Committee on Rules and Credentials is responsible for consideration of all matters relating to the registration and certification of delegates, proposing rules of conduct and procedure for the orderly transaction of business at HOD meetings, and issuing reports that HOD delegates act upon. The committee chair, appointed by the Speaker, has additional responsibilities: verbally stating that a quorum exists by presenting the number of registered delegates at the beginning of each HOD Business session, and overseeing and presenting the committee's reports to the HOD.

At every meeting, the committee presents the Rules (of the House) in a report, which is ratified at the HOD's opening session. The committee presents one or more Supplementary Reports, which make recommendations on acceptance of Late Resolutions, and identifies resolutions that the Committee believes should be considered as "reaffirmation resolutions." On the final day of the HOD meeting, it issues a Closing Report. The committee is not a reference committee and does not normally hold open hearings, but does provide sponsors of "late resolutions" an opportunity to explain the reasons for the lateness of their resolution.

Lastly, the Committee on Rules and Credentials oversees AMA elections, in conjunction with the Chief Teller and the Assistant Tellers.

### **Resolution Committee**

The AMA Bylaws provide for a [Resolution Committee](#), which has responsibility for reviewing resolutions presented for consideration at the Interim Meeting. The committee determines compliance of all resolutions with the advocacy-related purpose of the meeting. For the most part, items requiring action at the Interim Meeting and resolutions and reports pertaining to ethics and bylaw changes are routinely accepted.

The Resolution Committee consists of up to 31 members (delegates only), appointed by the Speaker. Members may include AMA Section chairs (if they are delegates), chairs of the Regional HOD Caucuses, AMA Council chairs (except for CEJA), and the Specialty and Service Society (SSS) Governing Council. Unlike the other committees, the work of the Resolution

Committee takes place primarily before the meeting by email and fax. The committee reports to the Speaker, but may present a report to the HOD at the Speaker's discretion.

### **Tellers**

For the Annual Meeting, the Speaker appoints a member of the House to serve as the Chief Teller to assist in administering the election and review the vote totals as AMA Bylaws require that a candidate receives a majority of the legal votes cast to be elected. Assistant Tellers may occasionally be appointed, depending on the number of elections.

### **Reference Committees**

The AMA Bylaws provide for reference committees that conduct open hearings on matters of business of the Association and prepare reports with recommendations to the House of Delegates for final action on such matters. More specific information on the open hearing and the reference committee report is included in [Chapter 8](#).

The Speaker appoints the Chair and other members of all reference committees. Membership on reference committees is restricted to AMA delegates and alternate delegates. Each reference committee consists of 7 members. One or more AMA staff persons are assigned to provide staff support for each reference committee.

The subject matter referred to each reference committee is as follows:

- Reference Committee on A amendments to Constitution and B ylaws (Constitution; Bylaws; Ethics)
- Reference Committee A: Medical Service (Annual Meeting only)
- Reference Committee B: Legislation
- Reference Committee C: Medical Education
- Reference Committee D: Public Health (Annual Meeting only)
- Reference Committee E: Science and Technology (Annual Meeting only)
- Reference Committee F: AMA Finance and Governance
- Reference Committee G: Medical Practice (Annual Meeting only)
- Reference Committee J: Advocacy related to medical service, medical practice, insurance and related topics (Interim Meeting only)
- Reference Committee K: Advocacy related to science, public health and related topics (Interim Meeting only)

The Speakers also have discretion, depending on the volume of items under consideration on a particular subject matter, for convening any reference committee at any meeting.

The role of each reference committee is to conduct an open hearing that provides an initial opportunity for discussion and debate on items of business assigned to the committee, and to prepare a report with recommendations to HOD members regarding the final disposition of all items. Committee members' responsibilities include:

- Pre-meeting review of all resolutions and reports that have been assigned to the reference committee, as well as pertinent background information, previous HOD actions, and AMA policies;
- Monitoring online testimony in the online member forums;
- Participation in pre-meeting reference committee's conference call(s);
- Attendance at the reference committee's open hearing;
- Participation in the reference committee's executive session(s);
- Being available to the Speakers and AMA staff until the final language of the reference committee report has been approved by the reference committee chair; and
- Presentation of the reference committee report to the House of Delegates.

Each reference committee chair has additional responsibilities, such as attending an orientation meeting with the Speakers and the other reference committee chairs and staff, and preparing an order of business that denotes the order in which the items of business will be discussed.

The HOD also hosts [Online Member Forums](#) which allow HOD members and other AMA members to submit testimony in advance of the meeting for the reference committee's consideration. Details are included on the [HOD website](#) and in the Speakers' Letter.

### Reference Committee F

Matters assigned to Reference Committee F traditionally deal with AMA's organizational and fiscal policies, including the AMA's annual plan and budget, business matters and products, long-range planning considerations, governance issues, and membership issues including dues recommendations and member benefits. With respect to the AMA's finances, Reference Committee F is responsible for ensuring that the HOD has adequate information to understand the overall fiscal circumstances of the Association.

Delegates tend to be less familiar with the business and financial aspects of the AMA as a corporate entity than they are with issues related more closely with the practice of medicine. It is the responsibility of Reference Committee F to make informed decisions based on both the testimony heard in open session and on the background information provided by the Board of Trustees Finance Committee.

For this reason, the structure and method of operation of Reference Committee F differs from that of other reference committees in the following ways:

- *Longer Tenure for Committee Members* – To ensure continuity regarding fiscal issues, Reference Committee F members serve for two years (four consecutive HOD meetings). By contrast, members of other reference committees serve for one HOD meeting. The two-year terms for Reference Committee F members are staggered so that at any one point in time members of Reference Committee F may be serving either the first or second year of their term.
- *Longer Tenure for Committee Chair* – The Chair of Reference Committee F is appointed by the Speaker of the House of Delegates who selects from among the members of the committee who have fulfilled two years of service. Upon acceptance of the Speaker's

appointment, the Chair serves for one additional year (two consecutive House of Delegates meetings) on the committee beyond the standard two-year term.

- *More Extensive Briefings* – Reference Committee F usually meets at least twice with the Board’s Finance Committee preceding each HOD meeting. One meeting is held in conjunction with a Board meeting two to three months in advance of the HOD meeting, and a second meeting is held in conjunction with the HOD meeting just prior to its opening. Occasionally, more frequent meetings and/or conference calls are scheduled to provide committee members with additional background information.

### Other Reference Committees

The AMA [Bylaws](#) allow the Speaker to appoint a special Reference Committee to consider a specific issue.

### Election Committee

In accordance with Bylaw 2.13.7, an [Election Committee](#) consisting of 9 members of the House is appointed by the Speaker. The Speaker and Vice Speaker are also full members of the committee. The primary role of the committee is to work with the Speakers to adjudicate any election complaint. Additional roles are to be determined by the Speaker and may include monitoring election reforms, considering future campaign modifications, and responding to requests from the Speaker for input on election issues as they arise. Individuals serve 1-year terms, and are eligible for reappointment for not more than 4 consecutive terms with a lifetime maximum tenure of 8 terms. Committee members agree not to be directly involved in a campaign during their tenure and are appointed from various regions, specialties, sections, and interest groups. Lastly, the Election Committee also reviews the Campaign Complaint Reporting, Validation and Resolution Process (see [Chapter 11](#)) and makes recommendations to the House.

### Selection Committee for the Public Member of the Board

The AMA Bylaws provide for a [Selection Committee](#) for the Public Member of the Board of Trustees, consisting of 7 members. The Speaker appoints 5 of the members, and the Chair of the Board appoints the other 2 members. The Committee selects its Chair biennially. Committee members are appointed for a term of 5 years, so arranged that at each Annual Meeting the term of one HOD member shall expire. Members are eligible for appointment for two terms.

The Selection Committee solicits nominees from constituent medical associations, national medical specialty societies, AMA Sections, other organizations represented in the HOD, individual HOD members, and members of the Board of Trustees. It investigates the qualifications of persons considered as nominees.

The Selection Committee submits to the HOD a report putting forth its nomination for the public trustee, and stating their qualifications. Nominations are submitted for consideration prior to the expiration of the current public trustee’s term, who serves a single four-year term.

### Committee on Compensation of the Officers

The AMA Bylaws provide for a [Committee on Compensation of the Officers](#), which has responsibility for annually recommending the structure, form and level of total compensation of all AMA Officers (defined in the AMA Constitution as all members of the AMA Board of Trustees). The committee does not direct the nature of the work of the Board of Trustees, the mechanisms to accomplish the Board’s work, or the method utilized in designating work assignments.



The Speaker and President jointly appoint the 3 members of the committee, each of whom has a single 3-year term. Membership on this committee is restricted to delegates. The committee selects its chair annually.

If there is a vacancy, the Speaker and President jointly appoint a delegate to fill the position for the remainder of the unexpired term. A member appointed to fill a vacancy of less than 18 months of the 3-year term is eligible for appointment to a subsequent 3-year term on the committee.

### **Special Committees**

The HOD may also create special committees for specified terms of 1-3 years. The number of members, the manner of their appointment, and the functions of these special committees is in accordance with the terms of the motions authorizing their appointment. Any active member of the AMA is eligible to serve on a special committee. Members of special committees who are not HOD members may present their reports in person to the HOD and may participate in debate thereon, but cannot vote in the HOD.

### **Other HOD Committees**

The Speaker also may appoint other committees as may be desirable for the efficient transaction of business of the HOD. The Speaker shall appoint the chair and other members of the committees. Membership on these committees is restricted to delegates and alternate delegates. Each committee shall consist of 7 members, unless otherwise provided. A majority of the members of each committee shall constitute a quorum.

## Chapter 5: Business Items of the House of Delegates

The business of the House of Delegates (HOD) consists primarily of resolutions, reports for action, informational reports, information statements, and Opinions of the Council on Ethical and Judicial Affairs (CEJA). With few exceptions, all resolutions and reports are referred to a reference committee for open discussion and to allow the reference committee to propose its recommendation for HOD action. If adopted by the HOD, the resolution or report may become the foundation of a new AMA program, establish or modify policy on an issue, or become a new directive for action.

Delegates submit resolutions on behalf of their constituent medical association, national medical specialty medical society, professional interest medical association, federal service, AMA Section, or as individuals.

Reports, either for HOD action or informational in nature, come from the AMA Board of Trustees, AMA Councils or Sections, special committees of the House, and certain officials of the Association.

### **Resolutions**

A resolution is fundamentally a way to express an idea or to identify a problem or opportunity. Although resolutions may deal with complex issues, most begin simply when an AMA member recognizes a problem and attempts to suggest a solution. Resolutions are structured to express the background of the problem in “whereas” clauses and to specify a specific position or course of action in one or more “resolved” statement(s).

In addition to its “whereas” clauses and “resolved” recommendations, each resolution is formatted in a way that includes:

- A title that is appropriate and concisely reflects the action for which the resolution calls.
- Resolution number.
- The name of the individual delegate or delegation that submits the resolution.
- The name of the reference committee to which the resolution has been assigned for its open hearing.
- Citations of previous AMA policy to facilitate independent review by delegates of pending resolutions. To the extent possible, each Resolved statement should make adjustment, addition or elaboration to existing policy rather than creating possibly redundant policy. This does not preclude new policy on new issues.
- Reference citations if possible or applicable.
- A fiscal note indicating the financial implications of the recommendations contained in the resolution. Fiscal notes are generated by AMA staff in consultation with the sponsor. Estimated changes in expenses will include direct outlays by the AMA as well as the value of the time of AMA's elected leaders and staff. A succinct description of the assumptions used to estimate the resource implications is included in each fiscal note. Fiscal notes will appear at the end of resolutions if they are available at the printing deadline. If, however, the fiscal note is not available, the fiscal note will be listed in a document that will provide fiscal notes for all resolutions. In addition, a companion document is distributed that contains detailed explanations and/or assumptions for all fiscal notes estimated to be \$50,000 or more.

- A conflict of interest disclosure, if applicable. A conflict is noted on the resolution itself if one or more delegates has a conflict of interest with respect to the matters addressed in the resolution.

A resolution that is seeking endorsement or HOD adoption of specific screening tests, should also include an evidence-based review that determines the strength or quality of the evidence supporting the request. The degree to which the test satisfies the minimal criteria for validating the appropriateness of the screening test, which are: (a) the test must be able to detect the target condition earlier than without screening and with sufficient accuracy to avoid producing large numbers of false-positive and false-negative results; and (b) screening for and treating persons with early disease should improve the likelihood of favorable health outcomes compared with treating patients when they present with signs or symptoms of disease, must be evaluated.

Each “resolved statement” must also be categorized as follows:

- New HOD Policy [Should be stated as a broad guiding principle that sets forth the general philosophy of the Association on specific issues of concern to the medical profession. If adoption of the new policy could render obsolete or supersede one or more existing policies, those policies should be identified by number and recommended for rescission or revision.]
- Modify Current HOD Policy [This designation is intended for resolutions that call for specific amendments to existing policy. The pertinent text of the existing policy, citing the policy number, and the proposed modifications should be clearly identified. If adoption of modified policy could render obsolete or supersede one or more existing policies, those policies should be identified by number and recommended for rescission.]
- Modify Bylaws.
- Rescind HOD Policy.
- Consolidate Existing HOD Policy.
- Reaffirm HOD Policy [Reaffirmation of existing policy should contain a clear restatement of the existing policy, citing the policy number].
- Directive to Take Action [This designation is for use if the intent of the resolution is to have the AMA take a specific action (conduct a study, lobby Congress, etc.) Directives to take action should include all elements required for establishing a new policy as well as a clear statement of existing policy, citing the policy number underlying the directive.

Ideally, policies and directives should not be “mixed” in the same resolution. To enhance the clarity of resolutions, the AMA Office of House of Delegates Affairs has designed a Resolution Submission Checklist for use by the sponsors of resolutions. The checklist is distributed in advance of the resolution deadlines, and is included as [Appendix D](#). A resolution template is on the HOD website to assist in the proper formatting of resolutions.

Complete resolutions are distributed to all delegates and alternate delegates by the AMA Office of House of Delegates Affairs. **However, it is only the resolved statements that are adopted and published in meeting proceedings and become an AMA policy statement or directive.** Materials are also posted to the [HOD website](#) in advance of the meeting, except for reports from the Council on Ethical and Judicial Affairs and the Council on Science and Public Health, which are intended for publication in peer-reviewed journals.

Resolutions are further classified as follows:

### “On-time” Resolutions

Under [AMA Bylaws](#), “on-time” resolutions are those received at least 30 days prior to the opening of each House of Delegates meeting. The deadline for resolutions is announced on the [HOD website](#) and communicated to the delegates and the societies in an informational memo from the Speakers. In order to be considered as regular business, each resolution must be submitted to the AMA Office of House of Delegates Affairs via email. The receipt of all electronically submitted resolutions is confirmed by a return email message from the Office of House of Delegates Affairs.

[AMA Bylaws](#) provide two exceptions to the timeline deadline. If any member organization’s house of delegates or primary policy making body, as defined by the organization, adjourns during the 5-week period preceding commencement of an AMA House of Delegates meeting, the organization is allowed 7 days after the close of its meeting to submit resolutions to the AMA. All such resolutions must be received by noon of the day before the commencement of the AMA House of Delegates meeting. The presiding officer of the organization shall certify that the resolution was adopted at its just concluded meeting and that the body directed that the resolution be submitted to the AMA House of Delegates.

The second exception is for resolutions emanating from AMA Section meetings that convene prior to the HOD meeting and adjourn just prior to the HOD’s First Session. Those Section resolutions may be presented for HOD consideration at any time before the recess of the House of Delegates opening session to be accepted as regular business.

[AMA policy](#) urges restraint by HOD members and AMA Sections in submitting items on the day preceding the opening of the House.

For the Annual Meeting, as resolutions are received they are reviewed by AMA legal counsel and subsequently referred to one of the HOD’s reference committees by the Speakers. For the Interim Meeting, all resolutions are additionally referred to the Resolution Committee to determine if the resolutions meet the criteria for inclusion (focus on advocacy, legislation or ethics) or are of an urgent nature. Committee members propose one of 3 recommendations to the Speakers: accept for the Interim meeting as an advocacy, legislative or ethics issue; accept for the Interim meeting as urgent; or not accept for consideration.

### “Late” Resolutions

“Late” resolutions are those received after the announced resolution deadlines and that do not fall into either of the exemptions noted above for “on time resolutions” but before the opening session of the House of Delegates recesses. Late resolutions are not accepted automatically as HOD business, but rather are distributed to the delegates and referred to the Committee on Rules and Credentials for review and its recommendations for acceptance or nonacceptance. The Committee is not a reference committee and does not hold open hearings but does provide sponsors of late resolutions an opportunity to explain the reasons for the lateness of their resolution. HOD delegates accept late resolutions as business of the House by a two-thirds vote of those present and voting. If accepted, the Speaker assigns each resolution to a reference committee. Late resolutions presented orally from the floor are not accepted.

### Resolutions “Not for Consideration”

Under [AMA Bylaws](#), the [Interim Meeting](#) is to focus on advocacy-related issues, and that focus is implemented by having the Resolution Committee judge each resolution with respect to whether it meets the criteria to be considered at the Interim Meeting. The Resolution Committee is responsible for reviewing all resolutions submitted for consideration at an Interim meeting and determining compliance of the resolutions with the purpose of the Interim Meeting.

The standard against which resolutions are to be measured defines advocacy as “the active use of communication and influence with public and private sector entities responsible for making decisions that directly affect physician practice, payment for physician services, funding and regulation of education and research, and access to and delivery of medical care.” Resolutions that are urgent (i.e., cannot wait for next year’s Annual Meeting) or that concern matters of ethics are also appropriate for the Interim Meeting. The intent is not to limit the amount of business per se but rather to provide a forum in which the House can address matters that warrant our AMA’s advocacy efforts. Resolutions that do not meet the advocacy criteria may be considered at the Annual Meeting.

Resolutions submitted that do not meet the above criteria according to a majority vote of committee members voting are considered “resolutions not for consideration,” and are distributed in a separate section of the Handbook, the meeting Tote or on-site. At the meeting, delegates vote to accept or not accept these resolutions. A majority vote by delegates present and voting is required to accept a resolution recommended not for consideration. Any resolution not accepted may be resubmitted for consideration at the Annual Meeting.

