

INTERACTIVE DATABASE OF COUNCIL RULES and AMA BYLAWS RELEVANT TO THE AMA COUNCILS

Compiled October 2012, Updated April 2024

Background

Abbreviated Council Name	Council Name	How Constituted	Date of Last Rules Revision
AMPAC	American Medical Political Action Committee	Appointed	Rules last updated 9/2019
CCB	Council on Constitution and Bylaws [also see Bylaw 6.1]	Elected	Rules last updated 4/2019
CEJA	Council on Ethical and Judicial Affairs [also see Bylaw 6.5]	Elected	Not specified
CLRPD	Council on Long Range Planning and Development [also see Bylaw 6.6]	Appointed	Rules last updated 4/2018
CME	Council on Medical Education [also see Bylaw 6.2]	Elected	Rules last updated 9/2023 to incorporate gender neutral language
CMS	Council on Medical Service [also see Bylaw 6.3]	Elected	Rules last updated 4/2024
COL	Council on Legislation [also see AMA Bylaw 6.7]	Appointed	Rules last updated 4/2017
CSAPH	Council on Science and Public Affairs [also see Bylaw 6.4]	Elected	Rules last updated 4/2022

Mission, Purpose/General Statement/Authorization/Functions

AMPAC	<p><u>RULE 1. Purposes.</u> The purposes of the American Medical Association Political Action Committee (AMPAC) shall be:</p> <ul style="list-style-type: none"> • To provide members of organized medicine and other eligible persons with the opportunity to support candidates for election to federal office who will promote the highest standards of excellence in medicine, promote sound public health policy and strengthen the ability of physicians to care for all of America's patients. • To collect contributions from eligible contributors and make contributions to and other expenditures on behalf of federal candidates and political parties as permitted by applicable campaign financing laws and the regulations of the Federal Election Commission (FEC). • To assist physicians and others in organizing themselves for more effective political action, and in carrying out their civic responsibilities as participants in democratic government. • To do any and all things necessary or desirable for the attainment of the purposes stated above.
CCB	<p><u>Rule 1: General statement:</u> The Council on Constitution and Bylaws is a Council of the AMA The Council on Constitution and Bylaws is a Council of the AMA. Its functions are outlined in Bylaw 6.1.1.¹ The Council is established by, and subject to, the provisions of the Constitution and Bylaws of the AMA. These rules are adopted by the Council pursuant to Section 6.0.2² of the AMA Bylaws.</p>
CEJA	Not specified
CLRPD	<p><u>I. MISSION, PURPOSE/GENERAL STATEMENT/AUTHORIZATION/FUNCTIONS</u></p> <p>The functions of the Council on Long Range Planning and Development (CLRPD) shall be to study and make recommendations concerning the long-range objectives of the AMA; to serve in an advisory role to the Board of Trustees concerning strategies by which the AMA attempts to reach its long-range objectives; to study anticipated changes in the environment in which medicine and the AMA must function; to submit reports to the House of Delegates at appropriate times; to identify and evaluate ways to enhance the AMA's policy development processes; and to apply the adopted criteria to evaluate the formation and/or change in status of any section.</p>
CME	<p><u>Rule 1. General Statement:</u> The Council on Medical Education (CME) is a Council of the American Medical Association (AMA). The CME is established by, and subject to the provisions of the Constitution and Bylaws of the AMA, which define the CME's members, election process, and terms of office. These rules are adopted by the CME pursuant to Section 6.0.1 of the AMA Bylaws.</p>
CMS	<p><u>I. Functions.</u></p> <p>The Bylaws of the American Medical Association (AMA) state that the functions of the Council on Medical Service shall be:</p> <p>(a) to study and evaluate the social and economic aspects of medical care; and, on behalf of the public and the profession, to suggest means for the timely development of services in a changing socioeconomic environment; (b) to investigate social and economic factors influencing the practice of medicine; (c) to confer with state medical associations, component societies of the AMA, and national medical specialty societies regarding changing conditions and anticipated proposals that would affect medical care; g(d) to assist medical service committees established by state medical associations, component societies of the AMA, and the national medical specialty societies.</p>

¹ 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 to 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; and 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.

