

# AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-16)

Report of Reference Committee F

Gary R. Katz, MD, Chair

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1 Your Reference Committee recommends the following consent calendar for acceptance:  
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## 4 **RECOMMENDED FOR ADOPTION**

- 5  
6 1. Report of the House of Delegates Committee on the Compensation of the  
7 Officers  
8  
9 2. Council on Long Range Planning and Development Report 1 – Minority Affairs  
10 Section and Integrated Physician Practice Section, Five-Year Reviews  
11  
12 3. Resolution 606 – Promote Teen Health Week  
13

## 14 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 15  
16 4. Resolution 603 – Support a Study on the Minimum Competencies and Scope of  
17 Medical Scribe Utilization  
18

## 19 **RECOMMENDED FOR REFERRAL**

- 20  
21 5. Resolution 604 – Oppose Physician Gun Gag Rule Policy by Taking our AMA  
22 Business Elsewhere  
23  
24 6. Resolution 602 – Equality  
25

## 26 **RECOMMENDED FOR REFERRAL FOR DECISION**

- 27  
28 7. Resolution 607 – Analysis of American Board of Internal Medicine (ABIM)  
29 Finances

PLEASE NOTE:

The following resolutions were Recommended Against Consideration

- Resolution 601 – Sexual Orientation and Gender Identity Demographic Collection by AMA and Other Medical Organizations
- Resolution 605 – Study of Models of Childcare Provided at Healthcare Institutions

1 (1) REPORT OF THE HOUSE OF DELEGATES COMMITTEE  
2 ON THE COMPENSATION OF THE OFFICERS  
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4 RECOMMENDATION:  
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6 Madam Speaker, your Reference Committee recommends  
7 that the recommendations in the Report of the House of  
8 Delegates Committee on the Compensation of the Officers  
9 be adopted and the remainder of the Report be filed.

10  
11 The Report of the House of Delegates Committee on Compensation of the Officers  
12 recommends:  
13

- 14 1. That there be no change to the current Definitions effective July 1, 2012 as they  
15 appear in the Travel and Expenses Standing Rules for AMA Officers for the  
16 Governance Honorarium, Per Diem for External Representation and Telephonic  
17 Per Diem for External Representation except for the Governance Honorarium  
18 and Per Diem amounts as recommended in 2, 3 and 4 below.  
19

- 20 • Definition of Governance Honorarium effective July 1, 2012:  
21

22 The purpose of this payment is to compensate Officers for all Chair-assigned  
23 internal AMA work and related travel. This payment is intended to cover all  
24 currently scheduled Board meetings, special Board or Board committee  
25 meetings, task forces, subcommittees, Board orientation, development and  
26 media training, Board calls, sections, councils or other internal representation  
27 meetings or calls, and any associated review or preparatory work, and all  
28 travel days related to all meetings as noted above.  
29

- 30 • Definition of Per Diem for Representation effective July 1, 2012:  
31

32 The purpose of this payment is to compensate for Board Chair-assigned  
33 representation day(s) and related travel for Officers, excluding Board Chairs  
34 and Presidents. Representation is either external to the AMA, or for  
35 participation in a group or organization with which the AMA has a key role in  
36 creating/ partnering/facilitating achievement of the respective organizational  
37 goals such as the AMA Foundation, PCPI, etc. The Board Chair may also  
38 approve a per diem for special circumstances that cannot be anticipated such  
39 as weather related travel delays.  
40

- 41 • Definition of Telephonic Per Diem for External Representation effective July  
42 1, 2011:  
43

44 Officers, excluding the Board Chairs and the Presidents, who are assigned as  
45 the AMA representative to outside groups as one of their specific Board  
46 assignments, receive a per diem rate for teleconference meetings when the  
47 total of all teleconference meetings of 30 minutes or longer during a calendar  
48 day equals two or more hours. Payment for these meetings requires  
49 approval of the Chair of the Board.