### Deferred Resolutions

When a resolution presents a legal or ethical problem, the Speaker, legal counsel or other AMA staff will contact the sponsor and discuss the problem with the resolution as prepared. If the sponsor is able to remedy the situation, then the resolution will be distributed in a routine manner. However, if for whatever reason (such as a state association mandate that the resolution not be altered) it is not possible to resolve the legal or ethical problem, the Speaker will designate that resolution as a “deferred” resolution, and it will be referred to the Committee on Rules and Credentials for its recommendation. No “deferred” resolution will be distributed in the Handbook.

The Committee on Rules and Credentials will consider deferred resolutions prior to the opening of the House of Delegates. A representative of the Office of General Counsel and the sponsor will be invited to the meeting to discuss the resolution. The committee will recommend that the House either accept or not accept the resolution. A majority vote only is required for acceptance.

### Commendation Resolutions

The HOD has a tradition prohibiting the introduction of commendation resolutions. Since there is a potential for these resolutions to be controversial in nature and, because unanimous approval is assumed without debate, commendation resolutions may serve to embarrass the Association. Instead, commendation requests should be sent to the Board of Trustees for consideration for an award or other appropriate recognition.

### Memorial Resolutions

Memorial resolutions remember a physician or nonphysician who has made significant contributions to the AMA or Federation societies. All memorial resolutions for distribution at an Annual or Interim meeting must be received by the Office of House of Delegates Affairs by the end of the HOD's Opening Session, so that they subsequently can be distributed.

### Emergency Resolutions

Resolutions of an emergency nature may be presented by a delegate any time after the opening session of the House of Delegates is recessed. Emergency resolutions will be accepted as business only upon a three-fourths vote of delegates present and voting, and if accepted shall be presented to the House of Delegates without consideration by a reference committee. A simple majority vote of the delegates present and voting shall be required for adoption.

### Reports

Reports calling for action or informational in nature come from the Board of Trustees, AMA Councils, AMA Sections, committees of the House, the Speakers, and certain officials of the Association.

Per the [AMA Bylaws](#), the Board of Trustees and the Councils may present business at any time during a meeting. Items of business presented before the recess of the opening session of the House of Delegates by the Board of Trustees, a council of the AMA or a special committee will be accepted as regular business. Items of business presented after the recess of the opening session of the House of Delegates will be accepted as emergency business and shall be presented to the House of Delegates without consideration by a reference committee. A two-thirds vote of the delegates present and voting shall be required for adoption. Informational items are not referred to a reference committee.

The AMA Board of Trustees reviews all reports prior to transmitting the reports to the HOD, as does AMA legal counsel. The Board may submit written recommendations regarding the reports to the HOD, but cannot change the report of a Council, Committee or Section.

Each report also includes:

- Genesis of the report [Resolution #, title, and author, and adopted amendments, if applicable, if the report is responding to a prior referred resolution];
- Reference citations (if applicable);
- Citations of previous AMA policy;
- A fiscal note (indicating the financial implications of the report's recommendations); and
- Conflict of interest disclosure (if applicable).

Reports exceeding six pages are accompanied by a one-page executive summary.

All report recommendations must also be categorized as follows:

- New HOD Policy;
- Modify Current HOD Policy;
- Modify Bylaws;

- Consolidate Existing HOD Policy;
- Rescind HOD Policy;
- Reaffirm HOD Policy; or
- Directive to Take Action.

Although the full text of all reports is made available to delegates and published in the meeting Proceedings, it is only the recommendations that are subject to amendment, and only the recommendations adopted by the House that subsequently become an AMA policy or directive.

The HOD typically files informational reports, the text of which are subsequently published in their entirety in the meeting Proceedings. The HOD also has two other options to dispose of an informational report: refer and not accept. Furthermore, the House may also amend an informational report, like any other report, for clarify and/or accuracy with the concurrence of the author. If an informational report is amended for action, however, it is no longer considered an informational report. The House may also grant the author leave to withdraw an informational report.

Any informational report that the House of Delegates votes to not accept will be published in the Proceedings in its entirety but be clearly labelled with the House action. The Proceedings of our AMA House of Delegates meetings will use a prominent “not accepted” watermark to designate any informational report that the House votes to not accept.

### Board Reports

The Board of Trustees is mandated by the AMA Bylaws and policy to provide a number of reports to the HOD:

- At each Annual Meeting of the House, the Board submits a **report** that provides highlights on the AMA’s performance, activities, membership, and status in the previous calendar year as well as a recommendation for the Association's dues levels for the next year.
- As the principal planning agent for the AMA, the Board provides a **report** at each Interim Meeting that recommends the Association’s strategic directions and plan for the next year and beyond. The report includes a discussion of the AMA’s membership strategy.
- At each Interim Meeting, the Board provides an **informational report** on the AMA’s legislative and regulatory activities, including the Association’s accomplishments in the previous 12 months and a forecast of the legislative and regulatory issues that are likely to occupy the Council on Legislation and other components of the AMA’s for the next year.
- The Board submits a **report to the House** when the Board takes actions that differ from current AMA policy; when the Board determines that the expenditures associated with recommendations and resolves that were adopted by the House would be inadvisable; and when important developments occur with regard to Federation organizations, including their relationships with any approved examining board.
- The Board also issues reports when its review of the AMA’s **Principles on Corporate Relationships** results in recommendations for changes to the Principles.

- The Board may also submit written recommendations regarding Council and Section reports to the House of Delegates.
- The Board will provide an annual report to the House of Delegates regarding AMA's [health equity activities](#) and achievements.

Nothing in AMA policy precludes the Board from issuing reports on additional topics. AMA policy calls for a list of forthcoming reports to be posted on the HOD website to allow HOD members, other AMA parties (e.g., councils, sections, etc.), AMA members and others to provide comments on the activities and work of the Board on a timely basis.

The AMA Bylaws also permit the Board to present a report to the HOD at any time during the meeting. Reports, recommendations, resolutions or other new business presented by the Board of Trustees on the final day of an HOD meeting are accepted as business but are not referred to a reference committee.

#### *Board Status Reports*

The Board reports on actions taken in support of items previously adopted or items referred (for decision or for report) by publishing on the [HOD website](#) a chart of actions taken by the Board of Trustees, Councils, Committees, and staff on resolutions and report recommendations from the past two HOD meetings. The chart is entitled "Follow-up Implementation of Resolutions and Reports Recommendations."

AMA delegates and executive directors of all groups represented in the HOD also receive such information electronically.

#### *Reports from AMA Councils*

Each AMA Council (with the exception of the Council on Legislation) is able to issue reports of an informational nature, reports in response to a resolution referred to it for further study from a past meeting, or reports that establish new AMA policy or a directive on an issue. If prepared in response to a referred resolution, the resolves of that resolution or its last amended form, are included in the report.

AMA policy calls for a list of forthcoming reports to be posted on the HOD website to allow HOD members, other AMA parties (e.g., councils, sections, etc.), AMA members and others to provide comments on the activities and work of the AMA Councils on a timely basis.

Council reports are submitted to the HOD through the Board of Trustees. The Board of Trustees may make non-binding recommendations regarding the report(s) to the councils as it deems appropriate, prior to transmitting the report(s).

Each Council also may issue reports with recommendations for rescinding or consolidating policies and directives.

#### *Reports from AMA Sections*

Each AMA Section may submit an [annual informational report](#) detailing its activities and programs during the previous year. The report(s) are submitted to the HOD through the Board of Trustees. The Board of Trustees may make non-binding recommendations regarding the report(s)



to the Sections as it deems appropriate, prior to transmitting the report(s).

#### Reports from the AMA Officials

The Executive Vice President (EVP) submits a report to the House detailing the items of business received from the Federation, which he or she considers significant (or when a constituent medical association or national medical specialty society requests him or her to do so), and the specific actions taken in response to such contacts.

The reports from the EVP are typically of an informational nature. They are not assigned to a reference committee, but are included in the proceedings.

#### **Reconciliation Reports from the Speakers**

At the 2012 Annual Meeting the House of Delegates adopted [Policy G -600.111](#), Consolidation and Reconciliation of AMA Policy, which notes that “AMA’s policy database should not include duplicative, conflicting or inconsistent AMA policies” and calls for reports to be presented to HOD when “a new or modified policy supersedes or renders obsolete one or more existing AMA policies.” The policy encourages any entity seated in the HOD to identify inconsistent or obsolete policies and calls for the “Speaker [to] present one or more reconciliation reports for action by the House of Delegates relating to newly passed policies from recent meetings that caused one or more existing policies to be redundant and/or obsolete. Where a report is needed to reconcile disparate policies, the Speakers will identify the appropriate council or group responsible for the reconciliation report on a specific topic.”

#### **Other Reports**

##### Reports from the Committee on Rules and Credentials

The Committee on Rules and Credentials presents several reports to the HOD during each Annual or Interim HOD meeting regarding:

- Rules;
- Late Resolutions;
- Reaffirmed Resolutions; and
- Deferred Resolutions.

The committee also routinely issues verbal reports related to the existence of a quorum during the HOD meetings.

##### Reports from Reference Committee

During a typical meeting, the HOD is presented with requests for action on consent calendars developed by each reference committee. These consent calendars are described in detail in other sections of this publication.

##### Reports from other Committees

The Committee on Compensation of the Officers presents an annual report recommending the structure, form and level of total compensation of the AMA Officers. The report of this committee is assigned to Reference Committee F.

Every four years, the Selection Committee for the Public Member of the Board presents a report that includes its nomination for the public trustee member. The report, however, is not referred to a reference committee; rather the HOD as a whole votes on the committee's recommendation.

Other special committees may report as well.

### **Information Statements**

**Information statements** were instituted to bring an issue to the awareness of the HOD or the public, draw attention to existing policy for purposes of emphasis, or simply make a statement. By their very nature, information statements are intended to require no action. Such items will be included in the section of the HOD Handbook for informational items and include appropriate attribution but will not go through the reference committee process, be voted on in the HOD or be incorporated into the Proceedings.

If an information statement is extracted, however, it will be managed by the Speaker in an appropriate manner, which may include a simple editorial correction up to and including withdrawal of the information statement.

### **CEJA Opinions**

The **Council on Ethical and Judicial Affairs** (CEJA) informs the HOD of an Ethical Opinion adopted by the Council by presenting the Opinion to the House. The Council:

- (1) Identifies the Opinion as information;
- (2) May provide a description or discussion of the underlying facts and circumstances leading to the development of the Ethical Opinion, and also an explanation of the Opinion and the reasons for its adoption by the council. This explanatory material is neither the opinion of the Council nor policy of the Association.
- (3) Will identify one or more **Principles of Medical Ethics** that form the basis for issuing the Ethical Opinion.
- (4) Will provide the text of the Ethical Opinion.

CEJA Opinions are placed on the consent calendar as informational reports, but may be extracted for discussion upon a motion of any HOD member and then referred to a reference committee where they can be debated. CEJA Opinions are discussed in more detail in **Chapter 10**.

## **Chapter 6: The HOD Handbook and Distribution of other HOD Materials**

The HOD Handbook for each meeting typically contains the following general information:

- Memorandum from the Speaker
- Declaration of Professional Responsibility – Medicine’s Social Contract with Humanity
- Delegate/Alternate Job Description, Roles and Responsibilities
- Seating Allocation and Seating Chart for the HOD
- Hotel Floor Plan
- Reference Committee Room Assignments
- Official Call to the Officers and Members of the AMA (Officials of the Association and AMA Councils, Listing of Delegates and Alternate Delegates, and Committees of the House)
- Order of Business

The Handbook also includes the following materials, some of which may be provided on-site:

- Speeches
- Memorial Resolutions
- Reports of the Board of Trustees
- Opinions of the Council on Ethical and Judicial Affairs
- Reports of AMA Councils
- Resolutions
- Resolutions Recommended Against Consideration (Interim Meeting only)

Resolutions that were received by the AMA Office of House of Delegates Affairs prior to the announced deadlines are included in the Handbook, which will be posted on the meeting website approximately 3 weeks before the meeting,

Additional reports and resolutions, many of them reflecting actions from just completed Section meetings, and “on time” resolutions from any member organization’s house of delegates or primary policy making body, as defined by the organization, that met after the resolution deadlines, are available at the HOD meeting. If any member organization’s house of delegates or primary policy making body, as defined by the organization, adjourns during the 5-week period preceding commencement of an AMA House of Delegates meeting, the organization is allowed 7 days after the close of its meeting to submit resolutions to the AMA. All such resolutions must be received by noon of the day before the commencement of the AMA House of Delegates meeting.

### **Resolutions assigned to Reference Committees**

Resolutions submitted for consideration at each HOD meeting are typically assigned to a reference committee for deliberation. Resolutions are organized in the Handbook under the name of the reference committee to which they have been assigned. Informational reports are grouped under a separate tab and are not assigned to a reference committee. Emergency resolutions — those presented after the opening session of the House is recessed and which need to be accepted

as business of the House by a three-fourths vote of delegates present and voting as business of the House—also are not referred to a reference committee.

Reference committees are as follows:

### **Annual Meeting**

<b><u>Reference Committee</u></b>	<b><u>Content Area</u></b>	<b><u>Resolution Numbering</u></b>
Reference Committee on Amendments to Constitution and Bylaws	AMA Constitution; AMA Bylaws; Ethics	All resolutions that have a # under 100 has been assigned to this committee
Reference Committee A	Medical Service	Resolutions assigned to this committee begin with 101
Reference Committee B	Legislation	Resolutions assigned to this committee begin with 201
Reference Committee C	Medical Education	Resolutions assigned to this committee begin with 301
Reference Committee D	Public Health	Resolutions assigned to this committee begin with 401
Reference Committee E	Science and Technology	Resolutions assigned to this committee begin with 501
Reference Committee F	AMA Finance; AMA Governance	Resolutions assigned to this committee begin with 601
Reference Committee G	Medical Practice	Resolutions assigned to this committee begin with 701

### **Interim Meeting**

<b><u>Reference Committee</u></b>	<b><u>Content Area</u></b>	<b><u>Resolution Numbering</u></b>
Reference Committee on Amendments to Constitution and Bylaws	AMA Constitution; AMA Bylaws; Ethics	All resolutions that have a # under 100 has been assigned to this committee
Reference Committee B	Legislative advocacy issues	Resolutions assigned to this committee begin with 201
Reference Committee C	Medical Education	Resolutions assigned to this committee begin with 301
Reference Committee F	AMA Finance; AMA Governance	Resolutions assigned to this committee begin with 601
Reference Committee J	Advocacy related to medical service, medical practice, insurance and related topics	Resolutions assigned to this committee begin with 801
Reference Committee K	Advocacy related to science, public health and related topics	Resolutions assigned to this committee begin with 901

Please note that resolutions pre-assigned to one reference committee may be reassigned prior to the start of the reference committee meetings. Also, a resolution may also be withdrawn by the sponsor prior to being accepted as business of the HOD. Also, any items, including informational reports, that are included in the Handbook are subject to revision up until the HOD's Second session. Depending on when revisions are received, revised resolutions and reports, including their highlighted revisions, are reposted online as revised, and/or included in the meeting Tote.

### eHandbook

The AMA is making progress in efforts to “green” House of Delegates meetings by increasing the use of electronic media and lessening reliance on printed documents. **Your Speakers would encourage those who have not transitioned to the electronic Handbook format to either transition as soon as possible or try the electronic format concurrently.** An electronic House of Delegates Handbook will be made available in downloadable form on the [HOD website](#), and is the primary distribution mode. The eHandbook:

- contains all resolutions, reports and schedules;
- includes multiple indexes and bookmarks for easy navigation; and
- allows users to record comments, highlight passages and otherwise annotate items of business using readily available, free software (PDF Reader).

Also, Handbook items, including most reports and resolutions, are available on the [HOD website](#), in advance of the meeting. CSAPH and CEJA reports that are intended for publication are not available on the website.

In addition, an abridged handbook and a google sheet or excel type format which contains only the recommendations from reports and the resolved language from resolutions is available on the meeting website. Many delegations and other groups utilize these tools to develop grids for their members.

All items of business distributed at the meeting also can be accessed on the [HOD website](#).

All items of business posted online include the following disclaimer, “Readers of this material are reminded that it refers only to items to be considered by the House. No action has been taken on anything herein contained and it is informational only. Only those items that have been acted upon by the House can be considered official.”

### **Late Resolutions**

Late resolutions (received after the announced resolution deadline, but before noon of the day before the House meetings) are not distributed in advance, but rather are distributed to HOD members at the Second Session of the HOD as part of the Supplementary Report of Committee on Rules and Credentials and must be accepted by two-thirds vote of the delegates present and voting in order to become business. The Committee on Rules and Credentials will submit recommendations regarding late resolutions as part of its supplementary report.

### **Meeting Tote**

A meeting Tote that includes “on time” resolutions that were not included in the Handbook, including resolutions from the AMA Sections, is distributed during the meeting. Traditionally known as the “Sunday tote,” it also contains referral changes, revised reports and resolutions, withdrawn resolutions, resolutions with additional sponsors, a Supplementary Report of Committee on Rules and Credentials with resolutions recommended for reaffirmation, orders of business for the reference committees, memorial resolutions, a summary of fiscal notes, and a list of those who will be retiring from the HOD.

Other items made available onsite later in the meeting include emergency resolutions and business, including reports from the Board or Councils issued after the recess of the opening session of the House, and reference committee reports. These additional materials also are made available electronically through the [HOD website](#), as well as duplicated and distributed to HOD members as they become available.

### **Reference Committee Reports, including Versions annotated with HOD**

Reports of the reference committees typically are made available online as soon as they are approved, but because they are not actions of the AMA-HOD, they appear only on the members-only section of the [HOD website](#) in a password protected area. Print copies are placed in a lobby area near the HOD meeting. Reports annotated with final HOD actions are available online ONLY on the [HOD website](#).

## Chapter 7: Sessions of the AMA House of Delegates

The Order of Business of House of Delegates meetings is proposed by the Speaker and approved by the House of Delegates. At any meeting, the House of Delegates, by majority vote, may change the order of business.

