

REFERENCE COMMITTEE F (Finance & Governance)
SUMMARY REPORT FOR THE NEW ENGLAND DELEGATION
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Please list two questions for the Candidate Interviews based on the topics represented within your reference committee.

1.For Speakers – What should be done with election process?

For Speakers – we have 1300 pages in front of us. About 250 items of business. And elections. Should we reopen the interim meeting?

2.For Trustees – Given our current policy and knowing there will be a big health care debate in the primary and general election ranging from repeal the ACA, to bolster the ACA to Medicare for All– what role should the AMA play?

CONSENT CALENDAR FOR APPROVAL

BOT Report 1 0

Conduct at AMA Meetings and Events

Recommendations come from independent consultants. This is an excellent improvement on our policy for anti-harassment, brings in a neutral third party from the General Counsel's office or neutral outside expert, and forms a Committee for reviewing incidents and recommendations for action with representation from CEJA, and a diverse group of others for multi-year staggered terms. A couple minor issues worth noting. 1. Will disciplinary action taken by the AMA be reported to the National Practitioner Data Bank? Specialty society actions against individuals can be reported to the NPDB. It probably should, but that should be considered.

BOT Report 1 2

Data Used to Apportion Delegates

Well done report.

BOT Report 2 7

Advancing Gender Equity in Medicine

It is a good document. However, it only addresses gender equity.

602 (Speakers)

Expectations for Behavior at House of Delegates Meetings

RESOLVED, That every AMA HOD delegate and alternate delegate shall, as a condition to receiving their credentials for any AMA HOD meeting, acknowledge and accept during the AMA HOD meeting registration process (i) AMA policies concerning conduct at AMA HOD meetings and (ii) applicable adjudication and disciplinary processes for violations of such policies (New HOD Policy); and be it further

RESOLVED, That any AMA HOD delegate or alternate delegate who knowingly fails to acknowledge and accept during the AMA HOD meeting registration process (i) AMA policies concerning conduct at AMA HOD meetings and (ii) applicable adjudication and disciplinary processes for violations of such policies shall not be credentialed as a delegate or alternate delegate at that meeting. (New HOD Policy)

Well done by the speakers. We like how they are making this a requirement of the credentialing process. And if you don't acknowledge and accept, then you don't get credentialed

603 (NED)

Creation of an AMA Election Reform Committee

RESOLVED, That our American Medical Association appoint a House of Delegates Election Reform Committee to examine ways to expedite and streamline the current election and voting process for AMA officers and council positions (Directive to Take Action); and be it further

RESOLVED, That such HOD Election Reform Committee consider, at a minimum, the following options:

- *The creation of an interactive election web page;*
- *Candidate video submissions submitted in advance for HOD members to view;*
- *Eliminate all speeches and concession speeches during HOD deliberations, with the exception of the President-Elect, Speaker and Board of Trustee positions;*
- *Move elections earlier to the Sunday or Monday of the meeting;*
- *Conduct voting from HOD seats (Directive to Take Action); and be it further*

RESOLVED, That our AMA review the methods to reduce and control the cost of campaigns (Directive to Take Action); and be it further

RESOLVED, That the HOD Election Reform Committee report back to the HOD at the 2019 Interim Meeting with a list of recommendations. (Directive to Take Action)

NED resolution - Consider combining with 611

607 (ASCO)

Re-establishment of National Guideline Clearinghouse

RESOLVED, That our American Medical Association reaffirm Policy H-410.965, "Clinical Practice Guidelines, Performance Measures, and Outcomes Research Activities" (Reaffirm HOD Policy); and be it further

RESOLVED, That our AMA research possible and existing alternatives for the functions of the National Guidelines Clearinghouse with a report back to the House of Delegates. (Directive to Take Action)

Restoring funding seems like the best route, but studying other potential solutions isn't a bad way to start

609 (WPS)

Update to AMA Policy H-525.998, "Women in Organized Medicine"

RESOLVED, That our AMA amend AMA Policy H-525.998, "Women in Organized Medicine," by deletion to read as follows:

Our AMA:

