AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-16)

Report of Reference Committee on Amendments to Constitution and Bylaws

Jan Kief, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 2 – New Specialty Organizations Representation in the House of Delegates
2. Board of Trustees Report 28 – Specialty Society Review in the House of Delegates – Five Year Review
4. Resolution 004 – Targeted Education to Increase Organ Donation
5. Resolution 007 – Membership and Representation in the Organized Medical Staff Section
6. Resolution 008 – Updating Sexual Orientation and Gender Identity Policies
7. Resolution 016 – Social Media Trends & the Medical Profession

RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE

8. Resolution 001 – Support for Persons with Intellectual Disabilities Transitioning to Adulthood

RECOMMENDED FOR ADOPTION AS AMENDED

10. Council on Constitution and Bylaws Report 1 – Cessation of New AMA Affiliate Members
13. Resolution 002 – Clarification of Medical Necessity for Treatment of Gender Dysphoria
14. Resolution 006 – Definition of Resident and Fellow
15. Resolution 009 – Physician Decision Making
16. Resolution 010 – Religiously Affiliated Medical Facilities and the Impact on a Physician’s Ability to Provide Patient Centered, Safe Care Services
17. Resolution 011 – CEJA and House of Delegates Collaboration

RECOMMENDED FOR REFERRAL

18. Board of Trustees Report 15 – Designation of Specialty Societies for Representation in the House of Delegates
19. Resolution 003 – Supporting Autonomy for Patients with Differences of Sex Development
20. Resolution 014 – Medical Reporting for Safety Sensitive Positions
21. Resolution 015 – Study Aid-in-Dying as End-of-Life Option

RECOMMENDED FOR NOT ADOPTION

22. Resolution 012 – Opposition to Physician Assisted Suicide and Euthanasia
23. Resolution 013 – Modernization of the AMA Code of Medical Ethics
(1) BOARD OF TRUSTEES REPORT 2 - NEW SPECIALTY
ORGANIZATIONS REPRESENTATION IN THE HOUSE
OF DELEGATES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Board of Trustees Report 2 be adopted and the remainder of the report be filed.

Board of Trustees Report 2 recommends that the American Society of Dermatopathology be granted representation in the AMA House of Delegates. The report outlines the guidelines for representation in and admission to the House of Delegates pertaining to National Specialty Societies, including a description of responsibilities for these organizations, and finds that the American Society of Dermatopathology has met these requirements.

Testimony provided for this report was limited, but in strong support of the report with no opposition. Your Reference Committee recommends that Board of Trustees Report 2 be adopted.

(2) BOARD OF TRUSTEES REPORT 28 - SPECIALTY
SOCIETY REVIEW IN THE HOUSE OF DELEGATES - FIVE YEAR REVIEW

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Board of Trustees Report 28 be adopted and the remainder of the report be filed.

Board of Trustees Report 28 recommends that the AMDA – The society for Post-Acute and Long-Term Care Medicine, American Academy of Child and Adolescent Psychiatry, American Association of Physicians of Indian Origin, American College of Medical Genetics and Genomics, American College of Radiation Oncology, American Institute of Ultrasound in Medicine, American Orthopaedic Foot and Ankle Society, American Society for Clinical Pathology, American Society of Anesthesiologists, American Society of Cataract and Refractive Surgery, American Society of Colon and Rectal Surgeons, American Society of Neuroradiology, Obesity Medicine Association, Renal Physicians Association, and the Society of Critical Care Medicine retain representation in the American Medical Association House of Delegates. Board of Trustees Report 28 further recommends that the American Association of Clinical Endocrinologists, American Association of Hip and Knee Surgeons, American Society of Neuroimaging and the Society of Interventional Radiology be placed on probation and be given one year to work with AMA membership staff to increase their AMA membership. Finally, Board of Trustees Report 28 recommends that the American Society of Hematology and the International Society of Hair Restoration Surgery not retain representation in the House of Delegates for failure to meet required standards after a year’s probation.
Testimony provided was strongly against the third recommendation of this report. Those offering testimony spoke in favor of keeping the American Society of Hematology and the International Society of Hair Restoration Surgery in the House of Delegates, noting the importance of these specialties and their prominence in medical circles. During its deliberations, however, the reference committee noted that these societies were already given two years to work on their membership to retain their place in the House of Delegates. Further, AMA Bylaw 8.5.3.2.2 notes that “the specialty society or professional interest medical association [who has been terminated] 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.” Your Reference Committee urges these societies to reapply when appropriate per the bylaws outlined above.