The First Session of the HOD typically includes the following additional elements:

- Call to order by the Speaker
- Invocation
- National Anthem
- Address of the President
- Remarks of the Executive Vice President
- Remarks from Invited Presenters such as the President of the American Medical Association Alliance, Inc. and the President of the American Medical Association Foundation
- Remarks from the Speaker and Speaker Announcements
- Verbal report from the chair of the Committee on Rules and Credentials citing the number of registered and credentialed delegates (to establish a quorum)
- Nomination of officer and council candidates
- Election by acclamation of uncontested candidates
- Unfinished business
- New business

The Second Session of the HOD generally includes the following items:

- Call to order by the Speaker
- Remarks from the Speaker
- Announcements of Changes in Reference Committee
- Reports of the Board of Trustees
- Reports of the Councils of the AMA
- Verbal report from the chair of the Committee on Rules and Credentials citing the number of registered and credentialed delegates to establish a quorum
- Presentation, correction, and adoption of the minutes
- Rules Report from the Committee on Rules and Credentials
- Presentation of Recommendations for Items to Not be Considered (Interim Meeting only)
- Supplementary Reports of the Committee on Rules and Credentials re: Late Resolutions and Reaffirmation Resolutions
- Business (resolutions or reports) of an Emergency Nature
- Acceptance of reports and resolutions as business of the House
- Memorial Resolutions
- Unfinished business
- New business

The Third Session of the HOD, convened on Monday, typically consists of the following elements:

- Call to order by the Speaker
- Verbal report from the chair of the Committee on Rules and Credentials citing the number of registered and credentialed delegates to establish a quorum

- Reports of Reference Committees of the House of Delegates
- Announcements
- Unfinished business
- Business (resolutions or reports) of an Emergency Nature
- New business

The Election Session of the HOD, convened on Tuesday morning only at the Annual Meeting, typically includes the following:

- Call to order by the Speaker
- Voting by delegates only on all contested elections, sequentially, including any run-offs as necessary
- Announcement of election results, sequentially

The Fourth Session of the HOD, convened on Tuesday following the conclusion of the Election Session, typically includes the following:

- Call to order by the Speaker
- Verbal report from the chair of the Committee on Rules and Credentials citing the number of registered and credentialed delegates to establish a quorum
- Closing Report of the Committee on Rules and Credentials (Interim Meeting only)
- Business (resolutions or reports) of an Emergency Nature
- Unfinished business
- New business

The Fifth Session of the HOD, convened on Wednesday only at the Annual Meeting, usually has the following components:

- Call to order by the Speaker
- Verbal report from the chair of the Committee on Rules and Credentials citing the number of registered and credentialed delegates to establish a quorum
- Business (resolutions or reports) of an Emergency Nature
- Unfinished business
- New business
- Closing Report of the Committee on Rules and Credentials

Some explanatory comments are in order for some of the above.

### **New Business**

Resolutions submitted prior to the HOD deadlines and included in the Handbook and meeting Tote, are accepted as business of the House of Delegates after presentation by the Speaker of the House at the Second Session of the HOD. Before this is done, however, the Speaker gives resolution sponsors an opportunity to present changes in any resolution, and to withdraw any resolution.

By policy, the Interim Meeting deals only with items that address advocacy and ethical matters or that are urgent. To ensure this focused agenda, resolutions are first reviewed by the Resolution Committee, which recommends that each item be considered or not considered at the meeting. While all items are included in the Handbook or meeting Tote, items recommended for consideration are collated by reference committee and those recommended not to be considered



are collated separately. The Speaker presents the report of the Resolution Committee to the delegates at which time items recommended against consideration can be admitted as business by a simple majority vote of the delegates.

For both the Annual and Interim meetings, the Chair of the Committee on Rules and Credentials presents a report with the committee's recommendations on acceptance of late resolutions. A consent calendar format is used to expedite business, which allows multiple resolutions to be grouped either under a recommendation to accept or a recommendation not to accept. Prior to voting on the consent calendar, the Speaker asks if any HOD members wish to extract an item for further discussion, and HOD members then vote individually only on those items that have been extracted from the consent calendar. Acceptance as business of the House requires a two-thirds vote. If the HOD votes to accept a resolution, the Speaker assigns it to a reference committee for further consideration.

The [AMA Bylaws](#) allow any member organization's house of delegates or primary policy making body, as defined by the organization, which adjourns during the 5-week period preceding commencement of an AMA House of Delegates meeting, 7 days after the close of its meeting to submit resolutions to the AMA. All such resolutions must be received by noon of the day before the commencement of the AMA House of Delegates meeting. Another bylaw also allows resolutions from the business meetings of the AMA Sections to be accepted as regular business as long as they are presented for consideration no later than the recess of the House of Delegates opening session. These resolutions are subsequently distributed to delegates, and the Speaker presents them at the Second Session.

Reports, recommendations, resolutions or other new business presented by the Board of Trustees or a council of the AMA before the recess of the opening session of the House of Delegates will be accepted as regular business.

### **Informational Reports**

Informational reports provide data, facts, feedback, and other types of information, but do not include recommendations. They are intended to provide information without being actionable unless extracted. Most informational reports thus are handled through a consent calendar process during the Second Session of the House, and are filed for information. A delegate, however, may request (without a second from another delegate) that an informational report be extracted and referred to a reference committee for consideration. If such a request is made, the extractions are accepted by the Speaker without debate.

### **Recommendations for Late Resolutions**

Late resolutions are those that are presented by a delegate prior to the recess of the opening session of the House of Delegates, but will be accepted as business of the House of Delegates only upon a two-thirds vote of delegates present and voting. Late resolutions are referred to the Committee on Rules and Credentials, which meets with the sponsor(s) to determine the urgency of the resolution. It then issues a report with recommendations, presented as a consent calendar, for acceptance or nonacceptance of the late resolutions. If the committee recommends that a resolution is not urgent and should not be accepted for consideration, the sponsor may call for extraction of that item from the committee's consent calendar, and then offer comments to the HOD members.

In the case of late resolutions that pose serious legal problems, the Chair or another member of the Board will inform the House of the legal objections prior to a vote to accept or reject the resolution.

### **Memorial Resolutions**

Memorial resolutions remember a physician or nonphysician who has made significant contributions to the AMA or Federation societies. All memorial resolutions must be submitted to the Office of House of Delegates Affairs by the end of the House's Opening Session and are subsequently distributed. Memorial resolutions are not referred to a reference committee, but rather are adopted unanimously. They become part of the meeting Proceedings, but are not included in PolicyFinder.

### **Recommendations for Reaffirmation**

Reaffirmation resolutions, defined as resolutions that would establish policies comparable to already existing policies, are placed on the Reaffirmation Consent Calendar. Pertinent existing policy by reference to the Policy Database identification number is included to support reaffirmation. When practical, the Reaffirmation Consent Calendar also includes a listing of the actions that have been taken on the current AMA policies that are equivalent to the resolutions listed.

It is the responsibility of the Committee on Rules and Credentials to determine which resolutions are placed on the reaffirmation consent calendar. Extractions can be made from this consent calendar, which places these items back into reference committees for discussion. Resolutions that are not extracted from the consent calendar are handled by reaffirming existing policy in lieu of the resolution--the resolution itself does not become policy. Reaffirmation of existing policy means that the policies reaffirmed remain active policies within the AMA policy database and therefore are part of the body of policy that can be used in setting and pursuing the AMA's agenda. It also resets the "sunset clock," so such policies remain viable for 10 years from the date of reaffirmation.

### **Withdrawn Resolutions**

Events that occur between the submission of resolutions and their acceptance as business at the Second Session of the House may make any given resolution unnecessary or inappropriate. Until a resolution is accepted as business of the House, it can be withdrawn by its sponsor. Its withdrawal is noted in the meeting Proceedings.

### **Items Recommended Against Consideration (Interim Meeting only)**

In accordance with the policy of focusing the Interim Meeting on advocacy and legislation, but including resolutions related to ethics, bylaw changes or urgent matters, the Resolution Committee recommends that some resolutions not be considered. Those resolutions are located in a separate section of the Handbook and will not be considered by the House at the Interim Meeting, although the sponsors may resubmit them for consideration at a future meeting.

The sponsor or other delegates may request consideration of any resolution recommended for nonconsideration by asking to extract the item from the consent calendar. The request should identify the resolution number and briefly explain why it should be considered at this meeting, with the explanation limited to how the resolution fits the defined categories of advocacy,

legislation, or matters of an urgent nature. The merits of the resolution itself are not discussed at this time. A majority vote of the HOD is required to admit these items of business for consideration.

Resolutions that are not accepted for consideration at the Interim Meeting must be resubmitted if the sponsors wish them to be considered at a future meeting.

### **Resolutions of an Emergency Nature**

Resolutions of an emergency nature may be presented by delegates any time after the opening session of the House of Delegates is recessed, but will be accepted as business only upon a three-fourths vote of delegates present and voting and if accepted shall be presented to the House of Delegates without consideration by a reference committee. Adoption of the recommendation(s) in the emergency resolution require a simple majority vote.

Items of business from the Board of Trustees or from an AMA council presented after the recess of the opening session of the House of Delegates will be accepted as emergency business and shall be presented to the House of Delegates without consideration of a reference committee. A two-thirds vote of the delegates present and voting shall be required for adoption.

## **Chapter 8: Reference Committee Hearings and Reports**

To get through the large number of reports and resolutions at each meeting, the work of the House of Delegates (HOD) is divided among reference committees. Each reference committee conducts open hearings on items of business that have been referred to it. Reference committees provide an opportunity for extensive discussion and airing of views prior to consideration by the full House. In addition, the HOD also hosts [Online Member Forums](#) which allow HOD members and other AMA members to submit testimony in advance of the meeting for the reference committee's consideration. Details regarding these forums are provided in the Speakers' Letter and other communications regarding the meeting.

### **Issues assigned to each Reference Committee**

The reference committees are organized by topic areas, with each having a common set of topics to handle.

Because the focus of the Annual and Interim Meetings is slightly different, with the Interim Meeting having an advocacy/legislative agenda, the reference committees differ slightly from meeting to meeting. The traditional reference committees and their areas of responsibility are listed in [Chapter 6](#).

### **Reference Committee Schedules**

Following the Second Session of the HOD, reference committee hearings begin.

The time and location of each reference committee hearing is published in the Handbook and any changes are announced at the end of the Second Session of the House of Delegates.

### **Order of Business**

Each Reference Committee prepares an Order of Business, which lists the order in which the items of business (reports and resolutions) assigned to the committee will be considered. The sequence of the Order of Business generally consists of items of business having similar topics, and thus is not the same as the numbering of the resolutions themselves. Also, similar items may be combined into a single item of business, at the discretion of the committee chair.

Orders of Business for all reference committee hearings are available at a general distribution area and on the [HOD website](#). A monitor is present at the front of each hearing room which displays the following information from every reference committee that is meeting concurrently – the number of the item from each reference committee's Order of Business as well as the resolution or report number currently being discussed.

### **Online Member Forums**

Members are strongly encouraged to submit their comments to the Online Member Forums which include currently submitted items of business collated by reference committee. Reference committees are instructed to give equal consideration to comments offered in the forums as to those made during the live hearing. The forums allow comments of any length and can include supplemental materials if desired.

The forums are [online](http://ama-assn.org/forums/house-delegates) at [ama-assn.org/forums/house-delegates](http://ama-assn.org/forums/house-delegates). Aside from entering your comments as text, the forum should be treated as any other reference committee hearing.

Delegates and alternate delegates must provide their name and delegation, note on behalf of whom they are testifying (as an individual or their delegation), and declare any conflict of interest. Comments should be directed to the "chair" although reference to previous comments is certainly possible and appropriate. Ad hominem comments and other inappropriate comments will be deleted.

As per action of the House of Delegates at its November 2021 meeting, the Online Forums will remain open for a defined period of time after which the reference committees will prepare preliminary documents based upon the Online Forum comments. Each reference committee preliminary document will be shared with the House prior to the hearings held during the meeting.

### **Rules Governing Reference Committee Hearings**

Equitable hearings are the responsibility of the committee chair, and the committee may establish its own rules on the presentation of testimony with respect to limitations of time, repetitive statements, etc. Use of photography (with the exception of flash photography), television filming, and recording devices are acceptable; however, recording of the Zoom livestreams is prohibited. Reference committee chairs are instructed not to ask for an expression of the sentiments of the overall group attending the hearing by an informal vote on particular items (i.e., "straw vote"). Committee members may ask questions to be sure that they understand the opinions being expressed, or may answer questions if a member seeks clarification; however, the committee members do not argue with those presenting testimony or express opinions during the hearings. Their responsibility is to listen carefully and evaluate all the opinions presented so that the reference committee may provide the voting body with a carefully considered recommendation.

Hearings are open to all AMA members, guests, official observers, interested outsiders and the press. Any member of the Association is privileged to speak on the resolution or report under consideration. Non-member physicians, guests or interested outsiders may, upon recognition by the chair, be permitted to speak. Each reference committee chair has the privilege of calling on anyone attending the hearing if the individual called may have information that would be helpful to the committee.

### **Testimony**

Each individual speaking to an issue must be recognized by the reference committee chair while at a microphone. When called upon, the individual should:

- Identify oneself by name;
- Specify whether testifying as an individual, or offering testimony on behalf of a delegation, caucus or Section (and if so, state the name of the group);

- Disclose any conflicts of interest with respect to the issue at hand. (See Chapter 2 for further information on conflicts of interest.
- Clearly state their intent in offering comments – support, opposition or recommendation of a compromise position or a substitute resolution.
- Offer general background or propose alternative language, if appropriate; and
- Direct testimony to the Reference Committee, not to other hearing participants.

Wording for alternative language or a proposed substitute resolution also should be submitted in writing to reference committee staff, but not in any special format. Handwritten comments are acceptable. Other written material that accompanies the testimony may also be presented to the reference committee staff for discussion at the committee’s executive session. An email address to facilitate the sharing of alternative language or supplemental materials is typically provided to all meeting attendees.

### **Executive Session**

Following its open hearing, a reference committee goes into executive session to deliberate and to construct its report. It has the prerogative to call into its executive session anyone it may wish to hear or question.

The reference committee reviews the testimony that was submitted, and discusses its options for disposing of each item. During the executive session, the reference committee may review existing AMA policy and directives, background material from other sources, or medical journals. The reference committee may also consider substitute resolutions that were presented during the open hearing. Legal counsel is available to all reference committees during their deliberations.

In constructing its report, a reference committee amends the language of any resolution that reads either "MD" or "DO" to read "MD and DO," unless specifically applicable to one or the other, in accordance with AMA policy.

A reference committee has wide latitude in its efforts to facilitate expression of its recommendations on assigned business and to give credence to the testimony. A reference committee may choose to amend a resolution, consolidate kindred resolutions by constructing a single substitute, or recommend that an item be adopted, not adopted or referred.

### **Reference Committee Report**

Each reference committee prepares a report, which then becomes the basis for upcoming House debate and action. In order that they may be made available to the delegates as far in advance of formal presentation to the House as possible, reports are constructed swiftly and succinctly after completion of the hearings and the executive session.

Each reference committee reports to the House each item referred to it as follows:

- The resolution number and title, or the number and name of the report;
- A concise statement of the reference committee’s recommendation;
- A summary of the issue under consideration;
- A summary of the debate, as appropriate; and
- Rationale for the committee’s recommendations.

The reference committee as a whole reviews the draft report and works with staff to finalize it. The draft report also is reviewed by AMA legal counsel for clarity and potential legal or restraint of trade concerns, and by the Speaker and/or Vice Speaker for parliamentary correctness.

A minority report from one or more reference committee members is allowed. Any committee member who intends to make a minority report does not sign the majority report and makes their intention known to the other members of the reference committee while it is in executive session and prior to the presentation of the majority report to the HOD.

### **Consent Calendar**

Each reference committee report includes a consent calendar that groups all items under one of several recommended actions. The order of categories for the consent calendar is as follows:

- Adoption
- Adoption with Change in Title
- Adoption as Amended or Substituted
- Referral for Decision
- Referral for Report
- Not Adoption
- Reaffirmation in Lieu of
- File
- Leave to Withdraw
- Not Accept (this action is only applicable to informational reports)

Grouping like actions on a consent calendar also facilitates House action on those items. [Chapter 9](#) discusses the meanings of the above recommended actions, as well as how the reports are presented using a consent calendar format.

### **Reference Committee Report Availability and Distribution**

As soon as reference committee reports are finalized and reproduced, print copies are placed in a public area near the room in which the House of Delegates meeting is held. Reports are also made available online as soon as they are finalized, which is often many hours before print copies are ready.

### **Schedule of Reference Committee Report Presentations**

The Speakers determine the order in which the various reference committee reports will be considered by the House. This schedule specifying the order is distributed along with the reference committee reports.

### **Caucusing on Reference Committee Report Recommendations**

Delegations, caucuses, and individuals typically review the recommendations on the consent calendar of each reference committee report to determine whether any further action on the part of individual delegates or delegations is necessary. Such action may include extracting an item from the consent calendar for further discussion, offering an amendment to the language proposed by the reference committee, or introducing a substitute resolution.

## **Amendments**

The language of any amendments or substitute language should be emailed to the AMA Office of General Counsel through the link provided at the meeting and in advance of HOD deliberations. Note that the reference committee recommendations are the first order of business up for discussion. As such, please show your proposed amendments (with underlines/ strikethroughs highlighted) within the language from the reference committee report. As AMA staff prepares the amendments in the proper format for display in the House, submitters will need to provide a cell phone number and location to facilitate contact with the author. In addition, staff is available to assist with wording that is correct from a parliamentary perspective. If a delegate plans to amend a recommendation by proposing only a minor editorial change of 3 words or less, a written amendment is not required.

Each submitted amendment will receive an identifier consisting of a letter denoting the reference committee and the amendment number. The delegate should cite the amendment identifier when presenting the amendment on the HOD floor. Note that any amendment previously offered to a reference committee but not incorporated into the reference committee report must be resubmitted to the Office of the General Counsel to offer the amendment on the floor of the House.



## **Chapter 9: Parliamentary Procedure and the House of Delegates: An Overview**

(Page #s to correspond to AIP are included for easy reference)

Parliamentary procedure serves to aid the House of Delegates (HOD) in the orderly, expeditious and equitable accomplishment of its desires. The HOD transacts business according to a blend of rules imposed by the AMA Bylaws, established by tradition, decreed by its presiding officer, and generally pursuant to the guidance of the current edition of *The American Institute of Parliamentarians Standard Code of Parliamentary Procedure* [hereinafter AIP]. Compulsive adherence to an inflexible set of directives may thwart rather than abet such an objective.

In general, the majority opinion of the House in determining what it wants to do and how it wants to do it should always remain the ultimate determinant. It is the obligation of the Speaker to sense this will of the House, to preside accordingly, and to hold their rulings ever subject to challenge from and reversal by the HOD. In consonance with this principle, the following outline of procedures is offered as a guide in the hope that the concepts will advance efficiency of operation by reducing confusion and misunderstanding.

### **Standing Rules**

In addition to the rules established by the parliamentary authority, the HOD transacts its business according to a blend of rules imposed by AMA Bylaws, established by tradition, decreed by its presiding officer and a set of written specific rules, “standing rules.” These rules are presented in a Rules Report ratified by the HOD at each meeting by majority vote and may be suspended by a two-thirds majority vote.