- (1) reaffirms its policy advocating equal opportunities and opposing sex discrimination in the medical profession;*
- (2) supports the concept of increased tax benefits for working parents;*
- (3) (a) supports the concept of proper child care for families of working parents; (b) reaffirms its position on child care facilities in or near medical centers and hospitals; (c) encourages business and industry to establish employee child care centers on or near their premises when possible; and (d) encourages local medical societies to survey physicians to determine the interest in clearinghouse activities and in child care services during medical society meetings; and*
- (4) reaffirms its policy supporting flexibly scheduled residencies and encourages increased availability of such programs; and*
- ~~*(5) supports that the AMA Guidelines for Establishing Sexual Harassment Prevention and Grievance Procedures be updated by the AMA Women Physicians Congress, and forwarded to the House of Delegates for approval, and include not only resources for training programs but also private practice settings. To facilitate wide distribution and easy access, the Guidelines will be placed on the AMA Web site. (Modify HOD Policy)*~~

610 (IL)

Mitigating Gender Bias in Medical Research

RESOLVED, That our American Medical Association advocate for the establishment of best practices that remove any gender bias from the review and adjudication of grant applications and submissions for publication in peer-reviewed journals, including removing names and gender identity from the applications or submissions during the review process. (Directive to Take Action)

Would also potentially benefit in reducing bias based on ethnicity/race.

611# (Rad etal)

Election Reform

RESOLVED, That our American Medical Association create a speaker-appointed task force to re-examine election rules and logistics including regarding social media, emails, mailers, receptions and parties, ability of candidates from smaller delegations to compete, balloting electronically, and timing within the meeting, and report back recommendations regarding election processes and procedures to accommodate improvements to allow delegates to focus their efforts and time on policy-making (Directive to Take Action); and be it further

RESOLVED, That our AMA's speaker-appointed task force consideration should include addressing (favorably or unfavorably) the following ideas:

- a) Elections being held on the Sunday morning of the annual and interim meetings of the House of Delegates.*
- b) Coordination of a large format interview session on Saturday by the Speakers to allow interview of candidates by all interested delegations simultaneously.*
- c) Separating the logistical election process based on the office (e.g. larger interview session for council candidates, more granular process for other offices)*
- d) An easily accessible system allowing voting members to either opt in or opt out of receiving AMA approved forms of election materials from candidates with respect to email and physical mail.*
- e) Electronic balloting potentially using delegates' personal devices as an option for initial elections and runoffs in order to facilitate timely results and minimal interruptions to the business.*
- f) Seeking process and logistics suggestions and feedback from HOD caucus leaders, non-HOD physicians (potentially more objective and less influenced by current politics in the HOD), and other constituent groups with a stake in the election process.*
- g) Address the propriety and/or recommended limits of the practice of delegates being directed on how to vote by other than their sponsoring society (e.g. vote trading, block voting, etc.) (Directive to Take Action); and be it further*

RESOLVED, That the task force report back to the HOD at the 2019 Interim meeting. (Directive to Take Action)

This will likely be grouped with our Resolution 603. We should support both since they complement each other.

616# (MAS)

TIME'S UP Healthcare

RESOLVED, That our American Medical Association evaluate TIME'S UP Healthcare program and consider participation as a TIME'S UP partner in support of our mutual objectives to eliminate harassment and discrimination in medicine with report back at the 2019 Interim Meeting. (Directive to Take Action)

A good cause - and this only calls for a study.

617# (NED)**Disabled Physician Advocacy**

RESOLVED That our American Medical Association study and report back on eliminating stigmatization and enhancing inclusion of disabled physicians including but not limited to:

- 1) *Enhancing representation of disabled physicians within the AMA.*
- 2) *Examining support groups, education, legal resources and any other means to increase the inclusion of physicians with disabilities in the AMA (Directive to Take Action); and be it further*

RESOLVED That our AMA identify medical, professional and social rehabilitation, education, vocational training and rehabilitation, aid, counseling, placement services and other services which will enable disabled physicians to develop their capabilities and skills to the maximum and will hasten the processes of their social and professional integration or reintegration. (Directive to Take Action)