(3) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
REPORT 1 - ETHICAL PRACTICE IN TELEMEDICINE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Ethical and Judicial Affairs Report 1 be adopted and the remainder of the report be filed.

Council on Ethical and Judicial Affairs Report 1 examines the ethical and professional responsibilities of physicians who practice through the utilization of telemedicine. Physicians who offer health care services via telemedicine are held to the same standards of care as in traditional health care practice, but they must pay close attention to issues that are particularly relevant with health care provided through new modes of technology such as the patient’s right to privacy and issues of informed consent.

Testimony strongly supported adoption of this report. The majority of testimony welcomed the ethical guidance of the report on telemedicine given the quickly evolving nature of technology and its effect on the practice of medicine. Many understood that ethical guidance in this area may require revisiting these guidelines in the future, but that the practice of telemedicine is happening now and direction is needed to help physicians traverse this complex set of issues. Some offering testimony identified language within the report that they believe remains unclear, asking for and receiving clarification from the Council and Ethical Judicial Affairs. The reference committee feels that the guidance provided by the report is timely and necessary, and encourages the Council on Ethical and Judicial Affairs to continue to provide definitions for key terms used in its recommendations. Your Reference Committee recommends that Council on Ethical and Judicial Affairs Report 1 be adopted.
(4) RESOLUTION 004 - TARGETED EDUCATION TO INCREASE ORGAN DONATION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 004 be adopted.

Resolution 004 addresses concerns for the limited participation from minority populations in donating organs, recognizing the reluctance to donate to be perpetuated by misconceptions and limited exposure to accurate information. The resolution asks that our AMA study potential educational efforts on the issue of organ donation tailored to demographic groups with low organ donation rates.

All testimony offered was in favor of this resolution. Testimony provided statistical support to emphasize the importance of pursuing efforts to address the disparities in organ donation between demographic groups. Therefore, your Reference Committee recommends that Resolution 004 be adopted.

(5) RESOLUTION 007 - MEMBERSHIP AND REPRESENTATION IN THE ORGANIZED MEDICAL STAFF SECTION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 007 be adopted.

Resolution 007 asks our AMA to amend the current Bylaws for the Organized Medical Staff Section (OMSS) in order to promote a more inclusive membership model to gain adequate representation and participation in the Section. The resolution seeks to extend the allowance of membership in OMSS to include all active physician members of the AMA who are members of a medical staff, including select residents and fellows.

No testimony followed the introduction of this resolution. Your Reference Committee found the resolution to be very comprehensive and recommends that Resolution 007 be adopted.
(6) RESOLUTION 008 - UPDATING SEXUAL ORIENTATION AND GENDER IDENTITY POLICIES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 008 be adopted.

Resolution 008 seeks to amend the title of HOD policy H-160.991, Health Care Needs of the Homosexual Population, to read, Health Care Needs of Lesbian, Gay, Bisexual, and Transgender Populations. Furthermore, the resolution asks our AMA to modify the text of the policy to use current LGBTQ language.

This resolution was given strong testimonial support, encouraging modification of the noted policy to reflect current, accepted LGBTQ language. Therefore, your Reference Committee recommends that Resolution 008 be adopted.

(7) RESOLUTION 016 - SOCIAL MEDIA TRENDS & THE MEDICAL PROFESSION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 016 be adopted.

