



House of Delegates Reference Manual

Procedures, Policies and Practices

November 2016

Table of Contents

	Page
Chapter 1: General Information on the AMA House of Delegates	7
Composition of the House of Delegates	7
Meeting Overview	8
A Synopsis of the HOD Policy Development Process	9
Traditions, including Privilege of the Floor	10
Meetings held in conjunction with House of Delegates Meetings	10
Chapter 2: Delegates and Alternates	15
Delegate Responsibilities	15
Role of Alternate Delegates	16
Delegates/Alternate Delegates Certification and Registration	16
Seating of Delegates	17
Code of Conduct for Delegates and Alternate Delegates	17
Chapter 3: Roles and Duties of the Speaker and Vice Speaker	18
Parliamentary Procedure, including the Standing Rules	18
Speakers' Letter and Communications from the Speakers	20
Speaker Appointments	20
Additional Speaker Responsibilities	20
Chapter 4: HOD Committees: Roles and Responsibilities	21
Rules and Credentials Committee	21
Resolution Committee	21
Tellers	22
Reference Committees	22
Selection Committee for the Public Member of the Board	24
Committee on Compensation of the Officers	24
Special Committees	24
Other HOD Committees	25
Chapter 5: Business Items of the House of Delegates	26
Resolutions	26
Reports	30
Reconciliation Reports from the Speakers	33
Other Reports	33
Information Statements	34
CEJA Opinions	34
Chapter 6: The HOD Handbook and Distribution of other HOD Material	35
Resolutions assigned to Reference Committees	35
Late Resolutions	37
Additional Handbook Items and Supplemental Materials	38
Reference Committee Reports, including Versions annotated with HOD Action	38
Not for Official Business Items	38

Chapter 7: Sessions of the AMA House of Delegates	39
New Business	40
Informational Reports	41
Recommendations for Late Resolutions	42
Memorial Resolutions	42
Recommendations for Reaffirmation	42
Withdrawn resolutions	42
Items Recommended Against Consideration	42
Resolutions of an Emergency Nature	43
 Chapter 8: Reference Committee Hearings	 44
Issues assigned to each Reference Committee	44
Reference Committee Schedules	44
Order of Business	44
Rules Governing Reference Committee Hearings	45
Testimony	45
Executive Session	45
Reference Committee Report	46
Consent Calendar	46
Reference Committee Report Availability and Distribution	47
Additional Items considered by Reference Committees	47
Schedule of Reference Committee Report Presentations	47
Caucusing on Reference Committee Report Recommendations	47
Amendments	47
 Chapter 9: Parliamentary Procedure and the House of Delegates: An Overview	 48
Introduction of Business	48
Presentation of the Reference Committee Reports utilizing a Consent Calendar Format	49
Motions in the HOD	50
Understanding House Action	56
Voting Options	57
Dynamic Nature of HOD Rules	57
 Chapter 10: Special Items and their Treatment in the HOD	 58
Items of Business which may not be Modified by the House	58
Items of Business from the Board presented on Final Day	58
Reports which may be Modified by the House and Criteria applied.....	58
Information Statements	59
Amendments to the AMA Constitution and Bylaws	59
Principles of Medical Ethics	60
 Chapter 11: Nominations and Elections for AMA Board and Council Positions.....	 61
Election Results	61
Election Manual	61

Chapter 12: Awards presented during the HOD Meetings	67
General Awards Criteria.....	68
 Chapter 13: Post meeting	69
Annotated reports	69
Policy Finder	69
Policy Sunset Process	69
Proceedings	69
Board Review of HOD Actions	70
Board Updates on Items Adopted or Referred	70
Board Actions contrary to AMA Policy	71
 Appendix A. General Practicalities	72
 Appendix B. Current and Past HOD Speakers	77
 Appendix C. Organizations represented in the AMA House of Delegates	78
 Appendix D. Resolution Submission Checklist.....	83
 Appendix E: Parliamentary Procedure Quick Tips.....	84

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 well over 500 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. Each AMA member has the opportunity to designate a specialty organization seated in the House to represent him or her. A national medical specialty organization is awarded one delegate for every 1,000 AMA members, or fraction thereof, who selected that specialty organization. Members who do not select a specialty society are allocated to specialty delegations based on a formula defined in AMA policy.
- 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 ten AMA Sections--Integrated Physician Practice, International Medical Graduates, Minority Affairs, Academic Physicians, Medical Student, Organized Medical Staff, 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. Despite the role of the [Specialty and Service Society](#) 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](#).

