



Constitution and Bylaws

January 2021

Constitution of the American Medical Association

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Bylaws of the American Medical Association

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This document includes all amendments approved by the House of Delegates through the November 2020 Special Meeting.

Constitution

Article I Name

The name of this organization is the American Medical Association.

Article II Objects

The objects of the Association are to promote the science and art of medicine and the betterment of public health.

Article III Members

The American Medical Association is composed of individual members who are represented in the House of Delegates through state associations and other constituent associations, national medical specialty societies and other entities, as specified in the Bylaws.

Article IV House of Delegates

The House of Delegates is the legislative and policy-making body of the Association. It is composed of elected representatives and others as provided in the Bylaws. The House of Delegates transacts all business of the Association not otherwise specifically provided for in this Constitution and Bylaws and elects the officers except as otherwise provided in the Bylaws.

Article V Officers

The officers of the Association are the President, President-Elect, Immediate Past President, Secretary, Speaker of the House of Delegates, Vice Speaker of the House of Delegates and the other members of the Board of Trustees. Their qualifications and terms of office shall be provided in the Bylaws.

Article VI Board of Trustees

The Board of Trustees shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law governing directors of corporations and such duties as are prescribed in the Bylaws. The Board of Trustees is composed of twenty-one members. The House of Delegates shall elect the President, President-Elect, Immediate Past President, Speaker of the House of Delegates, Vice Speaker of the House of Delegates, twelve At-Large Trustees, a Young Physician Trustee, a Resident/Fellow Physician Trustee and a Public Trustee. A Medical Student Trustee shall be elected by the Medical Student Section.

Article VII Meetings

The House of Delegates meets annually and at such other times as provided in the Bylaws.

Article VIII Funds, Dues and Assessments

Funds may be raised by annual dues or by assessment on the active members of the Association on recommendation by the Board of Trustees and after approval by the House of Delegates, or in any other manner approved by the Board of Trustees as provided in the Bylaws.

Article IX Amendments

The House of Delegates may amend this Constitution at any meeting provided the proposed amendment has been introduced at the preceding meeting and provided two-thirds of the voting members of the House of Delegates registered at the meeting at which action is taken vote in favor of such amendment.

Bylaws of the American Medical Association

1—Membership

1.1 Categories.

Categories of membership in the American Medical Association (AMA) are: Active Constituent, Active Direct, Affiliate, Honorary, and International.

1.1.1 Active Membership.

1.1.1.1 Active Constituent. Constituent associations are recognized medical associations of states, commonwealths, districts, territories, or possessions of the United States of America. Active constituent members are members of constituent associations who are entitled to exercise the rights of membership in their constituent associations, including the right to vote and hold office, as determined by their respective constituent associations and who meet one of the following requirements:

- a. Possess the United States degree of doctor of medicine (MD) or doctor of osteopathic medicine (DO), or a recognized international equivalent.
- b. Are medical students in educational programs provided by a college of medicine or osteopathic medicine accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation leading to the MD or DO degree. This includes those students who are on an approved sabbatical, provided that the student will be in good standing upon returning from the sabbatical.

1.1.1.1.1 Admission. Active constituent members are admitted to membership upon certification by the constituent association to the AMA, provided there is no disapproval by the Council on Ethical and Judicial Affairs.

1.1.1.2 Active Direct. Active direct members are those who apply for membership in the AMA directly. Applicants residing in states where the constituent association requires all of its members to be members of the AMA are not eligible for this category of membership unless the applicant is serving full time in the Federal Services that have been granted representation in the House of Delegates. Active direct members must meet one of the following requirements:

- a. Possess the United States degree of doctor of medicine (MD) or doctor of osteopathic medicine (DO), or a recognized international equivalent.
- b. Are medical students in educational programs provided by a college of medicine or osteopathic medicine accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation leading to the MD or DO degree. This includes those students who are on an approved sabbatical, provided that the student will be in good standing upon returning from the sabbatical.

1.1.1.2.1 Admission. Active direct members are admitted to membership upon application to the AMA, provided that there is no disapproval by the Council on Ethical and Judicial Affairs.

1.1.1.2.1.1 Notice. The AMA shall notify each constituent association of the name and address of those applicants for active direct membership residing within its jurisdiction.

1.1.1.2.1.2 Objections. Objections to applicants for active direct membership must be received by the Executive Vice President of the AMA within 45 days of receipt by the constituent association of the notice of the application for such membership. All objections will immediately be referred to the Council on Ethical and Judicial Affairs for prompt disposition pursuant to the rules of the Council on Ethical and Judicial Affairs.

1.1.1.3 Council on Ethical and Judicial Affairs Review. The Council on Ethical and Judicial Affairs may consider information pertaining to the character, ethics, professional status and professional activities of the applicant for membership. The Council shall provide by rule for an appropriate hearing procedure to be provided to the applicant.

1.1.1.4 Rights and Privileges. Active members are entitled to receive the *Journal of the American Medical Association* and such other publications as the Board of Trustees may authorize.

1.1.1.5 Dues and Assessments. Active members are liable for such dues and assessments as are determined and fixed by the House of Delegates.

1.1.1.5.1 Active Constituent Members. Active constituent members shall pay their annual dues to the constituent associations for transmittal to the AMA, except as may be otherwise arranged by the Board of Trustees.

1.1.1.5.2 Active Direct Members. Active direct members shall pay their annual dues directly to the AMA.

1.1.1.5.3 Exemptions. On request, active members may be exempt from the payment of dues on January 1 following their sixty-fifth birthday, provided they are fully retired from the practice of medicine. Additionally, the Board of Trustees may exempt members from payment of dues to alleviate financial hardship or because of retirement from medical practice due to medical disability. The Board of Trustees shall establish appropriate standards and procedures for granting all dues exemptions. Members who were exempt from payment of dues based on age and retirement under Bylaw provisions applicable in prior years shall be entitled to maintain their dues-exempt status in all subsequent years. Dues exemptions for financial hardship or medical disability shall be reviewed annually.

1.1.1.5.4 Delinquency. Active members are delinquent if their dues and assessments are not received by the date determined by the House of Delegates, and shall forfeit their membership in the AMA if such delinquent dues and assessments are not received by the AMA within 30 days after a notification to the delinquent member has been made on or following the delinquency date.

1.1.2 Affiliate Members.

The pathway to affiliate membership was discontinued effective November 2015. Those individuals who were elected as affiliate members prior to 2015 may retain their affiliate membership.

1.1.2.1 Rights and Privileges. Affiliate members may attend AMA meetings but may not vote or hold office, and they are not eligible to receive publications of the AMA except by subscription.

1.1.2.2 Dues and Assessments. Affiliate members are not subject to dues or assessments.

1.1.3 Honorary Members.

Physicians of foreign countries who have achieved preeminence in the profession of medicine and who attend a meeting of the House of Delegates are eligible to become honorary members of the AMA.

1.1.3.1 Admission. Membership is conferred by majority vote of the House of Delegates following nomination by the Board of Trustees. The election of honorary members shall take place at a time recommended by the

Committee on Rules and Credentials and approved by the House of Delegates.

1.1.3.2 Rights and Privileges. Honorary members may attend AMA meetings but may not vote or hold office, and they are not eligible to receive publications of the AMA except by subscription.

1.1.3.3 Dues and Assessments. Honorary members are not subject to dues or assessments.

1.1.4 International Members.

Physicians who have graduated from medical schools located outside the United States and its territories and are ineligible for Active Constituent or Active Direct membership and who can fulfill and document the following requirements:

- a. Graduation from a medical school listed in the World Health Organization Directory.
- b. Possession of a valid license in good standing in the country of graduation or practice location documented by one of the following:
 - (i) verification that the applicant is an international member of a national medical specialty society seated in the House of Delegates that has a procedure to verify the applicant's educational credentials;
 - (ii) certification from the national medical association in the country of practice attesting to the applicant's valid authorization to practice medicine without limitation; or
 - (iii) certification from the registry or licensing authority of the country of practice attesting to the applicant's valid license in good standing.

1.1.4.1 Admission. International members are admitted to membership by providing a completed application accompanied by the required documentation. The Council on Ethical and Judicial Affairs shall provide by rule for an appropriate hearing procedure to be provided to the applicant should denial of membership be based on information pertaining to the applicant's character, ethical conduct, or professional status.

1.1.4.2 Rights and Privileges. International members are entitled to receive the English edition of the *Journal of the American Medical Association* and such other benefits as the Board of Trustees may authorize. International members may attend AMA meetings, but may not vote or hold office.

1.1.4.3 Dues and Assessments. International members shall be subject to dues as established by the Board of Trustees, but they shall not be subject to assessments.

1.2 Maintenance of Membership.

A member may hold only one category of membership in the AMA at any one time. Membership may be retained as long as the member complies with the provisions of the Constitution and Bylaws and Principles of Medical Ethics of the AMA.

1.3 Transfer of Membership.

Members of the AMA, except members serving full time in the Federal Services, who move to a jurisdiction in which the constituent association requires that all members of the constituent association be members of the AMA, must apply for membership in the constituent association within one year after moving into the jurisdiction to continue membership in the AMA. Unless membership in the constituent association has been granted within 2 years after application, membership in the AMA shall cease.

1.4 Discrimination.

Membership in the AMA or in any constituent association, national medical specialty society or professional interest medical association represented in the House of Delegates, shall not be denied or abridged because of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, age, or for any other reason unrelated to character, competence, ethics, professional status or professional activities.

1.5 Termination of Membership or Other Discipline.

The Council on Ethical and Judicial Affairs, after due notice and hearing may censure, suspend, expel, or place on probation any member of the AMA for an infraction of the Constitution or these Bylaws, for a violation of the Principles of Medical Ethics, or for unethical or illegal conduct.

2—House of Delegates

2.0.1 Composition and Representation. The House of Delegates is composed of delegates selected by recognized constituent associations and specialty societies, and other delegates as provided in this bylaw.

2.0.1.1 Qualification of Members of the House of Delegates. Members of the House of Delegates must be active members of the AMA.

2.0.1.2 Representation. The representational role of the delegates is multi-dimensional and includes:

- a. Advocacy for patients to improve the health of the public and the health care system.
- b. Representation of the perspectives of the delegate's sponsoring organization to the House of Delegates.

- c. Representation of the delegate's physician constituents in the decision-making process of the House of Delegates.
- d. Representation of the AMA and the House of Delegates to physicians, medical associations, and others.
- e. Solicitation of input from and provision of feedback to constituents.

2.0.1.2.1 Consideration. In considering business, delegates should take into consideration the perspectives of their patients, their sponsoring organizations, and their physician constituents. In voting on matters before the House of Delegates, delegates should vote on the basis of what is best for patients and quality medical care.

2.0.1.3 Autonomy. The participation of any organization in the House of Delegates is voluntary. Policy actions of the AMA do not in themselves bind an organization or subject it to any obligation that it does not voluntarily assume.

2.1 Constituent Associations. Each recognized constituent association granted representation in the House of Delegates is entitled to delegate representation based on the number of seats allocated to it by apportionment, and such additional delegate seats as may be provided under Bylaw 2.1.1.2. Only one constituent association from each U.S. state, commonwealth, territory, or possession shall be granted representation in the House of Delegates.

2.1.1 Apportionment. The apportionment of delegates from each constituent association is one delegate for each 1,000, or fraction thereof, active constituent and active direct members of the AMA within the jurisdiction of each constituent association, as recorded by the AMA as of December 31 of each year.

2.1.1.1 The December 31 count will include pending members for purposes of apportionment; however, pending members shall not be recounted the following year absent membership renewal. This Bylaw will sunset as of the close of business of the 2022 Interim Meeting unless the House of Delegates acts to retain it.

2.1.1.2 Effective Date. Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year.

2.1.1.2.1 Retention of Delegate. If the membership information as recorded by the AMA as of December 31 warrants a decrease in the number of delegates representing a constituent association, the constituent association shall be permitted to retain the same number of delegates, without decrease, for one additional year, if it promptly files with the AMA a written plan of intensified AMA membership development activities among its members. At the end of the one year grace period, any applicable decrease will be implemented.

2.1.1.2.1.1 A constituent association that shows a membership loss for 2020 and/or 2021 shall be

granted an additional one year grace period beyond the one year grace period set forth in 2.1.1.2.1 without a decrease in the number of delegates. This Bylaw will sunset at the close of the 2022 Interim Meeting.

2.1.1.3 Unified Membership. A constituent association that adopts bylaw provisions requiring all members of the constituent association to be members of the AMA shall not suffer a reduction in the number of delegates allocated to it by apportionment during the first 2 years in which the unified membership bylaw provisions are implemented.

2.1.2 Additional Delegates. A constituent association meeting the following criteria shall be entitled to the specified number of additional delegates.

2.1.2.1 Unified Membership. A constituent association shall be entitled to 2 additional delegates if all of its members are also members of the AMA. If during any calendar year a constituent association adopts bylaw provisions requiring unified membership, and such unified membership is to be fully implemented within the following calendar year, the constituent association shall be entitled to the 2 additional delegates. The constituent association shall retain the 2 additional delegates only if the membership information as recorded by the AMA as of each subsequent December 31 confirms that all of the constituent association's members are members of the AMA.

2.1.2.2 Minimum 75% Membership. A constituent association shall be entitled to one additional delegate if 75% or more of its members, but not all of its members, are members of the AMA. The constituent association shall retain the additional delegate only if the membership information as recorded by the AMA as of each subsequent December 31 confirms that 75% or more of the constituent association's members are members of the AMA. If the membership information indicates that less than 75% of the constituent association's members are members of the AMA, the constituent association shall be permitted to retain the additional delegate for one additional year if it promptly files with the AMA a written plan of intensified AMA membership development activities among its members. If the membership information for the constituent association, as recorded by the AMA as of the following December 31 indicates that for the second successive year less than 75% of the constituent association's members are members of the AMA, the constituent association shall not be entitled to retain the additional delegate.

2.1.2.3 Maximum Additional Delegates. No constituent association shall be entitled to more than 2 additional delegates under Bylaw 2.1.2.

2.1.2.3.1 Effective Date. The additional delegates provided for under this bylaw shall be based upon membership information recorded by the AMA as of December 31 of each year. Allocation of these seats shall take effect on January 1 of the following year.

- 2.1.3 Selection.** Each constituent association shall select and adjust the number of delegates to conform with the number of seats authorized under this bylaw.
- 2.1.4 Certification.** The president of each constituent association, or the president's designee, shall certify to the AMA the delegates and alternate delegates from their respective associations. Certification must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates.
- 2.1.5 Term.** Delegates from constituent associations shall be selected for 2-year terms and assume office on the date set by the constituent association, provided that such seats are authorized pursuant to these Bylaws. Constituent associations entitled to more than one delegate shall select them so that half the number, as near as may be, are selected each year. One-year terms may be provided but only to the extent and for such time as is necessary to accomplish this proportion.
- 2.1.6 Vacancies.** The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.
- 2.1.7 Resident/Fellow Physician and Medical Student Delegates.** A constituent association may designate one or more of its delegate and alternate delegate seats to be filled by a resident/fellow physician member or a medical student member.
- 2.1.7.1 Term.** Such resident/fellow physician or medical student delegate or alternate delegate shall serve for a one-year term beginning as of the date of certification of the delegate or alternate delegate by the constituent association to the AMA.
- 2.1.7.2 No Restriction on Selection.** Nothing in this bylaw shall preclude a resident/fellow physician or medical student member from being selected to fill a full 2-year term as a delegate or alternate delegate from a constituent association as provided in Bylaw 2.1.5.
- 2.1.8 Application by a Constituent Association for Representation in the House of Delegates.** A constituent association seeking representation in the House of Delegates shall submit an application to the AMA. The Board of Trustees shall make a recommendation to the House of Delegates as to the proposed constituent association's qualifications for representation, based on all the current guidelines for representation in the House of Delegates.
- 2.2 National Medical Specialty Societies.** The number of delegates representing national medical specialty societies shall equal the number of delegates representing the constituent societies. Each national medical specialty society granted representation in the House of Delegates is entitled to delegate representation based on the number of seats allocated to it by apportionment, and such additional delegate seat as may be provided under Bylaw 2.2.2. The total number of delegates apportioned to national medical specialty societies under Bylaw 2.2.1 shall be adjusted to be equal to the total number of delegates apportioned to constituent societies under sections 2.1.1 and 2.1.1.1.1 using methods specified in AMA policy.