The HOD Standing Rules are as follows unless modified in a Rules Report ratified for a specific meeting:

#### **1. House Security**

Maximum security shall be maintained at all times to prevent disruptions of the House, and only those individuals who have been properly badged will be permitted to attend.

#### **2. Credentials**

The registration record of the Committee on Rules and Credentials shall constitute the official roll call at each meeting of the House.

#### **3. Order of Business**

The order of business as published in the Handbook shall be the official order of business for all sessions of the House of Delegates. This may be varied by the Speaker if, in their judgment, it will expedite the business of the House, subject to any objection sustained by the House.

#### **4. Privilege of the Floor**

The Speaker may grant the privilege of the floor to such persons as may be presented by the President, or Chair of the Board of Trustees, or others who may expedite the business of the House, subject to objections sustained by the House.

## 5. Procedures of the House of Delegates

The current edition of the “House of Delegates Reference Manual: Procedures, Policies and Practices” shall be the official method of procedure in handling and conducting the business before the AMA House of Delegates.

## 6. Limitation on Debate

There will be a limitation on debate per presentation as presented in a Rules Report by the Committee on Rules and Credentials for each meeting, subject to waiver by the Speaker for just cause.

## 7. Nominations and Elections (included in Rules reports only at the Annual Meeting)

The House will receive nominations for president-elect, speaker, vice speaker, trustees and council members at the Opening Session of the House. After nominations are closed there will be no further nominations. All nominated candidates for any open or potentially open position will be included on the ballot unless they specifically ask for their name to be withdrawn from nomination. The Association’s annual election balloting shall be held during an Election Session. The date, time and process will be established and announced by the speakers.

## 8. Conflict of Interest

Members of the House of Delegates who have an interest that is or may be material to the matter being considered and that would reasonably be expected to impair the objectivity of the individual who is testifying, must publicly disclose that interest immediately prior to testifying at a reference committee on the matter or speaking on the floor of the House of Delegates on the matter.

## 9. Conduct of Business by the House of Delegates

Each member of the House of Delegates and the AMA Officers resolutely affirm a commitment to abide by our AMA Code of Conduct.

## 10. Respectful Behavior

Courteous, collegial and respectful behavior in all interactions with others, including delegates, AMA and Federation staff, and other parties, are expected of all attendees at House of Delegates meetings, including social events apart from House of Delegates meetings themselves.

More information regarding the Code of Conduct is included in Appendix G. Information about Conflicts of Interest are included in Chapter 2.

### **Introduction of Business**

Earlier chapters discuss the resolution submission process, the Handbook, including the electronic version published on the HOD website, the online member forums and the supplemental packet, which includes items not previously distributed. It is important to note that despite advance distribution of these items, the House of Delegates must officially accept them as business through a formal process.

This formal process takes place typically during the second session of the HOD. The Speakers will manage business items in broad categories including the following:

- Reports from the Board of Trustees and councils

- Informational reports may be extracted and referred to a reference committee
- Memorial resolutions
- Resolutions that are on time and require action (at the Interim Meeting, the Resolution Committee may recommend that some resolutions not be considered; these are dealt with before other on-time resolutions)
- Late resolutions, as a two-thirds vote is required for acceptance
- Reaffirmation resolutions, for which the Rules and Credentials Committee has recommended existing policy be reaffirmed

While it is an infrequent occurrence, if a delegate believes an item of business should not be discussed, he or she may use the motion, “Object to Consideration” after the motion has been made and seconded to accept items as business of the House. This motion is an addition to AIP, and limited debate is allowed on the question why the item should or should not be considered. To pass, three-quarters of those present and voting must vote to not accept the item for consideration.

Upon acceptance as business of the House, items become the property of the House. Up to that point, the sponsor of a resolution can withdraw the item from consideration or a report can be withdrawn by the author. After the House has accepted an item as business, permission is required for withdrawal. Hence the need for the House to grant “leave to withdraw” occasionally arises.

Following House acceptance of the items of business and the handling of other routine matters, the House then recesses for reference committee hearings. Chapter 8 provides information on the reference committee hearings and process.

### **Presentation of the Reference Committee Reports [pg. 120]**

After deliberation each reference committee prepares a report of its recommendations for consideration by the HOD. Reference committee reports comprise the bulk of the official business of the HOD, and voting on the recommendations in those reports begins at the third session of the House, typically held on Monday at the Annual and Interim Meetings. (Reference committees are discussed in Chapter 8 of this reference manual and Chapter 24 of AIP.)

The reference committee report makes specific recommendations on each item of business that was assigned to it, although in some cases it may combine related items into a single item of business. Each report is prepped by a consent calendar with the items of business grouped together according to the committee’s recommended course of action. Several options exist, but most fall into these categories:

- Recommended for adoption (as submitted)
- Recommended for adoption as amended
- Recommended for Adoption in Lieu of (one item adopted as written in lieu of one or more others; one item amended and adopted in lieu of one or more others; alternate resolution(s) in lieu of; or reaffirmation in lieu of)
- Recommended for referral
- Recommended for referral for decision
- Recommended for not adoption
- Recommended for filing

Explanatory comments for each of the above recommendations are provided later in this chapter.

The specific recommendations follow in the body of the report along with commentary describing the rationale for the committee’s recommendation(s). The reference committee’s recommendations are treated as motions when the report is considered. When the Reference Committee recommendation is for not adoption the original resolution will be placed before the

House of Delegates as the main motion and the Speakers will note that the Reference Committee has recommended a “no” vote.

The order of consideration of reports from other committees is determined by the Speakers and announced with the release of the reports. The Reference Committee on Amendments to Constitution and Bylaws is typically considered on the first day, so that any proposed bylaw amendments can be acted upon on a subsequent day after the required “layover.”

The reference committee chair will introduce the committee’s report at which point the Speaker will ask if there are extractions from the consent calendar. Any delegate or properly credentialed alternate delegate may extract an item of business from the consent calendar for debate or individual treatment without the need for a second, a vote, or permission to separate it from the other items. The effect is to permit full consideration of the business at hand, unrestricted to any specific motion for its disposal. It should be emphasized that it is only the recommendations of the reference committee that should be debated on the floor of the House, and the title of the item under discussion. It is out of order to seek to amend language in the report describing the item or the committee’s rationale for its recommendation.

Items not extracted from the consent calendars are acted on in the manner indicated by the reference committee’s report following a vote to accept the remainder (i.e., those items not extracted) of the consent calendar. When there are items on the consent calendar that require a two-thirds vote for adoption, adoption of the consent calendar constitutes adoption of those items.

#### Debate on Extracted Items

After the consent calendar has been handled, each extracted item is brought before the House for debate and action, and in the absence of other motions, the Speaker asks the reference committee chair to read the recommendation of the reference committee. Any particular item may have multiple recommendations, and each is handled in turn. The reference committee chair does not describe the rationale for the committee’s recommendation, although the chair may request recognition by the Speaker to make comments during debate.

The most important point to remember is that the reference committee’s recommendation is the starting point for any debate that ensues in the House. Thus comments—debate, motions—should deal with the particular recommendation being considered, regardless of the number of recommendations from the reference committee. Delegates who wish to speak to a particular item should line up at a microphone and wait to be recognized by the Speaker, who will call on a specific microphone by number (generally 1–6). The Speaker should be addressed as “Madam Speaker” or “Mister Speaker,” and when recognized, a delegate should identify him or herself by name and indicate whether speaking as an individual or on behalf of a delegation or caucus. One should provide this self-introduction each time they speak, whether on the same or a different item and regardless of how recently they were at the microphone. The delegate should also disclose any conflicts of interest he or she (or the delegation being represented) has with respect to the issue at hand (see Chapter 2 for more information on Conflict of Interest). **All comments should be addressed to the Speaker.**

The delegate then should make a specific motion or provide further debate. Specific motions utilized by the House of Delegates are addressed later in this chapter. When making a motion on behalf of a delegation, a second is not needed and the Speaker acknowledges that fact. When making a motion as an individual, the Speaker calls for a second. If a second is received or not needed, the delegate may continue to comment. Typically, there is a limitation on debate per delegate speaking on each item of business, which is established when the House ratifies the Rules Report from the Committee on Rules and Credentials. The Speaker may waive the rule for just cause. If proposing an

amendment, the amendment should be submitted in advance to the Office of the Speaker onsite. An identifier including the specific reference committee and amendment number will be provided upon receipt. When an individual proffers the amendment, the identifier should be cited for projection. If the amendment is relatively minor, a change of few words, a written amendment may not need to be submitted, but the wording changes still will be projected. The process for submitting amendments is described in Chapter 8.

**Motions in the House of Delegates**

Following the debate can be confusing, but the point of parliamentary procedure is to ensure that business is transacted in an orderly fashion, ensuring that decisions are made by the majority while protecting minority interests. It is helpful to remember that each recommendation in a report or resolve clause in a resolution is a motion and a well-formed recommendation or resolve clause will stand alone, not requiring reference to accompanying statements to be understood.

From a parliamentary point of view, each of those recommendations and resolves is a main motion. That is, the motion is a proposal from its sponsor for the House to take some action or declare some position. Under AMA’s procedures, the former would be labelled as a “directive to take action,” and the latter would be an “HOD policy.”

The reference committee’s recommendations are treated as motions. Motions have an order of precedence as outlined in the following table, and a motion with a lower precedence cannot displace one of higher precedence. In addition, the Speaker may rule that the motion is not in order (e.g., it may not be timely). Appendix E includes a chart of motions that may be helpful in understanding the language of the motion, when the motion can be used, and the rules that apply to the various motions.

<b>Precedence</b>	<b>Motion</b>	
Highest	Adjourn	} Privileged motions
2	Recess	
3	Question of privilege	
4	Object to consideration	} Subsidiary motions <sup>1</sup>
5	Table <sup>2</sup>	
6	Close debate	
7	Limit (or extend) debate	
8	Postpone to time certain	
9	Refer for decision	
10	Refer for report	
11	Amend	
Lowest	Main motion <sup>3</sup>	
<sup>1</sup> Subsidiary motions are subsidiary to (derive from) a main motion. <sup>2</sup> Per HOD action, the motion to table a report or resolution is in order until the House takes final action on that item. <sup>3</sup> See <a href="#">page 90</a> of this publication for a list of main motions.		

*Subsidiary and Main Motions to Deal with Extracted Items*

Some of the procedural motions used by the HOD follow, listed in order of precedence. In general, these motions are used as described in the AIP, but exceptions are noted and explanatory comments are offered.

- Motion to *Object to Consideration* -- The HOD has established a motion to “object to consideration.” Any delegate has the freedom to propose a resolution on any topic, and the House has placed very few limits on submitted resolutions. The unfiltered open access of our House demands some mechanism for the assembly to object to consideration of an item, and our tradition of protecting the minority voice demands that this mechanism require a high hurdle. Accordingly, the motion requires a three-fourths vote for passage. The motion cannot interrupt a speaker, requires a second, cannot be amended, takes precedence over all subsidiary motions and cannot be renewed. Debate is restricted to why the item should not be considered. It is anticipated that this motion will rarely be used.

After reports and resolutions have been accepted as items of business of the House the motion is no longer in order. If a delegate wishes to dispose of an item that has been accepted for business of the House without further discussion or action, the appropriate motion is the “motion to table” (see below).

- Motion to *Table* -- The motion “to table” is the second highest subsidiary motion that can be applied to a main motion. When adopted, a motion to table disposes of a main motion without a direct vote on the main motion. For example, during consideration of an item in a reference committee report it may become clear that the assembly is best served by disposing of the item without further debate or a formal vote. A two-thirds vote without debate is required. The motion to table is not renewable and may not be reconsidered. However, the underlying motion (i.e., the motion that was “tabled”) may be reconsidered through the usual “motion to reconsider,” which is a main motion. Limited debate on the reason(s) to reconsider is allowed, but debate on the underlying motion itself would be “out of order.” Reconsideration requires only a majority vote. While passage of a motion to table a main motion removes all pending amendments as well as the main motion, reconsideration, if successful, returns only the main motion, with any amendments that had been adopted prior to the motion to table, but amendments that were pending at the time the main motion was tabled do not return. By HOD action at A-16, the motion to table is only in order after an item of business has been referred to reference committee. Your Speakers have interpreted this to mean that the motion to table a report or resolution that has not yet been considered at a reference committee is out of order. The appropriate motion to prevent an item from being discussed at reference committee is the “motion to object to consideration” proffered at the second session of the House when items are proposed as business of the House. The motion to table is also subject, of course, to the underlying item being before the House as the main motion and before the time that the House has taken final action on that item. [pg. 70-72]

- Motion to *Close Debate and Vote Immediately* -- This subsidiary motion is sometimes referred to informally as “calling the question.” The House has adopted a policy, consistent with its long-time practice, that both pro and con debate must have been heard before a motion to close debate and vote immediately is in order. Unless there is an express reference to “all pending matters,” the motion applies only to the immediately pending question. This motion is not subject to discussion, cannot interrupt a speaker and requires a two-thirds affirmative vote. A motion to vote immediately may not be made as part of one’s comments during debate on an issue, and the delegate may not comment beyond the fact that they believe that both sides of the issue have been heard. If this motion prevails the House proceeds to vote on the item of business without further debate. [pg. 67]

- Motion to *Limit Debate* -- At the outset of the meeting the House, through adoption of Rules proposed by Committee on Rules and Credentials, the HOD establishes a time limit that an individual can debate any particular issue. There are times when a member of the House may move to either further limit the time for debate, or, alternatively, can move to remove restrictions of the time limit for a particular issue or for the remainder of the meeting. The maker of the motion should be specific. For example, “I move that we establish a 2-minute limitation on debate.” Because this motion

suspends the rules of procedure it requires a 2/3 majority to be adopted and applies to the remainder of the meeting unless specified otherwise. [pg. 65]

- *Motion to Postpone to a Certain Time* -- The purpose of this motion is to delay consideration, or further consideration, of a pending item until a certain time. This motion may delay to a specified time or after a specified event (e.g., after the arrival of a particular delegate who has important information, after lunch or after the House considers a different pending item). This motion can be amended only as to the definite time for postponement, with debate limited to a brief discussion of the time or reason for postponement. Any pending motions adhere to the main motion and are also postponed. The motion to postpone temporarily without time certain is not permitted by AIP. [pg. 64]

- *Motions to Refer* -- On occasion, particularly on complex issues, the House decides that more information is required to make a final decision on a recommendation or resolution. In these circumstances, a delegate may make the motion to refer the item to the Board of Trustees for further examination before the Board determines the best course of action for the Association (referral for decision) or for further study with a report back to the HOD allowing the HOD to review the information to determine the best policy (refer for report). Under AIP the motion is “refer to committee,” but the HOD uses distinct motions of “refer for decision” and “refer for report.” While this distinction is not specified by AIP, it has served our House of Delegates well over time and allows the will of the assembly to be clear. The House has determined that the motion to “refer for decision” is one step higher in precedence than the motion to “refer for report”. This allows the shift from a motion to “refer for report” to a motion to “refer for decision” but not vice versa. As such, a motion to “refer for decision” must be defeated before a motion to “refer for report” would be in order. During debate on “referral for decision”, comments as to the reason to defeat the motion to allow a motion to refer for report would be in order. Because both motions to refer have a higher precedence than the underlying main motion, it is necessary to defeat the motion to refer in order to amend or otherwise act on that underlying main motion (i.e., the report recommendations or resolution clauses).

If the recommendation from the reference committee is to refer the item, whether for decision or for report, the motion before the HOD becomes referral of the item. If referral is defeated, the motion on the floor is the original resolution or report. When a motion to “refer” an item is made from the floor and fails to pass, the House then resumes consideration of the item at the point at which the motion to refer was proffered. If the item was amended prior to the motion to refer and referral is defeated, the House resumes discussion of the item as amended. If the motion to refer was made when an amendment was still being debated and referral is defeated the House would resume discussion of the pending amendment.

Traditionally in our House the motion to refer applies to the entire pending item of business. Referral of a single resolve of a resolution with multiple resolves or a single recommendation of a report with multiple recommendations may be allowed, at the discretion of the Speaker, provided that the resolve or recommendation is able to “stand alone” and referral of the resolve or recommendation does not render the remainder of the item illogical or meaningless.

- *Motion to Refer for Decision* -- When the House of Delegates refers an item of business to the Board of Trustees for decision, the House delegates to the Board of Trustees the decision as to what action is appropriate. Once the Board of Trustees determines the appropriate action, the Board proceeds to implement the decision. Even without a request to report back, the board subsequently informs the House of the action via the status chart submitted to the Delegates in the Handbook prior to the next meeting, and may use other appropriate means to communicate the action, such as AMA publications. A motion to “refer for action” is equivalent to a motion to “refer for decision.”

- Motion to *Refer for Report* -- The motion to “refer for report” will send the item to the Board of Trustees (or to an AMA council through the Board) for study and report back to the House. In the absence of a specific motion to refer for decision or report, the Speakers will interpret a simple motion to “refer” as a motion to refer for report. Also, a motion to “refer for study” is equivalent to a motion to “refer for report.” The House may request a specific time for the report to be returned (for example, “with a report back at the next Interim Meeting of the House of Delegates”). Without such a request, the matter of reporting back and its timing is up to the body receiving the referral. If the motion to refer is adopted, all pending or adopted amendments as well as the main motion are referred. All referrals to specific councils are made through the Board of Trustees.

- Motion to *Amend* -- A motion to amend is to change a motion being considered by the House, usually by addition, deletion, addition *and* deletion, or by substitution (see also discussion re: the motion to “adopt in lieu” below). Proposed changes to the main motion are called “first order amendments.” Amendments by substitution are treated as first-order amendments. Amendments are handled in the reverse order in which they are made. An amendment to a pending first order amendment is considered a “second order amendment.” Second order amendments are dealt with by the HOD before returning to discuss the first order amendment. Parliamentary rules do not allow any proposed changes (third order amendments) to a pending second order amendment. If the HOD does not like the pending second order amendment exactly as proposed it should defeat the second order amendment, and once the House returns to discussing the first order amendment it should offer new language (a new second order amendment). Once all amendments are voted upon the House attention returns to the main motion. [pg. 50-58] The section below provides further details on Main Motions.

