

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2018 Interim 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 (I-18)

Report of Reference Committee F

Greg Tarasidis, MD, Chair

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

2
3 **RECOMMENDED FOR ADOPTION**

- 4
5 1. Report of the House of Delegates Committee on Compensation of the Officers
6
7 2. Council on Long Range Planning and Development Report 1 – Women
8 Physicians Section Five-Year Review
9

10 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 11
12 3. Board of Trustees Report 1 – Data Used to Apportion Delegates
13
14 4. Board of Trustees Report 10 – Training Physicians in the Art of Public Forum
15
16 5. Resolution 603 – Support of AAIP’s “Desired Qualifications for Indian Health
17 Service Director”
18

19 **RECOMMENDED FOR REFERRAL**

- 20
21 6. Resolution 604 – Physician Health Policy Opportunity

The following resolutions were Recommended Against Consideration:

- Resolution 601 – Creation of an AMA Election Reform Committee
- Resolution 602 – AMA Policy Statement with Editorials

1 (1) REPORT OF THE HOUSE OF DELEGATES COMMITTEE
2 ON COMPENSATION OF THE OFFICERS
3

4 RECOMMENDATION:
5

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 **HOD ACTION: Report of the House of Delegates**
12 **Committee on the Compensation of the Officers adopted**
13 **and the remainder of the Report filed.**
14

15 The Report of the House of Delegates Committee on Compensation of the Officers
16 recommends the following recommendations be adopted and the remainder of the report
17 be filed:
18

- 19 1. That there be no change to the current Definitions effective July 1, 2018 as they
20 appear in the Travel and Expenses Standing Rules for AMA Officers for the
21 Governance Honorarium, Per Diem for External Representation and Telephonic
22 Per Diem for External Representation.
23
- 24 2. Annual Health Insurance Stipend (Stipend) – The purpose of this payment is to
25 provide a Health Insurance Stipend (Stipend) to compensate the President,
26 President-Elect and Immediate Past President under age 65, when the
27 President(s) loses his/her employer-provided medical insurance coverage during
28 his/her term. President(s) who lose his/her employer insurance will substantiate
29 his/her eligibility for the Stipend by written notice to the Board Chair detailing the
30 effective date of the loss of coverage and listing covered family members. The
31 President receiving the Stipend will have the sole discretion to determine the
32 appropriate health insurance coverage for the himself/herself and the family, and
33 provide proof of purchasing such coverage to the Board Chair.
34

35 The amount of the Stipend will be 70% of the then current Gold Plan premium in
36 the President(s) state/county of residence for each covered family member. If there
37 are multiple Gold Plans in the state/county, the Stipend will be based on the
38 average of the then current Gold Plan premiums. The amount of the Stipend will
39 be updated January 1 of each Plan year based on then Gold Plan premiums and
40 covered family members. Should a President reach age 65 during his/her term(s),
41 the Stipend will end the month Medicare coverage begins. In all cases the Stipend
42 will end the sooner the President(s) obtains other health insurance coverage,
43 reaches age 65 or the month following the end of his/her term as Immediate Past
44 President. The Stipend will be paid monthly. The amount of the Stipend will be
45 reported as taxable income for the President each calendar year and will be
46 included in this Committee's annual report to the House which documents
47 compensation paid to Officers and the IRS reported taxable value of benefits,
48 perquisites, services and in-kind payments.

- 1 3. Except as noted above, there will be no other changes to the Officers'
2 compensation for the period beginning January 1, 2019. (Directive to Take Action)

3
4 Your Reference Committee noted that the report reflected the level of commitment needed
5 in supporting our AMA may necessitate the President, President-Elect, and Immediate
6 Past President reduce his/her work schedule with his/her employer to a part-time status,
7 which may result in the President, President-Elect, and Immediate Past President losing
8 his/her eligibility for employer's health insurance coverage. For this reason, the
9 Compensation Committee is recommending that the President, President-Elect, and
10 Immediate Past President, who are not Medicare-eligible, receive a stipend based on 70%
11 of the then current Gold Plan premium in the Presidents' state/county of residence for
12 each covered family member. The amount of the stipend will be reported as taxable
13 income for the President, President-Elect, and Immediate Past President each calendar
14 year and will be included in the Compensation Committee's annual report to the House of
15 Delegates.

16
17 Your Reference Committee received limited testimony in response to the introduction of
18 the revised Report of the House of Delegates Committee on Compensation of the Officers.
19 However, the testimony did raise a specific concern regarding insurance coverage for our
20 Presidents if the President turns 65 years of age during his/her term and the family is
21 ineligible for Medicare. In turn, a representative of the Compensation Committee
22 responded that the issue was noted and will be addressed in a subsequent report at the
23 2019 Annual Meeting.

