

**REFERENCE COMMITTEE Constitution & Bylaws**  
**SUMMARY REPORT FOR THE NEW ENGLAND DELEGATION**  
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<b>CONSENT CALENDAR FOR APPROVAL</b>
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| <b>CC&amp;B 0 1</b> | <b>Parity in our House of Delegates</b><br>Approval of this change will not negatively affect the function or the budget of the HOD and may let some specialty societies increase the involvement of their current president in our AMA.   |
| <b>CC&amp;B 0 2</b> | <b>Bylaw Consistency--Certification Authority for Societies represented in our AMA House of Delegates and Advance Certification for those Societies</b><br>This was referred at A-19 as there was concern that the medical students and resident/fellows would have trouble complying with the 30-day rule. This new proposal gives all groups the maximum flexibility to make substitutions and credential a delegate at any time while preserving the expectation that most delegations will be able to credential their delegates in advance.                 |
| <b>CC&amp;B 0 3</b> | <b>AMA Delegate Apportionment</b><br>Bylaws amendment to add "pending members" (defined as individuals who at the time they apply for membership are not current in their dues and who pay dues for the following calendar year) to the number of active AMA members for the purpose of AMA delegate allocations.  |
| <b>CEJA 0 1</b>     | <b>Competence, Self-Assessment and Self-Awareness</b><br>Well written and interesting report. Much of it is common sense. The recommendations are all "should" and as such, the report is aspirational in nature.  |
| <b>CEJA 0 2</b>     | <b>Amendment to E-1.2.2., "Disruptive Behavior by Patients"</b><br>Strengthens the position of physicians confronted with patients who discriminate against a physician. It is okay to terminate the patient-physician relationship in some cases. Additionally, the report provides suggestions to physician leaders to influence the policies of the institutions with which they are affiliated.  |
| <b>001</b>          | <b>Support for the Use of Psychiatric Advance Directives (MSS)</b><br>A laudable goal, the resolution asks for increased awareness and appropriate utilization of psychiatric advance directives. This may be close enough to existing policy for it to be reaffirmation.  |
| <b>002</b>          | <b>Endorsing the Creation of a Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Research IRB Training (MSS)</b><br>Seeks to have our AMA create model training for IRB boards regarding their collection of LGBTQ data protection.   |
| <b>004</b>          | <b>Improving Inclusiveness of Transgender Patients Within Electronic Medical Record Systems (MSS)</b><br>Amends a current policy to add the patient's "preferred name, and an inventory of current anatomy".   |
| <b>006</b>          | <b>Transparency Improving Informed Consent for Reproductive Health Services (MSS)</b><br>This would try to establish a list of "Essential Reproductive Health Services" as well as advocate for legislation requiring healthcare organizations to publish online and at the point of service which services are available along with any restrictions. It would include a requirement for referral information to patients of other providers that cover the services within the same coverage area. The resolution appears consistent with existing AMA policy. |
| <b>010</b>          | <b>Ban Conversion Therapy of LGBTQ Youth (MI)</b>  |

Asks our AMA to advocate for federal legislation to ban conversion therapy.

**011 End Child Marriage (MI)**

Resolves would have our AMA oppose child marriage (age less than 18) and advocate for the passage of state and federal legislation to end the practice of child marriage. (Massachusetts law allows girls as young as 12 to marry with a judge's approval and at least one parent's consent.) Twenty-three states have no minimum age.

<b><i>RESOLUTIONS FOR DISCUSSION</i></b>
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**003 Accurate Collection of Preferred Language and Disaggregated Race and Ethnicity to Characterize Health Disparities (MSS)**

First resolve asks to add "preferred language" to a patient's medical record. Second resolve asks for the ONC to expand their data collection requirements, such that EHR vendors include options for disaggregated coding of race and ethnicity. Should probably add "preferred language" to the resolve as that is the primary focus of their resolution.

**005 Removing Sex Designation from the Public Portion of the Birth Certificate (MSS)**

Advocates for the removal of sex as a legal designation on the public portion of the birth certificate and that it be visible for medical and statistical use only. Probably not too controversial but would be good to hear any other opinions.

**007 Addressing the Racial Pay Gap in Medicine (MSS)**

Laudable goal. The first resolve shouldn't be controversial. It asks for our AMA to support measures of racial pay awareness. The second resolve may be more challenging. After looking up some of the references, the data, particularly with reference to physician race and specialty, is not as robust as the whereas' suggest. I'm not sure how to gain the cooperation to obtain the data asked for in this resolve. However, it doesn't mean our AMA shouldn't try. I put it in the discussion section in case we have a suggestion for improving the resolve.

**009 Data for Specialty Society Five-Year Review (multiple delegates incl. H. Taylor/S. Glassman)**

This asks to amend the eligibility requirements for admission of a national specialty organization by asking our AMA to only count physician members who are current in payment of applicable dues and eligible to serve on committees or the governing body. The amendment takes out the requirement for full voting privileges and the eligibility to hold office. This is more complicated than it looks as some societies allow retired members to serve on committees and the governing body. It does bring up some good points and deserves to be studied. Referral may be the appropriate choice for this resolution.