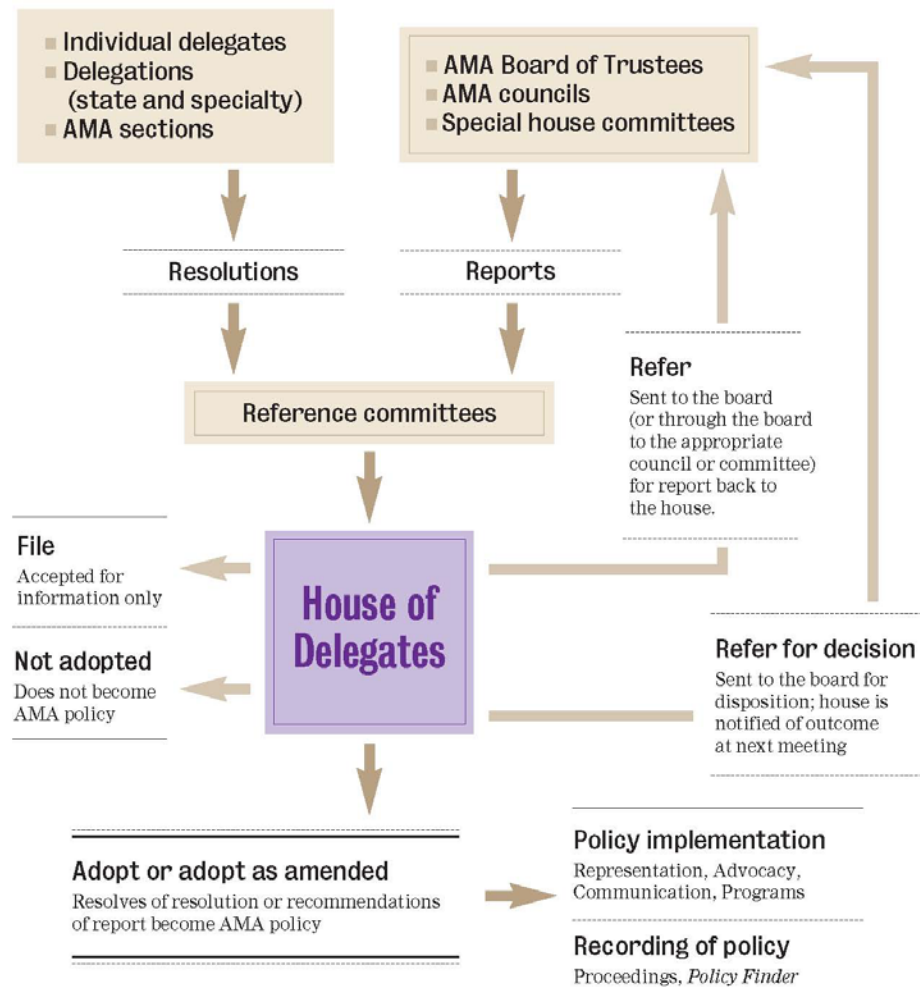
The schedules differ slightly between the Annual and Interim meetings. The Annual Meeting opens on Saturday afternoon and typically adjourns on Wednesday. It includes events related to elections and the inauguration of the incoming AMA President. The Interim Meeting is shortened by one day, beginning on Saturday and usually adjourning on Tuesday. 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. This information also is made available on the [HOD website](#). A list of names of all delegates and alternate delegates is published on the HOD website, 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 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, presentation of awards, acceptance of awards and gifts, 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 **21-member Board** 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, 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 Friday and Saturday 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 \(OMSS\)](#);
- [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 a [LGBT Advisory Committee](#).

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; 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.

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 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 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 occur in conjunction with HOD meetings and provide networking opportunities. Candidates running for elected AMA office may hold receptions in conjunction with the Annual meetings, and several state medical associations and AMA Sections and Special Groups sponsor receptions.

There are also social gatherings convened by state medical associations or specialty societies, some of which may be by invitation-only. At times, the AMA itself or one of its affiliates such as the [AMA Foundation](#) (a philanthropic organization) hosts receptions. Also, at the Annual Meeting, there is 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; informally recruit new AMA members and help retain current members; and participate in the [AMA Physician Outreach Leaders Program](#) that recognizes recruiters.

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.**

At each HOD meeting, each delegate receives a delegate badge with an appropriate ribbon, plus an additional badge 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. 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. For security purposes, all attendees are required to provide photo identification to receive their credentials and materials.

Temporary re-credentialing

When a delegate or alternate delegate is unable to attend an 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 is able to 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 his 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 of 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.

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.

Code of Conduct for Delegates and Alternate Delegates

At the First Session of the HOD on Saturday afternoon of each Annual and Interim HOD meeting, delegates ratify a Code of Conduct, which reaffirms a commitment to be courteous, respectful and collegial in the conduct of HOD business.

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 virtual 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 his or her 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.

Parliamentary Procedure, including the Standing Rules

The HOD transacts its business according to a blend of rules imposed by AMA Bylaws, established by tradition, decreed by its presiding officer, presented in a Rules report ratified by the HOD at each meeting, and generally pursuant to the guidance of the current edition of *The American Institute of Parliamentarians Standard Code of Parliamentary Procedure*. The HOD's standing rules are as follows:

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 his or her 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 2016 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 3-minute limitation on debate per presentation 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 on Saturday afternoon. Speeches will be limited to candidates for officers, with no seconding speeches permitted. The order will be selected by lottery.

The Association’s annual election balloting shall be held as specified in the Bylaws (typically on Tuesday at the annual meeting), and the following procedures shall be adopted:

Accredited Delegates may vote any time between 7:30 a.m. and 8:45 a.m. by reporting to the polls in a location designated by the Speakers. The Committee on Rules and Credentials will certify each delegate and give him/her an “authority to vote” slip. The slip will then be handed to an election teller, who will provide the voter with a ballot and provide assistance as necessary.

The announcement and confirmation of the election results will be called for as soon as possible and appropriate.

In instances where there is only one nominee for an office, a majority vote without ballot shall elect on Saturday.

8. Conflict of Interest

Members of the House of Delegates who have a substantial financial interest in a commercial enterprise, which interest will be materially affected by a matter before the House of Delegates, must publicly disclose that interest before 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 be courteous, respectful and collegial in the conduct of House of Delegate actions, characteristics which should exemplify the members of our respected and learned profession.

More extensive discussion of standard parliamentary procedure and the Speakers' interpretations are included in [Chapter 9](#).

Speakers' Letters and other Communications from the Speakers

Throughout the year, the Speakers periodically communicate by mail and electronically with the members of the House of Delegates.

A Speakers' Letter is sent prior to each HOD meeting, and is also available online, including updates. 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 appointing the membership of the various committees that are constituted for the HOD meetings:

- [Reference Committees](#);
- [Committee on Rules and Credentials](#);
- [Resolution Committee](#) (Interim Meeting only).

The Speaker also appoints the Chief Teller and Assistant Tellers.

Members of the House who are interested in serving on HOD committees 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).

As a means of broadening opportunities for service on HOD committees, [AMA policy](#) encourages the Speaker 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

Prior to each HOD meeting, the Speaker selects a member of the HOD to serve as the Chief Teller. This physician is responsible for direction of counts by the Assistant Tellers during "divisions" of the HOD, for the supervision of the ballot box, and for the counting of ballots in conjunction with the elections held during the Annual Meeting.

The Chief Teller is assisted by at least 7 Assistant Tellers, also appointed by the Speaker. All Assistant Tellers are alternate delegates who expect to be present during the entire HOD meeting.

At Annual Meetings where there are elections, the Chief Teller and the Assistant Tellers work with the Committee on Rules and Credentials to oversee the election process. Additional Assistant Tellers are appointed to assist with the elections.