- Motion to *Adopt as Amended* -- For items that are being recommended for adoption as amended, the Speaker initially places before the House the amended language proffered by the reference committee (first order amendment as discussed above), together with the committee’s recommendation for adoption. It is then in order for the House to apply amendments of the second order in the usual fashion. Amendments of the second order need to be germane or pertinent to the first order amendment and relate only to that amendment. Amendments proposed by a delegate are projected. Subsequent amendments of the second order or of the first order after the reference committee amendments have been disposed of can also be made. The matter may be restored to its original (unamended) form by defeating the reference committee’s recommended amendment. After each reference committee recommendation for an item has been considered, the Speaker will call for a vote on the entire item as it has been altered by the HOD. At that point, a delegate may move a new first order amendment on another part of the item of business. [pg. 35-38]

- Motion to *Adopt in lieu of* -- The reference committee may recommend the adoption of alternative language in lieu of some or all of the original language, or it may combine items into a single item of business and recommend adoption in-lieu-of the originals. It may also be used when existing policy is reaffirmed in lieu of one or more resolutions. Under AIP the motion to “adopt in lieu of” is a main motion, subject to first and second order amendments like any other main motion. If the motion to adopt in lieu of is adopted, it enacts the motion itself while simultaneously defeating the underlying motion or motions. If it is defeated, the original item or items are further considered only if a member moves the adoption of one or more; none automatically becomes the item of business. If it were to be the case that no one moves an underlying resolution, all would be considered to have been defeated. To be clear, when the recommendation to “adopt in lieu of” has been made and someone wishes to have an underlying resolution considered separately this can be accomplished in two ways: 1) by defeating the motion and then raising the underlying original resolution as a separate motion; or 2) proffering the language in one of the original proposals as an amendment to the “adopt in lieu of” language which is a pending main motion. [pg. 39-41]

- Motion to *Reconsider* -- This motion, if passed, allows the House to debate and vote again on an item previously voted on at the same meeting, if legally and physically possible to do so. Under AIP



the motion to reconsider can only be applied to a main motion, but within our HOD the motion for reconsideration of a subsidiary motion may be allowed at the Speaker's discretion, when the will of the House is to reconsider a single first or second order amendment within debate of a complex issue. The motion to reconsider can be proposed at any time before the meeting adjourns and may be made by any delegate. Only a simple majority is required to reconsider the requested item. The motion to reconsider must be made prior to adjournment because the conclusion of the meeting renders the actions taken during that meeting as final, and under our HOD's procedures all business has been disposed of. If an item is reconsidered, the original item, as though no action had been taken, is taken up for debate and vote. [pg. 64]

- Motion to *Recall* -- Under AIP a specific main motion is to "recall from committee," which would as the name implies recall an item that had previously been referred to a committee. If during a particular House of Delegates meeting an individual or group wishes to "recall" an item that has been referred, a motion to reconsider the item (discussed above) would be in order, and is certainly more familiar to members of the House. The motion to recall, like the motion to reconsider, would not be in order at a succeeding meeting. Rather the appropriate course at a future meeting would be to introduce a new resolution, which could be acted on even if a report dealing with the prior meeting's referred item is still pending. In fact, it is not uncommon for a resolution to be submitted on a matter currently under study by the board or a council. All things considered the motion to recall seems to have little practical utility in our House of Delegates. [pg. 43-44]

The House has adopted policy that clearly states that adjournment of any House of Delegates meeting finalizes all matters considered at that meeting. Items from one meeting are not subject to a motion to recall from committee, a motion to reconsider or any other motion at a succeeding meeting.

### *Privileged and Incidental Motions*

**Privileged motions** address basic member rights, actions requiring immediate attention and actions of the assembly as a whole. They do not relate to pending business but when moved take priority over any main motion or pending subsidiary motions. It is important to understand that privileged motions can interrupt if immediate action is required and do not require a second.

While your Speakers appreciate everyone's desire to share information, questions of personal privilege should "pertain to an individual member or a small group of members and usually relate to their rights, reputation, conduct, safety, or convenience as members of the body."

The House typically uses the *privileged motion* of "point of personal privilege" to notify the Speaker, when a microphone is out of order, the room is excessively hot (or cold) or if presentations cannot be seen or heard [pg. 75].

Points of personal privilege that do not pertain to such matters (e.g., speeches, sports updates, and competitive challenges), no matter how worthy the cause, are deemed requests and are not proper and will be ruled out of order. As has been our custom, at appropriate times, the Speaker does allow brief announcements of upcoming functions and events that occur during the meeting.

[Appendix E includes a chart that lists the precedence of privileged motions – see pg. 90]

**Incidental Motions** are motions that deal with how the assembly conducts its business rather than with the substance of the business itself. Such motions include the motion to appeal, point of order, and parliamentary and factual inquiries, and motion to divide.

If a delegate chooses to *appeal* the Speaker's ruling, business is deferred until the appeal is decided, usually in consultation between the Speaker and Vice Speaker, but occasionally with AMA legal counsel and/or other members of the Board. The Speaker will announce the decision at which point if the response is not acceptable to the delegate, the Speaker may ask for a vote of the House. The Speaker and the delegate then are each allowed to explain their respective positions, and then the House votes whether to sustain the Speaker's decision or to overrule the decision. [pg. 90-92]

A *point of order* calls the attention of the Speaker and the House to a violation or potential violation of the rules, an omission, a mistake or an error in procedure. A point of order interrupts business until the Speaker rules that the point of order is or is not well taken. If well taken, the Speakers orders the mistake or omission corrected. [pg. 90-92]

A *parliamentary inquiry* allows a delegate to ask the Speaker a question relating to procedure in conjunction with a pending motion or with a motion the delegate wishes to make. A *factual inquiry* allows a delegate to ask for facts about the pending motion or for information on its meaning or effect. [pg. 93]

There are two types of motions to divide. *Division of a question* is used to divide a main motion containing at least two distinct proposals into individual proposals that may be voted on separately. This is most often used when there are multiple resolved clauses in a resolution or multiple recommendations in a report and there has been a great deal of discussion on one of them. Once each clause has been voted upon and either accepted or denied, then the whole matter is voted on in totality. [Pg. 101-102] *Division of the House* is used to verify an indecisive voice vote. Typically, in our House of Delegates, electronic voting is then used [102-103].

[Appendix E includes a chart that lists the precedence of privileged motions – see pg. 90].

### **Understanding House Action**

In the interest of clarity, the Speakers have offered the following explanatory comments so that the HOD clearly understands the precise effect of the language used in disposing of items of business, whether using a consent calendar or considered individually on the floor of the House.

1. *Adoption*: The House acknowledges that the recommendations of a report or a resolution have been considered and on adoption will be implemented according to what is stated in the recommendation(s) or resolution: new HOD policy, modify current HOD policy, modify AMA Bylaws, rescind HOD policy, reaffirm HOD policy, or directive to take action. [The body of a report is never adopted but rather filed; only the recommendations are adopted. For resolutions, only the resolved statements become policy and are subsequently published in the HOD Proceedings].

2. *Adoption as Amended*: The House acknowledges that the recommendations of a report or a resolution or a title as amended by the reference committee or the House of Delegates have been considered and on adoption will be implemented according to what is stated in the amended

recommendation(s) or resolution: new HOD policy, modify current HOD policy, modify AMA Bylaws, rescind HOD policy, reaffirm HOD policy, or directive to take action.

3. *Adoption in Lieu of:* The House acknowledges that one item has been adopted as written in lieu of one or more other items, or that one item was amended and adopted in lieu of one or more other items. Adoption in lieu of can also mean that the House acknowledges that it adopted alternate language in lieu of the original or amended item, or that it is reaffirming existing policy in lieu of the pending item(s).

4. *Referral for Decision:* The House acknowledges that it does not wish to make a final decision on a report's recommendation(s) or the resolution(s) in its (their) existing form(s), and it wishes to delegate to the Board the decision as to determine what action is appropriate. Once the Board of Trustees determines the appropriate action, the Board subsequently will inform the House of the action via the status chart submitted to the Delegates with the Handbook prior to the next meeting, and may use other appropriate means to communicate the action, such as AMA publications.

5. *Referral or Referral for Report:* The House acknowledges that it does not wish to make a final decision on a report's recommendation(s) or the resolution(s) in its(their) existing form(s) at this time, and it wishes to refer the matter to the Board of Trustees (or to an AMA Council through the Board) for further study and report back to the House at a subsequent meeting. Unless the motion specifies a specific time for the report to be returned (for example, "with a report back at the next Interim Meeting of the House of Delegates"), the matter of reporting back and its timing is up to the Board of Trustees.

6. *Leave to Withdraw:* The House acknowledges that a report or resolutions should be withdrawn. As previously noted, a resolution's sponsor may withdraw a resolution without House action prior to it being formally accepted for business at the Second Session of the HOD. However, a request for withdrawal after that time requires HOD approval. If the House of Delegates approves this action, the resolution is withdrawn and is recorded in the minutes of the meeting as having been withdrawn without action.

7. *File:* The House acknowledges that a report has been received and considered, but that no formal position upon it is either necessary or desirable. This does not set HOD policy or have the effect of placing the Association on record as approving or accepting responsibility for any of the material in the report. This action dispenses with informational reports (those reports with no recommendations) or the body of reports that have recommendations. Any recommendations from reports are handled with the above actions prior to the motion to "file the remainder of the report." The body of reports, even when "filed," do not create new HOD policy, modify current HOD policy, modify AMA Bylaws, rescind HOD policy, reaffirm HOD policy, or direct AMA action.

8. *Not Accept:* This action is used only for informational reports that the House votes not to accept and is an action equivalent to "not adopt" for a resolution. An informational report that is not accepted appears in its entirety as an informational report in the Proceedings, but nonacceptance is prominently notated in a watermark to make clear the House action.

### **Voting Options**

A simple majority vote of the House is required for most items of business. The affirmative vote is taken first, followed by the negative vote. Some actions, including changes involving the Constitution, the Bylaws, or the Principles of Medical Ethics, require a two-thirds majority vote, and these are clarified in a later section of this publication.

The Speakers utilize one of 3 voting methods to establish the will of the House on how it wishes to handle a particular item: 1) Oral (voice) vote; 2) Hand or Head Count; or 3) Electronic Vote.

Most items of business are handled by oral vote or electronic vote. When the vote is taken by oral vote and after the Speaker has announced the result, any member of the House may ask for “division of the House” or simply “division,” meaning a counted vote. (see prior section on pg. 58 for additional details)

### **The Dynamic Nature of HOD Rules**

Despite the formality of the proceedings, the Speakers are willing to help a delegate achieve their desired goal. The Speakers convene speaker-to-speaker meetings during each interim meeting of the House of Delegates to bring together those delegates, alternate delegates and others who are interested in procedure, and attendees are encouraged to bring concerns to the Speaker so they can be addressed by a larger body. Also, it should be noted that the rules under which the AMA House operates are constantly being fine-tuned by the House and/or the Speakers to help the House deal with its business as easily and expeditiously as possible.

## **Chapter 10: Special Items and their Treatment in the HOD**

### **Items of Business which may not be Modified by the House**

The **Bylaws of the Association** establish that certain matters of business may be accepted or rejected by the House but not modified by it. The nomination by the President-Elect to fill a vacancy on the Council on Ethical and Judicial Affairs and the nomination by the Selection Committee for the Public Member of the Board of Trustees are such matters. The nominee so presented may be elected or rejected but nominations from the floor are not in order.

### **Late Resolutions**

Late resolutions are those that are presented by a delegate prior to the recess of the opening session of the House of Delegates, but will be accepted as business of the House of Delegates only upon a two-thirds vote of delegates present and voting. Late resolutions are referred to the Committee on Rules and Credentials, which meets with the sponsor(s) to determine the urgency of the resolution. It then issues a report with recommendations, presented as a consent calendar, for acceptance or nonacceptance of the late resolutions. If the committee recommends that a resolution is not urgent and should not be accepted for consideration, the sponsor may call for extraction of that item from the committee's consent calendar, and then offer comments to the HOD members.

### **Emergency Business**

Resolutions of an emergency nature may be presented any time after the opening session of the House of Delegates is recessed. Emergency resolutions will be accepted as business only upon a three-fourths vote of delegates present and voting, and if accepted shall be presented to the House of Delegates without consideration by a reference committee. A simple majority vote of the delegates present and voting shall be required for adoption.

Items of business from the Board of Trustees or an AMA Council presented after the recess of the opening session of the House of Delegates will be accepted as emergency business and shall be presented to the House of Delegates without consideration by a reference committee. A two-thirds vote of the delegates present and voting shall be required for adoption.

### **Reports which may be Modified by the House and Criteria applied**

#### ***Opinions and Reports of the Council on Ethical and Judicial Affairs (CEJA)***

CEJA issues both **Opinions and reports**. The Council may provide a description or discussion of the underlying facts and circumstances leading to the development of the Ethical Opinion, and also an explanation of the Opinion and the reasons for its adoption by the Council. This explanatory material is neither the opinion of the Council nor policy of the Association. CEJA also will identify one or more Principles of Medical Ethics that form the basis for issuing the Ethical Opinion. CEJA Opinions will be placed on the Consent Calendar for filing, but may be extracted from the Consent Calendar on motion of any member of the House of Delegates and referred to a reference committee. The members of the House may discuss an Ethical Opinion fully in reference committee and on the floor of the House. Motions are in order to request that CEJA reconsider or withdraw the opinion, but may not mandate such action. After the House concludes its discussion of Ethical Opinions, Opinions that are not withdrawn by CEJA are filed.

CEJA reports may be amended for clarification with the concurrence of the Council, and may be adopted, not adopted or referred.

### Reports from the Council on Science and Public Health (CSAPH)

CSAPH reports that establish scientific policy also may be treated differently than other council reports. The Speakers shall alert the House of Delegates to those scientific reports of the Council on Science and Public Health which should be adopted, not adopted, filed or referred back but may not be amended without the concurrence of CSAPH's chair. Any ruling of the Speakers on those reports of the Council that fall within the above proscription against amendment is subject to the right of appeal from the decision of the Speaker. Those restricted reports shall be identified directly on the report.

### Reports from other AMA Councils

AMA policy allows for: (a) correcting factual errors in AMA reports, (b) rewording portions of a report that are objectionable, and (c) rewriting portions that could be misinterpreted or misconstrued, so that the "revised" or "corrected" report can be presented for House action at the same meeting whenever possible. The exceptions are CEJA reports and some CSAPH reports.

The Speakers have interpreted that AMA policy as meaning that only the recommendations of a report may be modified at the discretion of the House. The body of the report may only be modified (for instance, if there is a factual error in the text) with the concurrence of the Board or Council which submitted the report.

### **Informational Reports**

Informational reports provide data, facts, feedback, and other types of information, but do not include recommendations. They are intended to provide information without being actionable unless extracted. The HOD typically files informational reports, the text of which are subsequently published in their entirety in the meeting Proceedings. The HOD also has two other options to dispose of an informational report: refer and not accept. Furthermore, the House may also amend an informational report, like any other report, for clarify and/or accuracy with the concurrence of the author. If an informational report is amended for action, however, it is no longer considered an informational report. The House may also grant the author leave to withdraw an informational report.

Any informational report that the House of Delegates votes to not accept will be published in the Proceedings in its entirety, but be clearly labelled with the House action. The Proceedings will use a prominent "not accepted" watermark to designate any informational report that the House votes to not accept.

### **Information Statements**

Information statements, by their very nature, are intended to require no action and are simply brought to the HOD for its attention. However, if an information statement is extracted, it is managed by the Speakers in an appropriate manner, which may include a simple editorial correction up to and including withdrawal of the information statement.

Information statements do not become part of the meeting proceedings.

## **Amendments to the AMA Constitution and Bylaws**

### **Constitution**

The **AMA Constitution** may not be amended during the course of a single Annual or Interim Meeting. **Changes to the AMA Constitution** must be introduced at one meeting and receive a simple majority vote of those present and voting. The matter is then automatically referred by the Board of Trustees to the Council on Constitution and Bylaws for presentation at the next meeting of the House.

At the ensuing meeting, the proposal may be adopted and the Constitution accordingly amended by a two-thirds affirmative vote of the voting delegates registered with the Credentials Committee as long as the exact wording of the amendment is the exact language approved by the House of Delegates at the prior meeting. If the exact wording is different, then it must lay over until the subsequent meeting.

### **Bylaws**

The **AMA Bylaws** may be **amended** during the course of an Annual or Interim Meeting if the report proposing the amendment is submitted and accepted as business of the House so that it may lay over at least until the next day before adoption, and if the precise wording of the amendment is included. It is highly desirable that advance arrangements be made to ensure that the Council on Constitution and Bylaws has had an opportunity to review the proposal and to pass an opinion upon the wording, and the possibility of conflicts with the Constitution or other portion of the Bylaws.

If the reference committee has recommended that the Bylaws language proposed by a report of the Council on Constitution and Bylaws be adopted, the sustaining vote must be two-thirds of those present and voting.

Alternatively, if the reference committee recommended referral to the Board of Trustees, referral requires a simple majority. A positive vote on referral means that the Bylaws are not yet amended.

## **Principles of Medical Ethics**

The **Principles of Medical Ethics** of the American Medical Association may be amended at any convention on the approval of two-thirds of the members of the House of Delegates present and voting, provided that the proposed amendment was introduced at the preceding meeting, and that the exact wording from the previous meeting is approved. If delegates choose to further amend the language, it must lay over until the subsequent meeting.

## **Chapter 11: Nominations and Elections**

This chapter focuses exclusively on positions that are elected by the House of Delegates (HOD). There are other appointed AMA leadership positions, and information on those positions and the nomination process can be found online. Each AMA Section also holds elections for its governing council. That information similarly has not been included here.

The format for this chapter differs somewhat from that used elsewhere in the AMA House of Delegates Reference Manual, in that specific policies are cited.

At the June 2021 Special Meeting of the House of Delegates, the principles and rules governing candidate announcements, nominations, campaigns, and elections were extensively updated, with additional changes in 2022. This chapter reflects the most up to date information. As part of the House action another review of these processes will be completed after the June 2023 Annual Meeting.

Officers and four councils are elected by the American Medical Association House of Delegates (HOD) at the June Meeting. Candidates for these offices are widely solicited throughout the Federation. Campaigns are often spirited and are conducted under rules established by the AMA-HOD, rules that may be modified from time to time. This democratic process allows delegates ample opportunity to become acquainted with the candidates and their views. The elections are conducted during a special Election Session under the supervision of the Committee on Rules and Credentials and the chief teller, who are appointed by the speakers. The speaker and the vice speaker are responsible for overall administration of the elections. Voting is conducted by secret ballot.