Resolution 016 asks that our AMA ask the Council on Ethical and Judicial Affairs to reconsider AMA Ethical Opinion E-9.124, Professionalism in the Use of Social Media based on the fact that the social media landscape has changed significantly since the opinion was originally issued in 2011.

The only testimony offered was in support of the resolution. Your Reference Committee found no issue with the resolution, and recommends that Resolution 016 be adopted.

(8) RESOLUTION 001 - SUPPORT FOR PERSONS WITH INTELLECTUAL DISABILITIES TRANSITIONING TO ADULTHOOD

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 001 be adopted.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the title be changed to read as follows:

SUPPORT FOR PERSONS WITH INTELLECTUAL DISABILITIES
Resolution 001 discusses the lack of psychosocial resources available to persons with intellectual disabilities in the transition to adulthood, recognizing a need for improved planning to address the limited availability of employment, lack of independent social life, and limited funding and provision of equipment and support outside the home for individuals. The resolution asks that our American Medical Association encourage appropriate government agencies, non-profit organizations, and specialty societies to develop and implement policy guidelines to provide adequate psychosocial resources for persons with intellectual disabilities, with the goal of independent function when possible.

All testimony offered was strongly in favor of this resolution, recognizing it to be a timely and appropriate response to address the barriers faced by individuals with intellectual disabilities in the transition to adulthood. Testimony did, however, recognize that the lack of support persists throughout one’s life, and is not limited to the isolated transition into adulthood. Therefore, your Reference Committee recommends that Resolution 001 be adopted with change in title.

(9) REPORT OF THE SPEAKERS 2 - PROCEDURES OF THE HOUSE OF DELEGATES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Report of the Speakers 2 be amended by addition of a new recommendation to read as follows:

2. The rules and procedures of the House of Delegates will be amended as follows:
   A. The motion to table a Report or Resolution that has not yet been referred to a reference committee is not permitted and will be ruled out of order.
   B. A new motion is added to the House of Delegates Reference Manual, “Object to Consideration”. If a Delegate objects to consideration of an item of business by our HOD the correct motion is to Object to Consideration. The motion requires a ¾ supermajority vote for passage. The motion is not debatable, cannot interrupt a speaker, requires a second, cannot be amended, takes precedent over all subsidiary motions, and cannot be renewed.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that recommendation 5 in Speakers Report 2 be amended by addition and deletion to read as follows:
5. That late resolutions be defined as those submitted less than 30 days before the opening day of a House of Delegates meeting but before the opening session recesses and not meeting the definition of regular business, and that business submitted after the recess of the opening session be regarded as emergency business, subject to a three-fourths vote for acceptance as business, but needing only a majority vote for final action.

(RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the recommendations in the Report of the Speakers be adopted as amended and the remainder of the report be filed.

Report 2 of the Speakers responds to the charge from I-15 to study and assess the alignment of the House of Delegates Reference Manual with the current edition of the American Institute of Parliamentarians Standard Code of Parliamentary Procedure and recommend appropriate changes to the Manual. The report proposes the formal adoption of three special rules to provide clarification for parliamentary procedure in the House of Delegates. Furthermore, the report recommends streamlining late and emergency resolutions to the full House of Delegates.

Testimony was strongly in favor of the spirit of the report and its proposals. Those lauding the report noted its emphasis on maintaining the deliberative process of the House of Delegates as well as the traditions it embodies. Several amendments were discussed to potentially strengthen the report in its current form and to remedy procedural deficiencies that have taken place in past proceedings of the House of Delegates. Of particular concern, testimony highlighted issues around tabling debate for items of business that many feel should not be addressed by the House of Delegates, while others worried about censoring minority views. Your reference committee thought that a higher bar should be established for tabling the debate of items considered to be inappropriate for deliberation. In addition, there was discussion over whether the motion can be debatable, and the committee concurred with testimony that making it not debatable further raised the bar. Finally, your reference committee felt that renaming, in effect creating a new motion, further clarifies the issue. Therefore, your Reference Committee recommends that Report of the Speakers 2 be adopted as amended.