24
25 Your Reference Committee extends its appreciation to the Compensation Committee for
26 its thorough work on behalf of our House of Delegates.

27
28
29 (2) COUNCIL ON LONG RANGE PLANNING AND
30 DEVELOPMENT REPORT 1 - WOMEN PHYSICIANS
31 SECTION FIVE-YEAR REVIEW

32
33 RECOMMENDATION:

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

39
40 **HOD ACTION: Council on Long Range Planning and**
41 **Development Report 1 adopted and the remainder of the**
42 **Report filed.**

43
44 Council on Long Range Planning and Development Report 1 recommends that our
45 American Medical Association renew delineated section status for the Women Physicians
46 Section through 2023 with the next review no later than the 2023 Interim Meeting and that
47 the remainder of the report be filed. (Directive to Take Action)

48
49 Having received no testimony in opposition to the Council on Long Range Planning and
50 Development Report 1, your Reference Committee wishes to extend its appreciation to

1 the Council and the Women Physicians Section for their cooperative and collaborative
2 efforts to present a thorough review of the Section.

3
4
5 (3) BOARD OF TRUSTEES REPORT 1 - DATA USED TO
6 APPORTION DELEGATES

7
8 RECOMMENDATION A:

9
10 Madam Speaker, your Reference Committee recommends
11 that the recommendation in Board of Trustees Report 1 be
12 amended by addition and deletion to read as follows:

- 13
14 1. Our AMA shall issue an annual, mid-year report on or
15 around June 30 to inform each national medical
16 specialty and state medical society of its current AMA
17 membership count status report. (Directive to Take
18 Action)
- 19
20 2. That “pending members” be added to the number of
21 active AMA members in the December 31 count for the
22 purposes of AMA delegate allocations to national
23 medical specialty and state medical societies for the
24 following year. (Directive to Take Action)
- 25
26 3. That our AMA Physician Engagement department
27 develop a mechanism to prevent a second counting of
28 those previous “pending members” at the end of the
29 following year until their membership has been renewed.
30 (Directive to Take Action)
- 31
32 ~~4. For these reasons, the The Board of Trustees~~
33 ~~recommends that Resolution 604-A-18 not be adopted~~
34 ~~and the remainder of this report be filed.~~

35
36 RECOMMENDATION B:

37
38 Madam Speaker, your Reference Committee recommends
39 that the recommendations in Board of Trustees Report 1 be
40 adopted as amended and the remainder of the Report be
41 filed.

42
43 **HOD ACTION: Board of Trustees Report 1 adopted as**
44 **amended and the remainder of the Report filed.**

45
46 Board of Trustees Report 1 is presented in response to Resolution 604-A-18, “AMA
47 Delegation Entitlements,” which called upon our American Medical Association to continue
48 to provide a count of AMA members for AMA delegation entitlements to the House of
49 Delegates as of December 31 and also provide a second count of AMA members within
50 the first two weeks of the new year and that the higher of the two counts be used for state

1 and national specialty society delegation entitlements during the current year. (Directive
2 to Take Action)

3
4 Additionally, Resolution 604 called upon the Council on Constitution and Bylaws to
5 prepare appropriate language to add a second period of time to determine AMA delegation
6 entitlements to be considered by the AMA House of Delegates at its earliest opportunity.
7 (Modify AMA Bylaws)

8
9 In their report, the Board of Trustees recommends that Resolution 604-A-18 not be
10 adopted and the remainder of the report be filed.

11
12 Your Reference Committee heard testimony supporting original Resolution 604-A-18.
13 Your Reference Committee also sought further clarification as to how the current
14 apportionment process functions. Each state and specialty society receives delegate
15 apportionment for the HOD based on the prior year's membership count as of December
16 31. As an example, a non-member who chooses to pay next year's dues during the current
17 calendar year is not an actual member of the AMA until January 1 of the ensuing year,
18 although said non-member does receive AMA benefits immediately. If a society wishes to
19 have a new member "count" toward apportionment of delegate seats applied to the
20 immediate following year, it would need the member to pay appropriate current year dues
21 and, thus, be an actual AMA member during the current calendar year. This process is the
22 same for all state and specialty societies.

23
24 Your Reference Committee recognizes there may be delegations in our AMA House of
25 Delegates whose AMA membership count places them on the threshold of acquiring an
26 additional Delegate; therefore, your Reference Committee supports the proffered,
27 amendment to the Board of Trustees report, which serves to provide every delegation in
28 our AMA House of Delegates with a mid-year membership status report with which to
29 adjust recruitment efforts during the latter half of the year to achieve the desired year-end
30 goal.