Tellers sit in specially designated seats in the front of the HOD.

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, with up to 3 of them being alternate delegates. 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 Amendments to Constitution and Bylaws (Constitution; Bylaws; Ethics)
- Reference Committee A: Medical Service (Annual Meeting only)
- Reference Committee B: Legislation
- Reference Committee C: Medical Education (Annual Meeting only)
- 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 medical education, science and 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 continues to pilot the use of online member forums whereby testimony is accepted online from AMA members in advance of the HOD meeting. 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.

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 his or her 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 commercial or financial 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 deadline, is also available from the [Office of House of Delegates Affairs](#) and is included as [Appendix D](#).

Sponsors are encouraged to post draft resolutions on the [HOD website](#) prior to official submission in order to allow HOD members, other AMA entities (e.g., Councils, Sections, etc.), AMA members and others to provide input. Based on feedback received, sponsors could choose to consolidate or otherwise revise 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

A resolution must be received no later than 30 days prior to commencement of the meeting at which it is to be considered. 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.

There are 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 close of business on the day preceding the final day of the HOD meeting.

[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 30-day and 7-day deadlines but before noon of the day before the HOD convenes in its First Session. 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 (ie, 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, supplemental distribution 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 advance 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 noon on Saturday prior to the HOD's First Session, so that they can be distributed in the Sunday tote.

Emergency Resolutions

Resolutions submitted on the final day of an HOD meeting are considered emergency resolutions. The Speaker refers such resolutions to an appropriate reference committee, if possible, which then reports to the HOD its recommendation on whether the matter involved is or is not of an emergency nature. If the reference committee reports that the matter is of an emergency nature, the resolution is presented to the HOD without further consideration by a reference committee. Adoption of the recommendation(s) in emergency resolutions require a three-fourths vote of delegates present and voting.

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.

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.

Nothing in AMA policy precludes the Board from issuing reports on additional topics.

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.

Where time and circumstances permit, draft Council reports are posted online to seek input from the House and other AMA members. This allows 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.

The AMA Bylaws allow a council report to be presented at any time before the close of business on the day preceding the final day of the HOD meeting.

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
- Award Recipients (Interim Meeting only)
- 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 deadline of 30 days prior to the commencement of the HOD meeting are included in the advance Handbook, which is available approximately 3 weeks before the meeting. A separate supplemental distribution includes resolutions considered “on time” but which were not available early enough to be included in the initial material in the Handbook.

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 advance resolution deadline, are available at the HOD meeting on Sunday morning. 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.

Reference committees are as follows:

Annual Meeting

<u>Reference Committee</u>	<u>Content Area</u>	<u>Resolution Numbering</u>
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

<u>Reference Committee</u>	<u>Content Area</u>	<u>Resolution Numbering</u>
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 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 medical education, science and 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 Sunday morning session of the House. Depending on when revisions are received, revised resolutions and reports,

including their highlighted revisions, are included in the Handbook Addendum, reposted online as revised, and/or included in the Sunday 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 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 the same content as a printed Handbook, including all resolutions, reports and schedules;
- includes multiple indexes and bookmarks for easy navigation;
- allows users to record comments, highlight passages and otherwise annotate items of business using readily available, free software (PDF Reader); and
- is updated for the supplemental mailing, meaning the document will reflect referral changes and updated resolutions, and the supplement will be fully integrated with the original material.

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 that contains only the recommendations from reports and the resolved language from resolutions is available on the meeting website. Some attendees in previous years have found it helpful to print that portion of the abridged handbook that pertains to their reference committees of interest. This keeps all of the resolves and recommendations easily accessible, while not taxing computer battery life.

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

Likewise, the Handbook Addendum will be posted as soon as it is available, at which time a final comprehensive Handbook that interweaves the original document and the Addendum will also be posted.

Note that the downloadable versions of all materials are available well before the Handbook/ Handbook Addendum can be produced on any physical medium.

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 30-day and 7-day deadlines, 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.

Additional Handbook Items and Supplemental Materials

On Sunday morning, a supplemental packet that includes “on time” resolutions that were not included in the Handbook or Addendum, including resolutions from the AMA Sections, is distributed. The packet, known as the “Sunday tote,” 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, reports from the Board or Councils issued after the opening session, 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 Action

Reports of the reference committees typically are available beginning late Sunday night. Reference committee reports 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 HOD actions are available online ONLY on the [HOD website](#).

Not for Official Business Items

A “Not for Official Business” bag containing campaign literature, small gifts and other informational material approved by the Speakers, is distributed at the First Session of the HOD, known as the Opening Session, scheduled for Saturday afternoon.

Chapter 7: Sessions of the AMA House of Delegates

The House of Delegates (HOD) meets as a whole daily, if only for a brief period of time. The Order of Business 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, scheduled for Saturday afternoon at both Annual and Interim Meetings, typically includes the following additional elements:

- Call to order by the Speaker
- Invocation
- National Anthem
- Presentation of Awards (Interim Meeting only)
- 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)
- Unfinished business
- New business

The Second Session of the HOD, usually convened on Sunday morning, 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
- Acceptance of Handbook as business of the House
- Memorial Resolutions
- Unfinished business
- New business

The Third Session of the HOD, convened on Monday afternoon, 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
- New business

The Fourth Session of the HOD, convened on Tuesday, 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)
- Election Results (Annual Meeting only)
- Resolutions of an Emergency Nature (Interim Meeting only)
- 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
- Resolutions 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 deadline and included in the Handbook and supplemental packet, are accepted as business of the House of Delegates after presentation by the Speaker of the House at the Second Session of the HOD, scheduled for Sunday morning. 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 supplemental packet, 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. Section resolutions may be presented for consideration at any time before the close of business on the day preceding the final day of the HOD meeting. These resolutions are distributed to delegates on Sunday, and the Speaker presents them at the Second Session.

Reports, recommendations, resolutions or other new business presented by the Board of Trustees on the final day of a meeting are accepted as business before the House but are not referred to a reference committee. Adoption of the recommendation(s) require a three-fourths vote of delegates present and voting.