(10) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 1

- CESSATION OF NEW AMA AFFILIATE MEMBERS

(RECOMMENDATION A:}
Madam Speaker, your Reference Committee recommends that Council on Constitution and Bylaws Report 1 be amended by addition and deletion on page 1, line 19 to read as follows:

Those individuals who were elected as affiliate members prior to 2015 will may retain their affiliate membership.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Constitution and Bylaws Report 1 be adopted as amended and the remainder of the report be filed.

Council on Constitution and Bylaws Report 1 presents amended bylaw language for consideration of the House of Delegates regarding affiliate membership, and requests that Policy G-635.064 be rescinded.

Testimony given for this report was limited to one proposed amendment, modifying brief language to more accurately reflect the intention of the report. There was no further testimony offered. With this consideration, your Reference Committee recommends that Council on Constitution and Bylaws Report 1 be adopted as amended.

(11) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 2 - OPTIONS FOR INFORMATIONAL REPORTS SUBMITTED TO THE HOUSE OF DELEGATES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Recommendation 2 be amended by addition to read as follows:

2) The House of Delegates will have the following options to dispose of an informational report: file, refer, and not accept. An informational report may be amended to add a recommendation for further action. An informational report, like any other report, also can be amended for clarity and/or accuracy with the concurrence of the author. If an informational report is amended for action, it is no longer considered an informational report. The House may also grant the author leave to withdraw an informational report. (Directive to Take Action)
RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Constitution and Bylaws Report 2 be adopted as amended and the remainder of the report be filed.

Council on Constitution and Bylaws Report 2 presents four recommendations for appropriate action with regard to informational reports. First, informational reports will be included in the AMA House of Delegates Online Member Forum. Second, the House of Delegates will have the following options to dispose of an informational report: file, refer, and not accept. Third, any informational report that the House of Delegates votes to not accept will be published in the Proceedings in its entirety, but be clearly labeled with the House action. Fourth, the Proceedings of our AMA House of Delegates meetings will use a prominent “not accepted” watermark to designate any informational report that the House votes to not accept.

Testimony provided on this report was limited and divided equally between those in favor of and against its recommendations. Concern was voiced about outside parties gaining access to informational reports that are not adopted, and misinterpreting the distinction between items that have been adopted and those that have not. Other testimony, however, welcomed the availability of informational reports that have not been adopted in the House of Delegates proceedings in order to accurately represent those proceedings. To further clarify the handling of informational reports, the Council on Constitution and Bylaws provided an amendment to clarify what can and cannot be done with those reports. In light of testimony and the amendment offered, your Reference Committee recommends that Council on Constitution and Bylaws Report 2 be adopted as amended. These procedures should be incorporated into the next edition of the House of Delegates Reference Manual.

(12) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 3 - CEJA’S SUNSET REVIEW OF 2006 HOUSE POLICIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the recommendation in Council on Ethical and Judicial Affairs Report 3 be amended by addition on page 2, line 33 to read as follows:

The Council on Ethical and Judicial Affairs recommends that the House of Delegates policies that are listed in the Appendix to this report be acted upon in the manner indicated, with the exception of H-140.872, which should be retained, and the remainder of the report be filed.
RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendation contained in Council on Ethical and Judicial Affairs Report 3 be adopted as amended and the remainder of the report be filed.

Council on Ethical and Judicial Affairs Report 3 presents the annual sunset report of House policies. This report reviewed House policies from 2006. This report recommends that the House of Delegates policies that are listed in the Appendix to this report be acted upon in the manner indicated.