This fits within the mission of improving diversity in medicine. Consider adding the following resolve: *RESOLVED, that our AMA support programs that educate physicians who do and do not have disabilities about legal rights to accommodation and legal rights to absence of discrimination for physicians with disabilities, and also for employees and patients with disabilities.*

CONSENT CALENDAR FOR DENIAL

601 (IN)**AMA Policy Statement with Editorials**

RESOLVED, That our American Medical Association include a policy statement after all editorials in which policy has been established to clarify our position. (Directive to Take Action)

AMA must not interfere with the look and feel of the JAMA or its editorial opinions if it wants it to be respected and keep its impact factor rating. AMA can always write a letter to JAMA explaining its own policy when the two diverge. The Massachusetts Medical Society would benefit from passage of this resolution because it would gain more respect by comparison.

604 (IL)**Engage and Collaborate with The Joint Commission**

RESOLVED, That our American Medical Association study and report back on any potential impact, influence, or conflicts of interest related to unrestricted grants from pharmaceutical and medical device manufacturers on the development of Joint Commission accreditation standards (especially those that relate to medical prescribing, procedures, and clinical care by licensed physicians). (Directive to Take Action)

TJC does good work and we should not pick this fight.

606 (RFS)**Investigation into Residents, Fellows and Physician Unions**

RESOLVED, That our American Medical Association study the feasibility of a national house-staff union to represent all interns, residents and fellows. (Directive to Take Action)

This is a big deal - but just a study. Let's discuss.

CONSENT CALENDAR FOR MONITORING

BOT Report 0 1**Annual Report**

We will monitor – There is nothing to be actively done here.

Report of the House of Delegates Committee on Compensation of the Officers

The Committee on Compensation of the Officers recommends the following recommendations be adopted and the remainder of this report filed:

1. That Policy D-605.990 be appended by a new section XXIII as follows:

Annual Health Insurance Stipend ("Stipend")

The purpose of this payment is to provide a Health Insurance Stipend (Stipend) to compensate the President, President-Elect, and Immediate Past President when the President(s) lose(s) his/her Employer provided medical insurance coverage. President(s) who lose his/her Employer insurance will substantiate his/her eligibility for the Stipend by written notice to the Board Chair detailing the effective date of the loss of coverage and listing covered family members. The President receiving the Stipend will have the sole discretion to determine the appropriate health insurance for himself/herself and the family members; however, the Stipend will be calculated based on 70% of the then current Gold Plan premium for his/her state/county of residence.

Should a President become Medicare eligible during his/her term(s), the Stipend will end for the President the month Medicare coverage begins. If the President has covered family members who are not Medicare eligible, the amount of the Stipend will be adjusted to cover only those family members until they become Medicare eligible. As family members become Medicare eligible, the President is expected to provide written notice of the event to the Board Chair and the Stipend will be adjusted accordingly the month Medicare coverage begins.

In any case, the Stipend will end the sooner the President(s) obtains other health insurance coverage or the month following the end of his/her term as Immediate Past President.

Should a President have health insurance coverage through Medicare when elected, he/she will not be eligible for the Stipend for themselves or family members.

The amount of the Stipend will be 70% of the then current Gold Plan premium in the President(s) state/county of residence for each covered family member. If there are multiple Gold Plans in the state/county, the Stipend will be based on the average of the then current Gold Plan premiums. The amount of the Stipend will be updated January 1 of each Plan year based on then Gold Plan premiums and covered family members.

The Stipend will be paid monthly. The amount of the Stipend will be reported as taxable income for the President each calendar year and will be included in this Committee's annual report to the House which documents compensation paid to Officers and the IRS reported taxable value of benefits, perquisites, services, and in-kind payments.