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

A late resolution may be presented by a delegate any time prior to the final day of a meeting, 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 noon on Saturday, and are subsequently distributed. At the HOD session on Sunday, the Speaker calls for a moment of silence. 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 presented by delegates on the final day of a meeting are referred by the Speaker to an appropriate reference committee, which then reports to the HOD as to whether the matter involved is or is not of an emergency nature. If the reference committee reports that the matter is of an emergency nature, the resolution shall be presented to the HOD without further consideration by a reference committee. Adoption of the recommendation(s) in the emergency resolution require a three-fourths vote of delegates present and voting.

If the reference committee reports that the matter is not of an emergency nature, the resolution may be submitted for consideration at the next meeting.

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. The HOD also is experimenting with online member forums whereby HOD members and other AMA members can 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 on Sunday morning, Annual Meeting reference committee hearings begin, with several hearings in the morning and the remainder in the afternoon. At the Interim Meeting, all reference committee hearings begin on Sunday morning.

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 on Sunday morning.

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 chart at the front of each room designates the number of the item from the Order of Business, not the resolution or report number, currently being discussed. There also is an electronic reference committee tracking station where the business assigned to each committee is noted and progress monitored.

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. 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 commercial or financial conflicts of interest with respect to the issue at hand. AMA policy defines a conflict of interest as “having a substantial financial interest in commercial enterprise, which interest will be materially affected by a matter.”
- Clearly state his or her 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.

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 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 his or her 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. Reports typically are available beginning late Sunday night, and all should be completed by Monday afternoon.

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 presented to the AMA Office of House of Delegates Affairs in advance of HOD deliberations. AMA staff will prepare the amendments in their proper format and can help with suggested wording that is correct from a parliamentary perspective. If a delegate plans to amend a recommendation by proposing only a minor editorial change, a written amendment is unnecessary. Each amendment receives an identifier consisting of a letter denoting the reference committee and a number, which is the identifier that the delegate cites when presenting the amendment on the HOD floor. As all amendments are reviewed by AMA legal counsel, AMA staff requests a cell phone number (or location) to facilitate contact should the author need to be contacted.

Amendments are rarely made available for general distribution to HOD members, but rather are projected on a screen when being discussed.

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 his or her 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.

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 “Sunday tote,” 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 during the second session of the HOD, typically on Sunday morning. The Speakers will manage business items in broad categories typically 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 objects to an item of business, 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 assembly has accepted an item as business, permission is required for withdrawal. Hence the need for the House to grant “leave to withdraw” occasionally arises.

At this point, the House will recess for reference committee hearings for open debate on items referred to the reference committees. [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 on Monday afternoon at the Annual and Interim Meetings, the third session of the House. (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 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 five categories:

- Recommended for adoption (as submitted)
- Recommended for adoption as amended or substituted (for which the reference committee proffers specific changes)
- Recommended for referral
- Recommended for not adoption
- Recommended for filing

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.

By tradition the first reference committee report presented is the Reference Committee on Amendments to Constitution and Bylaws. The order of consideration of reports from other committees is determined by the Speakers and announced with the release of the reports. When the recommendations of a specific reference committee report are under consideration, the Speaker invites the committee members to sit at the front of the HOD.

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 (ie, 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. **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 3-minute limitation on debate per delegate speaking on each item of business, which is established when the House ratifies a Rules Report from the Committee on Rules and Credentials at the first session of the HOD. The Speaker may waive the rule for just cause. If proposing an amendment, the amendment identifier should be cited so that it can be projected for all to see. If the amendment is relatively minor, a change of few words, a written amendment does 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 (eg, it may not be timely). Appendix E includes a helpful 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.

Precedence	Motion	
Highest	Adjourn	}Privileged motions
2	Recess	
3	Question of privilege	
4	Object to consideration	}Subsidiary motions ¹
5	Table ²	
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 ³	
¹ Subsidiary motions are subsidiary to (derive from) a main motion.		
² Per HOD action, the motion to table a report or resolution is in order until the House takes final action on that item.		
³ See page 54 for a list of main motions.		

Subsidiary 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 per delegate.” 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 is of higher rank than referral, and a lesser rank than limiting debate, and 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. It is not permitted to postpone temporarily without time certain. [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. 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 they should defeat the second order amendment and once the House returns to discussing the first order amendment 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.

Main Motions

A fundamental principle of parliamentary procedure is that only one subject may be considered at one time, so a main motion can be proposed only when no other motion is under consideration. Also, while the main motion is the most important type of motion, it is also the lowest ranking motion in the precedence of motions. Main motions need to call for definitive action, and are as follows:

MAIN MOTIONS*
a. Introduce business (The Main Motion)
b. Specific main motions
Adopt in-lieu-of
Amend a previous action
Recall
Reconsider
Rescind (a main motion)
<i>*Appendix E includes a helpful chart of motions, including main 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.</i>

The reference committee's recommendation is the starting point for debate on items extracted from the consent calendar. Reference committee item recommendations are each treated as a main motion.

- **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 *Divide the Question*** -- The purpose of division is 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]
- **Motion to *Adopt in-lieu-of*** -- The reference committee may recommend the adoption of alternative language in lieu of some original language or may combine separate items into a single item of business and recommend adoption of one (possibly amended) in lieu of the others. When the recommendation to "adopt in-lieu-of" has been made and someone wishes to have an underlying resolution considered separately, a request for division of the question is in order. 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. [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. 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 Motions, Incidental Motions and Inquiries

Privileged motions fall into three basic categories: 1) privilege of the House; 2) privilege of an individual; and 3) privileges of the House or a member (or members) accompanied by a motion that states the required action. 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 privileged motions to notify the Speaker, for example, when a microphone is out of order, the room is excessively hot (or cold) or if presentations cannot be seen from the back of the room. [pg. 75]

Points of privilege that do not pertain to such matters (eg, 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.