The Council on Ethical and Judicial Affairs introduced this report. They noted that policy H-140.872 is designated to be rescinded based on the duplicative policy of E-8.056 Physician Pay-for-Performance Programs. However, E-8.056 was rescinded when it was combined with several other opinions to form E-8.131 Professionalism in Health Care Systems (issued June 2014). Therefore, CEJA recommends that policy H-140.872 be retained. No other testimony was offered for this report. Your Reference Committee recommends that Council on Ethical and Judicial Affairs Report 3 be adopted as amended.

(13) RESOLUTION 002 – CLARIFICATION OF MEDICAL NECESSITY FOR TREATMENT OF GENDER DYSPHORIA

RESOLUTION 005 - CLARIFICATION OF MEDICAL NECESSITY FOR TREATMENT OF GENDER DYSPHORIA

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 005 be amended by addition of a third resolve to read as follows:

RESOLVED, That our AMA amend Policy H-185.950 by addition and deletion to read as follows: (Modify Current HOD Policy)

Removing Financial Barriers to Care for Transgender Patients H-185.950

Our AMA supports public and private health insurance coverage for treatment of gender identity disorder dysphoria as recommended by the patient’s physician.
RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendations in Resolution 005 be adopted as amended in lieu of Resolution 002.

Resolution 002 asks that our AMA acknowledge that treatment for gender dysphoria should be determined by shared decision making between patient and physician, citing examples of emerging standards of care and practice in treatment of gender dysphoria. Furthermore, the resolution asks that our AMA amend HOD policy H-185.950 to remove language referring to gender dysphoria as a disorder, updating the terminology.

Resolution 005 asks our AMA for the adoption of new policy to promote adequate health care for persons with gender dysphoria. The resolution asks our AMA to establish that medical and surgical treatments for gender dysphoria are to be recognized as medically necessary when determined to be appropriate through shared decision making between the patient and physician. Furthermore the resolution encourages our AMA to advocate for federal, state, and local policies to provide medically necessary care for gender dysphoria.

Testimony was unanimous in favor of adoption of both resolutions. Testimony for Resolution 002 highlighted the importance of creating policy that will help to erode existing barriers often faced by those with gender dysphoria, and that the resolution helps to further that effort. The policy goals of helping patients with gender dysphoria overcome obstacles in accessing medical care were lauded, and it was widely felt that the adoption of Resolution 005 would strengthen advocacy efforts at the federal, state, and local levels for providing care to this population.

Because these two resolutions are so similar, your reference committee feels that it is appropriate to combine them into one resolution. The first resolves of both Resolutions 002 and 005 were almost identical, but the reference committee feels that the language of the first resolve of Resolution 005 more precisely addresses the medical and surgical needs of those with gender dysphoria.

The second resolve of Resolution 002 contains an amendment to current policy, and your Reference Committee felt it appropriate to add that policy change to Resolution 005.

Therefore, your Reference Committee recommends that Resolution 005 be adopted as amended in lieu of Resolution 002.

(14) RESOLUTION 006 - DEFINITION OF RESIDENT AND FELLOW

RECOMMENDATION A:
Madam Speaker, your Reference Committee recommends that Resolution 006 be amended by addition and deletion to read as follows:

2) Members who are active duty military or public health service residents required to provide service after their internship as general medical officers (including dive undersea medical officers or flight surgeons) before their return to complete a residency program and are within the first five years of service after internship.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendations in Resolution 006 be adopted as amended.

Resolution 006 asks our AMA to develop amendments to the Bylaws to include definitions for “Resident” and “Fellow” and establish criteria for membership in the AMA Resident and Fellow Section.

Testimony provided for this item was predominantly in support of the resolution. However, brief testimony presented a concern for the ambiguity of the status of residents enrolled in active military duty for a second tour, exceeding the five year time constraint noted in the resolution. The testimony proposed an amendment to strike the references to specific time limitations in order to extend eligibility for membership. One person noted that the correct term for “dive” medical officers is “undersea” medical officers. Proposed amendments, with the rest of the resolution, were supported in following testimony. Your Reference Committee recommends that Resolution 006 be adopted as amended.