- 1       2. That the Governance Honorarium for all Board members excluding leadership,  
2       Board Chair, Board Chair-elect, President, President-elect, and Immediate Past  
3       President be increased effective July 1, 2017 to \$65,000. (Directive to Take  
4       Action)
- 5
- 6       3. That the Per Diem for Chair-assigned representation external to the AMA or for  
7       participation in a group or organization with which the AMA has a key role in  
8       creating/partnering/facilitating achievement of the respective organizational goals  
9       such as the AMA Foundation, PCPI, etc., and related travel be increased  
10      effective July 1, 2017 to \$1,300 per day. (Directive to Take Action)
- 11
- 12      4. That the Per Diem for Chair-assigned Telephonic Per Diem for External  
13      Representation be increased effective July 1, 2017 to \$650 as defined. (Directive  
14      to Take Action)
- 15
- 16      5. Except as noted above, there be no other changes to the Officers compensation  
17      for the period beginning July 1, 2017. (Directive to Take Action)
- 18

19 Your Reference Committee received no testimony in opposition to the report.  
20 Additionally, your Reference Committee believes that the proposed increases for each of  
21 the 16 non-leadership Officers of our AMA Board of Trustees are modest and deserved  
22 given their increasing representation of our AMA and that there have been no changes  
23 in the compensation categories referenced since 2012.

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25  
26 (2) COUNCIL ON LONG RANGE PLANNING AND  
27 DEVELOPMENT REPORT 1 - MINORITY AFFAIRS  
28 SECTION AND INTEGRATED PHYSICIAN PRACTICE  
29 SECTION, FIVE-YEAR REVIEWS

30  
31 RECOMMENDATION:

32  
33 Madam Speaker, your Reference Committee recommends  
34 that the recommendation in Council on Long Range  
35 Planning and Development Report 1 be adopted and the  
36 remainder of the Report be filed.

37  
38 The Council on Long Range Planning and Development Report 1 recommends that our  
39 AMA renew delineated section status for the Minority Affairs Section and the Integrated  
40 Physician Practice Section through 2021 with the next review no later than the 2021  
41 Interim Meeting.

42  
43 Your Reference Committee received no negative testimony in response to the Council's  
44 report. Your Reference Committee appreciates the cooperation of both the Minority  
45 Affairs Section and the Integrated Physician Practice Section, which allowed the Council  
46 to present a thorough review of the delineated section status for both constituency  
47 groups. Your Reference Committee supports the recommendation of the Council.

1 (3) RESOLUTION 606 - PROMOTE TEEN HEALTH WEEK

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3 RECOMMENDATION:

4  
5 Madam Speaker, your Reference Committee recommends  
6 that Resolution 606 be adopted.

7  
8 Resolution 606 calls upon our AMA to actively promote Teen Health Week 2017 and  
9 encourage state medical associations and specialty medical associations across the  
10 nation to join the initial efforts begun in Pennsylvania, and encourage schools and other  
11 appropriate organizations to adopt, promote, and participate in Teen Health Week.

12  
13 Resolution 606 further calls upon our AMA to actively advocate, through direct  
14 communication with the appropriate agencies and organizations, for the development of  
15 an annually recognized Teen Health Week.

16  
17 Your Reference Committee heard testimony favoring adoption of this resolution.

18  
19 Testimony pointed out that adolescents have special health needs not applicable to  
20 either pediatric or adult patients. Good health habits formed in adolescence carry over  
21 into adulthood. Adolescence is an important time-limited opportunity to positively affect  
22 behaviors that contribute to chronic illness, unintended pregnancy, injury, and addiction.

23  
24 Current AMA policy supports physician involvement in improving teen health. Your  
25 Reference Committee agrees that observing and promoting Teen Health Week  
26 nationally may benefit adolescent health.

27  
28  
29 (4) RESOLUTION 603 - SUPPORT A STUDY ON THE  
30 MINIMUM COMPETENCIES AND SCOPE OF MEDICAL  
31 SCRIBE UTILIZATION

32  
33 RECOMMENDATION A:

34  
35 Madam Speaker, your Reference Committee recommends  
36 that Resolution 603 be amended by addition and deletion  
37 to read as follows:

38  
39 RESOLVED, That our American Medical Association  
40 ~~partner with The Joint Commission and other stakeholders~~  
41 ~~to study the minimum skills and competencies required of~~  
42 ~~a medical scribe regarding documentation performance~~  
43 ~~and clinical boundaries of study~~ medical scribe utilization in  
44 various health care settings. (Directive to Take Action)

45  
46 RECOMMENDATION B:

47  
48 Madam Speaker, your Reference Committee recommends  
49 that Resolution 603 be adopted as amended.

1 Resolution 603 calls upon our AMA to partner with The Joint Commission and other  
2 stakeholders to study the minimum skills and competencies required of a medical scribe,  
3 including but not limited to documentation performance and clinical boundaries of  
4 medical scribe utilization.

