

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2017 Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-17)

Report of Reference Committee F

Gary R. Katz, MD, MBA, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:
2

3 **RECOMMENDED FOR ADOPTION**
4

- 5 1. Board of Trustees Report 4 – AMA 2018 Dues
6
7 2. Board of Trustees Report 10 – Creation of an AMA Fund for Physician Candidates
8
9 3. Board of Trustees Report 16 – Oppose Physician Gun Gag Rule Policy by Taking our
10 AMA Business Elsewhere
11
12 4. Board of Trustees Report 17 – Equality for Future Meetings Organized or Sponsored by
13 the AMA
14
15 5. Board of Trustees Report 23 – Anti-Harassment Policy
16
17 6. Report of the House of Delegates Committee on Compensation of the Officers
18

19 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**
20

- 21 7. Resolution 602 – Studying Healthcare Institutions that Provide Child Care Services
22
23 8. Resolution 603 – Sexual Orientation and Gender Identity Demographic Collection by the
24 AMA
25
26 9. Resolution 608 – Improving Medical Student, Resident/Fellow and Academic Physician
27 Engagement in Organized Medicine
28

29 **RECOMMENDED FOR REFERRAL**
30

- 31 10. Resolution 601 – Reinstate the AMA Commission to Eliminate Health Care Disparities
32
33 11. Resolution 604 – High Cost to Authors for Open Source Peer Reviewed Publications
34
35 12. Resolution 607 – AMA to Protect Human Health from the Effects of Climate Change by
36 Ending Its Investments in Fossil Fuel Companies (Divestment)

1 13. Resolution 609 – Model Hospital Medical Staff Bylaws

2

3 **RECOMMENDED FOR NOT ADOPTION**

4

5 14. Resolution 605 – Pronunciation of Pharmaceutical Names

6

7 15. Resolution 606 – Add Patients to the AMA Mission Statement

8

9 **RECOMMENDED FOR FILING**

10

11 16. Board of Trustees Report 1 – Annual Report

1 (1) BOARD OF TRUSTEES REPORT 4 - AMA 2018 DUES

2
3 RECOMMENDATION:

4
5 Madam Speaker, your Reference Committee recommends that
6 the recommendation in Board of Trustees Report 4 be adopted
7 and the remainder of the Report be filed.

8
9 **HOD ACTION: Board of Trustees Report 4 adopted and the**
10 **remainder of the Report filed.**

11
12 Board of Trustees Report 4 recommends no changes to our AMA membership dues levels for
13 2018. The Report further notes that our AMA last raised its dues in 1994.

14
15

Regular Members	\$420
Physicians in Their Second Year of Practice	\$315
Physicians in Military Service	\$280
Physicians in Their First Year of Practice	\$210
Semi-Retired Physicians	\$210
Fully Retired Physicians	\$84
Physicians in Residency Training	\$45
Medical Students	\$20

22

23
24 No testimony was presented in response to response to Board of Trustees Report 4. Your
25 Reference Committee wishes to draw attention to the stability of our AMA dues since 1994
26 when the last increase took place. Most importantly, the close of 2016 reflects the sixth
27 consecutive year of overall membership growth and expansion of our AMA's influence.

28
29 (2) BOARD OF TRUSTEES REPORT 10 - CREATION OF AN AMA
30 FUND FOR PHYSICIAN CANDIDATES

31
32 RECOMMENDATION:

33
34 Madam Speaker, your Reference Committee recommends that
35 the recommendation in Board of Trustees Report 10 be adopted
36 and the remainder of the Report be filed.

37
38 **HOD ACTION: Board of Trustees Report 10 adopted and the**
39 **remainder of the Report filed.**

40
41 Board of Trustees Report 10 is presented as follow-up to Board of Trustees Report
42 16-A-16, Board of Trustees Report 18-A-15, and Resolution 606-I-14. In this report, the Board
43 of Trustees highlights that testimony presented at the 2016 Annual Meeting reflected a deviation
44 from the intent of the original resolution to request the study of a new proposal to create a fund
45 for physician candidates for the US House of Representatives and Senate.