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

608 (RFS)

Financial Protections for Doctors in Training

RESOLVED, That our American Medical Association support retirement plans for all residents and fellows, which includes retirement plan matching in order to further secure the financial stability of physicians and increase financial literacy during training (New HOD Policy); and be it further

RESOLVED, That our AMA support that all programs provide financial advising to resident and fellows. (New HOD Policy)

612# (NM)

Request to AMA for Training in Health Policy and Health Law

RESOLVED, That our American Medical Association offer its members training in health policy and health law, and develop a fellowship in health policy and health law. (Directive to Take Action)

Great concept, but high fiscal impact for potentially small reach, as the fellowship would be small. Also, potentially wrong organization. There are immense resources and fellowships across the country in health policy. Health law is a bit tougher, but most forays into health law typically require a law degree to really have much basis.

RESOLUTIONS FOR DISCUSSION

BOT Report 0 4**AMA 2020 Dues**

The report indicates that Physicians in their second year of practice pay \$315 and Regular members pay \$420. However, BOT report 24 says that dues are graduated "over their first five years of practice". There is an inconsistency here. Based on two reports, as they are written and current data on the AMA website, it looks like there has been acceleration of the cost of membership for physicians who have recently transitioned to practice.

Thus, this should be opposed as it DOES result in a dues increase to physicians entering practice. Perhaps there is an error in the report, but this should be looked into closely.

The 2019 Dues on the AMA website are as follows:

First year in practice: \$60

Second year in practice: \$105

Third year in practice: \$210

Fourth year in practice: \$315

Military physicians (and physicians working in the Department of Veterans Affairs): \$280

Regular practice: \$420

BOT Report 2 4**Discounted/Waived CPT Fees as an AMA Member Benefit and for Membership Promotion**

Helping membership is important but CPT is a significant financial asset to the AMA. Most of licensing is to third parties. AMA will increase discount for small groups that purchase CPT directly (less than 25 member groups). Should we wade into this one? Is this the right way to do it?

605 (NY)**State Societies and the AMA Litigation Center**

RESOLVED, That when seeking a state medical society's support of an amicus brief on a legal matter, especially one pertaining to an issue in that state, the American Medical Association Litigation Center consider the state medical society's point of view in developing the argument, and maintain full disclosure during the drafting of the amicus or any change in strategy. (Directive to Take Action)

Aren't most of the amicus briefs filed by AMA pertinent to all 50 states (filed federally?). It may be impractical to get consensus with all 50 states. If there are briefs filed only in one state, that would seem to be more reasonable to get consensus with the state, if possible. On the other hand – what if we have strong policy and the state disagrees – should we ignore our policy?

613# (MAS)**Language Proficiency Data of Physicians in the AMA Masterfile**

RESOLVED, That our American Medical Association initiate collection of self-reported physician language proficiency data in the Masterfile by asking physicians with the validated six-point adapted ILR-scale for physicians to indicate their level of proficiency for each language besides English in the healthcare settings. (Directive to Take Action)

While the data would potentially be useful, AMA masterfile collects a small amount of it's overall data directly from users. A significant portion of the data comes from NRMP and residency programs. Further, AMA masterfile is actually losing a bit of it's value due to innaccurate information overall, and the increase value of physician self-reported profiles (i.e. Doximity). AMA should be focusing on improving overall integrity of current data before expanding into additional areas.

614# (MAS)

Racial and Ethnic Identity Demographic Collection by the AMA

RESOLVED, That our American Medical Association develop a plan with input from the Minority Affairs Section and the Chief Health Equity Officer to consistently include racial and ethnic minority demographic information for physicians and medical students. (Directive to Take Action)

Is this demographic data to be for physicians or on physicians? Data will be limited by data set of only AMA members, so will be difficult to generalize. Unclear what is to be done with this data and what is the goal. Last whereas does not make sense to me.

615# (MSS)

Implementing AMA Climate Change Principles Through JAMA Paper Consumption Reduction and Green Healthcare Leadership

RESOLVED, That our American Medical Association change existing automatic paper JAMA subscriptions to opt-in paper subscriptions by the year 2020, while preserving the option to receive paper JAMA, in order to support broader climate change efforts. (Directive to Take Action)

Interesting idea, but we should hear more about the consequences for JAMA and the AMA before we take this action.

Contained in the Handbook Addendum