

REPORTS OF THE COUNCIL ON CONSTITUTION AND BYLAWS

The following reports were presented by Pino Colone, MD, Chair.

1. FURTHER ACTION ON BYLAW 7.5.2

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: RECOMMENDATIONS ADOPTED
REMAINDER OF REPORT FILED
Bylaws amended

At the June 2021 meeting of the AMA House of Delegates, the House adopted two reports from the Council on Constitution and Bylaws related to eligibility for the Young Physicians Section. CCB Report 3-JUN-21 provided language to clarify original Bylaw 7.5.2 as follows:

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 of Governing Council Members. If any 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 member shall terminate and the position shall be declared vacant. If any member's term would terminate prior to the conclusion of an Annual Meeting, such member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which such member ceases to meet the membership requirements of Bylaw 7.5.1, as long as the member remains an active physician member of the AMA.

7.5.2.1 The chair position is a three-year commitment and divided into the roles of chair-elect, chair, and immediate past chair. The young physician must meet the requirements of Bylaws 7.5.1 and 7.5.2 through the end of the chair role, or 2nd year. The immediate past chair shall be permitted to complete the term of office even if unable to continue to meet all of the requirements of Bylaw 7.5.1, as long as the physician remains an active physician member of the AMA.

In consultation with the Young Physicians Section, CCB issued Report 5-JUN-21, which further amended the language of 7.5.2 as follows, and which also was adopted by the House:

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 until December 31 of the year of their 40th birthday or December 31 of the eighth year following completion of their graduate medical education, whichever comes last.

7.5.2 Cessation of Eligibility of Governing Council Members. If any 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 member shall terminate and the position shall be declared vacant. If any member's term would terminate prior to the conclusion of an Annual Meeting, such member shall be permitted to serve in office until the conclusion of the Annual Meeting following that when in which such member ceases to meet the membership requirements of Bylaw 7.5.1, as long as the member remains an active physician member of the AMA.

7.5.2.1 The chair position is a three-year commitment and divided into the roles of chair-elect, chair, and immediate past chair. The young physician must meet the requirements of Bylaws 7.5.1 and 7.5.2 when elected as chair-elect through the end of the chair role, or 2nd year. The chair-elect, chair

and immediate past chair shall be granted membership in the Section and be permitted to complete the term of office even if unable to continue to meet all of the requirements of Bylaw 7.5.1, as long as the physician remains an active physician member of the AMA..

In reconciling the language of the two reports for PolicyFinder and the July 2021 update of the AMA Bylaws, it was discovered that that the words “in the calendar year” of 7.5.2 were inadvertently omitted from CCB Report 5-JUN-21. While elimination of these words was the goal of the YPS and CCB, because the words were not shown as stricken the words remain in the July 2021 Bylaws.

The Council has prepared this report to present the appropriate bylaw amendment by deletion to ensure that the AMA Constitution and Bylaws remains an accurate document. The Council confirmed with the Young Physicians Section that deletion of these words was the intent of both groups.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments to the AMA Bylaws be adopted and that the remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

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 until December 31 of the year of their 40th birthday or December 31 of the eighth year following completion of their graduate medical education, whichever comes last.

7.5.2 Cessation of Eligibility of Governing Council Members. If any 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 member shall terminate and the position shall be declared vacant. If any member’s term would terminate prior to the conclusion of an Annual Meeting, such member shall be permitted to serve in office until the conclusion of the Annual Meeting ~~in the calendar year~~ following that when such member ceases to meet the membership requirements of Bylaw 7.5.1, as long as the member remains an active physician member of the AMA.

7.5.2.1 The chair position is a three-year commitment and divided into the roles of chair-elect, chair, and immediate past chair. The young physician must meet the requirements of Bylaws 7.5.1 and 7.5.2 when elected as chair-elect. The chair-elect, chair and immediate past chair shall be granted membership in the Section and be permitted to complete the term of office even if unable to continue to meet all of the requirements of Bylaw 7.5.1, as long as the physician remains an active physician member of the AMA.