- 2.2.1 Apportionment.** The apportionment of delegates from each specialty society represented in the AMA House of Delegates is one delegate for each 1,000, or fraction thereof, physician specialty society members as of December 31 of each year who are eligible to serve on committees or the governing body, are active members of the AMA and are members in good standing and current in payment of applicable dues of both the specialty society and the AMA. The delegates eligible for seating in the House of Delegates by apportionment are in addition to the additional delegate and alternate delegate authorized for unified specialty societies meeting the requirements of Bylaw 2.2.2.
- 2.2.1.1 Effective Date.** Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year.
- 2.2.2 Additional Delegate.** A specialty society that has adopted and implemented bylaw provisions requiring unified membership is entitled to one additional delegate. If during any calendar year the specialty society adopts bylaw provisions requiring unified membership, and such unified membership is to be fully implemented within the following calendar year, the specialty society shall be entitled to the additional delegate. The specialty society shall retain the additional delegate only if the membership information recorded by the AMA as of each subsequent December 31 confirms that all of the specialty society's members are members of the AMA.
- 2.2.3 Selection.** Each specialty society shall select and adjust the number of delegates to conform with the number of seats authorized under this bylaw.
- 2.2.4 Certification.** The president of each specialty society, or the president's designee, shall certify to the AMA the delegates and alternate delegates from their respective societies. Certification must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates.
- 2.2.5 Term.** Delegates from specialty societies shall be selected for 2-year terms, and shall assume office on the date set by the specialty society provided that such seats are authorized pursuant to these Bylaws. Specialty societies entitled to more than one delegate shall select them so that half the number, as near as may be, are selected each year. One-year terms may be provided but only to the extent and for such time as is necessary to accomplish this proportion.
- 2.2.6 Vacancies.** The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.
- 2.3 Medical Student Regional Delegates.** In addition to the delegate and alternate delegate representing the Medical Student Section, regional medical student delegates and alternate delegates shall be apportioned and elected as provided in this bylaw.
- 2.3.1 Qualifications.** Medical Student Regional delegates and alternate delegates must be active medical student members of the AMA.
- 2.3.2 Apportionment.** The total number of Medical Student Regional delegates and alternate delegates is based on one delegate and one alternate delegate for each 2,000 active medical student members of the AMA, as recorded by the AMA on

December 31 of each year. Each Medical Student Region, as defined by the Medical Student Section, is entitled to one delegate and one alternate delegate for each 2,000 active medical student members of the AMA in an educational program located within the jurisdiction of the Medical Student Region. Any remaining Medical Student Section Regional delegates and alternate delegates shall be apportioned one delegate and one alternate delegate per region(s) with the greatest number of active AMA medical student members in excess of a multiple of 2,000. If two regions have the same number of active AMA medical student members, ties will be broken by lottery by the MSS Governing Council.

2.3.2.1 Effective Date. In January of each year the AMA shall notify the Medical Student Section Governing Council of the number of seats in the House of Delegates to which each Medical Student Region is entitled. Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year.

2.3.3 Election. Medical Student Regional delegates and alternate delegates shall be elected by the Medical Student Section in accordance with procedures adopted by the Section. Each elected delegate and alternate must receive written endorsement from the constituent association representing the jurisdiction within which the medical student's educational program is located, in accordance with procedures adopted by the Medical Student Section and approved by the Board of Trustees. Delegates and alternate delegates shall be elected at the Business Meeting of the Medical Student Section prior to the Interim Meeting of the House of Delegates. Delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.

2.3.4 Certification. The Chair of the Medical Student Section Governing Council, or the Chair's designee, shall certify to the AMA the delegates and alternate delegates for each Medical Student Region. Certification of delegates and alternate delegates must occur at least 30 days prior to the Annual Meeting of the House of Delegates.

2.3.5 Term. Medical Student Regional delegates and alternate delegates shall be elected for one-year terms and shall assume office on the date set by the Medical Student Section Governing Council.

2.3.6 Vacancies. The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.

2.4 Delegates from the Resident and Fellow Section. In addition to the delegate and alternate delegate representing the Resident and Fellow Section, resident and fellow physician delegates and alternate delegates shall be apportioned and elected in a manner as provided in this bylaw.

2.4.1 Qualifications. Delegates from the Resident and Fellow Section must be active members of the Resident and Fellow Section of the AMA.

2.4.2 Apportionment. The apportionment of delegates from the Resident and Fellow Section is one delegate for each 2,000 active resident and fellow physician members of the AMA, as recorded by the AMA on December 31 of each year.

- 2.4.2.1 Effective Date.** In January of each year, the AMA shall notify the Resident and Fellow Section Governing Council of the number of seats in the House of Delegates to which the Resident and Fellow Section is entitled. Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year.
- 2.4.3 Election.** Delegates and alternate delegates shall be elected by the Resident and Fellow Section in accordance with procedures adopted by the Section. Each delegate and alternate delegate must receive written endorsement from his or her constituent association or national medical specialty society, in accordance with procedures adopted by the Resident and Fellow Section and approved by the Board of Trustees.
- 2.4.4 Certification.** The Chair of the Resident and Fellow Section Governing Council or the Chair's designee shall certify to the AMA the delegates and alternate delegates for the Resident and Fellow Section. Certification of delegates and alternate delegates must occur at least 30 days prior to the Annual Meeting of the House of Delegates.
- 2.4.5 Term.** Delegates and alternate delegates from the Resident and Fellow Section shall be elected for one-year terms and shall assume office on the date set by the Resident and Fellow Section Governing Council.
- 2.4.6 Vacancies.** The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of the term.
- 2.5 Speaker and Vice Speaker Additional Delegate.** Upon election of the Speaker and Vice Speaker of the House of Delegates from among the members of the House of Delegates, the organizations represented by the delegates elected to be Speaker and Vice Speaker of the House of Delegates shall be entitled to an additional delegate for the term of service of the Speaker and Vice Speaker. The additional delegates so selected shall have the full rights and privileges of delegates in the House of Delegates.
- 2.5.1 Status of Speaker and Vice Speaker.** Upon their election, the Speaker and Vice Speaker shall continue to be members of the House of Delegates, with all of the rights and privileges of members of the House of Delegates. They shall be entitled to vote in the House of Delegates. The Speaker and Vice Speaker, as members of the House of Delegates, shall be eligible to be nominated for re-election to the office of Speaker and Vice Speaker of the House of Delegates.
- 2.5.2 Term.** The delegates selected pursuant to this bylaw to serve during the term of service of the Speaker and Vice Speaker shall serve one-year terms consistent with the term of the Speaker and Vice Speaker. The organization represented by the delegate shall determine the tenure of the individual selected to serve.
- 2.6 Other Delegates.** Each of the following is entitled to a delegate: AMA Sections; the Surgeons General of the United States Army, United States Navy, United States Air Force, and United States Public Health Service; the Chief Medical Director of the Department of Veterans Affairs; the National Medical Association; the American

- Medical Women’s Association; the American Osteopathic Association; and professional interest medical associations granted representation in the House of Delegates.
- 2.6.1 Certification.** The president or other authorized individual of each entity shall certify to the AMA their respective delegate and alternate delegate. Certification must occur 30 days prior to the Annual or Interim Meeting.
- 2.6.2 Term.** Delegates from these entities shall be selected for 2-year terms, and shall assume office on the date set by the entity. Certification of delegates and alternate delegates must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates.
- 2.6.3 Vacancies.** The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.
- 2.7 Ex Officio Members.** The current Officers (except Speaker and Vice Speaker), the Past Presidents, Past Trustees of the AMA, and the Chairs of Councils of the AMA who are not delegates shall be ex officio members of the House of Delegates.
- 2.7.1 Rights and Privileges.** Ex officio members have the right to speak and debate on the floor of the House of Delegates, but do not have the right to introduce business, introduce an amendment, make a motion, or vote.
- 2.8 Alternate Delegates.** Each organization represented in the House of Delegates may select an alternate delegate for each of its delegates entitled to be seated in the House of Delegates.
- 2.8.1 Qualifications.** Alternate delegates must be active members of the AMA.
- 2.8.2 Certification.** Alternate delegates shall be certified to the AMA in the same manner as delegates.
- 2.8.3 Term.** Alternate delegates shall be selected for a 2-year term, and shall assume office on the date set by the organization, unless otherwise provided in these Bylaws.
- 2.8.4 Vacancies.** Alternate delegates selected to fill a vacancy shall assume office immediately after selection and shall serve for the remainder of that term.
- 2.8.5 Rights and Privileges.** An alternate delegate may substitute for a delegate, on the floor of the House of Delegates, at the request of the delegate by complying with the procedures established by the Committee on Rules and Credentials. While substituting for a delegate, the alternate delegate may speak and debate on the floor of the House, offer an amendment to a pending matter, make motions, and vote.
- 2.8.6 Status.** The alternate delegate is not a “member of the House of Delegates” as that term is used in these Bylaws. Accordingly, an alternate delegate may not introduce resolutions into the House of Delegates, nor vote in any election conducted by the House of Delegates. An alternate delegate is not eligible for nomination or election as Speaker or Vice Speaker of the House of Delegates.

The alternate delegate must immediately relinquish his or her position on the floor of the House of Delegates upon the request of the delegate for whom the alternate delegate is substituting.

2.9 Official Observer. National organizations may apply to the Board of Trustees for official observer status in the House of Delegates. Applicants must demonstrate compliance with guidelines for official observers adopted by the House of Delegates, and the Board of Trustees shall make a recommendation to the House of Delegates concerning the application. The House of Delegates will make the final determination on the conferring of official observer status.

2.9.1 Rights and Privileges. Organizations with official observer status are invited to send one representative to observe the actions of the House of Delegates at all meetings of the House of Delegates. 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.

2.10 Registration and Seating of Delegates.

2.10.1 Notification. In January of each year, the AMA shall notify each organization of the number of seats in the House of Delegates to which it is entitled during the current year.

2.10.2 Credentials. A delegate or alternate delegate may only be seated if there is certification on file stating that the delegate or alternate delegate has been properly selected to serve in the House of Delegates.

2.10.3 Lack of Credentials. A delegate or alternate delegate may be seated without the certificate defined in Bylaw 2.10.2 provided proper identification as the delegate or alternate delegate selected by the respective entity is established, and so certified to the AMA.

2.10.4 Substitute. When a delegate or alternate delegate is unable to attend a meeting of the House of Delegates, the president, the president's designee or other authorized individual of the entity may appoint a substitute delegate or substitute alternate delegate, who shall be eligible to serve as such delegate or alternate delegate in the House of Delegates at that meeting.

2.10.4.1 Temporary Substitute Delegate. A delegate whose credentials have been accepted by the Committee on Rules and Credentials and whose name has been placed on the roll of the House of Delegates shall remain a delegate until final adjournment of that meeting of the House of Delegates. However, if the delegate is not able to remain in attendance, that delegate's place may be taken during the period of absence by an alternate delegate, or a substitute alternate delegate selected in accordance with Bylaw 2.10.4 if an alternate delegate is not available. The person who takes the place of the delegate must have certification on file and shall be known as a temporary substitute delegate. Such temporary substitute delegate shall have all of the rights and privileges of a delegate while serving as a temporary

substitute delegate, including the right to vote in the House of Delegates and to vote in any election conducted by the House of Delegates. The temporary substitute delegate shall not be eligible for nomination or election as Speaker or Vice Speaker of the House of Delegates.

- 2.10.5 Constituent Association President.** The current president of a constituent association may also be certified as an additional alternate delegate at the discretion of each constituent association.
- 2.10.6 National Medical Specialty Society or Professional Interest Medical Association President.** The current president of a national medical specialty society or a professional interest medical association may also be certified as an additional alternate delegate at the discretion of each national medical specialty society or professional interest medical association.
- 2.10.7 Representation.** No delegate or alternate delegate may be credentialed or seated at any meeting to represent more than one organization in the House of Delegates.
- 2.10.8 Medical Student Seating.** Each Medical Student Regional delegate shall be seated with the constituent association representing the jurisdiction within which such delegate's educational program is located.
- 2.10.9 Resident and Fellow Seating.** Each delegate from the Resident and Fellow Section shall be seated with the physician's endorsing constituent association or specialty society. In the case where a delegate has been endorsed by both a constituent association and specialty society, the delegate must choose, prior to the election, with which delegation the delegate wishes to be seated.
- 2.11 Procedure.**
- 2.11.1 Order of Business.** The Order of Business will be 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.
- 2.11.2 Privilege of the Floor.** The House of Delegates, by a two-thirds vote of delegates present and voting, may extend to any person an invitation to address the House.
- 2.11.3 Introduction of Business.**
- 2.11.3.1 Resolutions.** To be considered as regular business, each resolution must be introduced by a delegate or organization represented in the House of Delegates and must have been submitted to the AMA not later than 30 days prior to the commencement of the meeting at which it is to be considered, with the following exceptions.

- 2.11.3.1.1 Exempted Resolutions.** 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.
- 2.11.3.1.2 AMA Sections.** Resolutions presented from the business meetings of the AMA Sections may be presented for consideration by the House of Delegates no later than the recess of the House of Delegates opening session to be accepted as regular business. Resolutions presented after the recess of the opening session of the House of Delegates will be accepted in accordance with Bylaw 2.11.3.1.4.
- 2.11.3.1.3 Late Resolutions.** Late resolutions may be presented by a delegate prior to the recess of the opening session of the House of Delegates, and will be accepted as business of the House of Delegates only upon two-thirds vote of delegates present and voting.
- 2.11.3.1.4 Emergency Resolutions.** Resolutions of an emergency nature may be presented by a delegate any time after the opening session of the House of Delegates is recessed. Emergency resolutions will be accepted as business only upon a three-fourths vote of delegates present and voting, and if accepted shall be presented to the House of Delegates without consideration by a reference committee. A simple majority vote of the delegates present and voting shall be required for adoption.
- 2.11.3.1.5 Withdrawal of Resolutions.** A resolution may be withdrawn by its sponsor at any time prior to its acceptance as business by the House of Delegates.
- 2.11.3.1.6 Resolutions not Accepted.** Late resolutions and emergency resolutions not accepted as business by the House of Delegates may be submitted for consideration at a future meeting in accordance with the procedure in Bylaw 2.11.3.
- 2.11.3.2 Business from the Board of Trustees.** Reports, recommendations, resolutions or other new business, may be presented by the Board of

Trustees at any time during a meeting. Items of business presented before the recess of the opening session of the House of Delegates will be accepted as regular business. Items of business presented after the recess of the opening session of the House of Delegates will be accepted as emergency business and shall be presented to the House of Delegates without consideration by a reference committee. A two-thirds vote of the delegates present and voting shall be required for adoption.

2.11.3.3 Business from the Councils. Reports, opinions or recommendations from a council of the AMA or a special committee of the House of Delegates may be presented at any time during a meeting. Items of business presented before the recess of the opening session of the House of Delegates will be accepted as regular business. Items of business presented after the recess of the opening session of the House of Delegates will be accepted as emergency business and shall be presented to the House of Delegates without consideration by a reference committee. A two-thirds vote of the delegates present and voting shall be required for adoption.

2.11.3.4 Informational Reports of Sections. Informational reports may be presented by the AMA Sections on an annual basis.

2.11.4 Referral to Reference Committee. Reports, recommendations, resolutions or other new business presented prior to the recess of the opening session of the House of Delegates shall be referred to an appropriate reference committee for hearings and report, subject to acceptance as business of the House of Delegates. Items of business presented after the recess of the opening session are not referred to reference committee, but rather heard by the House of Delegates as a whole, subject to acceptance as business of the House of Delegates. Informational items are not referred to a reference committee.

2.11.5 Quorum. A majority of the voting members of the House of Delegates Official Call shall constitute a quorum.

2.12 Meetings of the House of Delegates.

2.12.1 Regular Meetings of the House of Delegates. The House of Delegates shall meet twice annually, at an Annual Meeting and an Interim Meeting.

2.12.1.1 Business of Interim Meeting. The business of an Interim Meeting shall be focused on advocacy and legislation. Resolutions pertaining to ethics, and opinions and reports of the Council on Ethical and Judicial Affairs, may also be considered at an Interim Meeting. Other business requiring action prior to the following Annual Meeting may also be considered at an Interim Meeting. In addition, any other business may be considered at an Interim Meeting by majority vote of delegates present and voting.