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 Speaker orders the mistake or omission corrected. If a delegate chooses to challenge the Speaker's ruling, business is deferred until the appeal is decided, usually in consultation among the Speaker, the Vice Speaker, AMA legal counsel,

or other members of the Board. The Speaker will announce the decision at which point if the response is not acceptable to the delegate, he/she 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 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]

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. Recommended for *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 report or resolution: new AMA policy, modify current AMA policy, modify AMA Bylaws, rescind AMA policy, reaffirm AMA policy, or directive to take action.
2. Recommended for *Adoption as Amended or Substituted*: 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, or as substituted, have been considered and on adoption will be implemented according to what is stated in the report or resolution: new AMA policy, modify current AMA policy, modify AMA Bylaws, rescind AMA policy, reaffirm AMA policy, or directive to take action.
3. Recommended for *Referral for Decision*: The House acknowledges that it does not wish to make a final decision on the report or resolution's recommendation(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.
4. Recommended for *Referral or Referral for Report*: The House acknowledges that it does not wish to make a final decision on the report or resolution's recommendation(s) in its (their) existing form(s), 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 recommendation 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.
5. Recommended for *Not Adoption*: The House acknowledges that it does not wish to take the action specified in the original report or resolution. The original resolution will be placed before the House of Delegates and the Speakers will note that the Reference Committee has recommended a "no" vote.

6. Recommended for *Reaffirmation in Lieu of*: The House chooses to reaffirm an existing AMA policy or directive to take action. By doing so, the House extends the duration of the policy or directive for another ten years.
7. Recommended for *Leave to Withdraw*: The House acknowledges that it agrees with the reference committee that a report or resolutions should be withdrawn. As previously noted, a resolution's sponsor may withdraw a resolution prior to its formally being accepted for business at the Second Session of the HOD. A request for withdrawal after that time requires HOD approval. If, in the judgment of the sponsor and of the reference committee, it appears that withdrawal of the resolution is preferable to presentation for action, the reference committee may recommend "leave for withdrawal" to the House of Delegates in its report. If the House of Delegates supports this recommendation by a majority vote of delegates present and voting, the resolution is withdrawn and is recorded in the minutes of the meeting as having been withdrawn without action.
8. Recommendation to *File*: The House acknowledges that a report has been received and considered, but that no action upon it is either necessary or desirable. This does not set Association policy or have the effect of placing the Association on record as approving or accepting responsibility for any of the material in the report.
9. Recommended to *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. This request will be satisfied by a counted vote using electronic clickers that provide an accurate count. Alternatively the speakers may ask individuals to stand or raise their hand to indicate their vote.

The Dynamic Nature of HOD Rules

Despite the formality of the proceedings, the Speakers are willing to help a delegate achieve his or her 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.

Items of Business from the Board presented on Final Day

Reports, recommendations, resolutions or other new business presented by the Board of Trustees on the final day of a meeting are accepted as business before the House but are not referred to a reference committee. Adoption of the recommendation(s) require a three-fourths vote of delegates present and voting.

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 **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 for AMA Board and Council Positions

This chapter focuses exclusively on Board and Council 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. Candidates for AMA elected office also should be aware that some AMA Sections and Special Groups, as well as the Specialty and Service Society (SSS) nominate and/or endorse candidates for some AMA elected office.

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.

[AMA policy](#) promotes diversity by encouraging the Federation (in nominating or sponsoring candidates for leadership positions), the HOD (in electing Council and Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions), to consider the need to enhance and promote diversity. [G-610.010(1)]

Election Results

The final vote counts of all secret ballots of the House of Delegates is made public and part of the official proceedings of the House. (G-610.030)

Election Manual

An Election Manual that contains information on all candidates for election is developed and posted online on the [HOD website](#).

The text that follows has been excerpted from the 2016 AMA Election Manual:

Introduction

Officers and four councils are elected by the American Medical Association House of Delegates (HOD) at the Annual Meeting. Nominations 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 by secret ballot and are under the supervision of the Committee on Rules and Credentials and the chief teller, who are appointed by the speaker and vice speaker.

Announcements of candidacy

Individuals intending to seek election at the next Annual Meeting 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 (ama-assn.org/go/candidates) 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 in the venue where the House of Delegates meets. The speakers may use additional means to make delegates aware of members intending to seek election (G-610.020[2]) Only a single announcement of candidacy is allowed, after which active campaigning is not permitted until the Board of Trustees nominates candidates for AMA councils (mid-April).

Nominations

The AMA Board of Trustees (BOT) solicits nominations 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 deadline for receipt of nominations is March 15 of each year, and the AMA-BOT announces council nominees after its April meeting. Council candidates who have announced their intent to seek election, including those seeking reelection, must submit the necessary nomination materials to the AMA-BOT Office by the deadline.

Officers are nominated by their sponsoring societies; they are not nominated by the AMA-BOT. As a courtesy and to keep the headquarters informed, these candidates are asked to send a letter to the executive vice president announcing their intention to seek elective office.

Under AMA bylaws, a delegate may also nominate candidates for council and officer vacancies from the floor.

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. Council nominees should include their forms with other nomination materials; officer candidates should send their forms to the Office of House of Delegates Affairs by March 15 of the year in which they are seeking election. Completed forms are posted in the "Members-only" section of our AMA website. The requirement applies to all candidates for election, including those nominated from the floor. (G-610.020[15])

Campaigns

Announcements of candidacy are considered separate and distinct from active campaigning. Active campaigns for AMA elective office may not begin until the AMA-BOT has announced the nominees for council seats after its April meeting. Active campaigning includes mass outreach activities such as letters or 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[3])

At the Opening Session of the Annual Meeting, each officer candidate in a contested election will give a two-minute nominating 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 his or her 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. (G-610.020[12])

There are no nominating or seconding speeches for council candidates; the chair of the AMA-BOT places their names in nomination at the Opening Session of the AMA-HOD, after which the Speaker will call for additional nominations from the floor.

Guiding principles for AMA-HOD Elections

The following principles have been adopted by the AMA-HOD (G-610.021) and provide guidance on how the 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 the AMA-HOD elections, such as vote trading for the purpose of supporting candidates, are unacceptable.
3. Candidates for elected positions should comply with the requirements and the spirit of the AMA-HOD 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.

Campaign Rules

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.