² 6.02 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.

COL	<p><u>Rule 12. Functions</u> – The functions of the Council on Legislation shall be:</p> <ul style="list-style-type: none"> • To review proposed federal legislation and recommend appropriate action within AMA policy; • To recommend changes in existing AMA policy when necessary to accomplish effective legislative goals; • To serve as a reference council through which all legislative issues of the Association are channeled prior to final consideration by the Board of Trustees; • To maintain constant surveillance over the legislation scene and to anticipate future legislative needs; • To recommend to the Board of Trustees new federal legislation and legislation to modify existing laws of interest to the Association; • To monitor the development and issuance of federal regulations and to make recommend actions to the Board of Trustees concerning action on such regulations; and • To develop and recommend to the Board of Trustees model state legislation.
CSAPH	<p><u>Rule 1. General Statement:</u> The Council on Science and Public Health is an elected Council of the American Medical Association. The main functions of the Council are to advise on substantial and promising developments, and to assist in developing policy positions on scientific aspects of medicine, public health and biomedical research that warrant the attention of the profession, the public, and the public/private sector. Additionally, the Council advises on professional and public information activities, and proposes and evaluates activities that might be undertaken by the AMA as major scientific projects in medicine or public health.</p> <p>AMA Bylaw 6.4, in stating the charge to CSAPH, fully describes these functions.</p>

Membership (including Member Participation)

AMPAC	<p><u>RULE 2. Governing Body.</u></p> <p>a. There shall be twelve members of the Board who shall be appointed by the Board of Trustees (BOT) of the American Medical Association (AMA); one of whom shall be a medical student and a member of AMPAC, and eleven of whom, including one resident, shall be persons with the degree of Doctor of Medicine or Doctor of Osteopathy, who are members of AMPAC. The BOT shall also appoint such replacement members required to fill an unexpired term. A director may be removed at any time by action of the BOT.</p> <p>b. The terms of directors shall be for two years, commencing on December 1 and ending on November 30 of even numbered years. Directors may serve no more than four full terms, except that the resident and medical student directors shall serve no more than two full terms in those capacities. The resident or student directors' service shall terminate, as the case may be, if [i] the resident ceases to be a member, as defined in the AMA Bylaws, of the Resident and Fellow Section or [ii] the student ceases to be a member, as defined in the AMA Bylaws, of the Medical Student Section, except that if such section member status ceases within the six months preceding the end of their term in an even numbered year, the resident or student may continue to serve as a director until the end of their term, unless the BOT shall have made an earlier replacement appointment.</p> <p>c. A director appointed to serve an unexpired term of the resident or student director shall be regarded as having served one term upon completion of the unexpired term, and thus would be eligible for reappointment to a second term of two years. A director appointed to serve the unexpired term of a physician member other than a medical student or resident shall be regarded as having served one term upon completion of the unexpired term, and thus would be eligible for reappointment to up to three, two-year terms.</p>
CCB	<p><u>Rule 2. Membership:</u> The membership of the Council shall be as provided in the Bylaws and shall consist of Regular Members and Ex Officio Members.</p>
CEJA	<p><u>Rule I. Administration. C. Student members.</u> The medical student member of the Council shall participate as a regular member in the interpretation of the Principles of Medical Ethics of the American Medical Association, the interpretation of the Constitution, Bylaws and rules of the Association, and the investigation of general ethical conditions and all matters pertaining to the relations of physicians to one another or to the public. The medical student member of the Council shall have the right to participate in disciplinary matters and in matters relating to membership only if a medical student is the subject of the disciplinary matter or is the applicant for membership.</p>
CLRPD	<p><u>II. MEMBERSHIP</u></p> <p>The CLRPD shall consist of ten active members. Five members of the Council 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, two 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. Four members of the Council shall be appointed by the Board of Trustees from the membership of the House of Delegates or from the AMA membership-at-large. One CLRPD member appointed shall be a medical student member of the AMA appointed by the Governing Council of the Medical Student Section, with the concurrence of the Board of Trustees.</p> <p><u>III. TERM OF SERVICE & TENURE</u></p> <p>The term of service and tenure of the members of the CLRPD shall be consistent with the AMA Bylaws.</p> <p><u>IV. VACANCIES</u></p> <p>Any vacancies occurring on the CLRPD shall be filled as provided in the AMA Bylaws. The new member shall be appointed to serve a full term as specified in the AMA Bylaws.</p>
CME	<p><u>Rule 2. Member Rights and Responsibilities:</u> All elected CME members shall have the right to participate fully in meetings of the CME, including the right to make motions and to vote on policy issues, elections, appointments or nominations conducted by the CME. Any member may serve as chair of standing or ad hoc committees.</p>