2.12.2 Special Meetings of the House of Delegates. Special Meetings of the House of Delegates shall be called by the Speaker on written or electronic request by one-

third of the members of the House of Delegates, or on request of a majority of the Board of Trustees. When a special meeting is called, the Executive Vice President of the AMA shall mail a notice to the last known address of each member of the House of Delegates at least 20 days before the special meeting is to be held. The notice shall specify the time and place of meeting and the purpose for which it is called, and the House of Delegates shall consider no business except that for which the meeting is called.

2.12.3 Locations. The House of Delegates shall meet in cities selected by the Board of Trustees.

2.12.3.1 Invitation from Constituent Association. A constituent association desiring a meeting within its borders shall submit an invitation in writing, together with significant data, to the Board of Trustees. The dates and the city selected may be changed by action of the Board of Trustees at any time, but not later than 60 days prior to the dates selected for that meeting.

2.12.4 Meetings.

2.12.4.1 Open. The House of Delegates may meet in an open meeting to which any person may be admitted. By majority vote of delegates present and voting, an open meeting may be moved into either a closed or an executive meeting.

2.12.4.2 Closed. A closed meeting shall be restricted to members of the AMA, and to employees of the AMA and of organizations represented in the House of Delegates.

2.12.4.3 Executive. An executive meeting shall be limited to the members of the House of Delegates and to such employees of the AMA necessary for its functioning.

2.13 Committees of the House of Delegates.

2.13.1 Reference Committees of the House of Delegates.

2.13.1.1 Amendments to the Constitution and Bylaws. All proposed amendments to the Constitution or Bylaws, and matters pertaining to the Principles of Medical Ethics of the AMA shall be referred to this committee.

2.13.1.2 Additional Reference Committees. Such additional reference committees are provided, as may be required to consider the items of business before the House of Delegates. Additional reference committee business relating to a particular subject shall, as nearly as possible, be referred to the same Reference Committee.

2.13.1.3 Appointment. The Speaker shall appoint the Chair and other members of the reference committees. Membership on reference committees is restricted to delegates and alternate delegates.

- 2.13.1.4 Size.** Each reference committee shall consist of 7 members, unless otherwise provided.
- 2.13.1.5 Term.** Reference committees shall serve only during the meeting at which they are appointed, unless otherwise directed by the House of Delegates.
- 2.13.1.6 Organization.**
- 2.13.1.6.1 Consideration of Business.** Each reference committee shall convene whenever necessary. It shall consider business referred to it and report to the House of Delegates.
- 2.13.1.6.2 Quorum.** A majority of the members of each committee shall constitute a quorum.
- 2.13.1.6.3 Request Witnesses.** Reference committees may request whomever they wish to appear before them to help formulate their conclusions and recommendations.
- 2.13.1.7 Procedure and Reports.**
- 2.13.1.7.1 Method.** Resolutions, reports, extracted opinions and proposals presented to the House of Delegates prior to the recess of the opening session of the House of Delegates shall be referred to appropriate reference committees, subject to acceptance as business of the House of Delegates. The reports of reference committees shall be presented to the House of Delegates before final action may be taken on such resolutions, reports and proposals, unless otherwise provided in these Bylaws, or unless otherwise unanimously decided by the House of Delegates.
- 2.13.1.7.2 Opinions and Reports of the Council on Ethical and Judicial Affairs.** The Council on Ethical and Judicial Affairs issues opinions and reports. Opinions will be considered informational and filed. Motions are in order to extract an opinion, and request that the Council reconsider or withdraw the opinion. Reports may be adopted, not adopted or referred, and may be amended for clarification only with the concurrence of the Council.
- 2.13.1.7.3 Minority Reports.** A member of a reference committee who intends to make a minority report shall not sign the majority report and shall make this 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 House of Delegates.

2.13.1.7.4 Recommendation for Withdrawal of Resolutions. If, in the judgment of the sponsor and of the reference committee, it appears that withdrawal of a resolution is preferable to presentation for action, the reference committee may recommend 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.

2.13.2 Committee on Rules and Credentials. The Committee on Rules and Credentials is responsible for consideration of all matters relating to the registration and certification of delegates, and is also responsible for proposing rules of conduct and procedure for the orderly transaction of the business of the House of Delegates.

2.13.2.1 Appointment. The Speaker shall appoint the Chair and other members of the committee. Membership on this committee is restricted to delegates and alternate delegates.

2.13.2.2 Size. The committee shall consist of 7 members, unless otherwise provided.

2.13.2.3 Term. The committee shall serve only during the meeting at which it is appointed, unless otherwise directed by the House of Delegates.

2.13.2.4 Quorum. A majority of the members of the committee shall constitute a quorum.

2.13.2.5 Report. The report of the committee shall be presented to the House of Delegates at the call of the Speaker.

2.13.3 Resolution Committee. The Resolution Committee is responsible for reviewing resolutions submitted for consideration at an Interim Meeting and determining compliance of the resolutions with the purpose of the Interim Meeting.

2.13.3.1 Appointment. The Speaker shall appoint the members of the committee. Membership on this committee is restricted to delegates.

2.13.3.2 Size. The committee shall consist of a maximum of 31 members.

2.13.3.3 Term. The committee shall serve only during the meeting at which it is appointed, unless otherwise directed by the House of Delegates.

2.13.3.4 Quorum. A majority of the members of the committee shall constitute a quorum.

2.13.3.5 Meetings. The committee shall not be required to hold meetings. Action may be taken by written or electronic communications.

- 2.13.3.6 Procedure.** A resolution shall be accepted for consideration at an Interim Meeting upon majority vote of committee members voting. The Speaker shall only vote in the case of a tie. If a resolution is not accepted, it may be submitted for consideration at the next Annual Meeting in accordance with the procedure in Bylaw 2.11.3.1.
- 2.13.3.7 Report.** The committee shall report to the Speaker. A report of the committee shall be presented to the House of Delegates at the call of the Speaker.
- 2.13.4 Committee on Compensation of the Officers.** The Committee on Compensation of the Officers is responsible for annually recommending the structure, form and level of total compensation of the Officers. The Committee shall not direct the nature of the work of the Board of Trustees, the mechanisms to accomplish the Board's work, nor the method utilized in designating work assignments.
- 2.13.4.1 Appointment.** The Speaker and President jointly shall appoint the members of the committee. The term of each member shall be 3 years. Membership on this committee is restricted to delegates. The Committee shall select its Chair annually.
- 2.13.4.2 Size.** The committee shall consist of 3 members.
- 2.13.4.3 Tenure.** Members of the committee are eligible for appointment for one 3-year term.
- 2.13.4.4 Vacancies.** The Speaker and President shall jointly appoint a delegate to fill a vacancy on the committee for the unexpired term. A member appointed to fill a vacancy of less than 18 months of the 3-year term shall be eligible for appointment to a subsequent 3-year term on the committee.
- 2.13.4.5 Report.** The committee shall present an annual report to the House of Delegates recommending the level of total compensation for the Officers for the following year. The recommendations of the report may be adopted, not adopted or referred back to the committee, and may be amended for clarification only with the concurrence of the committee.
- 2.13.5 Selection Committee for the Public Member of the Board of Trustees.** The Selection Committee for the Public Member of the Board of Trustees is responsible for submitting a nomination for the public trustee.
- 2.13.5.1 Appointment.** The Speaker shall appoint 5 members of the House of Delegates as members of the Selection Committee. The Chair of the Board of Trustees shall appoint 2 Trustees as members of the Selection Committee. The Committee shall select its Chair biennially.
- 2.13.5.2 Size.** The committee shall consist of 7 members.

2.13.5.3 Term.

2.13.5.3.1 House of Delegates Members. House of Delegates Members shall be appointed for a term of 5 years, so arranged that at each Annual Meeting the term of one House of Delegates Member shall expire.

If the House of Delegates Member ceases to be a member of the House of Delegates at any time prior to the expiration of the term for which appointed, the service of such House of Delegates Member on the Selection Committee shall thereupon terminate, and the position shall be declared vacant.

2.13.5.3.2 Trustee Members. The terms of the Trustee Members shall be determined by the Board of Trustees.

2.13.5.4 Tenure. House of Delegates Members are eligible for appointment for two terms. The tenure of the Trustee Members shall be determined by the Board of Trustees.

2.13.5.5 Vacancies. If a vacancy occurs in a House of Delegates Member position, the Speaker shall fill the vacancy on the committee for the unexpired term. A House of Delegates Member appointed to serve an unexpired term shall be regarded as having served one term upon completion of the unexpired term. If a vacancy occurs in a Trustee Member position, the Chair of the Board of Trustees shall fill the vacancy on the committee.

2.13.5.6 Quorum. A majority of the members of the committee shall constitute a quorum.

2.13.5.7 Nomination. The Selection Committee shall submit to the House of Delegates a nomination for the public trustee. Nominations shall be submitted for consideration prior to the expiration of the public trustee's term. The nomination shall include the qualifications of the nominee. State medical associations, national medical specialty societies, AMA Sections, other organizations represented in the AMA House of Delegates, individual members of the House of Delegates and members of the Board of Trustees may submit the names and qualifications of nominees for consideration by the Selection Committee. The Selection Committee shall solicit nominees and investigate the qualifications of persons considered as nominees.

2.13.6 Special Committees of the House of Delegates. The House may establish special committees for specified terms of one to 3 years. The number of members, the manner of their appointment and the functions of these committees shall be in accordance with 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 members of the House of Delegates may present

their reports in person to the House of Delegates and may participate in debate thereon, but are not entitled to vote in the House of Delegates.

2.13.6.1 Method of Reporting. Special Committees of the House of Delegates shall submit their reports to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the reports to the Special Committees as it deems appropriate, prior to transmitting the reports to the House of Delegates without delay or modifications by the Board. The Board may also submit written recommendations regarding the reports to the House of Delegates.

2.13.7 Other Committees. The Speaker may appoint such other committees as may be desirable for the efficient transaction of business of the House of Delegates.

2.13.7.1 Appointment. The Speaker shall appoint the Chair and other members of the committees. Membership on these committees is restricted to delegates and alternate delegates.

2.13.7.2 Size. Each committee shall consist of 7 members, unless otherwise provided.

2.13.7.3 Term. Each committee shall serve only during the meeting at which it is appointed, unless otherwise directed by the House of Delegates.

2.13.7.4 Quorum. A majority of the members of each committee shall constitute a quorum.

2.13.7.5 Reports. The reports of the committees shall be presented to the House of Delegates at the call of the Speaker.

3—Officers

3.1 Designations. The officers of the AMA shall be those specified in Article V of the Constitution.

3.2 Qualifications.

3.2.1 General. An officer, except the public trustee, must have been an active member of the AMA for at least 2 years immediately prior to election.

3.2.1.1 Resignation of AMA Position. Trustees, except the medical student trustee, shall resign all other positions held by them in the AMA upon their election. The medical student trustee shall resign all other positions held in the AMA upon assumption of office.

3.2.1.2 Delegate. Except for the Speaker and Vice Speaker, no person, while serving as an officer, shall be a delegate or an alternate delegate to the House of Delegates.

- 3.2.1.3 Restriction on Chair.** The Chair of the Board of Trustees is not eligible for election as President-Elect until the Annual Meeting following completion of the term as Chair of the Board of Trustees.
- 3.2.2 Speaker and Vice Speaker.** The Speaker and Vice Speaker of the House shall be elected from among the members of the House of Delegates.
- 3.2.3 Young Physician Trustee.** The young physician trustee shall be an active physician member of the AMA under 40 years of age or within the first eight years of practice after residency and fellowship training programs, who is not a resident/fellow physician.
- 3.2.4 Resident/Fellow Physician Trustee.** The resident/fellow physician trustee shall be an active physician member of the AMA who meets the definition of a resident/fellow physician.
- 3.2.5 Medical Student Trustee.** The medical student trustee shall be an active medical student member of the AMA.
- 3.2.6 Public Trustee.** The public trustee shall be an individual who does not possess the United States degree of doctor of medicine (MD) or doctor of osteopathic medicine (DO), or a recognized international equivalent, and who is not a medical student.
- 3.3 Nominations.** Nominations for President-Elect, Speaker and Vice Speaker, shall be made from the floor by a member of the House of Delegates. Nominations for all other officers, except for Secretary, the medical student trustee, and the public trustee, shall be made from the floor by a member of the House of Delegates and may be announced by the Board of Trustees.
- 3.4 Elections.**
- 3.4.1 Time of Election.** Officers of the AMA, except the Secretary, the medical student trustee, and the public trustee, shall be elected by the House of Delegates at the Annual Meeting, except as provided in Bylaws 3.6 and 3.7. The public trustee may be elected at any meeting of the House of Delegates at which the Selection Committee for the Public Trustee submits a nomination for approval by the House of Delegates. On recommendation of the Committee on Rules and Credentials, the House of Delegates shall set the day and hour of such election. The Medical Student Section shall elect the medical student trustee in accordance with Bylaw 3.5.6.
- 3.4.2 Method of Election.** Where there is no contest, a majority vote without ballot shall elect. All other elections shall be by ballot.
- 3.4.2.1 At-Large Trustees.**
- 3.4.2.1.1 First Ballot.** All nominees for the office of At-Large Trustee shall be listed alphabetically on a single ballot. Each elector shall have as many votes as the number of Trustees to be elected, and each vote must be cast for a different nominee.

No ballot shall be counted if it contains fewer or more votes than the number of Trustees to be elected, or if the ballot contains more than one vote for any nominee. A nominee shall be elected if he or she has received a vote on a majority of the legal ballots cast and is one of the nominees receiving the largest number of votes within the number of Trustees to be elected.

3.4.2.1.2 Runoff Ballot. A runoff election shall be held to fill any vacancy not filled because of a tie vote.

3.4.2.1.3 Subsequent Ballots. If all vacancies for Trustees are not filled on the first ballot and 3 or more Trustees are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. When 2 or fewer Trustees are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are Trustees yet to be elected, and must cast each vote for different nominees. This procedure shall be repeated until all vacancies have been filled.

3.4.2.2 At-Large Trustees to be Elected to Fill Vacancies after a Prior Ballot. The nomination and election of Trustees to fill a vacancy that did not exist at the time of the prior ballot shall be held after election of other Trustees and shall follow the same procedure. Individuals so elected shall be elected to a complete 4-year term of office. Unsuccessful candidates in any election for Trustee, other than the young physician trustee and the resident/fellow physician trustee, shall automatically be nominated for subsequent elections until all Trustees have been elected. In addition, nominations from the floor shall be accepted.

3.4.2.3 All Other Officers, except the Medical Student Trustee and the Public Trustee. All other officers, except the medical student trustee and the public trustee, shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominees on subsequent ballots shall be determined by retaining the 2 nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.

3.4.2.4 Medical Student Trustee. The medical student trustee is elected by the Medical Student Section in accordance with Bylaw 3.5.6.

3.4.2.5 Public Trustee. The public trustee shall be elected separately. The nomination for the public trustee shall be submitted to the House of Delegates by the Selection Committee for the Public Trustee. Nominations from the floor shall not be accepted. A majority vote of delegates present and voting shall be necessary to elect.

3.5 Terms and Tenure.

3.5.1 President-Elect. The President-Elect shall be elected annually and shall serve as President-Elect until the next inauguration and shall become President upon installation at the inaugural ceremony, serving thereafter as President until the installation of a successor. The inauguration of the President may be held at any time during the meeting.

3.5.2 Speaker and Vice Speaker. The Speaker and Vice Speaker of the House of Delegates shall be elected annually, each to serve for one year or until their successors are elected and installed.

3.5.2.1 Limit on Total Tenure. An individual elected as Speaker may serve a maximum tenure of 4 years as Speaker. An individual elected as Vice Speaker may serve for a maximum tenure of 4 years as Vice Speaker.

3.5.3 Secretary. A Secretary shall be selected by the Board of Trustees from one of its members and shall serve for a term of one year.

3.5.4 At-Large Trustees. At-Large Trustees shall be elected to serve for a term of 4 years, and shall not serve for more than 2 terms.

3.5.4.1 Limit on Total Tenure. Trustees may serve for a maximum tenure of 8 years. Trustees elected at an Interim Meeting may serve for a maximum tenure of 8 years from the Annual Meeting following their election. The limitation on tenure shall take priority over a term length for which the Trustee was elected.