1 The Board of Trustees continues to express concerns about expending corporate treasury funds
2 to influence federal elections for reasons that include, but are not limited to:

- 3
- 4 • there are significant tax implications for our AMA;
- 5 • the portion of AMA dues allocated for lobbying and political purposes would become
6 nondeductible for individual physician members;
- 7 • there is a potential for negative reaction from AMA members because of personal
8 political and ethical viewpoints; and
- 9 • two recent physician polls indicate little support for this concept.

10
11 Therefore, the Board of Trustees recommends, in lieu of Resolution 606-I-14, that our American
12 Medical Association not use AMA corporate treasury funds to engage in partisan political
13 activity.

14
15 Your Reference Committee has received extensive testimony on this issue over a number of
16 meetings. What remains consistent is that regardless of what the “AMA Fund” may be titled, or
17 what the specific purpose may be, the actual costs for overall expenses, taxes (35% excise tax
18 on political expenditures), and potential loss of members are significant. Furthermore, the
19 return on investment is not guaranteed.

20
21 In their role as fiduciary for our AMA, the Board of Trustees has repeatedly advised against this
22 initiative and physician polls do not suggest sufficient support for implementing and sustaining
23 the fund. In addition, the author of Resolution 606-I-14 expressed support for the Board of
24 Trustees’ recommendation at this time, but suggested that our AMA seek additional ways to
25 encourage and support physician candidates for public office.

26
27 (3) BOARD OF TRUSTEES REPORT 16 - OPPOSE PHYSICIAN
28 GUN GAG RULE POLICY BY TAKING OUR AMA BUSINESS
29 ELSEWHERE

30
31 RECOMMENDATION:

32
33 Madam Speaker, your Reference Committee recommends that
34 the recommendation in Board of Trustees Report 16 be adopted
35 and the remainder of the Report be filed.

36
37 **HOD ACTION: Board of Trustees Report 16 adopted and the**
38 **remainder of the Report filed.**

39
40 Board of Trustees Report 16 comes in response to Resolution 604-I-16, which called upon our
41 AMA to adopt policy that bars our AMA from holding House of Delegates meetings in states that
42 enact physician gun gag laws.

43
44 Resolution 604-I-16 further called upon our AMA to contact governors and convention bureaus
45 of states that have enacted physician gun gag rules to inform them that our AMA will no longer
46 hold House of Delegates meetings in their state, until the restrictive physician gun gag rule is
47 repealed or struck down by the courts.

48
49 In this report, the Board of Trustees highlights that AMA management considers multiple factors
50 when selecting AMA meeting venues, including the directives of the House of Delegates.
51 Venue selection occurs years in advance and includes cancellation policies. State and local

1 jurisdictions may at any time adopt or eliminate laws or rules that are not aligned with AMA
2 policy.

3
4 Therefore, the Board of Trustees recommends, in lieu of adopting Resolution 604-I-16, that our
5 AMA remain alert to gun gag laws and similar types of laws when selecting future meeting
6 venues without adopting specific policy.

7
8 No testimony was presented in response to Board of Trustees Report 16. Your Reference
9 Committee is supportive of our AMA Board of Trustees recommendation to remain vigilant of all
10 gag laws affecting the practice of medicine when selecting meeting venues without the need for
11 specific directives from the House of Delegates to do so.

12 Your Reference Committee was reminded of the fact that our AMA meetings are complex
13 events, which are contracted approximately five years in advance. The variability in state and
14 local laws has the potential to limit venue selections as laws can change during the time
15 between contracting for a venue and the actual event.

16
17 (4) BOARD OF TRUSTEES REPORT 17 - EQUALITY FOR FUTURE
18 MEETINGS ORGANIZED OR SPONSORED BY THE AMA

19
20 RECOMMENDATION:

21
22 Madam Speaker, your Reference Committee recommends that
23 the recommendation in Board of Trustees Report 17 be adopted
24 and the remainder of the Report be filed.

25
26 **HOD ACTION: Board of Trustees Report 17 adopted and the**
27 **remainder of the Report filed.**

28
29 Board of Trustees Report 17 comes in response to Resolution 602-I-16, which called for all
30 future meetings and conferences organized and/or sponsored by our AMA and not yet
31 contracted to be held in towns, cities, counties, and states that do not have discriminatory
32 policies based on race, color, religion, ethnic origin, national origin, language, creed, sex,
33 sexual orientation, gender, gender identity and gender expression, disability, or age.