### **Announcements of Candidacy**

Individuals intending to seek election should make their intentions known to the speakers, generally by providing the speakers' office (hod@ama-assn.org) with an electronic announcement "card" that includes any or all of the following elements and no more: the candidate's name, photograph, email address, URL, 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 or a slogan) will not be posted to the website as they are in violation of the rules. Printed announcements may not be distributed. The speakers may use additional means to make delegates aware of members intending to seek election. (G-610.020[2])

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 following the April Board meeting and on "Official Announcement Dates" to be established by the speaker. (G-610.020[3])

This rule provides a standard mechanism by which individuals can make known their intention to seek office, including positions that are contingent on prior election results. Printed announcements may not be distributed at an AMA-HOD meeting under any circumstance.



## **Endorsements**

Any communication or activity undertaken to seek endorsement from groups of which the candidate is not a current member after the announcement of candidacy and prior to the April Board meeting (active campaign period) would be considered active campaigning and, therefore, a violation of the election rules. Any formal questioning of an announced candidate, including written questions, would be considered an interview, and, therefore, subject to the rules for interviews. (See below.)

## **Nominations**

The AMA-BOT solicits candidates for four elected councils: the Council on Constitution and Bylaws, the Council on Medical Education, the Council on Medical Service, and the Council on Science and Public Health. The AMA-BOT announces council candidates after its April meeting. Council candidates who have announced their intent to seek election, including those seeking re-election, must submit the necessary materials to the AMA-BOT Office by the deadline to be included in the announcement by the BOT. Council candidates are officially nominated by the BOT during the Opening Session of the HOD.

Officer candidates announce their candidacy via an electronic announcement “card” sent to the HOD Office as described above. They are nominated during the Opening Session of the HOD.

Under AMA bylaws, any delegate may nominate additional candidates for council and officer vacancies from the floor until nominations are closed at the Opening Session of the House.

## **Conflict-of-interest disclosures**

Under AMA-HOD policy, all candidates for election are required to complete a conflict-of-interest/disclosure of affiliations form prior to their election. Candidates should contact the Office of General Counsel ([ogc@ama-assn.org](mailto:ogc@ama-assn.org)) for information on completing the form. Forms must be submitted by March 15 of the year in which the individual is seeking election.

Completed forms are posted in the “Members- only” section of our AMA website. Completion of this form is required of all candidates for election, including those nominated from the floor. (G-610.020[25])

## **Campaigns**

Active campaigns for AMA elective office may not begin until the AMA-BOT has officially announced the candidates for council seats after its April meeting. Active campaigning includes mass outreach activities such as emails directed to all or a significant portion of the members of the AMA-HOD, communicated by or on behalf of the candidate. (G-610.020[10])

At the Opening Session of the House of Delegates, each officer candidate in a contested election will give a two-minute speech. The order of the speeches will be 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 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. (G-610.020[24])

There are no nominating speeches for council candidates; the names of council nominees are announced at the Opening Session of the AMA-HOD, after which the speaker will call for additional nominations from the floor.

Candidates who are unopposed will be elected by acclamation.

### **Guiding Principles for AMA-HOD Elections**

Policy [G-610.021](#) lays out the guiding principles for AMA-HOD elections, and delegates are encouraged to consider its tenets carefully. The policy reads as follows:

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

1. AMA delegates should: (a) avail themselves of all available background information about candidates for elected positions in the AMA; (b) determine which candidates are best qualified to help the AMA achieve its mission; and (c) make independent decisions about which candidates to vote for.
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 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.

## Campaign Rules

### Expenses, events, parties and other activities

This listing of campaign rules reflects policies adopted by the AMA-HOD and procedures developed by the speakers to comply with AMA-HOD actions. Where AMA-HOD policies are listed, the relevant AMA policy number is listed in parentheses following the policy. The rules are listed in general categories. Questions and concerns may be directed to the speakers at [hod@ama-assn.org](mailto:hod@ama-assn.org).

1. 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. (G-610.020[17]) Campaign memorabilia may not be distributed in the Not for Official Business (NFOB) bag. (G-610.020[14])
2. 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 four or fewer delegates or alternates are exempt from this rule. (G-610.020[21])
3. Campaign parties are allowed only at the Annual Meeting. *[Our AMA will host an AMA Candidate Reception at which any candidate may choose to be featured.]* A state, specialty society, caucus, coalition, etc., may contribute to more than one party. However, a candidate may be featured at only one party, *[the AMA Candidate Reception or another reception]*, 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. (G 610.020[22])
4. 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. (G-610.020[18])
5. Candidates for AMA office should not attend meetings of the 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. (G-610.020[20])

### Campaigning, literature and publicity

1. 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. (G-610.020[19])

This rule prohibits campaign parties as well as the distribution of campaign literature and gifts at the Interim Meeting. Announcements of candidacy (see above) may occur at the Interim Meeting.

2. Displays of campaign posters, signs, and literature in public areas of the hotel in 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. (G-610.020[23])
3. Campaign materials may not be distributed by postal mail or its equivalent (e.g., UPS or FedEx). Printed campaign materials will not be included in the “Not for Official Business” bag and may not be distributed in the House of Delegates. Candidates are encouraged to eliminate printed campaign materials. (G-610.020[15])
4. An AMA Candidates’ Page will be created on the 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. (D-610.998[2]) Candidates will be allowed to customize their individual pages within the template, but other layouts will not be possible. The pages are meant to supplement, not repeat, material from the election manual, but the content is up to the candidate.
5. An election manual containing information on candidates for election who have announced their intentions to seek office 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 AMA-HOD. 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. (G- 610.020[9])
6. A reduction in the volume of telephone calls from candidates, and literature and letters by or on behalf of candidates is encouraged. The use of electronic messages to contact electors should also be minimized, and if used, must allow recipients to opt out of receiving future messages. (G-610.020[16]) The HOD Office will send one email on behalf of all candidates. Candidates have been invited to submit materials of their choosing for inclusion in the email.
7. 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 Meeting. (G 610.020[23])

### Interviews

Caucuses and delegations may choose to conduct virtual or in-person interviews. Groups are not required to interview candidates for all contests, and they may choose different methods for different contests. Per the rules in Policy G-610.020, the speakers’ office will schedule in-person interviews with officer candidates in contested elections for regional caucuses and the Specialty and Service Society if requested.

Any group that wishes to conduct in-person or virtual interviews must submit contact information for an individual responsible for scheduling the interviews and specify which contests for which they wish to interview.

Deadlines for submission of this information to the HOD Office (hod@ama-assn.org) will be announced for in-person and virtual interviews.

The HOD Office will compile the list of groups wishing to interview for each position and send it to the candidates to schedule directly with the designated contact persons. It is the responsibility of the candidates to contact the group's designated person to arrange an interview. Candidates may not schedule interviews with groups that are not on the official list.

A centralized official list of groups wishing to conduct interviews and candidates, as recommended by the Election Task Force, affords transparency to all candidates seeking interviews, while allowing groups to decide if, when, how, and for which contests they wish to interview.

Interviews conducted with current candidates must comply with the following rules:

1. Interviews may be arranged between the parties once active campaigning is allowed.
2. 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.
3. Groups may elect to conduct interviews virtually or in-person.
4. In-person interviews may be conducted between Friday and Monday of the meeting at which elections will take place.
- 5.. Virtual interviews are subject to the following constraints:
  - a. Interviews may be conducted only during a four to seven day window designated by the speaker beginning at least two weeks but not more than four 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 p.m. and 10 p.m. or on weekends between 8 a.m. and 10 p.m. 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.
6. Recording of interviews is allowed only with the knowledge and consent of the candidate.
7. Recordings of interviews may be shared only among members of the group conducting the interview.

8. A candidate is free to decline any interview request.
9. 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. (G-610.020[12])

Policy also encourages the speakers to conduct and record virtual interviews with candidates and post those interviews on the AMA website.

### **Elections**

Nominations will be accepted during the Opening Session of the AMA-HOD. Uncontested candidates will be elected by acclamation at that time. Voting for contested elections will be held during the Election Session to be held on Tuesday morning. All delegates should be seated in the House at least 10 minutes prior to the start of the Election Session.

Only credentialed delegates are permitted to cast a ballot. If a delegate cannot participate in the Election Session, they may designate a substitute delegate who must be properly credentialed by 6 p.m. Central time on the day prior to the Election Session.

Candidates are listed on the ballot in alphabetical order by name only. AMA bylaws require ballots that call for the exact number of votes for each vacancy. Each ballot clearly states the number of votes that should be cast, and our voting system will ensure that only appropriately completed ballots will be counted. A majority vote of the legal ballots cast is required for election.

If all vacancies are not filled on the first ballot, a runoff election(s) will be held. AMA bylaws dictate that if three or more members of the AMA-BOT or any council are still to be elected, the number of nominees in the runoff election shall be no more than twice the number of remaining vacancies less one. If two or fewer members of the AMA-BOT or council are still to be elected, the number of nominees in the runoff shall be no more than twice the number of remaining vacancies. In either case, the nominees in runoff elections are determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This process will continue until all the vacancies are filled.

Those candidates who are elected officially take office at the conclusion of the AMA-HOD meeting.

Vote tallies will not be made available until after the completion of all ballots.

### **Candidate Points of Personal Privilege**

The Speaker has been 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 (D-610.998[4]).

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

AMA Policy D-610.998 specifies the process for how campaign violation complaints will be handled. Per policy, the speaker has appointed an Election Committee whose primary role is to work with the speakers to adjudicate any election complaints, but may also include monitoring election reforms, reviewing future campaign modifications and responding to requests from the speaker for input on election issues that arise.

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) (D-610.998[6])
  
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 Election 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 Election 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. 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. (D-610.998[7])
  
3. A record of all complaints and the results of the validation and the resolution processes, including penalties, shall be maintained by the AMA Office of General Counsel and kept confidential. (D-610.998[8])

## Chapter 12: Awards

The American Medical Association recognizes excellence through the following [AMA Awards](#) that are presented to physicians and non-physicians:

- **American Medical Association Award for Citizenship and Community Service**  
(formerly *Benjamin Rush Award*)
- **AMA Foundation Award for Health Education** -- This award recognizes the professional or public health education activities of practicing physicians. It includes a \$3,500 stipend and certificate.
- **AMA Medal of Valor** -- This medal awards courage under extraordinary circumstances in nonwartime situations.
- **President's Citation for Service to the Public** -- The Citation may be made to a state medical association, county medical society, or national specialty society for significant contributions to the public good by fostering the involvement of physicians in community activities.
- **Distinguished Service Award** -- This award honors a member of the AMA for meritorious service in the science and art of medicine. It includes a medal and citation and is awarded by the board of trustees.
- **Citation for Distinguished Service** -- This award honors contributions to the advancement of medical science, medical education or medical care. It includes a certificate of citation.
- **American Medical Association Foundation Award for Leadership in Medical Ethics and Professionalism** -- This award honors individuals who are dedicated to the principles of medical ethics and highest standards of medical practice, and who have made an outstanding contribution through active service in medical ethics activities. It includes a \$2,500 monetary award and plaque.
- **Medical Executive Lifetime Achievement Award** -- This award honors a medical executive of a county medical society, state medical association or national medical specialty society who has contributed substantially to the goals and ideas of the medical profession. The award includes a plaque.
- **Medical Executive Meritorious Achievement Award** -- This award recognizes a medical executive of a county medical society, state medical association or national medical specialty society who has provided exemplary service that benefits physicians in caring for their patients. This award includes a plaque.
- **Scientific Achievement Award** -- This gold medallion award is presented to individuals on special occasions in recognition of outstanding work in scientific achievement.



### **General Awards Instructions**

1. Candidates may be nominated for more than one award.
2. Nominations for awards should be presented on an official Awards Nomination form (available on the [HOD website](#)), and [emailed](#) to the AMA Office of House of Delegates Affairs.
3. Include a sponsor's statement and endorsement statements.
4. Include the candidates' curriculum vitae.

More information about the individual awards, the criteria specific to each award, the nomination process, and nomination forms can be found [online](#).

Complete information about other AMA awards, including those available from the AMA Foundation, is available on the [AMA website](#).

## Chapter 13: Post Meeting

### Annotated Reports

Reports of the Reference Committee, annotated with final action of the HOD, are posted online as soon as possible. Each contains the following DISCLAIMER: The following is a preliminary report of actions taken by the House of Delegates at its (year) (Annual, Interim or Special) Meeting and should not be considered final. **Only the official Proceedings of the House of Delegates reflect official action of the House of Delegates.**

### PolicyFinder

After each House meeting, the Speakers oversee the process of updating the AMA policy database to reflect the actions taken by the HOD, changes to the AMA Constitution and Bylaws, and any modifications that CEJA has made in its Current Opinions. New policies are categorized and added; rescinded policies are deleted; and policies that have been amended are modified to reflect the action of the House.

The AMA policy database is maintained in [PolicyFinder](#), which enables keyword searches of the policy database using a Web browser. PolicyFinder includes the AMA Bylaws, CEJA Opinions, and AMA policies and directives. It also includes links from recent policies that derived from a council report to those reports. This program is very helpful in assisting delegates and alternate delegates in researching AMA policy prior to introducing a resolution, in preparing for reference committee and House of Delegates debate, and in communicating AMA policy. Appendix F is a useful reference for anyone wanting to learn more about AMA policy and its recording.

### Sunset Process

Each AMA policy and/or directive is reviewed for relevancy at least every ten years. A [sunset](#) mechanism is in place to review every policy that is 10 years old, and to issue a report to the HOD to rescind or retain the policy. The objective is to ensure that the AMA policy database is current, coherent, and relevant by eliminating outmoded, duplicative, and inconsistent policies. Also, when an existing policy is reaffirmed in lieu of a resolution or report recommendation, that resets the “sunset clock” so such policies will remain viable for 10 years from the date of reaffirmation. Note, however, that a policy may be altered or rescinded at any time.

### Reconciliation Process

In 2012 the House of Delegates adopted Policy [G-600.111](#), Consolidation and Reconciliation of AMA Policy, which notes that AMA’s policy database should not include duplicative, conflicting or inconsistent AMA policies. Any entity seated in the HOD is urged to identify inconsistent or obsolete policies and report those to the Office of House of Delegates Affairs. The Speakers will review and present one or more reconciliation reports for action by the House of Delegates relating to newly passed policies from recent meetings that caused one or more existing policies to be redundant and/or obsolete. Where a report is needed to reconcile disparate policies, the Speakers will identify the appropriate council or group responsible for the reconciliation report on a specific topic.

## **Proceedings**

Only the Proceedings of the House of Delegates reflect official policy of the Association. The Proceedings include the disposition of all resolutions and reports. Resolutions appear with the ratified “Resolved” clauses. Reports from the Board, Councils, and special committees, appear in their entirety, including informational reports. Other elements included are:

- Detailed Table of Contents
- Listing of retiring delegates and executives
- Roster of reference committees and their members
- Memorial resolutions
- Election results (if applicable)
- Reports from the Committees on Rules and Credentials
- Reference Committee Reports Annotated with final House action (recent online Proceedings only)
- Listing of General Officers, Board of Trustees and Councils
- Listing of HOD delegates and alternate Delegates
- Speeches
- An index to the volume

Meeting Proceedings are available [online](#), generally for ten years. The AMA also maintains a digital [AMA Archives](#), which includes AMA historical documents, including meeting proceedings going back to 1883.

The actual HOD meetings are also professionally recorded and a transcript is prepared following each meeting. This is used by the Speakers, the Board and AMA staff to check details of HOD deliberations leading to HOD actions.

## **Reports under Development**

AMA [policy](#) calls for a list of forthcoming reports to be posted on the [HOD website](#) to allow HOD members, other AMA parties (e.g., councils, sections, etc.), AMA members and others to provide comments on the activities and work of the AMA Councils on a timely manner.

## **Board Review of HOD Actions**

The Board of Trustees reviews all resolutions and recommendations adopted by the House of Delegates to determine how to fulfill the charge from the House. When situations preclude successful implementation of specific resolutions, the House and authors are advised of such situations so that further or alternative actions can be taken if warranted.

In determining how to implement an action, the Board will consider the scope of the proposed expenditure and whether it is consistent with the AMA’s vision, goals, and priorities. Where the Board recommends that a proposed expenditure is not prudent and is inadvisable, the Board will present alternative actions, if feasible, in its report to the House.

### **Board Updates on Items Adopted or Referred**

The Board of Trustees keeps the HOD apprised of the status of adopted or referred resolutions and recommendations in reports and what actions have been taken on them over a one-year period.

The Board publishes [online a chart of actions](#) taken by the Board of Trustees, Councils, Committees, and staff on resolutions and report recommendations from the past two HOD meetings, entitled "Follow-up Implementation of Resolutions and Report Recommendations." This chart includes those items referred to the Board of Trustees for decision. The website contains multiple years of the implementation charts.

### **Board Actions When Existing AMA Policy is Incomplete, Lacking or Contrary**

The Board of Trustees conducts the affairs of the Association in keeping with current policy actions adopted by the HOD. According to [Policy G-600.071](#), the most recent policy actions shall be deemed to supersede contradictory past actions. In the absence of specifically applicable current statements of policy, the Board of Trustees determines what it considers to be the position of the House of Delegates based upon the tenor of past and current actions that may be related in subject matter. Such determinations are considered to be AMA policy until modified or rescinded at the next regular or special meeting of the House of Delegates. Further, the Board of Trustees has the authority in urgent situations to take those policy actions that the Board deems best represent the interests of patients, physicians, and the AMA. In representing AMA policy in critical situations, the Board takes into consideration existing policy. The Board will immediately inform the Speaker of the House of Delegates and direct the Speaker to promptly inform the members of the House of Delegates when the Board has taken actions which differ from existing policy. Any action taken by the Board which is not consistent with existing policy requires a 2/3 vote of the Board. When the Board takes action which differs from existing policy, such action must be placed before the House of Delegates at its next meeting.

## Appendix A: General Meeting Information

### **Meeting location**

Annual meetings are held in Chicago, but the interim meetings are convened in other cities. [AMA policy](#) provides some general guidelines on when and where the House of Delegates meetings may take place:

- The AMA Board selects the cities in which the House shall meet;
- A constituent medical association desiring a meeting within its borders shall submit an invitation in writing, together with significant data, to the Board of Trustees, which will evaluate the feasibility of the request;
- Reasonable efforts are taken to avoid scheduling the Annual Meeting in conflict with Father's Day weekend;
- The Interim Meeting is scheduled for the second or third week in November; and
- Our AMA supports scheduling more meetings in Washington, DC, specifically including Interim Meetings of the House on a rotating schedule as frequently as practicable. Our AMA believes, however, that it would not be financially prudent to hold all Interim Meetings in Washington, DC, nor would such a decision be equitable for other regions of the country.