3.5.4.2 Prior Service as Young Physician Trustee. Periods of service as the young physician trustee shall count as part of the maximum Board of Trustees tenure.

3.5.4.3 Prior Service as Resident/Fellow Physician Trustee or Medical Student Trustee. Periods of service as the resident/fellow physician trustee or as the medical student trustee shall not count as part of the maximum Board of Trustees tenure.

3.5.5 Resident/Fellow Physician Trustee. The resident/fellow physician trustee shall serve a term of 2 years and shall not serve for more than 3 terms. If the resident/fellow physician trustee is unable, for any reason, to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected to a term to expire at the conclusion of the second

Annual Meeting of the House of Delegates following the meeting at which the resident/fellow physician trustee was elected.

3.5.5.1 Cessation of Residency/Fellowship. The term of the resident/fellow physician trustee shall terminate and the position shall be declared vacant if the trustee should cease to be a resident/fellow physician. If the trustee completes residency or fellowship within 90 days prior to an Annual Meeting, the trustee shall be permitted to continue to serve on the Board of Trustees until the completion of the Annual Meeting.

3.5.6 Medical Student Trustee. The Medical Student Section shall elect the medical student trustee annually. The medical student trustee shall have all of the rights of a trustee to participate fully in meetings of the Board, including the right to make motions and to vote on policy issues, intra-Board elections or other elections, appointments or nominations conducted by the Board of Trustees.

3.5.6.1 Term. The medical student trustee shall be elected at the Business Meeting of the Medical Student Section prior to the Interim Meeting for a term of one year beginning at the close of the next Annual Meeting and concluding at the close of the second Annual Meeting following the meeting at which the trustee was elected.

3.5.6.2 Re-election. The medical student trustee shall be eligible for re-election as long as the trustee remains eligible for medical student membership in AMA.

3.5.6.3 Cessation of Enrollment. The term of the medical student trustee shall terminate and the position shall be declared vacant if the medical student trustee should cease to be eligible for medical student membership in the AMA by virtue of the termination of the trustee's enrollment in an educational program. If the medical student trustee graduates from an educational program within 90 days prior to an Annual Meeting, the trustee shall be permitted to continue to serve on the Board of Trustees until completion of the Annual Meeting.

3.5.7 Young Physician Trustee. The young physician trustee shall be elected for a term of 4 years, and shall not serve for more than 2 terms.

3.5.7.1 Limitations. No candidate shall be eligible for election or re-election as the young physician trustee unless, at the time of election, he or she is under 40 years of age or within the first eight years of practice after residency and fellowship training, and is not a resident/fellow physician. A young physician trustee shall be eligible to serve on the Board of Trustees for the full term for which elected, even if during that term the trustee reaches 40 years of age or completes the eighth year of practice after residency and fellowship training.

3.5.8 Public Trustee. A public trustee shall be elected for a term of 4 years, and shall not serve for more than one term. A public trustee shall have all of the rights of a trustee to participate fully in meetings of the Board, including the right to make motions and to vote on policy issues, except that a public trustee shall not have

the right to vote on intra-Board elections. A public trustee shall not be eligible for election as an officer of the Board of Trustees.

3.6 Vacancies.

3.6.1 Appointment. The Board of Trustees may, by appointment, fill any vacancy in the office of Speaker, Vice Speaker or Trustee, except the public trustee, to serve until the next meeting of the House of Delegates. A vacancy in the office of medical student trustee shall be filled by appointment by the Board of Trustees from 2 or more nominations provided by the Medical Student Section Governing Council. The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointment.

3.6.2 Public Trustee Vacancy. If the public trustee is unable to complete the term for which elected, the remainder of the term shall be deemed to have expired.

3.6.3 Election to fill Vacancy. Any vacancy in the office of President-Elect, Trustee, Speaker or Vice Speaker shall be filled by election by the House of Delegates at the earliest convenient time recommended by the Committee on Rules and Credentials and approved by the House of Delegates.

3.6.4 Absences. If an officer misses 6 consecutive regular meetings of the Board, this matter shall be reported to the House of Delegates by the Board of Trustees and the office shall be considered vacant. The vacancy shall be filled as provided in Bylaw 3.6.3.

3.7 Successor to the President. If the Office of President becomes vacant, the President-Elect shall immediately become President and serve the remainder of the unexpired term and then assume office in accordance with Bylaw 3.5.1. If the Office of President becomes vacant during a period when the Office of President-Elect is vacant, then the Speaker shall immediately become President for the remainder of the unexpired term.

3.8 Installation of Officers. The officers of the AMA shall assume their duties at the close of the meeting at which they are elected, except as stated herein. The medical student trustee shall assume office at the close of the Annual Meeting following the Interim Meeting at which the medical student trustee was elected. If elected at an Interim Meeting or Special Meeting, the public trustee shall assume office at the close of the Annual Meeting following his or her election. If elected at an Annual Meeting, the public trustee shall assume office at the close of the Annual Meeting at which he or she was elected.

3.8.1 Installation of the President. The President-Elect shall be installed as President, and shall assume the duties of that office, at the inauguration.

3.8.1.1 Inauguration. The inauguration shall be held during the Annual Meeting and shall be presided over by the President. If the President is absent, or so requests, the Speaker shall preside until the induction of the incoming President. The program for the inauguration shall be arranged by the Executive Vice President of the AMA, subject to approval by the Board of Trustees.

4—Duties and Privileges of Officers

- 4.1 President.** The President shall:
- 4.1.1** Deliver an inaugural address.
 - 4.1.2** Address the opening meeting of the Annual and Interim Meetings of the House of Delegates.
 - 4.1.3** Participate, ex officio and without the right to vote, in sessions of the House of Delegates.
 - 4.1.4** Nominate, subject to confirmation by the Board of Trustees, committees requested by the councils and committees for emergencies and purposes not otherwise provided for in the Constitution and in these Bylaws.
 - 4.1.5** Serve, ex officio, as a member of the Board of Trustees.
 - 4.1.6** Serve as the principal spokesperson in enunciating and advocating the official policies and positions of the AMA. The President shall have discretion in accepting the President's speaking engagements and official visits. The President shall seek the advice and counsel of the Chair in evaluating acceptance of the President's speaking engagements and official visits.
 - 4.1.7** Serve as the presiding officer of the Board of Trustees in the absence of the Chair and the Chair-elect.
- 4.2 President-Elect.** The President-Elect shall:
- 4.2.1** Participate, ex officio and without the right to vote, in the sessions of the House of Delegates.
 - 4.2.2** Serve, ex officio, as a member of the Board of Trustees.
 - 4.2.3** Serve as a primary spokesperson in enunciating and advocating the official policies and positions of the AMA.
 - 4.2.4** Nominate a member for a full term of 7 years for election by the House of Delegates to the Council on Ethical and Judicial Affairs in the year of inauguration.
- 4.3 Immediate Past President.** The Immediate Past President shall:
- 4.3.1** Serve, ex officio, as a member of the Board of Trustees.
 - 4.3.2** Participate, ex officio, and without the right to vote, in sessions of the House of Delegates.

- 4.7.2 Shall function as effective representative of the AMA in presenting the AMA's policies and positions.
- 4.7.3 Shall provide leadership and guidance in promoting the core tenet of professionalism and in promoting AMA membership.
- 4.7.4 May serve on councils or committees when specifically provided for in the Bylaws.

5—Board of Trustees

5.1 Organization.

5.1.1 Officers and Committees. Immediately following the conclusion of the Annual Meeting, the Board shall organize by electing a Chair-elect, a Secretary, and committees necessary for its functions.

5.1.1.1 Tenure of Chair and Chair-elect. The Chair and Chair-elect shall serve for a single one-year term with the Chair-elect automatically succeeding to the position of Chair upon completion of the Chair-elect term.

5.1.1.2 Chair. The Chair shall:

5.1.1.2.1 Exercise authority as the Board of Trustees' primary officer.

5.1.1.2.2 Direct and guide preparation of agendas for meetings of the Board of Trustees.

5.1.1.2.3 Preside over meetings of the Board of Trustees and its Executive Committee.

5.1.1.2.4 Make and coordinate assignments for Trustees. Assignments for the President shall be in accord with Bylaw 4.1.6.

5.1.1.2.5 Serve as the primary spokesperson for the Board of Trustees.

5.1.1.2.6 Assure a sound working relationship between the Board of Trustees and the Executive Vice President.

5.1.1.3 Chair-elect. The Chair-elect shall assume the duties of the Chair in the Chair's absence or at the request of the Chair.

5.1.2 Executive Committee. The Board of Trustees at its organization meeting may designate 3 or more Trustees to constitute an executive committee. Members of the committee shall serve until the next organization meeting of the Board and until their successors are elected and qualified. The Speaker of the House of Delegates shall serve, ex officio, as a member of the executive committee. The executive committee shall have such powers and duties as may be defined from time to time by the Board of Trustees.

5.2 Meetings.

- 5.2.1 Regular Meetings.** There shall be at least 4 regular meetings of the Board of Trustees each calendar year, held at such time and place as the Board shall determine. Notice of each regular meeting shall be given at least 10 days before each such meeting.
- 5.2.2 Special Meetings.** Special meetings may be called at any time by the Chair or at the request of 7 members of the Board. Notice shall be given at least 2 days before each such meeting.
- 5.2.3 Quorum.** A majority of the voting members of the Board of Trustees shall constitute a quorum.
- 5.2.4 Notice of Meeting.** Notice is given if delivered in person, by telephone, mail, or any means of electronic communication approved by the Board of Trustees. Notice shall be deemed to be received upon delivery to the Trustee's contact information then appearing on the records of the AMA.
- 5.2.4.1 Waiver of Notice.** Notice of any meeting need not be given if waived in writing before, during or after such meeting. Attendance at any meeting shall constitute a waiver of notice of such meeting, except where such attendance is for the express purpose of objecting to the transacting of any business because of a question as to the legality of the calling or convening of the meeting.
- 5.2.5 Telephone Conference.** Trustees may participate in and act at any meeting through the use of a conference telephone or other communications equipment by means of which all persons participating in the meeting can communicate with each other. Such participation shall constitute attendance and presence at the meeting.
- 5.2.6 Electronic Communications.** Any actions required to be in writing may be taken or transmitted by Trustees by electronic mail or other electronic means approved by the Board of Trustees.

5.3 Duties and Privileges. In addition to the rights and duties conferred or imposed upon the Board of Trustees by law and custom and elsewhere in the Constitution and Bylaws, the Board of Trustees shall:

- 5.3.1 Management.** Manage or direct the management of the property and conduct the affairs, work and activities of the AMA consistent with the policy actions and directives adopted by the House of Delegates, except as may be otherwise provided in the Constitution or these Bylaws.
- 5.3.1.1** The Board is the principal governing body of the AMA and it exercises broad oversight and guidance for the AMA with respect to the management systems and risk management program of the AMA through its oversight of the AMA's Executive Vice President.

- 5.3.1.2** Board of Trustees actions should be based on policies and directives approved by the House of Delegates. In the absence of specifically applicable House policies or directives and to the extent feasible, the Board shall determine AMA positions based on the tenor of past policy and other actions that may be related in subject matter.
- 5.3.2 Planning.** Serve as the principal planning agent for the AMA.
- 5.3.2.1** Planning focuses on the AMA's goals and objectives and involves decision-making over allocation of resources and strategy development. Planning is a collaborative process involving all of the AMA's Councils, Sections, and other appropriate AMA components.
- 5.3.2.2** The House of Delegates and the Council on Long Range Planning and Development have key roles in identifying and making recommendations to the Board regarding important strategic issues and directions related to the AMA's vision, goals, and priorities.
- 5.3.3 Fulfillment of House of Delegates Charge.** Review all resolutions and recommendations adopted by the House of Delegates to determine how to fulfill the charge from the House. Resolutions and recommendations pertaining to the expenditure of funds also shall be reviewed. If it is decided that the expenditure is inadvisable, the Board shall report, at its earliest convenience, to the House the reasons for its decisions.
- 5.3.3.1** In determining expenditure advisability, 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.
- 5.3.4 Publication.** Within the policies adopted by the House of Delegates, provide for the publication of *The Journal of the American Medical Association* and such specialty journals, periodicals, and other publications and electronic media information as it may deem to be desirable in the best interests of the public and the medical profession.
- 5.3.5 Election of Secretary.** Select a Secretary from one of its members annually.
- 5.3.6 Selection of Executive Vice President.** Select and evaluate an Executive Vice President.
- 5.3.6.1** The Executive Vice President is the chief executive officer of the AMA and as such is responsible for AMA management and performance in accordance with the vision, goals, and priorities of the AMA. The Executive Vice President is both a key leader for the organization and the bridge between AMA management and the Board of Trustees.
- 5.3.6.2** The Executive Vice President shall manage and direct the day-to-day duties of the AMA, including advocacy activities, and perform the duties commonly required of the chief executive officer of a corporation.

- 5.3.6.3** The Executive Vice President shall ensure that there is an active and effective risk management program.
- 5.3.6.4** No individual who has served as an AMA Officer or Trustee shall be selected or serve as Executive Vice President until 3 years following completion of the term of the AMA office.
- 5.3.7 Finances.** Maintain the financial health of the AMA. The Board shall:
 - 5.3.7.1** Oversee the development and approve the annual budget for the AMA, consistent with the AMA's vision, goals, and priorities.
 - 5.3.7.2** Ensure that the AMA's resource allocations are aligned with the AMA's plan and budget.
 - 5.3.7.3** Evaluate membership dues levels and make related recommendations to the House of Delegates.
 - 5.3.7.4** Review and approve financial and business decisions that significantly affect the AMA's revenues and expenses.
 - 5.3.7.5** Have the accounts of the AMA audited at least annually.
- 5.3.8 Financial Reporting.** Make proper financial reports concerning AMA affairs to the House of Delegates at its Annual Meeting.
- 5.3.9 Appointment of Committees.** Appoint such committees as necessary to carry out the purposes of the AMA.
 - 5.3.9.1** An advisory committee will be constituted for purposes of education and advocacy.
 - 5.3.9.1.1** It will have a governing council and a direct reporting relationship to the Board.
 - 5.3.9.1.2** An advisory committee will not have representation in the House of Delegates.
 - 5.3.9.1.3** An advisory committee will operate under a charter that will be subject to review and renewal by the Board at least every four years.
 - 5.3.9.2** An ad hoc committee will be constituted as a special committee, workgroup or taskforce.
 - 5.3.9.2.1** It will operate for a specific purpose and for a prescribed period of time.
- 5.3.10 Committee Vacancies.** Fill vacancies in any committee where such authority is not delegated elsewhere by these Bylaws.

5.3.11 Litigation. Initiate, defend, settle, or otherwise dispose of litigation involving the interests of the AMA.

6—Councils

6.0.1 Responsibilities.

6.0.1.1 Information and Recommendations. All Councils have a continuing duty to provide information and to submit recommendations to the House of Delegates, through the Board of Trustees, on matters relating to the areas of responsibility assigned to them under the provisions of these Bylaws.

6.0.1.1.1 Method of Reporting. Councils, except the Council on Ethical and Judicial Affairs and the Council on Legislation shall submit their reports to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the reports to the Councils as it deems appropriate, prior to transmitting the reports to the House of Delegates without delay or modification by the Board. The Board may also submit written recommendations regarding the reports to the House of Delegates.

6.0.1.1.2 Method of Referral. Referrals from the House of Delegates to a Council shall be made through the Board of Trustees. The Board may, in addition, refer the matter to such other councils as it deems appropriate.

6.0.1.2 Strategic Planning. All Councils have a responsibility to participate in the strategic planning process with the Board of Trustees, other Councils, and other organizational units as may be appropriate.

6.0.1.3 Communications and Working Relationships. All Councils have a responsibility to communicate and develop working relationships with the Board of Trustees, other Councils, the Sections, organizations represented within the House of Delegates and other organizational units as may be appropriate.

6.0.2 Rules and Regulations. Each Council shall select a Chair and Vice Chair or Chair-Elect and may adopt such rules and regulations as it deems necessary and appropriate for the conduct of its affairs, subject to approval by the Board of Trustees.

6.1 Council on Constitution and Bylaws.

6.1.1 Functions.

6.1.1.1 To review, advise and make recommendations on matters pertaining to the Constitution and Bylaws;

6.1.1.2 To recommend such changes in the Constitution and Bylaws as it deems appropriate for action by the House of Delegates;

6.1.1.3 To draft Constitution and Bylaws language as directed by the House of Delegates or Board of Trustees, or as recommended by the Council for consideration by the House of Delegates.