34
35 In this report, the Board of Trustees highlights that our AMA already has strong policies
36 against discrimination in all forms, but the policies do not specifically address towns, cities,
37 counties, and states. Therefore, the Board of Trustees recommends, in lieu of adopting
38 Resolution 602-I-16, that our AMA Policy G-630.140 be amended by addition to read as
39 follows:

40
41 AMA policy on lodging and accommodations includes the following: (1) Our AMA supports
42 choosing hotels for its meetings, conferences, and conventions based on size, service,
43 location, cost, and similar factors. (2) Our AMA shall attempt, when allocating meeting
44 space, to locate the Section Assembly Meeting in the House of Delegates Meeting hotel or
45 in a hotel in close proximity. (3) All meetings and conferences organized and/or primarily
46 sponsored by our AMA will be held in a town, city, county, or state that has enacted
47 comprehensive legislation requiring smoke-free worksites and public places (including
48 restaurants and bars), unless intended or existing contracts or special circumstances justify
49 an exception to this policy, and our AMA encourages state and local medical societies,
50 national medical specialty societies, and other health organizations to adopt a similar policy.
51 (4) It is the policy of our AMA not to hold meetings organized and/or primarily sponsored by

1 our AMA, in cities, counties, or states, or pay member, officer or employee dues in any club,
2 restaurant, or other institution, that has exclusionary policies, including, but not limited to,
3 policies based on, race, color, religion, national origin, ethnic origin, language, creed, sex,
4 sexual orientation, gender, gender identity and gender expression, disability, or age unless
5 intended or existing contracts or special circumstances justify an exception to this policy. (5)
6 Our AMA staff will work with facilities where AMA meetings are held to designate an area for
7 breastfeeding and breast pumping.
8

9 Having received only supportive testimony in response to Board of Trustees Report 17, your
10 Reference Committee favors adoption of the Board of Trustees recommendation to expand
11 current AMA Policy G-630.140 to include consideration of the anti-discrimination policies of
12 towns, cities, counties, and states when selecting meeting venues. In addition, your Reference
13 Committee appreciates the Board of Trustees efforts to incorporate into AMA policy a more
14 inclusive list of discriminatory forms.
15

16 (5) BOARD OF TRUSTEES REPORT 23 - ANTI-HARASSMENT
17 POLICY

18
19 RECOMMENDATION:

20
21 Madam Speaker, your Reference Committee recommends that
22 the recommendations in Board of Trustees Report 23 be adopted
23 and the remainder of the Report be filed.
24

25 **HOD ACTION: Board of Trustees Report 23 adopted and the**
26 **remainder of the Report filed.**
27

28 Board of Trustees Report 23 raises awareness of the fact that while our AMA has a
29 comprehensive anti-harassment policy in place for employees, there is no such policy for our
30 AMA House of Delegates, sections, councils, or other governance entities. Therefore, the
31 Board of Trustees recommends that our AMA adopt the thorough "Anti-Harassment Policy
32 Applicable to AMA Entities," as outlined in the body of the report.
33

34 Testimony on Board of Trustees Report 23 was supportive of the Board of Trustees' efforts to
35 establish a comprehensive anti-harassment policy for our AMA governance entities. Your
36 Reference Committee believes that adoption of the report will contribute to the ongoing
37 collegiality and professionalism that already exists at our AMA-sponsored meetings and events.
38

39 (6) REPORT OF THE HOUSE OF DELEGATES COMMITTEE ON
40 COMPENSATION OF THE OFFICERS

41
42 RECOMMENDATION:

43
44 Madam Speaker, your Reference Committee recommends that
45 the recommendations in the Report of the House of Delegates
46 Committee on Compensation of the Officers be adopted and the
47 remainder of the Report be filed.
48

49 **HOD ACTION: Report of the House of Delegates Committee on**
50 **Compensation of the Officers adopted and the remainder of the**
51 **Report filed.**

1 The Report of the House of Delegates Committee on Compensation of the Officers addresses
2 the variability in the number of Internal Representation days by Officers and offers the following
3 recommendations:
4