Meeting sites are chosen based on their size, available services, location, cost and similar factors. House of Delegates meetings can only be held in a town, city, or state that has enacted comprehensive legislation requiring smoke-free worksites and public places (including restaurants and bars). [AMA policy](#) also precludes meetings in cities, counties, or states, with 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.

Upcoming HOD meeting dates are posted on the [AMA HOD website](#). Dates and locations are typically established five years in advance. The Board of Trustees may change the dates and the city at any time, but no later than 60 days prior to the dates selected for that meeting.

### **Air Reservations**

HOD delegates are notified of any airline discounts. This information also is made available on the [HOD website](#).

### **Hotel Reservations**

The AMA contracts centrally with one or more hotels for sleeping accommodations and/or meeting space. Information regarding hotel rates and availability are made available to HOD representatives and other meeting attendees, as well as published on the [HOD website](#).

### **Meeting Attire**

The dress code for each AMA Annual and Interim Meeting is set by the Speakers and announced in various communications in advance of the meeting, including the Speakers' Letter. When the

dress is designated as “business casual,” that means long- or short-sleeved shirts with collars for men, and dresses or blouses with skirts or slacks for women. Jackets or sweaters are optional, and ties are not required. Those seated at the head tables during general business sessions of the House, including reference committees, are requested to wear business attire when in front of the House. Business attire is also proper for the inaugural and dinner-dance, with formal attire (black tie) optional. Exceptions are announced in the *Speakers’ Letter* before each meeting.

### **Advance and Onsite Meeting Registration**

All delegates and alternate delegates, Federation and AMA staff, guests and others who will be attending the House of Delegates meetings and/or reference committees must register for the meeting. There is no charge for registration. Advance registration is required, and details appear on the [HOD meeting website](#). All attendees are required to 1) acknowledge AMA’s policies concerning conduct at HOD meetings, 2) other rules implemented by the Speakers or the Board of Trustees, and 3) accept applicable adjudication and disciplinary process for violations of the policies. The specifics of the policies are included in Appendix G.

Attendees will pick up badges onsite at the AMA Registration desk during the hours and location announced in the *Speakers’ Letter* and on the [HOD website](#). Generally, however, the registration desk is open beginning with the Section meetings through the close of the HOD meeting.

Delegates and alternate delegates should check with their sponsoring society to ensure that their names have been submitted to the [Office of House of Delegates Affairs](#) prior to each meeting. Under AMA Bylaws, all delegates and alternate delegates must be properly credentialed. Individuals whose credentials have not been confirmed prior to the meeting will have to be accompanied to the AMA Registration Desk by an officer of their society in order to be credentialed.

For security purposes, all attendees are required to provide photo identification at the AMA Registration Desk to receive their badge and other materials. Participants also are requested to provide emergency contact information.

### **Meeting Security**

Maximum security is maintained at all times to prevent disruptions of the House. Only those individuals who have been properly badged are permitted to attend.

### **Respectful Behavior**

Our AMA has a robust Code of Conduct and strong antiharassment policy. At the first session of each AMA-HOD meeting, delegates are asked to ratify this code of conduct that reaffirms a commitment to be courteous, respectful and collegial in the conduct of HOD business. Courteous and respectful dealings in all interactions with other delegates and with AMA staff are expected of all attendees—including social events. Delegates are reminded of their personal responsibility, while engaging with others, to consider how others will interpret their actions and words. A conduct liaison is named for each meeting along with contact information. Policy [H-140.837](#) provides details and is included in Appendix G.

## **Recycling**

Over the last several years, our AMA had reduced its production of printed materials. In addition, it is the [policy](#) of our AMA to use recycled paper whenever reasonable for its in-house printed matter and publications, including materials used by the House of Delegates. During HOD meetings, recycling bins will be made available to participants.

## **Broadband access in HOD meetings**

Wireless internet access is available in the meeting rooms. Meeting participants are urged to use internet access only for reasons related to AMA-HOD business—downloading materials from the AMA website, checking policy on AMA PolicyFinder, viewing HOD reference committee reports, and the like.

## **Nursing Mothers**

Mothers who are nursing can take advantage of a designated location within the hotel or convention center for breastfeeding or pumping. The location will be available at the meeting.

## **Child Care Services**

Our AMA makes available [supervised childcare at no cost to members](#) attending AMA Annual and Interim meetings. Known as CampAMA, the specifics of the program are announced in mailings to HOD and section members, included in the *Speakers' Letter* and published online. Advance reservations are necessary to ensure space.

## **Attendees with Special Needs**

HOD attendees may request special accommodations (e.g., an assistive listening device, wheelchair assistance, etc.) by contacting the [AMA Office of House of Delegates Affairs](#). The electronic meeting Registration form also includes a space to identify any special assistance that may be needed to either participate in the meeting or with hotel accommodations.

## **AMA Constitution and Bylaws**

The [AMA Constitution and Bylaws](#) is updated following each meeting to reflect HOD actions taken on either the Constitution or individual Bylaw provisions at the HOD meeting. Inquiries regarding the Constitution and Bylaws may be [emailed](#) to the Council on Constitution and Bylaws.

## **PolicyFinder**

PolicyFinder, the computerized database of AMA policies and directives, is available [online](#). AMA policy is recorded in multiple policy categories, and any particular policy is recorded in only a single category. Appendix F provides further details about the recording of AMA policy, the specific categories of current AMA policy and policy types.

## **Contact Information for Delegates and Alternate Delegates**

Those attending the HOD meetings, including delegates, alternate delegates and staff, are expected to provide current contact information, including email addresses, mailing addresses,

and telephone numbers. This contact information, particularly email addresses, is necessary for essential communication from the HOD Office throughout the year.

### **HOD Pictorial**

AMA offers an online [pictorial directory of HOD members](#) on a password-protected website. One can search using one of several parameters (name, affiliation, specialty or state) to find contact information for HOD delegates and alternate delegates. The directory also includes contact information for Board members, council members and former presidents. This information is available to members to allow personal communication and facilitate networking. Commercial use or use of the pictorial directory for any other purpose, including republication or distribution is prohibited. Questions concerning this directory may be directed to the office of the [House of Delegates Affairs](#).

To add or update contact information or photos for the [Pictorial Directory](#) follow the link to the form found on its opening site. Photos must be headshots with a file size of between 600 KB and 1.5 MB. The image can be either a JPEG or PNG. High resolution is preferred. For pixel size, photos should be a minimum of 500x500. Delegates are urged to send up-to-date photos.

### **HOD Office Responsibilities and Contact Information**

The AMA Office of House of Delegates Affairs is a central point of contact for all questions related to the HOD meetings and questions about election campaigns. General contact information is as follows:

Phone: 312-464-4463  
Email: [hod@ama-assn.org](mailto:hod@ama-assn.org)

The HOD Office works closely with the Speaker and Vice Speaker. General responsibilities include: [HOD website](#); Speakers' Letter; Election Manual; delegate allocation; committee appointments (rules and credentials; reference committees, resolution committee, tellers); receipt of resolutions; fiscal notes for resolutions; assistance with prior AMA policy; online member forums; HOD Handbook; credentialing; memorial resolutions; retiring delegates; amendments; annotated reference committee reports; HOD Proceedings; and PolicyFinder.

During the HOD meetings, the AMA Office of House of Delegates Affairs maintains an onsite office at the meeting facility.

### **Speaker/Vice Speaker Contact Information**

The HOD Office serves as a point of contact to reach the Speakers with questions relating to resolutions, meeting hospitality opportunities, service on a committee, campaign activities, etc. The Speakers may also be reached at [hod@ama-assn.org](mailto:hod@ama-assn.org) or directly by email: [FirstName.lastName@ama-assn.org](mailto:FirstName.lastName@ama-assn.org).

### **Other AMA Departments key to the HOD Meeting**

The Department of Federation Relations staffs the [Specialty and Service Society](#) (SSS), and maintains relationships with constituent associations and medical specialty societies on an ongoing basis. A dedicated meeting space is maintained for staff executives at the annual and interim meetings.



Requests for meeting space for all caucuses, ancillary sessions and meeting hospitality, delegation suites, etc. must be requested from the Department of Meeting Management. The Department of Registration Services is responsible for registering and distributing badges for all attendees.

AMA legal counsel is available in advance of the meeting and onsite.

### **Retiring Members**

Organizations that wish to announce the retirement of any of their delegates, alternate delegates, or medical society executives should notify our AMA in sufficient time to have the individuals' names collated and published for the House of Delegates meetings. Names should be **emailed** or submitted to AMA staff at the onsite office of the Office of House of Delegates Affairs by noon on the day of the Opening Session of the House. The names are published on a roster in lieu of entertaining points of personal privilege to acknowledge retirees.

### **Memorial Resolutions**

All memorial resolutions for distribution at an Annual or Interim meeting must be received by the Office of House of Delegates Affairs by the end of the Opening Session of the House for subsequent distribution.

### **Packages sent to HOD Meetings**

Materials may be sent in advance to the hotel clearly marked with the name of the guest and the date of anticipated arrival. Materials will be held in the hotel's package room for guest pick-up. AMA staff only handles distribution of crates, boxes, etc. for AMA staff who work with the HOD meeting and its related components.

### **Packages Sent from the HOD Meetings**

Shipment of packages from the meeting must be arranged through the hotel's business office.

### **Cybercafe, Computers, other Office Equipment and Copying Facilities**

The AMA typically offers a Cybercafe to AMA HOD members, including limited printing ability. Other onsite computers, office equipment and copying facilities are provided primarily for the use of AMA staff, AMA Board members and council members. Alternatively, most hotels offer a business office with computers and copying equipment for guest use.

### **Recordings**

Proceedings of AMA meetings may be recorded by audiotape, videotape or otherwise, for use by the AMA. Participation in/attendance at a meeting shall be deemed to confirm the participant's consent to recording and to the AMA's use of such recording. Participants are prohibited from recording the livestream Zoom broadcasts, but may use personal devices to record speeches and reference committee testimony.

### **Mobile App**

An AMA mobile app can help participants navigate the venue, create a personalized agenda and locate meetings of interest. The Speakers' Letter includes details on how to access the AMA mobile app. Details also will be posted on the AMA-HOD website. Attendees also will be able to print a schedule.

### **Ronald M. Davis Memorial Run/Walk**

Our AMA honors Ronald M. Davis, MD (a deceased AMA Past President) at the annual Ronald M. Davis 5K Run/Walk at its annual meetings in Chicago. Details regarding the event are announced in the Speakers' Letter and in other communications to delegates and alternate delegates prior to the meeting.

## Appendix B: Current and Past HOD Speakers

Lisa Bohman Egbert, MD

*Speaker 2023-present; Vice Speaker 2019 – 2023*

John D. Armstrong, MD

*Vice Speaker, 2023-present*

Bruce A. Scott, MD

*Speaker 2019-2023; Vice Speaker 2015-2019*

Susan R. Bailey, MD

*Speaker 2015-2019; Vice Speaker 2011-2015*

Andrew W. Gurman, MD

*Speaker 2011 -2015; Vice Speaker 2007-2011*

Jeremy A. Lazarus, MD

*Speaker 2007-2011; Vice Speaker 2003-2007*

Nancy H. Nielsen, MD, PhD

*Speaker 2003-2007; Vice Speaker 2000-2003*

John A. Knotte, MD

*Speaker 2000-2003; Vice Speaker 1995-2000*

Richard F. Corlin, MD

*Speaker 1995-2000; Vice Speaker 1991-1995*

Daniel H. Johnson, Jr., MD

*Speaker 1991-1995; Vice Speaker 1987-1991*

John Lee Clowe, MD

*Speaker 1987-1991; Vice Speaker 1984-1987*

James E. Davis, MD

*Speaker 1984-1987; Vice Speaker 1981-1984*

Harrison L. Rogers, Jr., MD

*Speaker 1981-1984; Vice Speaker 1977-1981*

William Y. Rial, MD

*Speaker 1977-1981; Vice Speaker 1973-1977*

Tom E. Nesbitt, MD

*Speaker 1973-1977; Vice Speaker 1972-1973*

J. Frank Walker, MD

*Speaker 1972-1973; Vice Speaker 1969-1972*

Russell B. Roth, MD

*Speaker 1969-1972; Vice Speaker 1966-1969*

Walter C. Bornemeier, MD

*Speaker 1966-1969; Vice Speaker 1963-1966*

Milford O. Rouse, MD

*Speaker 1963-1966; Vice Speaker 1959-1963*

Norman A. Welch, MD

*Speaker 1959-1963; Vice Speaker 1958-1959*

E. Vincent Askey, MD

*Speaker 1955-1959; Vice Speaker 1952-1955*

Louis M. Orr, MD

*Vice Speaker 1955-1958*

James R. Reuling, MD

*Speaker 1952-1955; Vice Speaker 1948-1952*

F. F. Borzell, MD

*Speaker 1948-1952; Vice Speaker 1945-1948*

Roy W. Fouts, MD

*Speaker, 1945-1948*

Harrison H. Shoulders, MD

*Speaker, 1938-1945; Vice Speaker, 1935-1938*

Nathan B. Van Etten, MD

*Speaker, 1935-1938*

Frederick C. Warnshuis, MD

*Speaker, 1922-1935*

Dwight H. Murray, MD

*Speaker, 1920-1922*

Hubert Work, MD

*Speaker 1916-1920*

## Appendix C: Organizations represented in the AMA House of Delegates

### Constituent Medical Associations represented in the AMA House of Delegates

[The [AMA website](#) includes a link to quickly locate these medical associations]

Alaska State Medical Association  
Arizona Medical Association  
Arkansas Medical Society  
California Medical Association  
Colorado Medical Society  
Connecticut State Medical Society  
Florida Medical Association  
Guam Medical Society  
Hawaii Medical Association  
Idaho Medical Association  
Illinois State Medical Society  
Indiana State Medical Association  
Iowa Medical Society  
Kansas Medical Society  
Kentucky Medical Association  
Louisiana State Medical Society  
Maine Medical Association  
Massachusetts Medical Society  
MedChi, The Maryland State Medical Society  
Medical Association of Georgia  
Medical Association of the State of Alabama  
Medical Society of Delaware  
Medical Society of New Jersey  
Medical Society of the District of Columbia  
Medical Society of the State of New York  
Medical Society of Virginia  
Michigan State Medical Society  
Minnesota Medical Association  
Mississippi State Medical Association  
Missouri State Medical Association  
Montana Medical Association  
Nebraska Medical Association  
Nevada State Medical Association  
New Hampshire Medical Society  
New Mexico Medical Society  
North Carolina Medical Society  
North Dakota Medical Association  
Ohio State Medical Association  
Oklahoma State Medical Association  
Oregon Medical Association  
Pennsylvania Medical Society  
Puerto Rico Medical Association  
Rhode Island Medical Society  
South Carolina Medical Association  
South Dakota State Medical Association

Tennessee Medical Association  
Texas Medical Association  
Utah Medical Association  
Vermont Medical Society  
Virgin Islands Medical Society  
Washington State Medical Association  
West Virginia State Medical Association  
Wisconsin Medical Society  
Wyoming Medical Society

**National Medical Specialties represented in the AMA House of Delegates**  
**(as of November 2023)**

[The [AMA website](#) includes a link to quickly locate these national medical specialty societies]]

Academy of Physicians in Clinical Research  
Aerospace Medical Association  
AMDA – The Society for Post-Acute and Long-Term Care Medicine  
American Academy of Addiction Psychiatry  
American Academy of Allergy, Asthma and Immunology  
American Academy of Child and Adolescent Psychiatry  
American Academy of Cosmetic Surgery  
American Academy of Dermatology Association  
American Academy of Facial Plastic and Reconstructive Surgery  
American Academy of Family Physicians  
American Academy of Hospice and Palliative Medicine  
American Academy of Insurance Medicine  
American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Orthopaedic Surgeons  
American Academy of Otolaryngic Allergy Inc.  
American Academy of Otolaryngology-Head and Neck Surgery  
American Academy of Pain Medicine  
American Academy of Pediatrics  
American Academy of Physical Medicine and Rehabilitation  
American Academy of Psychiatry and the Law  
American Academy of Sleep Medicine  
American Association for Geriatric Psychiatry  
American Association for Hand Surgery  
American Association for Thoracic Surgery  
American Association of Clinical Endocrinologists  
American Association of Clinical Urologists, Inc.  
American Association of Gynecologic Laparoscopists  
American Association of Neurological Surgeons  
American Association of Neuromuscular & Electrodiagnostic Medicine  
American Association of Plastic Surgeons  
American Association of Public Health Physicians  
American Clinical Neurophysiology Society  
American College of Allergy, Asthma and Immunology  
American College of Cardiology  
American College of Chest Physicians [CHEST]  
American College of Emergency Physicians

American College of Gastroenterology  
American College of Legal Medicine  
American College of Medical Genetics and Genomics  
American College of Medical Quality  
American College of Mohs Surgery  
American College of Nuclear Medicine  
American College of Obstetricians and Gynecologists  
American College of Occupational and Environmental Medicine  
American College of Physicians  
American College of Preventive Medicine  
American College of Radiation Oncology  
American College of Radiology  
American College of Rheumatology  
American College of Surgeons  
American Gastroenterological Association  
American Geriatrics Society  
American Institute of Ultrasound in Medicine  
American Orthopaedic Association  
American Orthopaedic Foot and Ankle Society  
American Psychiatric Association  
American Rhinologic Society  
American Roentgen Ray Society  
American Society for Aesthetic Plastic Surgery  
American Society for Clinical Pathology  
American Society for Dermatologic Surgery Association (ASDSA)  
American Society for Gastrointestinal Endoscopy  
American Society for Metabolic and Bariatric Surgery  
American Society for Radiation Oncology  
American Society for Reconstructive Microsurgery  
American Society for Reproductive Medicine  
American Society for Surgery of the Hand  
American Society of Addiction Medicine  
American Society of Anesthesiologists  
American Society of Breast Surgeons  
American Society of Cataract and Refractive Surgery  
American Society of Colon and Rectal Surgeons  
American Society of Cytopathology  
American Society of Dermatopathology  
American Society of Echocardiography  
American Society of Hematology  
American Society of Interventional Pain Physicians  
American Society of Maxillofacial Surgeons  
American Society of Neuroimaging  
American Society of Nuclear Cardiology  
American Society of Neuroradiology  
American Society of Ophthalmic Plastic and Reconstructive Surgery  
American Society of Plastic Surgeons  
American Society of Retina Specialists  
American Society of Transplant Surgeons  
American Thoracic Society  
American Urological Association