(15) RESOLUTION 009 - PHYSICIAN DECISION MAKING

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 009 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association advocate that treating and attending physicians, regardless of employment status, must maintain overall leadership in decisions affecting the health care received by patients in order to ensure quality of the care given to patients. Physicians, regardless of employment status, must maintain overall responsibility and leadership in decisions affecting the health care received by patients.

(New HOD Policy)
RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendations in Resolution 009 be adopted as amended.

Resolution 009 reaffirms the importance of the physician-patient relationship as the dominant groundwork for effective care, asking our AMA to advocate that physicians shall maintain overall responsibility and leadership in determining appropriate health care that is to be received by patients. This resolution stems from concerns that organizations or third-party payers may impact health care decision-making.

The testimony was overwhelmingly in support of the resolution, offering additional emphasis of the importance of physician leadership in patient care. A recommendation to modify language of the resolve to include specific identification of treating and attending physicians was supported. Therefore, your Reference Committee recommends Resolution 009 be adopted as amended.

(16) RESOLUTION 010 - RELIGIOUSLY AFFILIATED MEDICAL FACILITIES AND THE IMPACT ON A PHYSICIAN’S ABILITY TO PROVIDE PATIENT CENTERED, SAFE CARE SERVICES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 010 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association conduct a study of hospital consolidations access to care in secular hospitals and religiously affiliated hospitals to include any impact on patient access to services resulting from of consolidation in secular hospital systems and religiously-affiliated hospital systems. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 010 be amended by addition and deletion in title to read as follows:

RELIGIOUSLY AFFILIATED CONSOLIDATION OF MEDICAL FACILITIES AND THE IMPACT ON A PHYSICIAN’S ABILITY TO PROVIDE PATIENT CENTERED, SAFE CARE SERVICES
RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the recommendations in Resolution 010 be adopted as amended with change in title.

Resolution 010 discusses the conflicts present in decision-making for health care providers employed by religiously-affiliated institutions. Given that the presence of religiously-affiliated hospitals continues to grow, caring for more than 1 in 6 patients, the resolution encourages our AMA to conduct a study of access to care in secular hospitals and religiously-affiliated hospitals to include any impact on access to services in the consolidation of systems.

Support for this resolution was overwhelmingly in favor of adoption. Testimony focused on the obstacles many patients face in trying to access basic medical care in the wake of hospital consolidations, specifically when a religiously-affiliated hospital assumes control of once-secular institutions. Personal anecdotes were offered detailing the denial of medical services for those seeking reproductive health care or the denial of testing and treatment by sexual minorities. In these instances, testimony spoke to upholding the independent health care decisions made by patients in consultations with their physicians without the intervention of an overarching hospital policy. Others disagreed, noting that focusing on religion was inappropriate and drew attention away from the central issue: maintaining the sanctity of patient-physician relationship. Based on the testimony heard and its deliberations, your Reference Committee recommends that Resolution 010 be adopted as amended.

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the second resolve of Resolution 011 be amended by deletion to read as follows:

RESOLVED, That our AMA evaluate how a periodic review and/or a sunset policy for of Code of Medical Ethics guidelines and reports can best be implemented, and report back at the 2016 Interim Meeting. (Directive to Take Action)
RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendations in Resolution 011 be adopted as amended.

Resolution 011 asks that our AMA explore options for improving the collaborative process between the HOD and CEJA in order to allow for HOD input while maintaining CEJA’s autonomy. Furthermore, the resolution calls for evaluation of how a periodic review and/or sunset policy for the Code of Medical Ethics may be implemented.