5  
6 Your Reference Committee received testimony that was predominately opposed to  
7 Resolution 603. Physicians are ultimately responsible for all patient medical records  
8 whether or not medical scribes are utilized. Additionally, testimony reflected that the  
9 study described specifically by the resolution could lead to onerous regulations being  
10 imposed upon physicians' use of medical scribes, which may be more likely to occur in  
11 some areas of the country.

12  
13 Current research suggests that medical scribe utilization is increasing significantly; that  
14 the use of medical scribes and their functions vary among medical specialties; and that  
15 employment decisions regarding medical scribe utilization differ among types of  
16 physician practices. For these reasons, your Reference Committee believes there is  
17 value in our AMA compiling data in order to better understand current medical scribe  
18 utilization and their roles in various health care settings.

19  
20  
21 (5) RESOLUTION 604 - OPPOSE PHYSICIAN GUN GAG  
22 RULE POLICY BY TAKING OUR AMA BUSINESS  
23 ELSEWHERE

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25 RECOMMENDATION:

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27 Madam Speaker, your Reference Committee recommends  
28 that Resolution 604 be referred.

29  
30 Resolution 604 calls upon our AMA to adopt policy that bars our AMA from holding  
31 House of Delegates meetings in states that enact physician gun gag rule laws.

32  
33 Resolution 604 further calls upon our AMA to contact governors and convention bureaus  
34 of states that have enacted physician gun gag rules and inform them that our AMA will  
35 no longer hold House of Delegates meetings in their state, until the restrictive physician  
36 gun gag rule is repealed or struck down by the courts.

37  
38 Your Reference Committee heard uniformly supportive testimony for promoting existing  
39 policy on our AMA's opposition to physician gag rules of any kind. Testimony varied as  
40 to whether or not our AMA should refuse to hold its meetings in states in which gun gag  
41 rules have been enacted. Those in favor believed our AMA should act in accordance  
42 with adopted policy and uphold the core tenets of the patient-physician relationship.  
43 Some who were opposed believed that boycotts are polarizing and that our efforts could  
44 better be spent educating the public about the harmful effects of gag rules. Still others  
45 pointed out that a boycott will not result in any meaningful impact, as current laws and  
46 regulations may change in the future.

47  
48 Your Reference Committee received testimony to suggest that tying meeting venue  
49 selection to a particular issue is a slippery slope that could be linked in the future to other  
50 issues.

1 Your Reference Committee agrees that our AMA policy opposing gag rules is  
2 appropriate and should be promoted, especially in states that have enacted gun gag  
3 rules. Your Reference Committee also believes that it is impossible to predict if state  
4 laws might change in the future, and that since our AMA meetings are complex events  
5 that must be contracted many years ahead, very little effective impact would be realized  
6 from a state boycott. Your Reference Committee recommends study to examine the  
7 issue fully.

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9  
10 (6) RESOLUTION 602 - EQUALITY

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12 RECOMMENDATION:

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14 Madam Speaker, your Reference Committee recommends  
15 that Resolution 602 be referred.

16  
17 Resolution 602 calls for all future meetings and conferences organized and/or sponsored  
18 by our AMA, not yet contracted, to be held in towns, cities, counties, and states that do  
19 not have discriminatory policies based on race, color, religion, ethnic origin, national  
20 origin, language, creed, sex, sexual orientation, gender, gender identity and gender  
21 expression, disability, or age.

22  
23 Your Reference Committee received divided testimony in response to Resolution 602,  
24 which is attributable to the complex nature of the resolution. On the one hand, all  
25 agreed that exclusionary and discriminatory policies and practices that deny basic  
26 human rights are unacceptable; however, how to respond properly can be polarizing.

27  
28 Because our AMA negotiates meeting contracts years in advance subject to cancellation  
29 penalties, a town, city, county, and/or state that is in harmony with our AMA's policy on  
30 discrimination could potentially have a changed position by the time our AMA intends to  
31 utilize the contracted venue in that territory. Conversely, a town, city, county, and/or  
32 state that was overlooked intentionally because of its exclusionary policies could have  
33 favorably amended its laws or ordinances.