American Vein & Lymphatic Society  
AMSUS – The Society of Federal Health Professionals  
Association for Clinical Oncology  
Association of University Radiologists  
College of American Pathologists  
Congress of Neurological Surgeons  
Contact Lens Association of Ophthalmologists  
Heart Rhythm Society  
Infectious Diseases Society of America  
International College of Surgeons - US Section  
International Pain and Spine Intervention Society  
International Society for the Advancement of Spine Surgery  
International Society of Hair Restoration Surgery  
National Association of Medical Examiners  
North American Neuromodulation Society  
North American NeuroOphthalmologic Society  
North American Spine Society  
Obesity Medicine Association  
Radiological Society of North America  
Renal Physicians Association  
Society for Cardiovascular Angiography and Interventions  
Society for Cardiovascular Magnetic Resonance  
Society for Investigative Dermatology, Inc.  
Society for Vascular Surgery  
Society of American Gastrointestinal Endoscopic Surgeons  
Society of Cardiovascular Computed Tomography  
Society of Critical Care Medicine  
Society of Hospital Medicine  
Society of Interventional Radiology  
Society of Laparoendoscopic and Robotic Surgeons  
Society of Nuclear Medicine and Molecular Imaging  
Society of Thoracic Surgeons  
The Endocrine Society  
The Triological Society  
Undersea and Hyperbaric Medical Society

### **Federal Services**

US Air Force  
US Army  
US Navy  
US Department of Veterans Affairs  
US Public Health Service

### **Professional Interest Medical Associations, Sections and Other Groups represented in the AMA House of Delegates**

(as of November 2023)

Academic Physicians Section  
American Association of Physicians of Indian Origin  
American Medical Group Association

American Medical Women’s Association  
American Osteopathic Association  
GLMA: Health Professionals Advancing LGBTQ Equality  
Integrated Physician Practice Section  
International Medical Graduates Section  
Medical Student Section  
Minority Affairs Section  
National Medical Association  
Organized Medical Staff Section  
Private Practice Physicians Section  
Resident and Fellow Section  
Senior Physicians Section  
Women Physicians Section  
Young Physicians Section

**National Organizations with HOD Official Observer Status**  
(as of November 2023)

Accreditation Association for Ambulatory Health Care  
Alliance for Continuing Education in the Health Professions  
Alliance for Regenerative Medicine  
Ambulatory Surgery Center Association  
American Academy of Physician Assistants  
American Association of Medical Assistants  
American Board of Medical Specialties  
American Dental Association  
American Health Quality Association  
American Hospital Association  
American Nurses Association  
American Podiatric Medical Association  
American Public Health Association  
Association of periOperative Registered Nurses  
Association of State and Territorial Health Officials  
Commission on Graduates of Foreign Nursing Schools  
Council of Medical Specialty Societies  
Educational Commission for Foreign Medical Graduates  
Federation of State Medical Boards  
Federation of State Physician Health Programs  
Medical Group Management Association  
Medical Professional Liability Association  
National Association of County and City Health Officials  
National Commission on Correctional Health Care  
National Council of State Boards of Nursing  
National Indian Health Board  
Society for Academic Continuing Medical Education  
U.S. Pharmacopeia



## Appendix D

### RESOLUTION SUBMISSION CHECKLIST\*

- Resolution<sup>†</sup> submitted by: \_\_\_\_\_  
(name of state, specialty, section or individual delegate)
- Subject: \_\_\_\_\_  
(the title of the resolution should appropriately and concisely reflect the action for which it calls)
- Whereas statement(s) is (are) included      - or-       Whereas statements not necessary  
*Whereas statements support / provide background to establish the intent of the RESOLVED clauses. You may include as many whereas statements as necessary to provide the foundation for the RESOLVED statements.*
- RESOLVED statement(s) is (are) included (if not, is this an information statement, see below)  
RESOLVED statements are requests for the AMA to take a specific position or course of action to address the concern(s) expressed in the whereas statement(s). The House acts only the RESOLVED portions of resolutions. Each RESOLVED statement must be accompanied by one of the following identifiers indicating the nature and purpose of the proposed RESOLVED:
- New HOD Policy<sup>1</sup>
  - Reaffirm HOD Policy<sup>3</sup>
  - Consolidate Existing Policy
  - Rescind HOD Policy
  - Modify Bylaws
  - Modify Current HOD Policy<sup>2</sup>
  - Directive to Take Action<sup>4</sup>
- Each RESOLVED statement is focused, stands alone (without reference to whereas statements or other resolves), and provides a specific, clear direction or action required by the AMA should it be adopted.
- Resolution includes a list of existing policy related to the subject. (The latest edition of PolicyFinder is available online at [ama-assn.org/go/policyfinder](http://ama-assn.org/go/policyfinder).)
- To the extent possible, each RESOLVED makes adjustments, additions or elaborations to existing policy rather than creating new, possibly redundant policy.
- Existing policy statements that would be superseded or deemed contrary to newly proposed policy are proposed for rescission.
- Information contained in the resolution has been checked for accuracy and, if applicable, includes appropriate reference citations to facilitate independent review.
- This item is an “information statement.” An information statement may be submitted to bring an issue to the attention of the HOD. The item will be included as an informational item but will not go to a reference committee or be acted upon in any way by the House, unless extracted.

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#### Notes:

- \* See Policy [G-600.061](#), Guidelines for Drafting a Resolution or Report, for House policy on expectations for resolutions and their authors.
- † AMA staff will develop fiscal notes for all resolutions. If a fiscal note is estimated to be over \$5000, staff will notify sponsor of estimate. Sponsors of resolutions must declare any commercial or financial conflict of interest at the time the resolution is submitted.
- 1 New policy should be stated as a broad guiding principle that sets forth the general philosophy of the Association on specific issues of concern to the medical profession. If adoption of the new policy could render obsolete or supersede one or more existing policies, those policies should be identified by number and recommended for rescission or revision.
  - 2 This designation is intended for resolutions that call for specific amendments or modifications to existing policy. Please set out the pertinent text of the existing policy, citing the policy number and clearly identify the proposed modifications. If adoption of modified policy could render obsolete or supersede one or more existing policies, those policies should be identified by number and recommended for rescission.
  - 3 Reaffirmation of existing policy should contain a clear restatement of the existing policy, citing the policy number.
  - 4 This designation is for use if the intent of the resolution is to have the AMA take a specific action (conduct a study, lobby Congress, etc.) Directives to take action should include all elements required for establishing a new policy as well as a clear statement of existing policy, citing the policy number underlying the directive.

Please email items of business to [hod@ama-assn.org](mailto:hod@ama-assn.org) in the Office of House of Delegates Affairs. The receipt of items will be confirmed via return email. This checklist may be, but need not be, returned with your resolution.

**Table of Precedence of Motions**

Types of motions are listed in order of precedence from highest to lowest. A second motion cannot be accepted unless it has a higher precedence than the motion already before the group.

**May Interrupt Speaker?**  
**Requires a Second?**  
**Is motion debatable?**  
**May be Amended?**  
**Vote Needed?**

Type of Motion		May Interrupt Speaker?	Requires a Second?	Is motion debatable?	May be Amended?	Vote Needed?
<b>Privileged</b>	Adjourn the meeting	No	Yes	Yes (Restricted)	Yes	Majority
	Recess the meeting	Yes	Yes	Yes (Restricted)	Yes	Majority
	Point of personal privilege	Yes	No	No	No	None
<b>Incidental</b>	<b>Motions</b>					
	Appeal a decision by the Speaker	Yes	Yes	Yes	No	Majority
	Suspend the Rules	No	Yes	No	No	Two-thirds
	Consider informally	No	Yes	No	No	Majority
	<b>Requests</b>					
	Point of order	Yes	No	No	No	None
	Parliamentary inquiry	Yes	No	No	No	None
	Divide the question	No	No	No	No	None
Divide the House	Yes	No	No	No	None	
<b>Subsidiary</b>	Object to consideration	No	Yes	Yes (Restricted)	No	Three-fourths
	Table**	No	Yes	No	No	Two-thirds
	Close debate	No	Yes	No	No	Two-thirds
	Limit/extend debate	No	Yes	Yes (Restricted)	No	Two-thirds
	Postpone consideration of an item to a certain time	No	Yes	Yes (Restricted)	Yes	Majority
	Have an item referred for decision	No	Yes	Yes (Restricted)	Yes	Majority
	Have an idea referred for report	No	Yes	Yes (Restricted)	Yes	Majority
	Amend a motion	No	Yes	Yes	Yes	Majority
<b>Main</b>	a. Introduce business (The Main Motion)	No	Yes	Yes	No	Majority
	b. <i>Specific main motions</i>					
	Adopt in-lieu-of	No	Yes	Yes	No	***
	Amend a previous action	No	Yes	Yes	No	***
	Recall	No	Yes	Yes	No	Majority
	Reconsider	Yes*	Yes	Yes (Restricted)	No	Majority
Rescind (a main motion)	No	Yes	Yes	No	Majority	

\*May interrupt the proceedings but not another speaker

\*\* In order only after item is referred to reference committee and until the House takes final action on the item

\*\*\*Same vote as required for original item. For example, if the motion related to a bylaw change that required a two-thirds vote, the motion to adopt in- lieu- of would require the same.

## Appendix F

### Understanding the Recording of American Medical Association Policy

Current American Medical Association (AMA) policy is catalogued in PolicyFinder, an electronic database that is updated after each AMA House of Delegates (HOD) meeting and available online. Each policy is assigned to a topical or subject category. Those category headings are alphabetical, starting with “abortion” and running to “women”; the former topic was assigned the number 5, and “women” was assigned 525. Within a category, policies are assigned a 3 digit number, descending from 999, meaning that older policies will *generally* have higher numbers within a category (e.g., 35.999 was initially adopted before 35.984). A policy number is not affected when it is modified, however, so a higher number may have been altered more recently than a lower number. Numbers are deleted and not reused when policies are rescinded.

AMA policy is further categorized into one of six types, indicated by a prefix:

- “B” – for bylaw provisions that have been adopted by the AMA-HOD
- “C” – for Constitutional provisions that have been adopted by the AMA-HOD
- “H” – for statements that one would consider positional or philosophical on an issue
- “D” – for statements that direct some specific activity or action. There can be considerable overlap between H and D statements, with the assignment made on the basis of the core nature of the statement.
- “G” – for statements related to AMA governance
- “E” – for ethical opinions, which are the recommendations put forward in reports prepared by the Council on Ethical and Judicial Affairs and adopted by the AMA-HOD

AMA policy can be accessed at [ama-assn.org/go/policyfinder](http://ama-assn.org/go/policyfinder).

The actions of the AMA-HOD in developing policy are recorded in the *Proceedings*, which are available [online](#) as well. Annotations at the end of each policy statement trace its development, from initial adoption through any changes. If based on a report, the annotation includes the following abbreviations:

- |  |  |
|--|--|
| BOT – Board of Trustees                                | CME – Council on Medical Education           |
| CCB – Council on Constitution and Bylaws               | CMS – Council on Medical Service             |
| CEJA – Council on Ethical and Judicial Affairs         | CSAPH – Council on Science and Public Health |
| CLRPD – Council on Long Range Planning and Development |  |

If a resolution was involved, “Res” is indicated. The number of the report or resolution and meeting (A for Annual; I for Interim) and year (two digits) are also included (eg, BOT Rep. 1, A-14 or Res. 319, I-12).

AMA policy is recorded in the following categories, and any particular policy is recorded in only a single category.

5.000 Abortion	10.000 Accident Prevention/Unintentional Injuries
15.000 Accident Prevention: Motor Vehicles	20.000 Acquired Immunodeficiency Syndrome
25.000 Aging	30.000 Alcohol and Alcoholism
35.000 Allied Health Professions	40.000 Armed Forces
45.000 Aviation Medicine	50.000 Blood
55.000 Cancer	60.000 Children and Youth
65.000 Civil and Human Rights	70.000 Coding and Nomenclature
75.000 Contraception	80.000 Crime
85.000 Death and Vital Records	90.000 Disabled
95.000 Drug Abuse	100.000 Drugs
105.000 Drugs: Advertising	110.000 Drugs: Cost
115.000 Drugs: Labeling and Packaging	120.000 Drugs: Prescribing and Dispensing
125.000 Drugs: Substitution	130.000 Emergency Medical Services

135.000 Environmental Health	140.000 Ethics
145.000 Firearms: Safety and Regulation	150.000 Foods and Nutrition
155.000 Health Care Costs	160.000 Health Care Delivery
165.000 Health Care/System Reform	170.000 Health Education
175.000 Health Fraud	180.000 Health Insurance
185.000 Health Insurance: Benefits and Coverage	190.000 Health Insurance: Claim Forms and Claims Processing
195.000 Health Maintenance Organizations	200.000 Health Workforce
205.000 Health Planning	210.000 Home Health Services
215.000 Hospitals	220.000 Hospitals: Accreditation Standards
225.000 Hospitals: Medical Staff	230.000 Hospitals: Medical Staff - Credentialing and Privileges
235.000 Hospitals: Medical Staff - Organization	240.000 Hospitals: Reimbursement
245.000 Infant Health	250.000 International Health
255.000 International Medical Graduates	260.000 Laboratories
265.000 Legal Medicine	270.000 Legislation and Regulation
275.000 Licensure and Discipline	280.000 Long-Term Care
285.000 Managed Care	290.000 Medicaid and State Children's Health Insurance Programs
295.000 Medical Education	300.000 Medical Education: Continuing
305.000 Medical Education: Financing and Support	310.000 Medical Education: Graduate
315.000 Medical Records and Patient Privacy	320.000 Medical Review
330.000 Medicare	335.000 Medicare: Carrier Review
340.000 Medicare: PRO	345.000 Mental Health
350.000 Minorities	355.000 National Practitioner Data Bank
360.000 Nurses and Nursing	365.000 Occupational Health
370.000 Organ Donation and Transplantation	373.000 Patients
375.000 Peer Review	380.000 Physician Fees
383.000 Physician Negotiation	385.000 Physician Payment
390.000 Physician Payment: Medicare	400.000 Physician Payment: Medicare - RBRVS
405.000 Physicians	406.000 Physician-Specific Health Care Data
410.000 Practice Parameters	415.000 Preferred Provider Arrangements
420.000 Pregnancy and Childbirth	425.000 Preventive Medicine
430.000 Prisons	435.000 Professional Liability
440.000 Public Health	445.000 Public Relations
450.000 Quality of Care	455.000 Radiation and Radiology
460.000 Research	465.000 Rural Health
470.000 Sports and Physical Fitness	475.000 Surgery
478.000 Technology - Computer	480.000 Technology - Medical
485.000 Television	490.000 Tobacco Use, Prevention and Cessation
495.000 Tobacco Products	500.000 Tobacco: AMA Corporate Policies and Activities
505.000 Tobacco: Federal and International Policies	510.000 Veterans Medical Care
515.000 Violence and Abuse	520.000 War
525.000 Women	600.000 Governance: AMA House of Delegates
605.000 Governance: AMA Board of Trustees and Officers	610.000 Governance: Nominations, Elections, and Appointments
615.000 Governance: AMA Councils, Sections, and Committees	620.000 Governance: Federation of Medicine
625.000 Governance: Strategic Planning	630.000 Governance: AMA Administration and Programs
635.000 Governance: Membership	640.000 Governance: Advocacy and Political Action

## **Appendix G: Policy on Conduct at AMA Meetings and Events (H-140.837)**

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

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

### **Definition**

Harassment consists of unwelcome conduct whether verbal, physical or visual that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, marital status, citizenship or otherwise, and that: (1) has the purpose or effect of creating an intimidating, hostile or offensive environment; (2) has the purpose or effect of unreasonably interfering with an individual’s participation in meetings or proceedings of the HOD or any AMA Entity; or (3) otherwise adversely affects an individual’s participation in such meetings or proceedings or, in the case of AMA staff, such individual’s employment opportunities or tangible job benefits.

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

### **Sexual Harassment**

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

- making unwelcome sexual advances or requests for sexual favors or other verbal, physical, or visual conduct of a sexual nature; and
- creating an intimidating, hostile or offensive environment or otherwise unreasonably interfering with an individual’s participation in meetings or proceedings of the HOD or any AMA Entity or, in the case of AMA staff, such individual’s work performance, by instances of such conduct.

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

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

## **Operational Guidelines**

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

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

The Office of General Counsel will appoint a “Conduct Liaison” for all AMA House of Delegates meetings and all other AMA hosted meetings or activities (such as meetings of AMA councils, sections, the RVS Update Committee (RUC), CPT Editorial Panel, or JAMA Editorial Boards), with responsibility for receiving reports of alleged policy violations, conducting investigations, and initiating both immediate and longer-term consequences for such violations. The Conduct Liaison appointed for any meeting will have the appropriate training and experience to serve in this capacity, and may be a third party or an in-house AMA resource with assigned responsibility for this role. The Conduct Liaison will be (i) on-site at all House of Delegates meetings and other large, national AMA meetings and (ii) on call for smaller meetings and activities. Appointments of the Conduct Liaison for each meeting shall ensure appropriate independence and neutrality, and avoid even the appearance of conflict of interest, in investigation of alleged policy violations and in decisions on consequences for policy violations.

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

### *2. Reporting Violations of the Policy*

Any persons who believe they have experienced or witnessed conduct in violation of Policy H-140.837, “Policy on Conduct at AMA Meetings and Events,” during any AMA House of Delegates meeting or other activities associated with the AMA (such as meetings of AMA councils, sections, the RVS Update Committee (RUC), CPT Editorial Panel or JAMA Editorial Boards) should promptly notify the (i) Conduct Liaison appointed for such meeting, and/or (ii) the AMA Office of General Counsel and/or (iii) the presiding officer(s) of such meeting or activity.

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

These reporting mechanisms will be publicized to ensure awareness.

### *3. Investigations*

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

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

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

### *4. Disciplinary Action*

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

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

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

- Prohibiting the violator from attending future AMA events or activities;
- Removing the violator from leadership or other roles in AMA activities;
- Prohibiting the violator from assuming a leadership or other role in future AMA activities;
- Notifying the violator’s employer and/or sponsoring organization of the actions taken by AMA;
- Referral to the Council on Ethical and Judicial Affairs (CEJA) for further review and action;
- Referral to law enforcement.

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

### *5. Confidentiality*

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

#### *6. Assent to Policy*

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

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

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