Expenses, events, parties and other activities

1. Campaign expenditures and activities should be limited to reasonable levels necessary for adequate candidate exposure to the delegates. (I-80, G-610.020[10])

Campaign giveaways are covered separately; see #4 below.

2. Campaign parties are allowed only at the Annual Meeting. A state, specialty society, caucus or coalition may contribute to more than one party, but a candidate may be featured at only one party. Featured means: (a) being present in a receiving line, (b) appearing by name or in a picture on a poster or notice in or outside of the party venue, or (c) distributing stickers, buttons, etc. with the candidate's name on them. At these events, alcohol may be served only on a cash or no-host bar basis. (G 610.020[8])

A candidate may be featured at only one party at the Annual Meeting irrespective of who sponsors the event. Any particular society may, however, contribute to more than one party or campaign event, so long as a candidate is featured at only one event.

3. Campaign gifts can be distributed at only the Annual Meeting in the not-for-official-business bag and at one campaign party. Campaign gifts should only be distributed during the Annual Meeting and not mailed to delegates and alternate delegates in advance of the meeting. (G-610.020[10])
4. The speaker shall establish a limit on allowable expenditures for campaign-related gifts. In addition to these giveaway gifts, campaign memorabilia are allowed but are limited to a button, pin or sticker (G-610.020[10])
 - The cost of stickers, pins or buttons will not be included in the spending limits. Stickers, pins or buttons should be simple and not be "gifts" in disguise.
 - For the 2016 Annual Meeting, each candidate is limited to spending no more than two dollars and fifty cents (\$2.50) per delegate and alternate delegate for giveaways, including drawings or door prizes for items to be delivered either at the meeting or later. This limit applies for the entire year and is specifically intended to include the total cost of those items distributed in the not-for-official business bag at the Opening Session as well as any raffle or drawing conducted on behalf of a candidate. The aggregate limit for 2016 is \$2,770 (554 delegates x 2 x \$2.50).
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[13])

Literature and publicity

1. At the Interim Meeting, campaign-related expenditures and activities shall be discouraged. Large campaign receptions, luncheons, or other formal campaign activities and the distribution of campaign literature and gifts is prohibited at the Interim Meeting. It is permissible at the Interim Meeting to engage in individual outreach, such as small group meetings, including informal dinners, meant to familiarize others with a candidate's opinions and positions on issues. (G-610.020[6])

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 are prohibited in public areas of hotels in which Annual Meetings are held because they detract from the dignity of the position

being sought and are unsightly. Campaign posters may be displayed at campaign parties, and campaign literature may be distributed in the not-for-official-business bag for members of the AMA-HOD. (G-610.020[9])

3. An election manual containing information on all candidates for election shall continue to be developed annually, with distribution limited to publication on our AMA website, typically on the Web pages associated with the meeting at which elections will occur. The election manual provides an equal opportunity for each candidate to present the material he or she considers 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[4])
4. 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[5])
5. No campaign literature shall be distributed and no mass outreach electronic messages shall be transmitted after the Opening Session of the AMA-HOD. (G-610.020[9])
6. Upon request, the AMA Office of House of Delegates Affairs will furnish a candidate with a file (typically a spreadsheet) containing the names and mailing address of members of the AMA-HOD, members of AMA councils and the board of trustees, and (if requested) other groups such as state and specialty society executives. The file may be used only for the mailing of a single announcement of candidacy or the mailing of campaign-related material(s) after the AMA-BOT has announced council nominations (approximately mid-April), at which point active campaigning is permitted. The Office of House of Delegates Affairs does not provide email addresses for any purposes.

The file may not be used for mailing holiday cards, letters or other materials, even if not campaign-oriented; or inviting members of the AMA-HOD to events, other than invitations to campaign receptions or parties that will take place in conjunction with the Annual Meeting and that are mailed during the time allowed for active campaigning. Such other use constitutes a violation of the rules.

Interviews and presentations

1. The speakers' office shall coordinate the scheduling of candidate interviews for general officer positions (trustees, president-elect, speaker and vice speaker). (G-610.020[11]). Interviews are scheduled as follows:
 - Interviews will be scheduled from noon on Friday to 6 p.m. on Monday, the night before the election. On these days interview sessions may be scheduled from 7 a.m. until 9 p.m., except for times when the AMA-HOD or reference committees are in session and except for when the usual hospitality suites are open.
 - Interviews for officer candidates will be booked in 10-minute units. Each candidate will be given one open 10-minute period of time between interviews. Each caucus

can allocate one or more 10-minute units per session. Caucus staff should notify the speakers' office when their interview sessions are scheduled, the room name and how many 10-minute units (candidates) should be scheduled in those time slots.

- The speaker's office will prepare and distribute the initial schedule according to the AMA-HOD action.

After the initial schedule is released, adjustments or revisions must be arranged with the caucus staff and/or other candidates affected.

2. Interviews of council candidates are arranged by the candidates and the entities conducting the interviews.
3. Every state and specialty society delegation is encouraged to participate in a regional caucus for the purposes of candidate review activities. (G-610.020[14])

Elections

The AMA elections are held on Tuesday of the Annual Meeting from 7:30 until 8:45 a.m. under the supervision of the Committee on Rules and Credentials and the chief teller. All delegates eligible to vote must be in line to vote at the time appointed for the close of polls. Poll hours will not be extended beyond the times posted.

Only credentialed delegates are permitted to cast a ballot. If a delegate cannot participate in the election, he or she may have a designated alternate delegate properly credentialed at the AMA registration desk prior to voting.

Candidates are listed on the ballot in alphabetical order by name only. AMA bylaws require simultaneous elections that call for the exact number of votes for each vacancy. Each ballot clearly states the number of votes that should be cast. Ballots containing more or fewer votes will not be counted by the election software. During runoffs, ballots containing more or fewer votes will be declared invalid by the chief teller. If a delegate makes a mistake and spoils the ballot, he or she should immediately signal a teller and request another ballot. A majority vote of the legal ballots cast is required for election.

If all of the vacancies are not filled on the first ballot, a runoff ballot will be distributed and collected by the tellers on the floor of the AMA-HOD. 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-HOD 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 number of 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 Annual Meeting.