CMS	<p><u>II. Membership.</u> The Council on Medical Service shall consist of voting members elected by the House of Delegates, one of whom shall be a resident/fellow. In addition, a medical student member of AMA shall serve on the Council, upon appointment by the Governing Council of the AMA Medical Student Section with the concurrence of the Board of Trustees. The elected members of the Council, other than the resident/fellow member, shall be elected by the House of Delegates for terms of four years. The resident/fellow member of the Council shall be elected by the House of Delegates for a term of two years. If the resident/fellow or medical student member of a Council completes their residency or fellowship or graduates from an educational program within 90 days prior to an Annual Meeting, they shall be permitted to serve on the Council until the completion of the Annual Meeting. If the resident/fellow member ceases to be in an approved training program at any other time prior to the expiration of the term for which they were elected, the service of such resident/fellow member on the Council shall thereupon terminate and the position shall be declared vacant. Any vacancy occurring on the Council shall be filled at the next Annual Meeting of the House of Delegates. The new member shall be elected by the House of Delegates for a full term.</p>
COL	<p><u>Rule 1. Membership</u> - There shall be such members of the Council as shall from time to time be appointed by the Board of Trustees of the American Medical Association.</p>
CSAPH	<p><u>Rule 2. Membership:</u> The membership of the Council shall be as provided in AMA Bylaw 6.4.2, and shall consist of 10 Regular members, one Resident and Fellow physician member, and one Medical Student member. The responsibilities, election process, and term and tenure, for Regular, Resident and Fellow, and Medical Student members are governed by the procedures described in the Bylaws.</p>