6.1.1.4 To serve as advisory to the Board of Trustees in reviewing the rules, regulations, and procedures of the AMA Councils and Sections.

6.1.2 Membership.

6.1.2.1 Eight active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student.

6.1.2.2 In addition, the Speaker and Vice Speaker of the House of Delegates shall be ex officio members of the Council without the right to vote.

6.2 Council on Medical Education.

6.2.1 Functions.

6.2.1.1 To study and evaluate all aspects of medical education continuum, including the development of programs approved by the House of Delegates, to ensure an adequate continuing supply of well-qualified physicians to meet the needs of the public;

6.2.1.2 To review and recommend policies for medical and allied health education, whereby the AMA may provide the highest education service to both the public and the profession;

6.2.1.3 To consider and recommend means by which the AMA may, on behalf of the public and the medical profession at-large, continue to provide information, leadership, and direction to the existing inter-organizational bodies dealing with medical and allied health education; and

6.2.1.4 To consider and recommend the means and methods whereby physicians may be assisted in maintaining their professional competence and the development of means and criteria for recognition of such achievement.

6.2.2 Membership.

6.2.2.1 Twelve active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student.

6.3 Council on Medical Service.

6.3.1 Functions.

6.3.1.1 To study and evaluate the social and economic aspects of health care; and, on behalf of the public and the profession, to recommend relevant policy changes to improve health care delivery in a changing socioeconomic environment;

- 6.3.1.2** To investigate social and economic factors influencing the practice of medicine;
- 6.3.1.3** To confer with state associations, component societies and national medical specialty societies regarding changing conditions and anticipated proposals that would affect medical care; and
- 6.3.1.4** To assist medical service committees established by state associations, component societies, and the national medical specialty societies.

6.3.2 Membership.

- 6.3.2.1** Twelve active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student.

6.4 Council on Science and Public Health.

6.4.1 Functions.

- 6.4.1.1** To advise on substantial and promising developments in the scientific aspects of medicine, public health, and biomedical research that warrant public attention;
- 6.4.1.2** To advise on professional and public information activities that might be undertaken by the AMA in the fields of scientific medicine and public health;
- 6.4.1.3** To assist in the preparation of policy positions on scientific issues in medicine and public health raised by the public media;
- 6.4.1.4** To advise on policy positions on aspects of government support, involvement in, or control of biomedical and public health research;
- 6.4.1.5** To advise on opportunities to coordinate or cooperate with national medical specialty societies, voluntary health agencies, other professional organizations and governmental agencies on scientific activities in medicine and public health;
- 6.4.1.6** To consider and evaluate the benefits that might be derived from joint development of domestic and international programs on scientific issues in medicine and public health; and
- 6.4.1.7** To propose and evaluate activities that might be undertaken by the AMA as major scientific projects in medicine or public health, either individually or jointly with state associations and component societies.

6.4.2 Membership.

- 6.4.2.1** Twelve active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student.

6.5 Council on Ethical and Judicial Affairs.

6.5.1 Authority. The Council on Ethical and Judicial Affairs is the judicial authority of the AMA, and its decision shall be final.

6.5.2 Functions.

6.5.2.1 To interpret the Principles of Medical Ethics of the AMA through the issuance of Opinions;

6.5.2.2 To interpret the Constitution, Bylaws and rules of the AMA;

6.5.2.3 To investigate general ethical conditions and all matters pertaining to the relations of physicians to one another or to the public, and make recommendations to the House of Delegates or the constituent associations through the issuance of Reports or Opinions;

6.5.2.4 To receive appeals filed by applicants who allege that they, because of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, age, or for any other reason unrelated to character or competence have been unfairly denied membership in a constituent association and/or component society, to determine the facts in the case, and to report the findings to the House of Delegates. If the Council determines that the allegations are indeed true, it shall admonish, censure, or in the event of repeated violations, recommend to the House of Delegates that the constituent association and/or component society involved be declared to be no longer a constituent association and/or component society member of the AMA;

6.5.2.5 To request that the President appoint investigating juries to which it may refer complaints or evidence of unethical conduct which in its judgment are of greater than local concern. Such investigative juries, if probable cause for action be shown, shall submit formal charges to the President, who shall appoint a prosecutor to prosecute such charges against the accused before the Council on Ethical and Judicial Affairs in the name and on behalf of the AMA. The Council may acquit, admonish, suspend, expel, or place on probation the accused; and

6.5.2.6 To approve applications and nominate candidates for affiliate membership as otherwise provided for in Bylaw 1.1.2.

6.5.3 Original Jurisdiction. The Council on Ethical and Judicial Affairs shall have original jurisdiction in:

6.5.3.1 All questions involving membership as provided in Bylaws 1.1.1.1, 1.1.1.2, 1.1.2, 1.1.4, and 1.5.

6.5.3.2 All controversies arising under this Constitution and Bylaws and under the Principles of Medical Ethics to which the AMA is a party.

6.5.3.3 Controversies between two or more constituent associations or their members and between a constituent association and a component society or societies of another constituent association or associations or their members.

6.5.4 Appellate Jurisdiction. The Council on Ethical and Judicial Affairs shall have appellate jurisdiction in questions of law and procedure but not of fact in all cases which arise:

- a. Between a constituent association and one or more of its component societies.
- b. Between component societies of the same constituent association.
- c. Between a member or members and the component society to which the member or members belong following an appeal to the member's constituent association.
- d. Between a member and the component society or the constituent association to which the member belongs regarding disciplinary action taken against the member by the society or association.
- e. Between members of different component societies of the same constituent association following a decision by the constituent association.

6.5.4.1 Appeal Mechanisms. Notice of appeal shall be filed with the Council on Ethical and Judicial Affairs within 30 days of the date of the decision by the component society or the constituent association and the appeal shall be perfected within 60 days thereof; provided, however, that the Council on Ethical and Judicial Affairs, for what it considers good and sufficient cause, may grant an additional 30 days for perfecting the appeal.

6.5.5 Membership.

6.5.5.1 Nine active members of the AMA, one of whom shall be a resident/fellow physician and one of whom shall be a medical student. Members elected to the Council on Ethical and Judicial Affairs shall resign all other positions held by them in the AMA upon their election to the Council. No member, while serving on the Council on Ethical and Judicial Affairs, shall be a delegate or an alternate delegate to the House of Delegates, or an Officer of the AMA, or serve on any other council, committee, or as representative to or Governing Council member of an AMA Section, with the exception of service on the Committee on Conduct at AMA Meetings (CCAM) as specified in AMA Policy.

6.5.5.2 Limit on Medical Student Participation. The medical student member of the Council shall have the right to participate fully in the work of the Council, including the right to make motions and vote on policy issues, elections, appointments, or nominations conducted by the Council, except that in disciplinary matters and in matters relating to membership

the medical student member shall participate only if a medical student is the subject of the disciplinary matter or is the applicant for membership.

6.5.6 Nomination and Election. The members of the Council shall be elected by the House of Delegates on nomination by the President-Elect who assumes the office of President at the conclusion of the meeting. State associations, national medical specialty societies, Sections, and other organizations represented in the House of Delegates, and members of the Board of Trustees may submit the names and qualifications of candidates for consideration by the President-Elect.

6.5.7 Term.

6.5.7.1 The medical student member of the Council shall be elected for a term of 2 years. Except as provided in Bylaw 6.11, if the medical student member ceases to be enrolled in an educational program at any time prior to the expiration of the term for which the medical student member was elected, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.5.7.2 Except as provided in Bylaw 6.11, the resident/fellow physician member of the Council shall be elected for a term of 3 years provided that if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.5.7.3 All other members of the Council shall be elected for a term of 7 years, so arranged that at each Annual Meeting the term of one member shall expire.

6.5.8 Tenure. Members of the Council may serve only one term, except that the resident/fellow physician member and the medical student member shall be eligible to serve for 2 terms. A member elected to serve an unexpired term shall not be regarded as having served a term unless such member has served at least half of the term.

6.5.9 Vacancies.

6.5.9.1 Members other than the Resident/Fellow Physician Member. Any vacancy among the members of the Council other than the resident/fellow physician member shall be filled at the next meeting of the House of Delegates. The new member shall be elected by the House of Delegates, on nomination by the President, for the remainder of the unexpired term.

6.5.9.2 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council ceases to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates at the next Annual Meeting, on nomination by the President, for a 3-year term.

6.6 Council on Long Range Planning and Development.

6.6.1 Functions.

- 6.6.1.1** To study and make recommendations concerning the long-range objectives of the AMA;
- 6.6.1.2** To study, make recommendations, and serve in an advisory role to the Board of Trustees concerning strategies by which the AMA attempts to reach its long-range objectives;
- 6.6.1.3** To study, or cause to be studied, anticipated changes in the environment in which medicine and the AMA must function, collect relevant data and transmit interpretations of these studies and data to the Board of Trustees for distribution to decision making centers throughout the AMA, and submit reports to the House of Delegates at appropriate times;
- 6.6.1.4** To identify and evaluate ways to enhance the AMA's policy development processes and to make information on AMA policy positions readily accessible by providing support to the AMA's outreach, communications, and advocacy activities; and
- 6.6.1.5** To evaluate and make recommendations to the House of Delegates, through the Board of Trustees, with respect to the formation and/or change in status of any Section. The Council will apply criteria adopted by the House of Delegates.

6.6.2 Membership.

- 6.6.2.1** Ten active members of the AMA. Five members shall be appointed by the Speaker of the House of Delegates as follows: Two members shall be appointed from the membership of the House of Delegates, 2 members shall be appointed from the membership of the House of Delegates or from the AMA membership at-large, and one member appointed shall be a resident/fellow physician. Four members shall be appointed by the Board of Trustees from the membership of the House of Delegates or from the AMA membership at-large. One member appointed shall be a medical student member appointed by the Governing Council of the Medical Student Section with the concurrence of the Board of Trustees.

6.6.3 Term.

- 6.6.3.1 Members other than the Resident/Fellow Physician Member and Medical Student Member.** Members of the Council other than the resident/fellow physician and medical student member shall be appointed for terms of 4 years beginning at the conclusion of the Annual Meeting.
- 6.6.3.2 Resident/Fellow Physician Member.** The resident/fellow physician member of the Council shall be appointed for a term of 3 years beginning at the conclusion of the Annual Meeting provided that if the

resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which appointed except as provided in Bylaw 6.11, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.6.3.3 Medical Student Member. Except as provided in Bylaw 6.11, the medical student member of the Council shall be appointed for a term of one year beginning at the conclusion of the Annual Meeting. If the medical student member ceases to be enrolled in an educational program at any time prior to the expiration of the term for which appointed, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.6.4 Tenure. Members of the Council may serve for no more than 8 years. The limitation on tenure shall take priority over a term length for which the member was appointed.

6.6.5 Vacancies.

6.6.5.1 Members Other than the Resident/Fellow Physician and Medical Student Member. Any vacancy among the members of the Council other than the resident/fellow physician and the medical student member shall be filled by appointment by either the Speaker of the House of Delegates or by the Board of Trustees as provided in Bylaw 6.6.2. The new member shall be appointed for a 4-year term.

6.6.5.2 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council ceases to complete the term for which appointed, the remainder of the term shall be deemed to have expired. The successor shall be appointed by the Speaker of the House of Delegates for a 3-year term.

6.7 Council on Legislation.

6.7.1 Functions.

6.7.1.1 To review proposed federal legislation and recommend appropriate action in accordance with AMA policy;

6.7.1.2 To recommend changes in existing AMA policy when necessary to accomplish effective legislative goals;

6.7.1.3 To serve as a reference council through which all legislative issues of the AMA are channeled prior to final consideration by the Board of Trustees;

6.7.1.4 To maintain constant surveillance over legislation and to anticipate future legislative needs;

- 6.7.1.5** To recommend to the Board of Trustees new federal legislation and legislation to modify existing laws of interest to the AMA;
- 6.7.1.6** To monitor the development and issuance of federal regulations and to make recommendations to the Board of Trustees concerning action on such regulations; and
- 6.7.1.7** To develop and recommend to the Board of Trustees models for state legislation.

6.7.2 Membership.

- 6.7.2.1** Twelve active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student. These members of the Council shall be appointed by the Board of Trustees. The medical student member shall be appointed from nominations submitted by the Medical Student Section.

6.7.3 Term.

- 6.7.3.1** Members of the Council on Legislation shall be appointed for terms of one year, beginning at the conclusion of the Annual Meeting. Except as provided in Bylaw 6.11, if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which appointed, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant. Except as provided in Bylaw 6.11, if the medical student member ceases to be enrolled in an educational program the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

- 6.7.4 Tenure.** Members of the Council on Legislation may serve no more than eight terms.

- 6.7.5 Vacancies.** Any vacancy occurring on the Council shall be filled for the remainder of the unexpired term at the next meeting of the Board of Trustees. Completion of an unexpired term shall not count toward maximum tenure on the Council.

6.8 Election - Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health.

- 6.8.1 Nomination and Election.** Members of these Councils, except the medical student member, shall be elected by the House of Delegates. Nominations shall be made by the Board of Trustees and may also be made from the floor by a member of the House of Delegates.

- 6.8.1.1 Separate Election.** The resident/fellow physician member of these Councils shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominees on subsequent ballots shall be

determined by retaining the 2 nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.

6.8.1.2 Other Council Members. With reference to each such Council, all nominees for election shall be listed alphabetically on a single ballot. Each elector shall have as many votes as there are members to be elected, and each vote must be cast for a different nominee. No ballot shall be counted if it contains fewer votes or more votes than the number of members to be elected, or if the ballot contains more than one vote for any nominee. A nominee shall be elected if he or she has received a vote on a majority of the legal ballots cast and is one of the nominees receiving the largest number of votes within the number of members to be elected.

6.8.1.3 Run-Off Ballot. A run-off election shall be held to fill any vacancy that cannot be filled because of a tie vote.

6.8.1.4 Subsequent Ballots. If all vacancies are not filled on the first ballot and 3 or more members of the Council are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be 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. When 2 or fewer members of the Council are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are members of the Council yet to be elected, and must cast each vote for a different nominee. This procedure shall be repeated until all vacancies have been filled.

6.8.1.5 Council Members to be Elected to Fill Vacancies after a Prior Ballot. The nomination and election of members of the Council to fill a vacancy that did not exist at the time of the prior ballot shall be held after election of other members of the Council, and shall follow the same procedure. Individuals elected to such vacancy shall be elected to a complete 4-year term. Unsuccessful candidates in the election for members of the Council shall automatically be nominated for subsequent elections to fill any such vacancy until all members of the Council have been elected. In addition, nominations from the floor shall be accepted.

6.8.2 Medical Student Member. Medical student members of these Councils shall be appointed by the Governing Council of the Medical Student Section with the concurrence of the Board of Trustees.

6.9 Term and Tenure - Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health.

6.9.1 Term.

6.9.1.1 Members other than the Resident/Fellow Physician Member and Medical Student Member. Members of these Councils other than the resident/fellow physician and medical student member shall be elected for terms of 4 years.

6.9.1.2 Resident/Fellow Physician Member. The resident/fellow physician member of these Councils shall be elected for a term of 3 years. Except as provided in Bylaw 6.11, if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.9.1.3 Medical Student Member. The medical student member of these Councils shall be appointed for a term of one year. Except as provided in Bylaw 6.11, if the medical student member ceases to be enrolled in an educational program at any time prior to the expiration of the term for which elected, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.9.2 Tenure. Members of these Councils may serve no more than 8 years. The limitation on tenure shall take priority over a term length for which the member was elected. Medical student members who are appointed shall assume office at the close of the Annual Meeting.

6.9.3 Vacancies.

6.9.3.1 Members other than the Resident/Fellow Physician and Medical Student Member. Any vacancy among the members of these Councils other than the resident/fellow physician and medical student member shall be filled at the next Annual Meeting of the House of Delegates. The successor shall be elected by the House of Delegates for a 4-year term.

6.9.3.2 Resident/Fellow Physician Member. If the resident/fellow physician member of these Councils ceases to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates for a 3-year term.

6.10 Commencement of Term. Members of Councils who are elected by the House of Delegates shall assume office at the close of the meeting at which they are elected.