31
32
33 (4) BOARD OF TRUSTEES REPORT 10 - TRAINING
34 PHYSICIANS IN THE ART OF PUBLIC FORUM

35
36 RECOMMENDATION A:

37
38 Madam Speaker, your Reference Committee recommends
39 that the recommendation in Board of Trustees Report 10 be
40 amended by addition and deletion to read as follows:

- 41
42
43 1. Physicians who want to learn more about public
44 speaking can leverage existing resources both within
45 and outside the AMA. AMA can make public speaking
46 tips available through online tools and resources that
47 would be publicized on our website. Physicians and
48 physicians-in-training who want to publicly communicate
49 about the AMA's ongoing work are invited to learn more
50 through the AMA Ambassador program.

1 Meanwhile, STEPS Forward provides helpful tips to
2 physicians and physicians-in-training wanting to
3 improve communication within their practice and
4 AMPAC is available for physicians and physicians-in-
5 training who want to advocate and communicate about
6 the needs of patients, ~~and~~ physicians, and physicians-
7 in-training in the pursuit of public office. There are also
8 resources provided to physicians and physicians-in-
9 training at various Federation organizations and through
10 the American Association of Physician Leadership
11 (AAPL) to support those who are interested in training of
12 this nature.

13
14 Because public speaking is a skill that is best learned
15 through practice and coaching in a small group or one-
16 on-one setting, we also encourage individuals to pursue
17 training through their state or specialty medical society
18 or through a local chapter of Toastmasters International.

19
20 The Board of Trustees recommends that the AMA's
21 Enterprise Communications and Marketing department
22 work to develop online tools and resources that would
23 be published on the AMA website to help physicians and
24 physicians-in-training learn more about public speaking
25 ~~in lieu of Resolution 606-A-18 and the remainder of the~~
26 ~~report to be filed.~~

- 27
28 2. That our AMA offer live education sessions at least
29 annually for AMA members to develop their public
30 speaking skills. (Directive to Take Action)

31
32 RECOMMENDATION B:

33
34 Madam Speaker, your Reference Committee recommends
35 that the recommendations in Board of Trustees Report 10
36 be adopted as amended in lieu of Resolution 606-A-18 and
37 the remainder of the Report be filed.

38
39 RECOMMENDATION C:

40
41 Madam Speaker, your Reference Committee recommends
42 that the title of Board of Trustees Report 10 be changed to
43 read as follows:

44
45 TRAINING PHYSICIANS AND PHYSICIANS-IN-TRAINING
46 IN THE ART OF PUBLIC SPEAKING

47
48 **HOD ACTION: Board of Trustees Report 10 be adopted as**
49 **amended in lieu of Resolution 606-A-18 with a change in**
50 **title and the remainder of the Report be filed.**

1 Board of Trustees Report 10 is presented in response to Resolution 606-A-18, which
2 called upon our American Medical Association to establish a program for training
3 physicians in the art and science of conducting public forums in order to ensure that the
4 public is well informed on the health care system of our country. (Directive to Take Action)
5

6 In their report, the Board of Trustees recommends that the AMA's Enterprise
7 Communications and Marketing department work to develop online tools and resources
8 that would be published on the AMA website to help physicians learn more about public
9 speaking in lieu of Resolution 606-A-18 and that the remainder of the report to be filed.
10 (Directive to Take Action)
11

12 While your Reference Committee received testimony favoring adoption of Board of
13 Trustees Report 10, there was considerable testimony in support of providing in-person
14 training to enhance public speaking skills. Therefore, your Reference Committee
15 recommends that Board of Trustees Report 10 be amended to include live education
16 sessions in conjunction with meetings that are hosted regularly by our AMA.
17

18
19 (5) RESOLUTION 603 - SUPPORT OF AAIP'S "DESIRED
20 QUALIFICATIONS FOR INDIAN HEALTH SERVICE
21 DIRECTOR"
22

23 RECOMMENDATION A:
24

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

29 RESOLVED, That our American Medical Association
30 support the "Desired Qualifications for the following
31 qualifications for the Director of the Indian Health Service"
32 set forth by the Association of American Indian Physicians.:

- 33 1. Health profession, preferably an MD or DO, degree and
34 at least five years of clinical experience at an Indian
35 Health Service medical site or facility.
- 36 2. Demonstrated long-term interest, commitment, and
37 activity within the field of Indian Health.
- 38 3. Lived on tribal lands or rural American Indian or Alaska
39 Native community or has interacted closely with an
40 urban Indian community.
- 41 4. Leadership position in American Indian/Alaska Native
42 health care or a leadership position in an academic
43 setting with activity in American Indian/ Alaska Native
44 health care.
- 45 5. Experience in the Indian Health Service or has worked
46 extensively with Indian Health Service, Tribal, or Urban
47 Indian health programs.