2. RESCISSION OF BYLAWS RELATED TO RUN-OFF ELECTIONS

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

**HOD ACTION: RECOMMENDATIONS ADOPTED
REMAINDER OF REPORT FILED**
Bylaws amended

At the June 2021 meeting of the AMA House of Delegates, the House adopted Recommendation 30 of Speakers Report 2, “Report of the Election Task Force,” recommending that Bylaws 3.4.2.2 and 6.8.1.5 be rescinded. Rescission of these bylaw provisions and implementation of G-610.030, whereby voting for all elected positions including runoffs will be conducted electronically during an Election Session, encourages candidates to announce their candidacy early, adds transparency to AMA elections, results in more contested elections, allows delegations the opportunity to vet

candidates for newly opened positions, and eliminates the distraction from policy discussion that occurs with the prior “pop-up” process as G-610.0303 eliminates “pop-ups.”

The Council has prepared this report to present the appropriate bylaw amendments for House action.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments to the AMA Bylaws be adopted and that the remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

- 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.

- 3.4.2.2 ~~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.~~

[Subsequent bylaw provisions will be renumbered accordingly.]

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

- 6.8.1.5 ~~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.~~

RELEVANT AMA POLICY

G-610.030, Election Process. AMA guidelines on the election process are as follows: (1) AMA elections will be held on Tuesday at each Annual Meeting; (2) Voting for all elected positions including runoffs will be conducted electronically during an Election Session to be arranged by the Speaker; (3) All delegates eligible to vote must be seated within the House at the time appointed to cast their electronic votes; and (4) The final vote count of all secret ballots of the House of Delegates shall be made public and part of the official proceedings of the House.

3. AMA WOMEN PHYSICIANS SECTION: CLARIFICATION OF BYLAW LANGUAGE

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: RECOMMENDATIONS ADOPTED REMAINDER OF REPORT FILED

Bylaws amended

At the June 2021 meeting, the Council submitted a report at the request of the Women Physicians Section to clarify the membership of the Women Physicians Section (WPS). CCB Report 2, “AMA Women Physicians Section:

Clarification of Bylaw Language,” proposed bylaw amendments to specify that all female physician and medical student members of the AMA as identified in the AMA Masterfile would automatically be considered WPS members in contrast to existing bylaw language that declares them “eligible” for WPS membership. Existing bylaw language also states that “other active AMA members who express an interest in women’s issues shall be eligible for WPS membership.” The Council’s proposed language was consistent with the Internal Operating Procedures of the WPS review by the Council and approved by the Board.

Reference committee testimony on CCB Report supported the automatic inclusion of female physicians and medical students as WPS members, but some concerns arose about the need for gender-neutral language that ensured equal access to the WPS regardless of gender identity. The reference committee proposed alternative language as follows: “All physicians and medical students who are active members of the AMA and identify as female shall be members of the Women Physicians Section. Other active members of the AMA who express an interest in women’s issues shall be eligible to join the section.” The House did not accept the amended language offered by the reference committee and the report was referred back.

BACKGROUND

The Council has investigated how various AMA databases categorize gender to better understand the process of gender self-identification and implications for WPS membership. The Council learned that the AMA Masterfile is used to identify gender (male, female or unknown) for purposes of section participation. The Masterfile, established in 1906, derives its basic information for U.S. allopathic students and physicians from the Association of American Medical Colleges (AAMC) and their work with Liaison Committee on Medical Education (LCME) accredited medical schools.

When an individual enters an LCME accredited medical school, the AMA creates a record for that individual. The initial record created with AAMC matriculation data includes legal name, date of birth, birthplace, legal residence, gender (male or female), and training institution.¹ Specifically, gender information is self-reported by the individual on their medical school application. International medical graduates (IMGs) are identified upon entry into an ACGME-accredited post-graduate residency training program or when they obtain a license in a US licensing jurisdiction. U.S. osteopathic students and physicians are entered after verifying enrollment in or graduation from an accredited osteopathic medical school. Gender is provided, where available, by the school as part of the verification process. As a physician’s training and career develop, additional information, such as licensure, residencies, fellowships, board certification and recertification, and type of practice, is added to their record. Records are continuously updated through extensive data collection and verification efforts. The Masterfile not only serves as a primary resource for professional medical organizations, universities and medical schools, research institutions, governmental agencies and other health-related groups, but its use is fundamental to the AMA’s mission to strengthen the medical profession and ensure quality health care for the American public.