6.11 Term of Resident/Fellow Physician or Medical Student Member. A resident/fellow physician or medical student member of a Council who completes residency or fellowship or who graduates from an educational program within 90 days prior to an

Annual Meeting shall be permitted to serve on the Council until the completion of the Annual Meeting. Service on a Council as a resident/fellow physician and/or medical student member shall not be counted in determining maximum Council tenure.

7—Sections

- 7.0.1 Mission of the Sections.** A Section is a formal group of physicians or medical students directly involved in policymaking through a Section delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Sections shall be established by the House of Delegates for the following purposes:
- 7.0.1.1 Involvement.** To provide a direct means for membership segments represented in the Sections to participate in the activities, including policy-making, of the AMA.
 - 7.0.1.2 Outreach.** To enhance AMA outreach, communication, and interchange with the membership segments represented in the Sections.
 - 7.0.1.3 Communication.** To maintain effective communications and working relationships between the AMA and organizational entities that are relevant to the activities of each Section.
 - 7.0.1.4 Membership.** To promote AMA membership growth.
 - 7.0.1.5 Representation.** To enhance the ability of membership segments represented in the Sections to provide their perspective to the AMA and the House of Delegates.
 - 7.0.1.6 Education.** To facilitate the development of information and educational activities on topics of interest to the membership segments represented in the Sections.
- 7.0.2 Informational Reports.** Each Section may submit at the Annual Meeting an informational report detailing the activities and programs of the Section during the previous year. The report(s) shall be submitted to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the report(s) to the Sections as it deems appropriate, prior to transmitting the report(s) to the House of Delegates without delay or modification by the Board. The Board may also submit written recommendations regarding the report(s) to the House of Delegates.
- 7.0.3 Governing Council.** There shall be a Governing Council for each Section to direct the programs and the activities of the Section. The programs and activities shall be subject to the approval of the Board of Trustees or the House of Delegates.
- 7.0.3.1 Qualifications.** Members of each Section Governing Council must be members of the AMA and of the Section.
 - 7.0.3.2 Voting.** Members of each Section Governing Council shall be elected by the voting members of the Section present at the business meeting of the Section, unless otherwise provided in this Bylaw.

- 7.0.3.3 Additional Requirements.** Each Section shall adopt rules governing the composition, election, term, and tenure of its Governing Council.
- 7.0.4 Officers.** Each Section shall select a Chair and Vice Chair or Chair-Elect and other necessary and appropriate officers.
- 7.0.4.1 Qualifications.** Officers of each Section must be members of the AMA and of the Section.
- 7.0.4.2 Voting.** Officers of each Section shall be elected by the voting members of the Section, unless otherwise provided in this Bylaw.
- 7.0.4.3 Additional Requirements.** Each Section shall adopt rules governing the titles, duties, election, term, and tenure of its officers.
- 7.0.5 Delegate and Alternate Delegate.** Each Section shall elect a Delegate and Alternate Delegate to represent the Section in the House of Delegates.
- 7.0.6 Business Meeting.** There shall be a Business Meeting of members of each Section. The Business Meeting shall be held on a day prior to each Annual and Interim Meeting of the House of Delegates.
- 7.0.6.1 Purpose.** The purposes of the Business Meeting shall be:
- 7.0.6.1.1** To hear such reports as may be appropriate.
 - 7.0.6.1.2** To consider other business and vote upon such matters as may properly come before the meeting.
 - 7.0.6.1.3** To adopt resolutions for submission by the Section to the House of Delegates.
 - 7.0.6.1.4** To hold elections.
- 7.0.6.2 Meeting Procedure.**
- 7.0.6.2.1** The Business Meeting shall be open to all members of the AMA.
 - 7.0.6.2.2** Only duly selected representatives who are AMA members shall have the right to vote at the Business Meeting.
 - 7.0.6.2.3** The Business Meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council. The rules of procedure may specify the rights and privileges of Section members, including any limitations on participation or vote.
- 7.0.7 Rules.** All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees.

- 7.0.8 Establishment of New Sections.** A member component group seeking Section status 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.
- 7.0.9 Section Status.** Sections shall either be fixed or delineated, as determined by the House of Delegates upon recommendation of the Council on Long Range Planning and Development based on criteria adopted by the House of Delegates. A delineated Section must reconfirm its qualifications for continued delineated Section status and associated representation in the House of Delegates by demonstrating at least every 5 years that it continues to meet the criteria adopted by the House of Delegates.
- 7.1 Resident and Fellow Section.** The Resident and Fellow Section is a fixed Section.
- 7.1.1 Membership.** All active resident/fellow physician members of the AMA shall be members of the Resident and Fellow Section.
- 7.1.1.1 Definition of a Resident.** For purposes of membership in the Resident and Fellow Section, the term Resident shall be applied to any physicians who meet at least one of the following criteria:
- a) Members who are enrolled in a residency approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.
 - b) Members who are active duty military or public health service residents required to provide service after their internship as general medical officers (including underseas medical officers or flight surgeons) before their return to complete a residency.
 - c) Members who are serving, as their primary occupation, in a structured educational, vocational, or research program of at least one year to broaden competency in a specialized field prior to completion of their residency.
- 7.1.1.2 Definition of a Fellow.** For purposes of membership in the Resident and Fellow Section, the term Fellow shall be applied to any physicians who have completed a residency and meet at least one of the following criteria:
- a) Members who are serving in fellowships approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.
 - b) Members who are serving, as their primary occupation, in a structured clinical, educational, vocational, or research training program of at least six months to broaden competency in a specialized field.
- 7.1.2 Cessation of Eligibility.** If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.1.1 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant. If the officer or member completes residency or fellowship within 90 days prior to an Annual Meeting, the officer or

member shall be permitted to continue to serve in office until the completion of the Annual Meeting.

7.1.3 Representatives to the Business Meeting from Organizations represented in the House of Delegates. The Business Meeting shall include representatives from constituent associations, Federal Services, national medical specialty societies, and professional interest medical associations represented in the House of Delegates.

7.1.3.1 Apportionment. The apportionment for each constituent association, Federal Service, national medical specialty society and professional interest medical association is one representative for each 100, or fraction thereof, members of the Resident and Fellow Section who are members of the constituent association, Federal Service, national medical specialty society or professional interest medical association.

7.1.3.2 Effective Date. In January of each year, the AMA shall notify each constituent association, Federal Service, national medical specialty society and professional interest medical association of the number of seats to which it is entitled. Such apportionment shall take effect on the following January 1 and remain effective for one year.

7.1.4 Other Representatives to the Business Meeting.

7.1.4.1 National Resident and Fellow Organizations. National resident and fellow organizations that meet the following criteria may be considered for representation in the Resident and Fellow Section Assembly:

- a. The organization must be national in scope.
- b. The organization must be composed solely of residents or fellows.
- c. Membership in the organization must be available to all residents or fellows, without discrimination.
- d. The purpose and objectives of the organization must be consistent with the AMA's purpose and objectives.
- e. The organization's code of medical ethics must be consistent with the AMA's Principles of Medical Ethics.

7.1.4.1.1 Procedure. The Resident and Fellow Section shall adopt appropriate rules for the application, acceptance and retention of national resident and fellow organizations.

7.1.4.1.2 Apportionment. Each national resident and fellow organization may select one representative and one alternate representative.

7.1.4.2. At-Large Representatives. Active resident/fellow physician members of the AMA may be eligible to serve as at-large representatives to the Resident and Fellow Section Business Meeting.

7.1.4.2.1 Apportionment. The number of representatives shall be 10% of the average number of registered RFS delegates and alternate delegates from the previous year.

7.1.4.2.2 Procedure. The Governing Council shall select at-large representatives pursuant to uniform rules and criteria adopted by the RFS Governing Council and approved by the Board of Trustees.

7.1.5. Certification. All representatives to the Business Meeting must be resident/fellow physician members of the AMA and shall be properly certified to the Governing Council in accordance with rules established by the Governing Council.

7.1.6 Additional Purposes of the Meeting. In addition to the purposes of the Business Meeting set forth in Bylaw 7.0.6.1, the purposes of the meeting shall include:

7.1.6.1 To adopt procedures for election of delegates and alternate delegates for the Resident and Fellow Section established in Bylaw 2.4.

7.1.6.2 To elect, at the business meeting prior to the Interim Meeting of the AMA, delegates and alternate delegates for the Resident and Fellow Section. Elected delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.

7.2 Academic Physicians Section. The Academic Physicians Section is a delineated Section.

7.2.1 Membership. Membership in the Section shall be open to active physician members of the AMA who join the Academic Physicians Section through the following avenues of participation.

7.2.1.1 Active physician members of the AMA who are appointed by the dean of any United States medical school with an educational program as defined in Bylaw 1.1.1 to represent undergraduate, graduate or continuing medical education at the institution.

7.2.1.2 Active physician members of the AMA who hold a faculty appointment at a United States medical school with an educational program as defined in Bylaw 1.1.1 and who elect to be members of the Section. Such election shall be made in accordance with rules established by the Governing Council and approved by the Board of Trustees.

7.2.1.3 Active physician members of the AMA who do not hold a faculty appointment at a United States medical school with an educational program as defined in Bylaw 1.1.1 but who have an active role in undergraduate, graduate or continuing medical education or who serve in a clinical/research capacity with an academic medical center, community hospital, or other health care setting and who elect to be members of the Section. Such election shall be made in accordance with rules established by the Governing Council and approved by the Board of Trustees.

- 7.2.2 Elections.** Membership on the Governing Council shall be determined through election by members of the Academic Physicians Section. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.
- 7.2.2.1 Cessation of Eligibility.** If any Governing Council member ceases to meet the membership requirements of Bylaw 7.2.1 prior to the expiration of the term for which elected, the term of such Governing Council member shall terminate and the position shall be declared vacant.
- 7.3 Medical Student Section.** The Medical Student Section is a fixed Section.
- 7.3.1 Membership.** All active medical student members of the AMA shall be members of the Medical Student Section.
- 7.3.2 Cessation of Eligibility.** If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.3.1 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant. If the officer or member graduates from an educational program within 90 days prior to an Annual Meeting, the officer or member shall be permitted to continue to serve in office until the completion of the Annual Meeting.
- 7.3.3 Representatives to the Business Meeting.**
- 7.3.3.1 Representatives.** The AMA medical student members of each educational program as defined in Bylaw 1.1.1 may select one representative and one alternate representative. An educational program as defined in Bylaw 1.1.1 that has a total student population (excluding students at associated administrative campuses) greater than 999 may select one additional representative and one additional alternate representative.
- 7.3.3.2 Medical School Separate Campus.** The AMA medical student members of an educational program as defined in Bylaw 1.1.1 that has more than one campus may select a representative and an alternate representative from each campus. A separate campus is defined as an administrative campus separate from the central campus where a minimum of 20 members of the medical student body are assigned for some portion of their instruction over a period of time not less than an academic year. The Governing Council shall establish appropriate rules, subject to approval of the Board of Trustees, for credentialing all representatives.
- 7.3.3.3 National Medical Specialty Societies, Federal Services, and Professional Interest Medical Associations.** Each national medical specialty society, Federal Service, and professional interest medical association granted representation in the House of Delegates that has established a medical student component is entitled to one representative and one alternate representative selected by the medical student members of the organization. The Governing Council shall adopt uniform rules

and criteria to determine if an organization represented in the House of Delegates has established a medical student membership component so as to qualify for representation at the Business Meeting. The procedure by which the medical student representative from the organization is selected must meet the requirements established by the Governing Council.

7.3.3.4 National Medical Student Organizations. National medical student organizations that have been granted representation in the Medical Student Section Business Meeting may select one representative and one alternate representative.

7.3.3.4.1 Criteria for Eligibility. National medical student organizations that meet the following criteria may be considered for representation in the Medical Student Section Business Meeting:

- a. The organization must be national in scope.
- b. A majority of the voting members of the organization must be medical students enrolled in educational programs as defined in Bylaw 1.1.1.
- c. Membership in the organization must be available to all medical students, without discrimination.
- d. The purposes and objectives of the organization must be consistent with the AMA's purposes and objectives.
- e. The organization's code of medical ethics must be consistent with the AMA's Principles of Medical Ethics.

7.3.3.4.2 Procedure. The Medical Student Section shall adopt appropriate rules for the application, acceptance and retention of national medical student organizations. Recommendations for acceptance and discontinuance shall be subject to the approval of the Board of Trustees.

7.3.3.4.3 Rights and Responsibilities. The medical student representative of each national medical student organization granted representation in the Business Meeting shall have full voting rights, including the right to vote in any elections at the conclusion of a 2-year probationary period with regular attendance. The representatives shall not be eligible for election to any office in the Medical Student Section.

7.3.3.5 Other Groups. The Association of American Medical Colleges – Organization of Student Representatives and the American Association of Colleges of Osteopathic Medicine – Council of Osteopathic Student Government Presidents are each entitled to one representative and one alternate representative selected by the medical student members of the

organization. The procedure by which the medical student representative from each of these groups is selected must meet the requirements established by the Governing Council.

7.3.3.6 Certification. All representatives to the Business Meeting must be medical student members of the AMA and shall be properly certified to the Governing Council in accordance with rules established by the Governing Council.

7.3.4 Additional Purposes of the Meeting. In addition to the purposes of the Business Meeting set forth in Bylaw 7.0.6.1, the purposes of the meeting shall include:

7.3.4.1 To elect the medical student trustee at the Business Meeting prior to the Interim Meeting of the AMA.

7.3.4.2 To adopt procedures for election of Medical Student Regional delegates and alternate delegates established in Bylaw 2.3.

7.3.4.3 To elect Medical Student Regional delegates and alternate delegates at the business meeting prior to the Interim Meeting of the AMA. Elected delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.

7.4 Organized Medical Staff Section. The Organized Medical Staff Section is a delineated Section.

7.4.1 Membership. Membership in the Section shall be open to all active physician members of the AMA who are members of a medical staff of a hospital or a medical staff of a group of practicing physicians organized to provide healthcare. Active resident and fellow members of the AMA who are selected by their medical staffs as representatives to the Business Meeting also shall be considered members of the Section.

7.4.2 Representatives to the Business Meeting. Each medical staff of a hospital and each medical staff of a group of practicing physicians organized to provide healthcare may select up to two active physician AMA member representatives to the Business Meeting. The president or chief of staff of a medical staff may also attend the Business Meeting as a representative if he or she is an active physician member of the AMA. The representatives must be physician members of the medical staff of a hospital or group of practicing physicians organized to provide healthcare or residents/fellows affiliated with the medical staff of a hospital or group of practicing physicians organized to provide healthcare. All representatives to the Business Meeting shall be properly certified in accordance with procedures established by the Governing Council and approved by the Board of Trustees.

7.4.2.1 When a multi-hospital system and its component medical staffs have unified the medical staffs, those medical staff members who hold specific privileges to practice at each separate entity within the unified system may select up to two representatives to the Business Meeting, so long as they are active physician members of the AMA. The president

or chief of staff of a unified medical staff also may attend the Business Meeting as a representative if he or she is an active physician member of the AMA.

7.4.3 Cessation of Eligibility. If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.4.1 or ceases to be credentialed as a representative consistent with Bylaw 7.4.2 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant.

7.4.4 Member Rights and Privileges

7.4.4.1 An OMSS member who is certified as a representative in accordance with 7.4.2 has the right to speak and debate, and has the right to introduce business, make motions, vote, and run for office to the OMSS Governing Council.

7.4.4.2 An OMSS member who is not certified as a representative in accordance with 7.4.2 has the right to speak and debate, but does not have the right to introduce business, make motions, vote or run for office to the OMSS Governing Council.

7.4.4.3 A physician who is not an AMA member may attend one Business Meeting as a guest, without the right to speak or debate, introduce business, make motions, vote or run for office to the OMSS Governing Council.

7.4.4.4 At the discretion of the Governing Council, a nonphysician may attend the Business Meetings as a guest.

7.5 Young Physicians Section. The Young Physicians Section is a fixed Section.

7.5.1 Membership. All active physician members of the AMA who are not resident/fellow physicians, but who are under 40 years of age or are within the first 8 years of professional practice after residency and fellowship training programs, shall be members of the Young Physicians Section.