- 5 1. That the proposed changes, as annotated in the report, to the current definitions
6 appearing in the Travel and Expenses Standing Rules for AMA Officers for the
7 Governance Honorarium, Per Diem for External Representation, and Telephonic Per
8 Diem for External Representation become effective July 1, 2017.
9
- 10 2. That except as noted above, there be no other changes to the Officers' compensation for
11 the period beginning July 1, 2017.
12

13 Your Reference Committee heard limited but supportive testimony in response to the Report of
14 the House of Delegates Committee on Compensation of the Officers.
15

16 Your Reference Committee wishes to extend its appreciation to the Committee for its thorough
17 report and ongoing oversight of the compensation of our AMA Officers.
18

19 (7) RESOLUTION 602 - STUDYING HEALTHCARE INSTITUTIONS
20 THAT PROVIDE CHILD CARE SERVICES
21

22 RECOMMENDATION A:
23

24 Madam Speaker, your Reference Committee recommends that
25 Resolution 602 be amended by addition and deletion to read as
26 follows:
27

28 RESOLVED, That our American Medical Association (AMA) work
29 with relevant entities to study which healthcare institutions
30 currently provide accessible, affordable to determine whether they
31 provide childcare care services, including Survey elements
32 should include the size of the institutions (in terms of the number
33 of physicians, physicians-in-training, and medical students,)
34 providing these services, the impact of these services on residents
35 and faculty (especially in terms of decreasing stress and
36 increasing retention) how these services are organized, and the
37 various funding models mechanisms used for these (Directive to
38 Take Action); and be it further
39

40 RESOLVED, That our AMA report back to the House of Delegates
41 at the 2018 Annual Meeting the results of its study on models
42 used to provide which healthcare institutions are providing
43 accessible and affordable childcare care services, how these
44 services are organized, and the various funding models
45 mechanisms that are utilized. (Directive to Take Action)

46 RECOMMENDATION B:
47

48 Madam Speaker, your Reference Committee recommends that
49 Resolution 602 be adopted as amended.
50

51 **HOD ACTION: Resolution 602 adopted as amended.**

1
2 Resolution 602 calls upon our AMA to survey healthcare institutions to identify all healthcare
3 institutions that provide accessible, affordable childcare services, including details regarding:
4

- 5 • institution size, in terms of the number of physicians;
- 6 • impact on reducing stress on residents/faculty, thereby improving staff retention rates;
7 and
- 8 • funding models used to provide childcare services.

9
10 Resolution 602 further calls upon our AMA to report to the House of Delegates on the results of
11 the study at the 2018 Annual Meeting.
12

13 Your Reference Committee received considerable testimony identifying the importance of child
14 care services that meet the unique utilization needs of physicians who often work extended and
15 non-traditional hours.
16

17 Your Reference Committee believes the proffered language included in the amendments
18 establishes parameters for the study that will aid in containing the survey costs while allowing
19 our AMA to identify best practices of health care institutions that have implemented successful
20 childcare programs for physician and medical student parents.
21

22 (8) RESOLUTION 603 - SEXUAL ORIENTATION AND GENDER
23 IDENTITY DEMOGRAPHIC COLLECTION BY THE AMA
24

25 RECOMMENDATION A:
26

27 Madam Speaker, your Reference Committee recommends that
28 Resolution 603 be amended by addition and deletion to read as
29 follows:
30

31 RESOLVED, That our AMA develop and implement a plan with
32 input from the Advisory Committee on LGBTQ Issues to expand
33 demographics ~~we collected~~ about our members to include both
34 sexual orientation and gender identity information, which may be
35 given voluntarily by members and will be handled in a confidential
36 manner. (New HOD Policy)
37

38 RECOMMENDATION B:
39

40 Madam Speaker, your Reference Committee recommends that
41 Resolution 603 be adopted as amended.
42

43 **HOD ACTION: Resolution 603 adopted as amended.**

44 Resolution 603 calls upon our AMA to develop a plan, with input from the Advisory Committee
45 on LGBTQ Issues, to expand voluntary and confidential collection of AMA membership
46 demographics, including both sexual orientation and gender identity information.
47

48 Your Reference Committee heard supportive testimony for this resolution. Sponsors of the
49 resolution emphasized to the Reference Committee that gender identity demographic
50 information would be provided only on a voluntary basis. While concerns were expressed that
51 such data may be subject to data breaches, this could also happen to any other AMA-owned

1 data elements that are collected online. The Council on Long Range Planning and
2 Development, which issues reports on the demographic composition of the House of Delegates,
3 expressed its support for collecting this data but warned that if given on a voluntary basis, it is
4 unlikely to be complete. Your Reference Committee believes that these limitations and
5 concerns are outweighed by the potential usefulness to our AMA's understanding of its
6 membership.