- 1 6. Knowledge and understanding of social and cultural
2 issues affecting the health of American Indian and
3 Alaska Native people.
- 4 7. Knowledge of health disparities among Native
5 Americans / Alaska Natives, including the pathophysi-
6 ological basis of the disease process and the social
7 determinants of health that affect disparities.
- 8 8. Experience working with Indian Tribes and Nations and
9 an understanding of the Trust Responsibility of the
10 Federal Government for American Indian and Alaska
11 Natives as well as an understanding of the sovereignty
12 of American Indian and Alaska Native Nations.
- 13 9. Experience with management, budget, and federal
14 programs.
15 (New HOD Policy)

16
17 RECOMMENDATION B:

18
19 Madam Speaker, your Reference Committee recommends
20 that Resolution 603 be adopted as amended.

21
22 RECOMMENDATION C:

23
24 Madam Speaker, your Reference Committee recommends
25 that the title of Resolution 603 be changed to read as
26 follows:

27
28 DESIRED QUALIFICATIONS FOR INDIAN HEALTH
29 SERVICE DIRECTOR

30
31 **HOD ACTION: Resolution 603 adopted as amended with a**
32 **change in title.**

33
34 Resolution 603 calls upon our AMA to support the “Desired Qualifications for the Director
35 of the Indian Health Service” set forth by the Association of American Indian Physicians.
36 (New HOD Policy)

37
38 Having received limited but supportive testimony, your Reference Committee favors our
39 AMA’s support of the Association of American Indian Physicians desired qualifications for
40 the Director of the Indian Health Service. Testimony also indicated the importance of
41 having a Director of the Indian Health Service that possess a comprehensive
42 understanding of the needs of this population and qualifications for this position should be
43 outlined in AMA policy.

1 (6) RESOLUTION 604 - PHYSICIAN HEALTH POLICY
2 OPPORTUNITY

3
4 RECOMMENDATION:

5
6 Madam Speaker, your Reference Committee recommends
7 that Resolution 604 be referred.

8
9 **HOD ACTION: Resolution 604 referred.**

10
11 Resolution 604 calls upon our AMA, in collaboration with the state and specialty societies,
12 to make it a priority to give physicians the opportunity to serve in federal and state health
13 care agency positions by providing the training and transitional opportunities to move from
14 clinical practice to health policy. (New HOD Policy)

15
16 Additionally, Resolution 604 calls upon our AMA to study and report back to the House of
17 Delegates at the 2019 Interim Meeting with findings and recommendations for action on
18 how best to increase opportunities to train physicians in transitioning from clinical practice
19 to health policy. (Directive to Take Action)

20
21 Resolution 604 further calls upon our AMA to explore the creation of an AMA health policy
22 fellowship, or work with the Robert Wood Johnson Foundation to ensure that there are
23 designated physician fellowship positions within their Health Policy Fellowship program to
24 train physicians in transitioning from clinical practice to health policy. (Directive to Take
25 Action)

26
27 Your Reference Committee heard testimony that it is critical to have physicians with
28 clinical experience serve in government regulatory agencies to help shape health policy.
29 However, testimony regarding identifying a partnership with the Robert Wood Johnson
30 Foundation was mixed. Testimony indicated that there has been a steady decline in the
31 number of spots for physicians in the Robert Wood Johnson health policy fellowship
32 program and recommended that our AMA consider broadening any potential
33 partnerships. Further, it was noted that developing a health policy fellowship program
34 can be an intricate process that should be carefully evaluated.

35
36 Your Reference Committee received testimony favoring our AMA conducting a study to
37 determine how best to increase opportunities to train physicians in transitioning from
38 clinical practice to health policy. For these reasons, your Reference Committee
39 recommends that Resolution 604 be referred to allow our AMA to conduct a study with a
40 report at the 2019 Interim Meeting that details the impact our AMA can have on this
41 issue and to consider potential partnerships.

1 Madam Speaker, this concludes the report of Reference Committee F. I would like to thank
2 Michael D. Chafty, MD, JD, Melissa J. Garretson, MD, Jerry L. Halverson, MD, Candace
3 E. Keller, MD, MPH, A. Lee Morgan, MD, Ann R. Stroink, MD, and all those who testified
4 before the Committee.

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