Testimony provided for this item was divided, both in favor of and in opposition to the resolution. Testimony heard in favor of the resolution supported looking more closely into the collaboration between the Council on Ethical and Judicial Affairs and the House of Delegates, encouraging a more clearly delineated review process for the Code of Medical Ethics. Testimony in opposition argued against the consideration of sunset for ethics policy, noting the intention for ethics guidance to be timeless. With the testimony received, the committee agreed that sunset of ethics policy would not be appropriate, but encouraged the recommendation to look further into a periodic review process. The request for report back at I-16 is not feasible and therefore your reference committee has struck this. Your Reference Committee recommends that Resolution 011 be adopted as amended.

(18) BOARD OF TRUSTEES REPORT 15 - DESIGNATION OF SPECIALTY SOCIETIES FOR REPRESENTATION IN THE HOUSE OF DELEGATES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Board of Trustees Report 15 be referred.

Board of Trustees Report 15 puts forth five recommendations to determine appropriate allocation of specialty society delegates. First, that current specialty society delegation allocation system be discontinued and that specialty society delegate allocation in the House of Delegates be determined based on membership numbers allowing one delegate per 1,000 AMA members or fraction thereof, reduced by a factor of 25% to reflect multiple memberships, starting with the 2017 delegate apportionment. Second, that specialty societies that are in good standing according to the five-year review will continue to be allocated automatically at least one delegate without the submission of membership data annually. Third, that a transition period be established to allow specialty societies that would lose delegates with the new allocation system a one year grace period to increase membership and if necessary to downsize their delegation. Fourth, that after 2017, specialty societies that would lose delegate(s) based on declining membership be allowed a one-year grace period to increase their AMA membership and that their delegation remain unchanged until the end of the grace period. Fifth, that the Council on Constitution and Bylaws investigate the need to amend any policy or bylaws.
The testimony offered on this report was mixed. Favorable testimony discussed the critical nature of retaining parity within the House of Delegates and creating an appropriate mechanism for determining the representation of specialty societies. In order to achieve this parity, new formulas for calculating specialty society representation were proposed that differed from the proposals of the report. While many of these proposed amendments were supported through the testimony, opponents of the report pointed out the harms that could result from delegate proportioning, particularly for larger societies. The strengths and weaknesses of the report and the subsequent proposed amendments were the basis for considerable debate, and the reference committee believes that the report offers an appropriate starting point for further discussions for achieving equitable representation within the House of Delegates. As a result, your Reference Committee recommends that Board of Trustees Report 15 be referred.

(19) RESOLUTION 003 - SUPPORTING AUTONOMY FOR PATIENTS WITH DIFFERENCES OF SEX DEVELOPMENT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 003 be referred.

Resolution 003 discusses the controversy involved in the practice of reconstructive surgeries in patients with differences of sex development (DSD). The resolution argues against unnecessary alterations to ambiguous genitalia at birth in order to avoid irreversible outcomes that may negatively impact the patient. Given that DSD communities condemn genital “normalizing” and advocate for respecting patient autonomy in determining gender identity, the resolution encourages our AMA to affirm that medically unnecessary surgeries in individuals born with DSD are unethical, stating that surgery should be postponed, when possible, until the patient can actively participate in decision-making for treatment.

Testimony was largely in favor of referral. Those offering testimony understood the critical developmental issues surrounding those born with differences in sex development, however, there was considerable agreement that the resolution as presented could have unintended consequences regarding the decision making relationship between the physician and the parents. Furthermore, testimony revealed gaps in understanding on how to appropriately address the surgical and medical options for those born with difference of sex development, necessitating a call for further study. Therefore, your Reference Committee recommends that Resolution 003 be referred.
(20) RESOLUTION 014 - MEDICAL REPORTING FOR
SAFETY SENSITIVE POSITIONS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Resolution 014 be referred for report back at I-16.

Resolution 014 discusses reporting requirements for physicians treating patients who
operate in Safety Sensitive positions. The resolution asks that our AMA advocate for
uniform policy on mandatory reporting of significant medical conditions for patients with
conditions that may pose a risk to public safety while simultaneously enhancing
protection of the reporting physicians.