7
8 (9) RESOLUTION 608 - IMPROVING MEDICAL STUDENT,
9 RESIDENT/FELLOW AND ACADEMIC PHYSICIAN
10 ENGAGEMENT IN ORGANIZED MEDICINE
11

12 RECOMMENDATION A:
13

14 Madam Speaker, your Reference Committee recommends that
15 Resolution 608 be amended by addition and deletion to read as
16 follows:
17

18 RESOLVED, That our American Medical Association study the
19 participation of academic and teaching physicians, residents,
20 fellows, and medical students in organized medicine and
21 legislative advocacy ~~on medical school campuses and in teaching~~
22 ~~hospitals~~ (Directive to Take Action); and be it further
23

24 RESOLVED, That our AMA study the participation of community-
25 based faculty members of medical schools and graduate medical
26 education programs in organized medicine and legislative
27 advocacy (Directive to Take Action); and be it further
28

29 RESOLVED, That our AMA identify successful, innovative and
30 best practices to engage academic physicians (including
31 community-based physicians), residents/fellows, and medical
32 students in organized medicine and legislative advocacy ~~at the~~
33 ~~training sites~~ (Directive to Take Action).
34

35 RECOMMENDATION B:
36

37 Madam Speaker, your Reference Committee recommends that
38 Resolution 608 be adopted as amended.
39

40 **HOD ACTION: Resolution 608 be adopted as amended with a**
41 **change in title**

42 RECOMMENDATION C:
43

44 Madam Speaker, your Reference Committee recommends that
45 the title of Resolution 608 be changed to read as follows:
46

47 IMPROVING MEDICAL STUDENT, RESIDENT/FELLOW AND
48 ACADEMIC PHYSICIAN ENGAGEMENT IN ORGANIZED
49 MEDICINE AND LEGISLATIVE ADVOCACY
50

1 Resolution 608 calls upon our AMA to study the participation of academic and teaching
2 physicians, residents, fellows, and medical students in organized medicine on medical school
3 campuses and in teaching hospitals.

4
5 Resolution 608 further calls upon our AMA to study the participation of community-based faculty
6 members of medical schools and graduate medical education programs in organized medicine.

7
8 Lastly, Resolution 608 calls upon our AMA to identify successful, innovative, and best practices
9 to engage academic physicians (including community-based physicians), residents/fellows, and
10 medical students in organized medicine at the training sites.

11 Your Reference Committee heard uniformly supportive testimony for this resolution and
12 recognizes that many of the suggestions made in the resolution may already be under
13 consideration by our AMA. Your Reference Committee has incorporated a suggested change to
14 the title and subsequent directives that emphasizes the importance of educating physicians
15 about best practices in legislative advocacy.

16
17 (10) RESOLUTION 601 - REINSTATE THE AMA COMMISSION TO
18 ELIMINATE HEALTH CARE DISPARITIES

19
20 RECOMMENDATION:

21
22 Madam Speaker, your Reference Committee recommends that
23 Resolution 601 be referred.

24
25 **HOD ACTION: Resolution 601 referred.**

26
27 Resolution 601 calls upon our AMA to reinstate the Commission to Eliminate Health Care
28 Disparities, including goals and objectives that are Specific, Measurable, Agreed Upon,
29 Realistic, and Time Related (SMART) metrics.

30
31 Testimony reflected that the original governing members (National Hispanic Medical
32 Association, National Medical Association, and our American Medical Association) of the
33 Commission to Eliminate Health Care Disparities unanimously recommended sunseting of the
34 Commission in 2016 due to a decrease in financial support, emergence of other organizations'
35 meetings with similar agendas, and the potential for member organizations to have more impact
36 in other ways. Since that time, our AMA has expanded a number of internal activities with the
37 goal of improving health equity.