34  
35 Current AMA Policy G-630.140, "Lodging, Meeting Venues, and Social Functions" states  
36 that our AMA opposes exclusionary policies based on gender, race, color, religion,  
37 national origin, gender identity, or sexual orientation. Resolution 602 identifies some of  
38 these same classes while adding ethnic origin, language, creed, sex, gender expression,  
39 disability, and age. Your Reference Committee offers that while a combined list is more  
40 extensive, our AMA policy would still have failed to identify the additional classes of  
41 potential discrimination: pregnancy, parental status, employment, marital status,  
42 physical features, political belief or activity, personal association, and veteran status.

43  
44 Additionally, a process/procedure needs to be vetted internally to ensure we do not  
45 restrict our AMA's business decisions with regard to meeting venues in unproductive or  
46 costly ways.

47  
48 Due to the complex issues surrounding Resolution 602, your Reference Committee  
49 recommends referral of this item so a potential recommendation to amend current AMA

1 policy can appropriately reflect our AMA's opposition to all forms of exclusionary or  
2 discriminatory policies or practices.

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4  
5 (7) RESOLUTION 607 - ANALYSIS OF AMERICAN BOARD  
6 OF INTERNAL MEDICINE (ABIM) FINANCES

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8 RECOMMENDATION:

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10 Madam Speaker, your Reference Committee recommends  
11 that Resolution 607 be referred for decision.

12  
13 Resolution 607 calls upon our AMA to formally, directly, and openly ask the American  
14 Board of Internal Medicine (ABIM), prior to the end of December 2016, to allow an  
15 independent outside organization, representing ABIM physician stakeholders, to  
16 independently conduct an open audit of the finances of both the American Board of  
17 Internal Medicine (ABIM), a 501(c)(3) tax-exempt, non-profit organization, and its  
18 Foundation.

19  
20 Resolution 607 also calls upon our AMA to seek a formal and rapid reply from the ABIM  
21 so issues of concern that currently exist between the ABIM and its Foundation and many  
22 members of the AMA and the physician community at large can be addressed in a  
23 timely, effective and efficient fashion.

24  
25 Finally, Resolution 607 calls upon our AMA to share the response to this request, as well  
26 as the results of any subsequent analysis with our AMA House of Delegates and our  
27 membership at large as soon as it is available.

28  
29 Your Reference Committee heard mostly supportive testimony for this resolution. Those  
30 supporting it indicated that our AMA needs to speak up for its many members who are  
31 directly affected by the financial practices of the American Board of Internal Medicine's  
32 (ABIM) certification and maintenance of certification (MOC) practices, as Board  
33 certification is not an optional expense for many physicians. While good faith efforts  
34 have been made to shed light on these practices, so far individual physician voices have  
35 not been heard, and it was expressed that the ABIM has not been held accountable to  
36 its diplomates.

37  
38 Those opposed to the resolution believe that our AMA should not interfere in another  
39 organization's business, and that recent successfully completed audits of ABIM do not  
40 show deviation from accepted accounting practices. It was also pointed out that  
41 leadership at the ABIM has changed and that they need time to put new practices and  
42 procedures in place.

43  
44 Your Reference Committee agrees that our AMA should advocate for its members who  
45 are concerned about excessive MOC fees that are not controllable. Your Reference  
46 Committee also agrees that our AMA needs to take a firm stand to support transparency  
47 in certification and MOC fees charged by all certifying boards, not just the ABIM. All  
48 certifying boards need to be held accountable to their diplomates.

1 Your Reference Committee believes that the preponderance of testimony was related to  
2 ethical practices by ABIM management, and that completing yet another financial audit,  
3 as requested by Resolution 607, will not address these ethical concerns. Also, your  
4 Reference Committee believes that adopting a specific policy about an affiliated medical  
5 organization that will remain in our AMA's body of policy for at least ten years does not  
6 serve our AMA well.

7  
8 After carefully considering all testimony, your Reference Committee recommends that  
9 the resolution be referred to our AMA Board of Trustees for decision. This course of  
10 action will allow our Board of Trustees to act expeditiously, addressing the concerns  
11 expressed during testimony in a manner that best serves our AMA and our Federation  
12 members.



- 1 Madam Speaker, this concludes the report of Reference Committee F. I would like to
- 2 thank David H. Aizuss, MD, Anthony Armstrong, MD, A. Patrice Burgess, MD, Gary
- 3 Floyd, MD, Gregory Tarasidis, MD, and all those who testified before the Committee.

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David H. Aizuss, MD  
California

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Gary Floyd, MD  
Texas

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Anthony Armstrong, MD  
Ohio

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Gregory Tarasidis, MD  
South Carolina

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A. Patrice Burgess, MD  
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