Testimony given was supportive of the intent of the resolution, but was concerned for the
ambiguity of language in light of the complexity of the issue. Testimony also offered
amendments to include in the resolution a notation to “Safety Sensitive Positions” as
defined by the FAA/DOT. It was expressed that, while addressing this issue as timely
and necessary, clarification must be provided before the resolution is recommended for
adoption. Testimony further noted that the FAA and EU will be convening to review their
policies on this issue, and therefore report back at I-16 would be preferable. After
deliberation, your Reference Committee recommends that Resolution 014 be referred.

(21) RESOLUTION 015 - STUDY AID-IN-DYING AS END-OF-
LIFE OPTION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Resolution 015 be referred.

Resolution 015 asks that our AMA and its Council on Ethical and Judicial Affairs study
the issue of medical aid-in-dying with consideration of (1) data collected from the states
that currently authorize aid-in-dying, and (2) input from some of the physicians who have
provided medical aid-in-dying to qualified patients, and report back to the HOD at the
2017 Annual Meeting with recommendation regarding the AMA taking a neutral stance
on physician “aid-in-dying”.

Support for this resolution was largely in favor of the Council on Ethical and Judicial
Affairs studying the issue of medical aid-in-dying. The testimony spoke to the fact that
many states have proposed or adopted legislation to legalize the practice, introducing a
potential conflict for our members in those states. Additional testimony recognized the
need for our American Medical Association to respond to this highly relevant and
expanding issue that may impact medical practice, looking to the Council for guidance.
With these considerations in mind, your Reference Committee recommends that
Resolution 015 be referred.
(22) RESOLUTION 012 - OPPOSITION TO PHYSICIAN
ASSISTED SUICIDE AND EUTHANASIA

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Resolution 012 not be adopted.

Resolution 012 addresses the recent developments encouraging reconsideration of AMA
policies concerned with physician assisted suicide and euthanasia, noting that the
Council on Ethical and Judicial Affairs has received testimony to reexamine existing
guidance. This resolution asks that our AMA not change its policies on opposition to
physician-assisted suicide or euthanasia to policies of neutrality or endorsement on the
issue of physician-assisted suicide or euthanasia.

While testimony was heard in support of the resolution, a strong majority presented in
opposition, stating it would be imprudent for our American Medical Association to
reaffirm the existing policy without consideration for study. From these prevalent
concerns, your Reference Committee recommends that Resolution 012 not be adopted.

(23) RESOLUTION 013 - MODERNIZATION OF THE AMA
CODE OF MEDICAL ETHICS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Resolution 013 not be adopted.

Resolution 013 asks that our AMA amend its Bylaws so that any proposed revisions or
modernizations to our AMA Code of Medical Ethics will be presented to the member
societies of the Federation of Medicine at least six months prior to the session of our
AMA House of Delegates. The resolution asks that changes to the Code be presented
for affirmation on a chapter by chapter basis, with the House of Delegates having the
ability to extract any item for debate and amendment before a final vote on each chapter.

Testimony for this resolution was largely against adoption. While there was limited
testimony stating that an ongoing process of review for the Code of Medical Ethics could
serve as a means of continuous quality improvement, most spoke to the independence
of the Council on Ethical and Judicial affairs and the transparency of its processes in
developing ethics policy. Frustration with the policy development of the Council on
Ethical and Judicial Affairs may stem from the challenging nature of the questions it is
charged with addressing, and, as was noted in testimony, a chapter-by-chapter review of
the Code and its interpretations would not be possible. Therefore, your Reference
Committee recommends that Resolution 013 not be adopted.
Madam Speaker, this concludes the report of Reference Committee on Amendments to Constitution and Bylaws. I would like to thank Robert Block, MD, Ben Bush, Mary Campagnolo, MD, Howard Chodash, MD, G. Sealy Massingill, MD, Kevin C. Reilly, MD, and all those who testified before the Committee.

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