38
39 Your Reference Committee was influenced by testimony indicating that governing members
40 opted to sunset the Commission and might not rejoin the partnership if the Commission were
41 reinstated by our AMA. Therefore, your Reference Committee welcomed our AMA Board of
42 Trustees request for referral of Resolution 601, which will result in a report back to the House of
43 Delegates with a more comprehensive and sustainable plan for continued progress toward
44 health equity.

45

1 (11) RESOLUTION 604 - HIGH COST TO AUTHORS FOR OPEN
2 SOURCE PEER REVIEWED PUBLICATIONS
3

4 RECOMMENDATION:
5

6 Madam Speaker, your Reference Committee recommends that
7 Resolution 604 referred.
8

9 **HOD ACTION: Resolution 604 be referred.**
10

11 Resolution 604 calls upon our AMA to investigate the impact of the high costs of open source
12 publication practices on the dissemination of research, especially by less well-funded and/or
13 smaller entities, and to make recommendations to correct the imbalance of knowledge
14 suppression that may occur because of financial limitations.
15

16 Although the title in original Resolution 604 refers open source peer reviewed publications, the
17 preferred phrase is Open Access (OA).
18

19 Your Reference Committee has learned that many US, and all EU research funders, require that
20 journals offer OA options to authors supported by their grants. OA journals do not sell
21 subscriptions or charge for site licenses, and they do not sell advertising. Their only revenue is
22 from Article Processing Charges (APCs), which help cover costs to review, edit, process,
23 distribute, and host the articles. These fees are typically between \$3,000 and \$5,000 per article.
24

25 Scholarly society journals like JAMA® and the New England Journal of Medicine do not offer or
26 charge APCs in exchange for OA. All original research articles published in JAMA® are made
27 free to everyone after six months. However, with the launch of JAMA Oncology® in 2015, AMA
28 began to offer an OA option to authors whose research funders required that they use OA. The
29 JAMA Network® OA fees are \$4500 to \$5000 per article. For this reason, JAMA Oncology® is
30 called a “hybrid” journal, as authors may choose either an OA model or a conventional
31 subscription model for their submission. This model recognizes the needs and limited
32 resources of independent researchers and authors but also appears to balance the demands of
33 funders, changing markets, and business practices. The hybrid model was extended to JAMA
34 Cardiology®, which was launched in 2016, and subsequently to all of AMA’s specialty journals
35 across The JAMA Network® on April 1, 2017.
36

37 Your Reference Committee heard testimony that many medical journals still offer no-fee
38 publication, and many journals, including those of The JAMA Network®, will waive OA fees if
39 authors cannot afford them. Your Reference Committee believes that our AMA is not in a
40 position to direct or recommend that other medical journal publishers reduce or eliminate their
41 OA article fees, nor can our AMA instruct international research funders to abandon their OA
42 requirements and support only subscription-based journals.
43

44 Testimony reminded the Reference Committee that our AMA House of Delegates has adopted
45 clear policy on editorial independence, affirming “JAMA® and The JAMA Network® journals
46 shall continue to have full editorial independence as set forth in our AMA Policy G-630.090.

47 While testimony also expressed concerns about the quality of journal articles being published by
48 some OA journals, and that the lack of peer review for these articles has a negative impact on
49 scientific and medical literature, the resolution does not specifically address issues of quality,
50 peer review, or concerns about predatory journals. However, the resolution raises a need to
51 increase awareness about and address the complexities of current publishing practices.

1
2 Your Reference Committee recommends referral of Resolution 604 to allow our AMA Board of
3 Trustees to review OA publication practices and the impact on the availability of new scientific
4 research, as well the role of predatory journals, which was referenced in the testimony but not
5 addressed by Resolution 604.

6
7 (12) RESOLUTION 607 - AMA TO PROTECT HUMAN HEALTH
8 FROM THE EFFECTS OF CLIMATE CHANGE BY ENDING ITS
9 INVESTMENTS IN FOSSIL FUEL COMPANIES (DIVESTMENT)

10
11 RECOMMENDATION:

12
13 Madam Speaker, your Reference Committee recommends that
14 Resolution 607 be referred.

15
16 **HOD ACTION: Resolution 607 referred.**

17
18 Resolution 607 calls upon our AMA, Foundation, and any affiliated corporations to work in a
19 timely and fiscally responsible manner to end all financial investments or relationships
20 (divestment) with companies that generate the majority of their income from the exploration for,
21 production of, transportation of, or sale of fossil fuels.