Chapter 12: Awards presented during the HOD Meetings

The American Medical Association recognizes excellence through the following [AMA Awards](#) that are presented in conjunction with meetings of the House of Delegates (HOD) to physicians and non-physicians:

- **AMA Foundation Award for Health Education** -- The Award was established to encourage and to recognize the professional or public health education activities of practicing physicians. Special consideration will be given to those physicians working in the areas of alcohol, tobacco, and other drugs.
- **AMA Medal of Valor** -- The AMA Medal of Valor is awarded to an AMA member or members who demonstrate courage under extraordinary circumstances in non-wartime situations.
- **Benjamin Rush Award for Citizenship and Community Service** -- The Award honors a recipient who has made an outstanding contribution to the community for citizenship and public service above and beyond the call of duty as a practicing physician.
- **Citation for Distinguished Service** -- The Citation shall be made to a person not of the medical profession who has contributed to the achievement of the ideals of American medicine by aid and cooperation in the advancement of medical science, medical education, or medical care.
- **Distinguished Service Award** -- The Distinguished Service Award may be made to a member of the Association for meritorious service in the science and art of medicine.
- **Dr. William Beaumont Award in Medicine** -- The Award was established as an encouragement to younger physicians. Recipients are physicians younger than 50 who have distinguished themselves in medical science.
- **Isaac Hays, MD and John Bell, MD Award for Leadership in Medical Ethics and Professionalism** -- This award was established in 1997 to promote and underscore the AMA's continuing dedication to the principles of medical ethics and the highest standards of medical practice.
- **Medical Executive Lifetime Achievement Award** -- This Award may be made to a medical executive of a county medical society, state medical association, or national medical specialty society, who has contributed substantially to the goals and ideals of the medical profession. Contributions shall have been sustained over a significant term of service.
- **Medical Executive Meritorious Achievement Award** -- This Award may be made to a medical executive of a county medical society, state medical association, or national medical specialty society who has provided exemplary and exceptional service that benefits and supports physicians in caring for their patients. This exemplary and exceptional service should be universally recognized by physicians in that geographic area or medical specialty as having benefited physicians and patients, and should

represent a contribution by the medical executive that is exemplary beyond the normal scope of their duties or responsibilities.

- 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.
- Scientific Achievement Award -- This Award, presented only on special occasions, recognizes outstanding work by an AMA member or a non-physician scientist.

General Awards Criteria

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. All pertinent information must be provided within the space provided on the form. Multiple forms must be completed for multiple nominations.
4. The sponsor's statement and endorsement statements, if any, should be of not less than 50, nor more than 250 words. Statements of endorsement are not required.
5. The candidates' curriculum vitae should be included with the nomination forms in the e-mail submittal.
6. Award recipients must agree to be present to accept the award in person.

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

All the above awards are presented at the Interim Meeting during the Opening Session. Award recipients are strongly encouraged to keep their remarks to two minutes, and notified that written comments are welcomed and distributed to the House of Delegates.

There are also other AMA Awards that are not presented at HOD meetings, and those have not been included in this chapter. Complete information about all AMA awards 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 or Interim) 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 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. 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.

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
- 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 five 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.

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 Contrary to AMA Policy

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; and
- The Interim Meeting is scheduled for the second or third week in November.

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).

Upcoming dates are posted on the [AMA HOD website](#). Dates and locations are 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.

Delegate Allocations

Early each year, the Office of House of Delegates Affairs notifies each constituent medical association and national medical specialty society of their delegate allocations for the coming year. The information is also available [online](#).

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](#). Delegates are not required to use these hotels and may make other arrangements if they wish.

Dress Code

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 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.

Advance and On-site 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 encouraged, and details appear on the HOD meeting website.

For onsite registration and/or badge pick-up, the specific hours and location are announced in the Speakers' Letter and on the [HOD website](#). Generally, however, registration is open beginning the Friday before the opening of the House of Delegates, through the close of the 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 register.

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

Recycling

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. AMA printed material using recycled paper will be labeled as such. During HOD meetings, recycling bins will be made prominently available to participants.

Hotels that serve as venues for HOD meetings also are asked to inform AMA about their efforts toward environmental responsibility.

Broadband access in HOD meetings

Depending on its availability and cost, the extent to which wireless Internet access will be provided for each meeting is announced in the Speakers' Letter sent in advance of the meeting.

Such access is intended to facilitate access to meeting-related materials such as the resolutions and reports that are published on the HOD website.

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.

Details on accessing the wireless network also will be available at the delegate and alternate delegate registration desk or in the not-for-official-business bag.

Nursing Mothers

Mothers who are nursing can take advantage of a designated location within the hotel or convention center for this purpose. Interested mothers should contact the [AMA Office of House of Delegates Affairs](#) for details.

Attendees with Special Needs

HOD attendees may request special accommodations (eg, an assistive listening device) by contacting the [AMA Office of House of Delegates Affairs](#).

HOD Pictorial

AMA offers an online [Pictorial of HOD members](#) on a members-only website. One can search the Pictorial using one of several parameters (first name, last name, city/town, state, or specialty, or by the organization represented in the HOD) to find contact information for HOD delegates and alternate delegates. The Pictorial also includes contact information for Board members, former Presidents and Council members. The Pictorial may be printed in whole or in part. Commercial use or use of the pictorial directory for any other purpose, including the republication or distribution is prohibited. Questions concerning this directory may be directed to the office of the [House of Delegates Affairs](#).

A photographer is available at the Annual Meeting to take photographs for the Pictorial. Photos also may be submitted electronically to the [AMA Office of House of Delegates Affairs](#).

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 that have been adopted 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 current AMA policies and directives, is available [online](#).

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 mailing addresses, telephone numbers,

and email addresses to facilitate contact among delegates and alternate delegates between the meetings.

The HOD office provides mailing addresses in conjunction with campaigns. Under no circumstances, however, does it provide “bulk” email addresses. Individual email addresses for personal contact are available in the [HOD Pictorial](#).