In 2018, AMA established a separate database to collect and maintain information on gender identity and sexual orientation in response to the adoption of Policy G-635.125, “AMA Membership Demographics.” Submission of information to the Sexual Orientation Gender Identity (SOGI) database is completely voluntary and confidential. To protect confidentiality, these data are only provided in aggregate for the AMA to better understand its membership demographics and are not made available at the physician level for any purpose. As of August 2021, approximately 35,000 physicians have chosen to provide this information via the AMA Account Management Center.

Updates to the AMA Physician Masterfile can be submitted electronically through the AMA Account Management Center, or the Online Data Collection Center at <https://login.ama-assn.org/account/login>. Updates can also be mailed or faxed to the AMA, Division of Health Solutions Data Management, Attn: Data Verification Unit, AMA Plaza, 330 N. Wabash Ave., Suite 39300, Chicago, Illinois 60611, (312) 464-5759, (312) 464-4880 (Fax). Physicians can also update information on their Masterfile record by contacting the AMA Member Service Center at 800-262-3211 (available Monday through Friday from 8:00 AM until 5:00 PM CT).

While the Council supports the desire of WPS to allow those physicians who self-identify as female to be enrolled automatically as WPS members based on either Masterfile or SOGI data, that cannot currently be accomplished

¹ Per Policy D-630.972, our AMA continues to work with the AAMC to collect race/ethnicity information through the student matriculation file and the GME census including automating the integration of this information into the Masterfile.

without violating the confidentiality under which these data were collected. The only way to ensure that the WPS offers equal access to the section regardless of gender identity would be to make the WPS an opt-in section, which likely would significantly diminish its membership numbers and impact.

The Council on Constitution and Bylaws presents this report for House action.

RECOMMENDATIONS

The Council on Constitution and Bylaws recommends: 1) that the following amendments to the AMA Bylaws be adopted; and 2) that the remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

7.10 Women Physicians Section. The Women Physicians Section is a delineated Section.

- 7.10.1 Membership.** All female physicians and female 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 may also ~~shall be eligible to join~~ the section.

RELEVANT AMA POLICY

G-635.125, AMA Membership Demographics

1. Stratified demographics of our AMA membership will be reported annually and include information regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty.
2. Our AMA will immediately release to each state medical and specialty society, on request, the names, category and demographics of all AMA members of that state and specialty.
3. Our AMA will develop and implement a plan with input from the Advisory Committee on LGBTQ Issues to expand demographics collected about our members to include both sexual orientation and gender identity information, which may be given voluntarily by members and will be handled in a confidential manner.

D-630.972, AMA Race/Ethnicity Data

Our American Medical Association will continue to work with the Association of American Medical Colleges to collect race/ethnicity information through the student matriculation file and the GME census including automating the integration of this information into the Masterfile.

H-65.9671, Conforming Sex and Gender Designation on Government IDs and Other Documents

1. Our AMA supports every individual's right to determine their gender identity and sex designation on government documents and other forms of government identification.
2. Our AMA supports policies that allow for a sex designation or change of designation on all government IDs to reflect an individual's gender identity, as reported by the individual and without need for verification by a medical professional.
3. Our AMA supports policies that include an undesignated or nonbinary gender option for government records and forms of government-issued identification, which would be in addition to "male" and "female."
4. Our AMA supports efforts to ensure that the sex designation on an individual's government-issued documents and identification does not hinder access to medically appropriate care or other social services in accordance with that individual's needs.
5. Our AMA will advocate for the removal of sex as a legal designation on the public portion of the birth certificate, recognizing that information on an individual's sex designation at birth will still be submitted through the U.S. Standard Certificate of Live Birth for medical, public health, and statistical use only.