22 Resolution 607 further calls upon our AMA, when fiscally responsible, to choose vendors,
23 suppliers, and corporations that have demonstrated environmental sustainability practices that
24 seek to minimize their fossil fuel consumption.

25
26 Lastly, Resolution 607 directs our AMA to support efforts of physicians and other health
27 professional associations to proceed with divestment, including creating policy analyses, to
28 support continuing medical education, and to inform our patients, the public, legislators, and
29 government policy makers.

30
31 Your Reference Committee recognizes that the intent of Resolution 607 is to make a strong
32 statement on behalf of our profession and for the benefit of our patients, as well as our
33 environment. The resolution includes a fiscal note that reads, "The potential adverse impact on
34 the AMA's financial returns cannot be determined with precision at this time."

35
36 Your Reference Committee received testimony urging that transitioning away from our nation's
37 dependence upon fossil fuels is a moral and public health imperative that can be accelerated by
38 eliminating financial investments in and relationships with companies tied to the fossil fuel
39 industry. Testimony pointed out that our AMA has policy preventing investments in the tobacco
40 industry as part of our AMA's broad strategy to oppose tobacco use. Those in support of the
41 resolution reasoned that the avoidance of tobacco investments has not impaired the Board of
42 Trustees' ability to exercise its fiduciary duties; therefore, the same should be true of fossil fuel
43 divestment.

44
45 Your Reference Committee recognizes that, compared to the tobacco industry, the fossil fuel
46 industry is a much larger segment that broadly supports many aspects of modern society,
47 including raw materials used to manufacture medical devices and machinery. In addition,
48 transaction costs to implement such a divestiture will incur a significant increase in investment
49 management fees and compliance monitoring costs.

50

1 Given the complexity of the issues raised by Resolution 607, your Reference Committee
2 believes referral of this item will allow our AMA Board of Trustees, in their role as fiduciaries, to
3 study and explain the potential financial consequences to our AMA.

4
5 (13) RESOLUTION 609 - MODEL HOSPITAL MEDICAL STAFF
6 BYLAWS

7
8 RECOMMENDATION:

9
10 Madam Speaker, your Reference Committee recommends that
11 Resolution 609 be referred.

12
13 **HOD ACTION: Resolution 609 referred.**

14
15 Resolution 609 calls upon our AMA to:

- 16
17 1. develop model hospital medical staff bylaws that incorporate currently believed to be
18 best practices, meet the requirements of the Medicare Conditions of Participation,
19 hospital accreditation organizations with deeming authority, and state laws and
20 regulations, including annotations to show the source of all legal, regulatory, and
21 accreditation requirements; and
- 22 2. post this resource on the AMA website, continuously updated and available on demand
23 to medical staffs, medical staff offices, and medical society staff, and widely distributed
24 as an adjunct to the next edition of the *AMA Physician's Guide to Medical Staff Bylaws*.

25
26 Resolution 609 further calls upon our AMA to ask the legal counsels of State Medical Societies
27 to outline state specific restrictions of medical staff self governance so that these may be posted
28 on the AMA-OMSS website for use by all AMA members.

29
30 Your Reference Committee heard mostly supportive testimony for this resolution. While some
31 states already provide this resource to their members, need was expressed for a
32 comprehensive up-to-date resource on medical staff self governance that is readily accessible.
33 Understanding the state-specific regulations is critical to the success of both hospital medical
34 staff and the growing employed physician segment.

35
36 Your Reference Committee believes that in order to produce the most useful tool, more study is
37 needed to determine the need for such a tool, analyze the complexities of its creation, and
38 address the uncertain financial impact to our AMA and the state medical organizations. In
39 addition, more thought should be given about how such a resource will be best executed,
40 maintained, and accessed. For these reasons, your Reference Committee recommends
41 referral.

42 (14) RESOLUTION 605 - PRONUNCIATION OF PHARMACEUTICAL
43 NAMES

44
45 RECOMMENDATION:

46
47 Madam Speaker, your Reference Committee recommends that
48 Resolution 605 not be adopted.