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 campaign materials. General contact information is as follows:

Phone: 312-464-4463

Email: hod@ama-assn.org

The HOD Office works closely with the Speaker and Vice Speaker. General responsibilities include: [HOD website](#); Speakers’ Letter; Election Manual; acceptance of resolutions; fiscal notes for resolutions; questions about formatting; assistance with prior AMA policy; 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.

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 lounge 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 on-site.

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 directly by email: First name.last name@ama-assn.org.

Retiring Members

Organizations that wish to announce the departure 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 Saturday. The names are published on a roster in lieu of entertaining points of personal privilege to acknowledge retiring delegates.

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 noon on Saturday prior to the HOD's First Session, so that they can be distributed in the Sunday tote.

Packages sent to HOD Meetings

Materials needed at the meeting 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 except as follows: Materials for the "not for official business" bags must be clearly marked "Not For Official Business" and addressed to the AMA Production Area at the host hotel. These will be delivered to the production area. The Office of House of Delegates Affairs can advise on the quantity of copies or items needed.

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 for use of AMA HOD members for checking email or accessing the Internet for personal purposes.

Other onsite computers, office equipment and copying facilities are provided primarily for the use of AMA staff, AMA Board members and Officers, and Council members. Other meeting attendees may use the equipment if use does not conflict with AMA staff needs. 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.

Mobile App

An AMA Events mobile app can help participants navigate the venue, create a personalized agenda and locate meetings of interest. The AMA Events mobile app can be downloaded for both Android and iPhone/iPad operating systems. The Speakers' Letter includes details on how to access the AMA Events mobile app. Similar details also will be posted on the AMA-HOD website.

Ronald M. Davis Memorial Run

Our AMA honors Ronald M. Davis, MD (a deceased AMA Past President) at an 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

Susan R. Bailey, MD

Speaker 2015-present ; Vice Speaker 2011-2015

Bruce A. Scott, MD

Vice speaker 2015-present

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

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 July 2016)

[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 Allergy, Asthma and Immunology
American Academy of Child and Adolescent Psychiatry
American Academy of Cosmetic Surgery
American Academy of Dermatology
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 Hip and Knee Surgeons
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 Occupational and Environmental Medicine
American College of Phlebology
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 Congress of Obstetricians and Gynecologists
American Gastroenterological Association
American Geriatrics Society
American Institute of Ultrasound in Medicine
American Medical Group Association
American Orthopaedic Association
American Orthopaedic Foot and Ankle Society
American Psychiatric Association
American Roentgen Ray Society
American Society for Aesthetic Plastic Surgery, Inc.
American Society for Clinical Pathology
American Society for Dermatologic Surgery
American Society for Gastrointestinal Endoscopy
American Society for Radiation Oncology
American Society for Reproductive Medicine
American Society for Surgery of the Hand
American Society of Abdominal Surgeons
American Society of Addiction Medicine
American Society of Anesthesiologists
American Society of Breast Surgeons
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Society of Colon and Rectal Surgeons
American Society of Cytopathology
American Society of Dermatopathology
American Society of Echocardiography
American Society of General Surgeons
American Society of Interventional Pain Physicians
American Society of Maxillofacial Surgeons
American Society of Metabolic and Bariatric Surgery
American Society of Neuroimaging
American Society of Neuroradiology
American Society of Ophthalmic Plastic and Reconstructive Surgery
American Society of Plastic Surgeons
American Society of Retina Specialists
American Thoracic Society
American Urological Association

Association of Military Surgeons of the United States
Association of University Radiologists
College of American Pathologists
Congress of Neurological Surgeons
Contact Lens Association of Ophthalmologists, Inc.
Heart Rhythm Society
Infectious Diseases Society of America
International Academy of Independent Medical Evaluators
International College of Surgeons - US Section
International Society for the Advancement of Spine Surgery
National Association of Medical Examiners
North American Spine Society
Obesity Medicine Association
Radiological Society of North America
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions
Society for Investigative Dermatology, Inc.
Society for Vascular Surgery
Society of American Gastrointestinal Endoscopic Surgeons
Society of Critical Care Medicine
Society of Hospital Medicine
Society of Interventional Radiology
Society of Laproendoscopic Surgeons
Society of Nuclear Medicine and Molecular Imaging
Society of Thoracic Surgeons
The Endocrine Society
The Spine Intervention Society
The Triological Society
Undersea and Hyperbaric Medical Society
United States and Canadian Academy of Pathology, Inc.

Federal Services

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

Professional Interest Medical Associations represented in the AMA House of Delegates (as of July 2016)

American Association of Physicians of Indian Origin
American Medical Women's Association
American Osteopathic Association
GLMA
National Medical Association

AMA Sections and Special Groups represented in the AMA House of Delegates
(as of July 2016)

Academic Physicians Section
Integrated Physician Practice Section
International Medical Graduates Section
Medical Student Section
Minority Affairs Section
Organized Medical Staff Section
Resident and Fellow Section
Senior Physicians Section
Women Physicians Section
Young Physicians Section

National Organizations with HOD Official Observer Status
(as of July 2016)

Accreditation Association for Ambulatory Health Care
Alliance for Continuing Medical Education
Alliance for Regenerative Medicine
Ambulatory Surgery Center Association
American Academy of Physician Assistants
American Association of Medical Assistants
American Board of Medical Specialty Societies
American Dental Association
American Health Quality Association
American Hospital Association
American Nurses 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
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
PIAA
Society for Academic Continuing Medical Education
U.S. Pharmacopeia

Appendix D

RESOLUTION SUBMISSION CHECKLIST*

- ☐ Resolution[†] 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 Policy¹
 - Rescind HOD Policy
 - Modify Current HOD Policy²
 - Reaffirm HOD Policy³
 - Modify Bylaws
 - Directive to Take Action⁴
 - Consolidate Existing Policy
- ☐ 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.)
- ☐ 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.

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 carla.frenzel@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.

Appendix E: Parliamentary Procedure Quick Tips
Based on AIP Standard Code of Parliamentary Procedure

Procedures

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?
Privileged	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
Incidental	Motions					
	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
	Requests					
	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
Subsidiary	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
Main	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.

Type of Motion