7.5.2 Cessation of Eligibility. If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.5.1 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant. If any officer's or member's term would terminate prior to the conclusion of an Annual Meeting, such officer or member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which such officer or member ceases to meet the membership requirements of Bylaw 7.5.1, as long as the officer or member remains an active physician member of the AMA. The preceding provision shall not apply to the Chair-Elect. Notwithstanding the immediately preceding provision of this section, the Immediate Past Chair shall be permitted to complete the term of office even if the Immediate Past Chair is unable to continue to meet all of the membership requirements of Bylaw 7.5.1, as long as the officer remains an active physician member of the AMA.

7.5.3 Representatives to the Business Meeting. The Business Meeting shall consist of representatives from constituent associations, Federal Services, and national medical specialty societies represented in the House of Delegates. There shall be no alternate representatives.

7.5.3.1 Constituent Associations, National Medical Specialty Societies, and Federal Services. Each constituent association and Federal Service shall be entitled to representation based on the number of seats allocated to it by apportionment. Each national medical specialty society granted representation in the House of Delegates shall be entitled to representation based on the number of seats allocated to it by apportionment. In addition, unified constituent associations and specialty societies that are entitled to additional representation pursuant to Bylaw 2.1.1.2 or Bylaw 2.2.1 shall be entitled to 2 additional representatives.

7.5.3.1.1 Apportionment. The apportionment for each constituent association, Federal Service, and national medical specialty society is 2 representatives for each 1,000, or fraction thereof, members of the Young Physicians Section who are members of the constituent association, Federal Service, or specialty society, as recorded by the AMA as of December 31 of each year. Each constituent association, Federal Service, and specialty society shall automatically be entitled to 2 representatives, who may be selected in any manner. Those constituent associations, Federal Services, or specialty societies who are eligible for more than 2 representatives, shall select the additional representatives according to rules and criteria developed by the Governing Council to ensure that they are selected in a fair and equitable manner allowing open representation.

7.5.3.1.2 Effective Date. Such apportionment shall take effect on the following January 1 and shall remain effective for one year. In January of each year, the AMA shall notify each constituent association and Federal Service of the number of seats to which it is entitled during the current year. All specialty societies seeking additional representative seats beyond the first two are required to submit evidence documenting the number of their AMA young physician members.

7.5.3.1.2.1 Retention of Representative. If the membership information as recorded by the AMA as of December 31 warrants a decrease in the number of representatives representing a constituent association, Federal Service, or national medical specialty society, that entity shall be permitted to retain the same number of representatives, without decrease, for one additional year, if it promptly files with the AMA a written plan of intensified

AMA membership development activities among its young physician members.

7.5.3.2 Qualifications. Each representative to the Business Meeting must be a member of the AMA who meets the requirement for membership in the Young Physicians Section as set forth in Bylaw 7.5.1. However, a representative who becomes ineligible for membership in the Section shall be permitted to continue service until the end of the calendar year in which ineligibility occurs, as long as active membership in the AMA is maintained. If a representative is elected to the Governing Council, that representative shall be required to resign as a representative to the Business Meeting. The representative's constituent association, Federal Service, or specialty society may fill the vacancy so created, consistent with the rules and criteria that are developed by the Governing Council.

7.6 International Medical Graduates Section. The International Medical Graduates Section is a delineated Section.

7.6.1 Membership. All active physician members of the AMA who are international medical graduates shall be members of the International Medical Graduates Section.

7.6.2 Cessation of Membership. If an officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.6.1 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant.

7.6.2.1 Cessation of Residency or Fellowship. If the resident/fellow physician Governing Council member ceases to be a resident/fellow physician prior to the expiration of the term for which elected, the term of such resident/fellow physician member on the Governing Council shall thereupon terminate, and the position shall be declared vacant. If the member completes residency or fellowship within 90 days prior to an Annual Meeting, the member shall be permitted to continue to serve on the Governing Council until the completion of the Annual Meeting.

7.6.3 Elections. Membership on the Governing Council shall be determined through election by members of the IMG Section. Designation of specific offices of the Governing Council members shall be determined through election by members of the IMG Section present at the Section's Business Meeting at which the election is held.

7.6.3.1 Election of Governing Council Members. All members of the IMG Section shall be entitled to vote in elections of membership of the Governing Council. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.6.3.2 Designation of Specific Offices. All members of the IMG Section present at the Section's Business Meeting shall be entitled to elect the

officers from among those Governing Council members elected by the Section. Only resident/fellow physicians shall be eligible to be elected to the resident/fellow physician member office.

7.7 Minority Affairs Section. The Minority Affairs Section is a delineated Section.

7.7.1 Membership. All active members of the AMA, including residents and fellows and medical students, who express an interest in racial or ethnic minority issues shall be eligible for membership in the Minority Affairs Section. Physicians or medical students who are not AMA members may join the Section for up to 2 years as provisional members without the right to vote.

7.7.2 Elections. Membership on the Governing Council shall be determined through election by members of the Minority Affairs Section. All members of the Minority Affairs Section, except provisional members, shall be entitled to vote in elections of Governing Council members. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.7.2.1 Election of Officers. The Governing Council shall elect its Chair and Vice Chair from among the Governing Council members.

7.7.3 Cessation of Membership. If an officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.7.1 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant.

7.7.3.1 Section Representatives on the Governing Council. If a representative of the Medical Student Section, Resident and Fellow Section or Young Physicians Section ceases to meet the criteria for membership in the section from which elected within 90 days prior to the Annual Meeting, such member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which he or she ceases to meet the membership requirement of the respective section.

7.7.3.2 Section Representative as Immediate Past Chair. A Section representative who has been elected as chair of the Governing Council, but who ceases to meet the criteria for membership in the section from which elected during his or her term as Immediate Past Chair, shall be permitted to complete the term of office, as long as the officer remains an active physician member of the AMA.

7.8 Integrated Physician Practice Section. The Integrated Physician Practice Section is a delineated Section.

7.8.1 Membership. Membership in the Section shall consist of individual physician members. There are two categories of membership.

7.8.1.1 Associate Members. Associate Members of the Section shall be individual members of the AMA who are in physician-led, integrated

health care organizations, which coordinate patient care across specialties and among physicians who share common records and clinical care processes. A physician-led, integrated health care organization must meet specific criteria contained in rules approved by the Board of Trustees in order for its members to qualify as Associate Members.

7.8.1.2 Affiliate Members. Affiliate Members of the Section shall be individual members of the AMA who are in practices that do not satisfy all the criteria established under 7.8.1.1. The physician's practice must meet specific criteria contained in rules approved by the Board of Trustees in order for its members to qualify as Affiliate Members.

7.8.2 Governing Council and Officers. Only Associate Members of the Section are eligible to hold office or serve on the Governing Council.

7.8.3 Cessation of Membership. If a Governing Council member ceases to meet the membership requirements of Bylaw 7.8.1.1 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant and a successor will be elected.

7.8.4 Representatives to the Business Meeting.

7.8.4.1 Associate Members. Each physician-led, integrated health care organization that meets the criteria approved by the Board of Trustees shall be eligible to send one or more Representatives to the business meeting based on the number of AMA members in the organization. The apportionment formula for representation shall be contained in rules approved by the Board of Trustees.

7.8.4.1.1 Representatives to the Business Meeting. Associate Members of the Section who are sent to the business meeting as Representatives under Bylaw 7.8.4.1 can introduce business, introduce an amendment, make a motion and vote.

7.8.4.1.2 Associate Members. Any Associate Member of the Section has the right to speak and debate on the floor of the Assembly, but only Representatives have the right to introduce business, introduce an amendment, make a motion or vote.

7.8.4.2 Affiliate Members. Each physician practice whose members meet the criteria to be Affiliate Members shall be eligible to send one or more Representatives to the business meeting based on the number of AMA members in the practice. The apportionment formula for representation shall be contained in rules approved by the Board of Trustees.

7.8.4.2.1 All Affiliate Members of the Section, including Representatives, have the right to speak and debate on the floor of the Assembly, but do not have the right to introduce

business, introduce an amendment, make a motion, hold office or vote.

- 7.9 Senior Physicians Section.** The Senior Physicians Section is a delineated Section.
- 7.9.1 Membership.** All active physician members of the AMA age 65 and above shall be members of the Senior Physicians Section.
- 7.9.2 Elections.** Membership on the Governing Council shall be determined through election by members of the Senior Physicians Section. All members of the Senior Physicians Section shall be entitled to vote in elections of Governing Council members. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.
- 7.9.2.1 Election of Officers.** The Governing Council shall elect the Section Chair-Elect from among the Governing Council members.
- 7.9.3 Cessation of Membership.** If an officer or Governing Council member ceases to be an active member of the AMA prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant.
- 7.10 Women Physicians Section.** The Women Physicians Section is a delineated Section.
- 7.10.1 Membership.** All female physicians and medical students who are active members of the AMA shall be eligible to be members of the Women Physicians Section.
- 7.10.1.1** Other active members of the AMA who express an interest in women's issues shall be eligible to join the section.
- 7.10.2 Elections.** Membership on the Governing Council shall be determined through election by members of the Women Physicians Section. All members of the Women Physicians Section shall be entitled to vote in elections of Governing Council members. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.
- 7.10.2.1 Election of Officers.** The Governing Council shall elect its Chair and Vice Chair from among the Governing Council members.
- 7.10.3 Cessation of Membership.** If an officer or Governing Council member ceases to be an active member of the AMA prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant.
- 7.10.3.1 Section Representatives on the Governing Council.** If a representative of the Medical Student Section, Resident and Fellow Section or Young Physicians Section ceases to meet the criteria for membership in the section from which elected within 90 days prior to

the Annual Meeting, such member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which she or he ceases to meet the membership requirement of the respective section.

7.11 Private Practice Physicians Section. The Private Practice Physicians Section is a delineated Section.

7.11.1 Membership. All active members of the AMA in a physician-owned private practice shall be eligible for membership in the Private Practice Physicians Section. A credentials committee will review all membership applications to determine whether an applicant's practice meets the membership criteria as detailed in rules approved by the AMA Board of Trustees.

7.11.2 Elections. Membership on the Governing Council shall be determined by election by members of the Private Practice Physicians Section. All members of the Private Practice Physicians Section shall be entitled to vote in elections of Governing Council members. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.11.3 Cessation of Membership. If an officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.11.1 prior to the expiration of the term for which elected, the term of such officer or member shall immediately terminate and the position promptly shall be declared vacant.

8—Representation of National Medical Specialty Societies and Professional Interest Medical Associations in the House of Delegates

8.1 Representation in the House of Delegates. National medical specialty societies and professional interest medical associations qualifying under the Bylaws shall be eligible for representation in the House of Delegates.

8.2 Responsibilities of National Medical Specialty Societies and Professional Interest Medical Associations. Each national medical specialty society and professional interest medical association represented in the House of Delegates shall have the following responsibilities:

8.2.1 To cooperate with the AMA in increasing its AMA membership.

8.2.2 To keep its delegate(s) to the House of Delegates fully informed on the policy positions of the society or association so that the delegates can properly represent the society or association in the House of Delegates.

8.2.3 To require its delegate(s) to report to the society on the actions taken by the House of Delegates at each meeting.

- 8.2.4** To disseminate to its membership information as to the actions taken by the House of Delegates at each meeting.
- 8.2.5** To provide information and data to the AMA when requested.
- 8.3 Specialty and Service Society.** There shall be a special unit of the AMA designated as the Specialty and Service Society (SSS).
 - 8.3.1 Purposes**
 - 8.3.1.1** To administer the process for granting specialty societies and professional interest medical associations representation in the House of Delegates;
 - 8.3.1.2** To administer the procedure for the periodic review of the qualifications of specialty societies and professional interest medical associations for retention of representation in the House of Delegates;
 - 8.3.1.3** To administer the mechanism for terminating, when appropriate, the representation of a specialty society or a professional interest medical association in the House of Delegates;
 - 8.3.1.4** To maintain positive and mutually supportive working relationships between the AMA and specialty societies and professional interest medical associations and among specialty societies, the Federal Services, and professional interest medical associations; and
 - 8.3.1.5** To provide a forum for specialty societies, professional interest medical associations and the Federal Services to promote their participation in the policies and activities of the AMA.
 - 8.3.2 Membership.** Membership of the SSS shall consist of the following:
 - 8.3.2.1** Delegates and Alternate Delegates from the specialty societies, professional interest medical associations, and Federal Services that are represented in the House of Delegates.
 - 8.3.2.2** One representative and one alternate representative of each specialty society and professional interest medical association that has been accepted for membership in the SSS but is not represented in the House of Delegates. Representatives and alternate representatives must be AMA members.
 - 8.3.3 Governing Council.** There shall be a Governing Council of the SSS to direct the programs and activities of the SSS. The programs and activities shall be subject to the approval of the Board of Trustees. The Governing Council shall be comprised of members of the SSS.
 - 8.3.4 Officers.** The SSS shall select necessary and appropriate officers.

8.3.5 Meetings of SSS. There shall be a meeting of the members of the SSS held on a day prior to each Annual and Interim Meeting of the House of Delegates.

8.3.5.1 Purposes of the Meeting. The purposes of the meeting shall be:

- a. To hear such reports as may be appropriate.
- b. To consider other business and vote upon such matters as may properly come before the meeting.
- c. To hold elections.

8.3.5.2 Rules of Procedure. The meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council and approved by the Board of Trustees.

8.3.5.3 Standing Rules. The members of the SSS shall adopt standing rules for the conduct of the business and activities of the SSS. The standing rules and any amendments to the standing rules shall be subject to the approval of the Board of Trustees.

8.4 Application for Representation in the House of Delegates. Specialty societies and professional interest medical associations seeking representation in the House of Delegates must first apply for membership in SSS.

8.4.1 A specialty society and a professional interest medical association must be a member of the SSS for at least 3 years to be eligible for representation in the House of Delegates.

8.4.2 Eligible specialty societies or professional interest medical associations seeking representation in the House of Delegates shall submit an application through the AMA to the SSS for consideration. The SSS shall make a recommendation to the House of Delegates through the Board of Trustees as to the specialty society's or professional interest medical association's qualifications for representation in the House of Delegates. Such recommendation shall be based on all of the current guidelines adopted by the House of Delegates for granting representation in the House of Delegates. The recommendation shall be developed pursuant to the procedures set forth in the SSS Standing Rules.

8.4.2.1 If the recommendation of the SSS is positive:

8.4.2.1.1 If the House of Delegates approves the application, the specialty society or the professional interest medical association is granted the right to representation in the House of Delegates.

8.4.2.1.2 If the House of Delegates rejects the application, the specialty society or the professional interest medical association is not granted representation in the House of Delegates. The specialty society or the professional interest medical association retains its membership in the SSS and may

reapply for representation in the House of Delegates pursuant to the provisions of the Standing Rules of the SSS.

8.4.2.2 If the recommendation of the SSS is negative:

8.4.2.2.1 The House of Delegates may accept the application and vote to grant the specialty society or the professional interest medical association representation in the House of Delegates.

8.4.2.2.2 If the House of Delegates rejects the application the specialty society or the professional interest medical association is not granted representation in the House of Delegates.

8.4.2.2.2.1 The SSS must consider and decide whether to continue the membership of the specialty society or the professional interest medical association in the SSS, pursuant to the criteria and the procedures provided in the Standing Rules of the SSS.

8.4.2.2.2.2 If it is decided that the specialty society or the professional interest medical association will retain its membership in the SSS, the specialty society or the professional interest medical association may reapply for representation in the House of Delegates pursuant to the procedures provided in the Standing Rules of the SSS.

8.5 Periodic Review Process. Each specialty society and professional interest medical association represented in the House of Delegates must reconfirm its qualifications for representation by demonstrating every 5 years that it continues to meet the current guidelines required for granting representation in the House of Delegates, and that it has complied with the responsibilities imposed under Bylaw 8.2. The SSS may determine and recommend that societies currently classified as specialty societies be reclassified as professional interest medical associations. Each specialty society and professional interest medical association represented in the House of Delegates must submit the information and data required by the SSS to conduct the review process. This information and data shall include a description of how the specialty society or the professional interest medical association has discharged the responsibilities required under Bylaw 8.2.

8.5.1 If a specialty society or a professional interest medical association fails or refuses to provide the information and data requested by the SSS for the review process, so that the SSS is unable to conduct the review process, the SSS shall so report to the House of Delegates through the Board of Trustees. In response to such report, the House of Delegates may terminate the representation of the specialty society or the professional interest medical association in the House of Delegates by majority vote of delegates present and voting, or may take such other action as it deems appropriate.