49
50 **HOD ACTION: Resolution 605 not adopted.**

1
2 Resolution 605 calls upon our AMA to adopt policy that its AMA-sponsored medical journals
3 develop a means to convey the proper pronunciation of all new pharmaceutical names.
4

5 Your Reference Committee received testimony indicating that the United States Adopted
6 Names (USAN) Council assigns non-proprietary names to new drugs. When a drug is assigned
7 a name by the Council, an Adoption Statement is issued that includes the proper pronunciation
8 of the non-proprietary name. Testimony also specified that the US Pharmacopeia Convention
9 (USP) Dictionary of USAN and International Drug Names is currently the only source available
10 that includes pronunciation of non-proprietary drug names. Your Reference Committee points
11 out that the resolution asks for a pronunciation guide for “all new pharmaceutical names;”
12 therefore, the USP Dictionary, even if available to our AMA for its use, would not include all
13 desired information requested by this Resolution.
14

15 Your Reference Committee was reminded that JAMA® and the JAMA Network® family of
16 specialty journals are independent from our AMA, as established by previously adopted House
17 of Delegates policy. However, your Reference Committee recommends that our AMA Board of
18 Trustees relay the concerns expressed in this resolution to JAMA® and the JAMA Network®
19 family of specialty journals.
20

21 (15) RESOLUTION 606 – ADD PATIENTS TO THE AMA MISSION
22 STATEMENT
23

24 RECOMMENDATION:
25

26 Madam Speaker, your Reference Committee recommends that
27 Resolution 606 not be adopted.
28

29 **HOD ACTION: Resolution 606 not adopted.**
30

31 Resolution 606 calls upon our AMA to modify its mission statement to read, “The American
32 Medical Association promotes the art and science of medicine, the betterment of public health,
33 and the improvement and accessibility of health care to our patients.”
34

35 Your Reference Committee agrees that the improvement and accessibility of health care is at
36 the core of our profession; it is in fact included as one of the principles in our AMA Code of
37 Medical Ethics.
38

39 Your Reference Committee received compelling testimony from our AMA Board of Trustees that
40 a mission statement should provide a useful characterization of an organization. The value of a
41 mission statement is often diminished by attempts to include too much information. It should be
42 short enough for people to remember, thereby reinforcing the basic identity of the organization.
43 Strategies, objectives, and values that may change from year to year or are related to
44 implementation should not be included in the mission statement. Furthermore, our AMA vision,
45 “To be an essential part of the professional life of every physician,” provides a goal that
46 encompasses both our membership aspirations and the advocacy and professional standards
47 activities that are the core of what the AMA does on behalf of physicians and patients.
48

49 Your Reference Committee agrees with the opinion of our AMA Board of Trustees that the
50 current Mission and Vision, as written, reflect the broader range of AMA activity, advocacy, and
51 House of Delegates’ policy, which reflect our AMA’s long-standing commitment to patients.
52 Therefore, your Reference Committee recommends that Resolution 606 not be adopted.

1
2 (16) BOARD OF TRUSTEES REPORT 1 - ANNUAL REPORT

3
4 RECOMMENDATION:

5
6 Madam Speaker, your Reference Committee recommends that
7 Board of Trustees Report 1 be filed.

8
9 **HOD ACTION: Board of Trustees Report 1 filed.**

10
11 Board of Trustees Report 1 introduces our AMA's 2015 and 2016 Consolidated Financial
12 Statements and an Independent Auditor's report, which are featured in a separate document
13 titled, "2016 Annual Report" that was made available with the Handbook materials.

14
15 On behalf of our entire AMA membership, your Reference Committee extends appreciation to
16 the Board of Trustees for executing sound fiscal responsibility throughout this past year, which
17 was the 16th time in the last 17 years that our AMA has reported positive operating results.
18 Additionally, your Reference Committee wishes to draw attention to the fact that in the 2016
19 Annual Report, it is noted that our AMA was ranked as The Number 1 most effective
20 professional and trade organization in the United States by a leading public relations firm.

Madam Speaker, this concludes the report of Reference Committee F. I would like to thank David H. Aizuss, MD, Anthony Armstrong, MD, A. Patrice Burgess, MD, Gary Floyd, MD, Julia V. Johnson, MD, Greg Tarasidis, MD, and all those who testified before the Committee.

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