8.5.2 If the SSS report of the review process finds the specialty society or the professional interest medical association to be in noncompliance with the current

guidelines for representation in the House of Delegates or the responsibilities under Bylaw 8.2, the specialty society or the professional interest medical association will have a grace period of one year to bring itself into compliance.

8.5.3 Another review of the specialty society's or the professional interest medical association's compliance with the current guidelines for representation in the House of Delegates and the responsibilities under Bylaw 8.2 will then be conducted, and the SSS will submit a report to the House of Delegates through the Board of Trustees at the end of the one-year grace period.

8.5.3.1 If the specialty society or the professional interest medical association is then found to be in compliance with the current guidelines for representation in the House of Delegates and the responsibilities under Bylaw 8.2, the specialty society or the professional interest medical association will continue to be represented in the House of Delegates and the current review process is completed. The next review will occur four years from the time of the House's action to continue representation.

8.5.3.2 If the specialty society or the professional interest medical association is then found to be in noncompliance with the current guidelines for representation in the House of Delegates, or the responsibilities under Bylaw 8.2, the House must take one of the following actions:

8.5.3.2.1 The House of Delegates may continue the representation of the specialty society or the professional interest medical association in the House of Delegates, in which case the result will be the same as in Bylaw 8.5.3.1. The next review will occur four years from the time of the House's action to continue representation after a one-year grace period.

8.5.3.2.2 The House of Delegates may terminate the representation of the specialty society or the professional interest medical association in the House of Delegates effective with the adjournment of the House of Delegates meeting at which action takes place. The specialty society or the professional interest medical association shall remain a member of the SSS, pursuant to the provisions of the Standing Rules of the SSS. The specialty society or the professional interest medical association may apply for reinstatement in the House of Delegates, through the SSS, when it believes it can comply with all of the current guidelines for representation in the House of Delegates.

8.6 Discontinuance of Representation. A specialty society or a professional interest medical association that has been granted representation in the House of Delegates will automatically have its representation terminated if it is not represented by a properly certified and seated delegate at 3 of 5 consecutive meetings of the House of Delegates. The specialty society or the professional interest medical association may continue as a member of the SSS pursuant to the provisions of the Standing Rules of the SSS, and may apply for representation in the House of Delegates after 3 additional years as a member of the SSS, under all of the provisions for a new application.

- 8.7 Report by the Board of Trustees.** The Board of Trustees shall report to the House of Delegates on matters relating to specialty society and professional interest medical association representation in the House of Delegates and the status of the relationship of national medical specialty societies or professional interest medical associations to any approved examining board whenever the Board of Trustees has information which it believes should be transmitted to the House of Delegates or upon the specific request of the House of Delegates.

9—Specialty Section Councils

9.1 Purpose.

9.1.1 Specialty Section Councils shall be established by the House of Delegates. Specialty Section Councils shall provide for deliberation and study of scientific educational and other appropriate interests and concerns of the specialty disciplines and the specialty societies representing these disciplines within the AMA.

9.1.2 The Section Council shall, on request, submit to the Board of Trustees nominations for AMA representatives to serve on approved Specialty Certifying Boards.

9.2 Composition.

9.2.1 National medical specialty societies represented in the House of Delegates may appoint representatives to the Specialty Section Councils for the medical specialty in which the specialty society participates. Such representatives must be members of the AMA.

9.2.2 Upon recommendation of the Specialty Section Council and approval of the Board of Trustees, national medical specialty societies that are not represented in the House of Delegates may appoint representatives to the Specialty Section Council for the medical specialty in which the specialty society participates. Such representatives must be members of the AMA.

9.3 Specialty Society Delegate. The AMA delegate(s) and alternate delegate(s) from each national medical specialty society represented in the House of Delegates shall also serve in the Specialty Section Council of their respective specialty.

9.4 Chair and Vice Chair. Each Specialty Section Council shall elect a Chair and Vice Chair from within its membership.

10—Awards and Honors

10.1 Distinguished Service Award.

10.1.1 Award. This award shall consist of a suitable medal and a citation selected and approved by the Board of Trustees.

- 10.1.2 Eligibility.** This award may be made to a member of the AMA for meritorious services in the science and art of medicine.
- 10.1.3 Nominations and Selection.** Names of prospective nominees, with a brief statement of their qualifications for the award, shall be submitted to the Board of Trustees by the date designated by the Board of Trustees. The Board of Trustees shall select the recipient from the nominees submitted.
- 10.1.4 Endorsement.** The name of the nominee selected by the Board of Trustees to receive the Distinguished Service Award shall be presented to the House of Delegates for its endorsement.
- 10.1.5 Presentation.** The award shall be presented to the recipient selected by the Board of Trustees at a time and place designated by the Board of Trustees.
- 10.2 Citation for Distinguished Service.**
- 10.2.1 Citation.** This citation shall consist of a suitable certificate of citation selected and approved by the Board of Trustees.
- 10.2.2 Eligibility.** This citation shall be made to a person who is not a physician and who has contributed to the achievement of the ideals of American medicine by aid and cooperation in advancing medical science, medical education, or medical care.
- 10.2.3 Nominations and Selection.** Names of prospective nominees, with a brief statement of their qualifications for the citation, shall be submitted to the Board of Trustees by the date designated by the Board of Trustees. The Board of Trustees shall select the recipient from the nominees submitted.
- 10.2.4 Endorsement.** The name of the nominee selected by the Board of Trustees to receive the Citation for Distinguished Service shall be presented to the House of Delegates for its endorsement.
- 10.2.5 Presentation.** The citation shall be presented to the recipient selected by the Board of Trustees at a time and place designated by the Board of Trustees.
- 10.3 Other Awards and Honors.** Any other awards and honors conferred by the AMA shall be as authorized and approved by the Board of Trustees.

11—Miscellaneous

- 11.1 Parliamentary Procedure.** In the absence of any provisions to the contrary in the Constitution and these Bylaws, all general meetings of the AMA and all meetings of the House of Delegates, of the Board of Trustees, of Sections and of councils and committees shall be governed by the parliamentary rules and usages contained in the then current edition of The American Institute of Parliamentarians Standard Code of Parliamentary Procedure.

- 11.2 Official Statements.** Memorials, resolutions, or opinions of any character whatever that conflict with the policies of the House of Delegates shall not be issued in the name of the AMA, except as otherwise provided by the House of Delegates.
- 11.3 Papers and Reports.** All papers and reports prepared by the AMA or of any of its councils or committees, shall become the exclusive property of the AMA.

12—Amendments

- 12.1 Bylaws.** These Bylaws may be amended by a two-thirds vote of delegates present and voting, provided an amendment shall not be acted on sooner than the day following that on which it was introduced.
- 12.2 Principles of Medical Ethics.** The Principles of Medical Ethics of the AMA may be amended at any meeting by a two-thirds vote of delegates present and voting, provided that the proposed amendment shall have been introduced at the preceding meeting.
- 12.3 Articles of Incorporation.** The Articles of Incorporation of the AMA may be amended at any regular or special meeting of the House of Delegates by the approval of two-thirds of the voting members of the House of Delegates registered at the meeting, provided that the Board of Trustees shall have approved the amendment and submitted it in writing to each member of the House of Delegates at least 5 days, but not more than 60 days, prior to the meeting of the House of Delegates at which the amendment is to be considered.

13—Emergency Bylaws

- 13.1 Emergency Condition - House of Delegates.** The following Bylaws shall become operative upon any emergency resulting from an attack on the United States or on a locality in which the AMA conducts its business or holds its meetings, or upon any disaster, catastrophe, or other similar emergency condition, as a result of which the quorum necessary for a House of Delegates meeting cannot readily be convened.
- 13.1.1 Meetings.** Regular meetings of the House of Delegates may be suspended by the Board of Trustees during an emergency condition.
- 13.1.2 Quorum.** If a meeting is not suspended, a majority of the delegates present at the commencement of the meeting shall constitute a quorum for the meeting.
- 13.1.3 Elections.** Any elections to be held at a meeting during an emergency condition shall be suspended.
- 13.1.3.1 Office of the President.** The President, President-Elect, and Immediate Past President in office immediately prior to the commencement of the emergency condition shall remain in their respective offices until the first meeting of the House of Delegates following the end of the emergency condition.
- 13.1.3.1.1 Vacancy.** If the office of President becomes vacant during the emergency condition, the President-Elect shall

immediately become President and serve the remainder of the unexpired term and then assume office in accordance with Bylaw 3.5.1. If both the Office of the President and the Office of the President-Elect become vacant during the emergency condition, the Speaker shall immediately become President and serve until the first meeting of the House of Delegates following the end of the emergency condition.

13.1.3.2 Continuation in Office. All other officers and elected council members in office immediately prior to commencement of the emergency condition shall remain in their respective offices until the first meeting of the House of Delegates following the end of the emergency condition.

13.1.3.3 Extension of Tenure. Limitations on tenure of officers and council members shall not apply during an emergency condition.

13.2 Emergency Condition - Board of Trustees. The following Bylaws shall become operative upon any emergency resulting from an attack on the United States or on a locality in which the AMA conducts its business or holds its meetings, or upon any disaster, catastrophe or other similar emergency condition, as a result of which the regular quorum of 11 Trustees necessary for a meeting cannot readily be convened.

13.2.1 Minimum Number of Trustees. The Board of Trustees shall be composed of a minimum of 5 Trustees during an emergency condition.

13.2.2 Designation of Emergency Trustees. If there are fewer than 5 duly elected Trustees, the Chairs of the Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service and Council on Science and Public Health shall be added as Emergency Trustees. If there are fewer than 5 Trustees following such designation of Emergency Trustees, the Trustees shall appoint sufficient Emergency Trustees to comprise the minimum of 5.

13.2.3 Duties and Privileges. Emergency Trustees shall have all duties and privileges of Trustees, and shall serve as Trustees until the first meeting of the House of Delegates following the end of the emergency condition or until a minimum of 5 duly elected Trustees are available, whichever comes first.

13.2.4 Authority. The primary duty of the Board of Trustees during an emergency condition shall be the continuation and management of the AMA. The Board of Trustees may adopt such other emergency bylaws as may be necessary for such continuation and management.

13.2.5 Meetings. A meeting of the Board of Trustees may be called by any Trustee. Notice of any meeting shall be given to such Trustees as may be feasible to reach at the time and by such means as may be feasible at the time.

13.2.6 Quorum. A majority of the members of the Board of Trustees shall constitute a quorum.

- 13.2.7 Effect of Action.** Action taken in accordance with these emergency Bylaws shall bind the AMA. No Trustee acting in accordance with these emergency Bylaws shall be liable for such action, except for willful misconduct.
- 13.3 Duration.** To the extent not inconsistent with any emergency Bylaw, the Bylaws of the AMA shall remain in effect during the emergency condition. Upon the end of the emergency condition, as determined by the Board of Trustees, the emergency Bylaws shall cease to be operative.

Glossary of Terms

The terms in this Glossary were chosen after consideration and consultation by the Council on Constitution and Bylaws, members of the House of Delegates, and AMA staff. The terms herein represent those terms that convey meanings or contain definitions for which further explanation will help readers' understanding of the Constitution and Bylaws. Some terms are meant to convey a specific definition while others are meant to provide a more rich understanding of a particular group. All effort has been made to follow AMA Policy, although it should be noted that this Glossary is not AMA policy. In all cases, questions regarding the definition or explanation of a term relating to its use in the Constitution and Bylaws should be directed to the Council on Constitution and Bylaws.

Academic Physician— an individual who possesses the United States degree of doctor of medicine (MD) or doctor of osteopathic medicine (DO), or a recognized international equivalent, and who holds a faculty appointment of any type at a United States medical school with an educational program as defined in Bylaw 1.1.1.

Adjourn - to officially end a meeting.

Adjournment sine die - the final adjournment ending a convention or a series of meetings without a day specified for a future meeting.

Advocacy - 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 training, and access to and delivery of medical care.

Assembly - a meeting of the members of a deliberative body or a group of persons gathered together for a common purpose.

Biennially - every two years.

Bylaws - the set of rules adopted by an organization defining its structure and governing its functions.

Censure - an official rebuke.

Chair - the presiding officer of a deliberative body.

Component Societies are those county or district medical societies contained within the territory of and chartered by the respective state associations.

Convention - a group of meetings taken in close succession over the course of one or several days that are open to all members of the organization.

Council on Ethical and Judicial Affairs Opinions - interpretations of the Principles of Medical Ethics on matters of (1) ethical principles or (2) social policy which involves issues of morality in the practice of medicine. Opinions establish standards of honorable conduct for physicians and cannot be amended by the House of Delegates. The Council may be requested by the House of Delegates to reconsider an opinion, but it is not required to do so. Unless withdrawn by the

Council on Ethical and Judicial Affairs, Opinions of the AMA are published as Current Ethical Opinions in the AMA Policy Compendium and in the AMA Code of Medical Ethics.

Council on Ethical and Judicial Affairs Reports - reports of the Council on Ethical and Judicial Affairs may be prepared in response to a resolution or on an issue of importance to physicians and may include recommendations for action by the House of Delegates. Recommendations in reports of the Council may be adopted, not adopted, or referred by the House of Delegates, but cannot be amended without the concurrence of the Council. If adopted, the recommendations are included in the Policy Compendium.

Educational program describes a Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA) accredited program in which medical students are enrolled.

Federal Services describes the United States Army, the United States Navy, the United States Air Force, the United States Public Health Service, or the Department of Veterans Affairs.

Executive Meeting (Session) - any meeting of a committee or organization which only members may attend unless others are requested to attend.

Ex officio Member - one who is a member of a committee or board by virtue of holding a particular office or position. Ex officio members have the right to vote unless otherwise specified in the bylaws.

Hearing - a meeting of an authorized group for the purpose of listening to the views of members or others on a particular subject.

Majority Vote - more than half of the number of legal votes cast for a particular motion or candidate.

Meeting(s) - an official assembly of the members of an organization or any organized component of the group, such as a committee, commission, or council. The length of the meeting is from the time of convening to the time of adjournment.

Member Component Group – An AMA Section or Board of Trustee advisory committee comprised of physicians and medical students with unique interests related to professional lifecycle, practice setting or demographics.

National Medical Specialty Society (NMSS) - A society with a majority of members who are physicians and that represents a field of medicine that has recognized scientific focus. Physician membership should be voluntary and not required as a requisite for board certification. The society should have members from a majority of the states and not restrict its membership geographically or be in conflict with the AMA Constitution and Bylaws. In the Bylaws, the shorter term “specialty society” is often used to refer to national medical specialty societies. The two terms are interchangeable for purposes of the AMA Bylaws.

Official Call - the written announcement distributed to members prior to the meeting indicating the time and place of the meeting of the House of Delegates and stating the official number of voting delegates.

Order of Business - the sequential official list of items of business planned for consideration during a meeting or convention.

Pending Members – Individuals who at the time they apply for AMA membership are not current in their dues and who pay dues for the following calendar year.

Perfect - completion of all acts necessary to make an action final and complete.

Professional Interest Medical Association (PIMA) - An organization with a majority of members who are physicians representing the members' ethnic, cultural, demographic, minority or other interests not meeting the definition of or represented by a state medical association or national specialty society. The physician interests represented must be relevant to the AMA's purpose and vision and the association must have a multifaceted agenda rather than operate as a single-issue organization. The organization must not be in conflict with the AMA Constitution and Bylaws.

Quorum - the number or proportion of members that must be present at a meeting of an organization to enable it to act legally on business.

Reference Committee - a committee appointed by the presiding officer of a legislative body or assembly for the duration of the meeting to handle the agenda by holding hearings on assigned reports and resolutions and making recommendations for action by the legislative or policy-making body.

Report - a formal account providing the rationale for conclusions drawn relying upon experts in a specialized field of knowledge or philosophy that can be informational only or include recommendations for action by a deliberative body.

Section Council - Specialty Section Councils have been recognized by the House of Delegates 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; LGBTQ Health; 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.

Tenure - the total number of years an office or position may be held.

Term - duration of service in an appointed or elected office or position.

Total Compensation - the complete reward/recognition package awarded to an individual for work performance including: (a) all forms of money or cash compensation; (b) benefits; (c) perquisites; (d) services; and (e) in-kind payments.

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