Officers (including Officer Elections) and Reorganization Meeting

AMPAC	<p><u>RULE 3. Officers.</u></p> <p>a. The officers of the Board shall be a Chair and a Secretary. The Chair and Secretary shall be elected by the Board from among the members of the Board at its annual meeting. Election to fill a vacancy in the office of Chair or Secretary may be held at any Board meeting. Any director may make a nomination. Election shall be conducted by secret ballot.</p> <p>b. There shall also be a Treasurer and Assistant Treasurer(s) who shall be appointed by the Executive Vice President and CEO of the AMA (EVP/CEO) from among the staff of the AMA. The Treasurer and Assistant Treasurer(s) shall serve at the pleasure of the EVP/CEO. The Treasurer and Assistant Treasurer(s) shall attend all meetings of the Board, but shall not be voting members of the Board.</p> <p><u>RULE 4. Duties of Officers.</u></p> <p>a. The Chair shall preside at the meetings of the Board. The Chair shall establish committees, with the consent of the Board, to carry out the functions of the Board. The Chair shall appoint all committee chairs and members subject to the approval of the Board. The Chair shall be an ex-officio member of all Board committees.</p> <p>b. The Secretary shall perform such duties as shall be prescribed by the Board. In the absence of the Chair, the Secretary shall preside at meetings of the Board. Should the Chair vacate the office or become incapacitated, the Secretary shall automatically become acting Chair until the next meeting of the Board, at which time a new Chair shall be elected as provided in Rule 3.</p> <p>c. The Treasurer shall be the chief financial officer of AMPAC. The Treasurer shall be responsible for the care and custody of all monies and other assets of AMPAC and the AMA Political Education Fund (AMA PEF). The Treasurer shall be the custodian of the records of AMPAC; shall keep the financial records of AMPAC and the AMA PEF; shall maintain the minutes of all meetings of the Board; shall prepare, sign, file and maintain copies of all reports required by law; and shall perform such other duties as may be requested by the Chair. The Treasurer shall assure that an independent audit of the financial records of AMPAC is performed at least annually to ensure that the financial records of AMPAC agree with the reports filed with the FEC and for other purposes as the Board may direct. Such audits shall be initiated within sixty (60) days after the close of each year. The Treasurer shall ensure that all required disclosures and reports are filed on a timely basis with the FEC. Copies of all such disclosures and reports shall be made available to all members of the Board.</p> <p>d. The Assistant Treasurer, in the absence of the Treasurer or the Treasurer's ability to act, shall perform the duties and exercise the powers and authorities of the Treasurer. In addition, the Assistant Treasurer shall have such powers and perform such duties as may be requested by the Chair or assigned by the Treasurer.</p> <p><u>RULE 5. Terms of Officers.</u> The Chair and Secretary shall be elected annually and shall serve until a successor to the office shall be elected and shall qualify. The Chair and Secretary may not serve more than two consecutive terms in their respective offices. The Treasurer and Assistant Treasurer(s) shall serve until such time as the EVP/CEO designates a successor. The offices of Treasurer and Assistant Treasurer shall not be vacant at the same time. When a successor is appointed, an amended Statement of Organization shall be promptly filed with the FEC.</p>
CCB	<p><u>Rule 3. Officers:</u> A Chair and Vice Chair shall be elected by the Regular Members of the Council for a term of one year.</p> <p><i>Time of Nomination:</i> Officers shall be nominated at the reorganization meeting of the newly constituted Council held at the Annual Meeting of the AMA House of Delegates. Members eligible for office will express their interest in serving.</p> <p><i>Method of Election:</i> If the House of Delegates has adjourned by the time of the meeting, elections shall occur at the reorganization meeting. If the House of Delegates has not adjourned by the time of the reorganization meeting, the election shall occur within 7 business days after adjournment of the House of Delegates at a conference call meeting using electronic voting.</p> <p>The Officers shall be elected separately by secret ballot. The election for Chair will be held first, followed by the election for Vice Chair. Unsuccessful candidates for Chair are eligible to run for the Vice Chair position, along with other announced candidates for the position.</p> <p>A majority of the votes cast shall be necessary to elect. If no member receives a majority of the votes cast, the balloting shall be repeated until a member is elected to each office.</p> <p>Where there is no contest, election shall occur by acclamation.</p>

	<p><i>Tenure:</i> No member may serve as Chair for more than two terms. No member may serve as Vice Chair for more than two terms.</p> <p><i>Duties of Officers:</i> I.) Chair: The Chair shall preside at all meetings of the Council. II.) Vice Chair: The Vice Chair shall officiate for the Chair in the latter's absence or at the request of the Chair.</p> <p><i>Vacancies:</i> If the office of Chair becomes vacant for any reason, the Vice Chair shall immediately succeed to the office of Chair. If the office of Vice Chair becomes vacant for any reason, the Regular Members of the Council shall elect a successor for the remainder of the unexpired term.</p>
CEJA	<p><u>Rule I. Administration. B. Chair and vice-chair.</u> At the reorganization meeting of the Council which shall be held during each Annual Meeting of the AMA after election of members to the Council, the Council on Ethical and Judicial Affairs shall elect a chair and a vice-chair from among its members except that the resident physician and medical student members of the Council shall not be eligible to serve as chair or vice-chair. The chair and the vice-chair shall retain the right to vote on all matters. No member of the Council shall serve more than two consecutive years as chair or two consecutive years as vice-chair.</p> <p>The chair and vice-chair to be so elected shall be elected on separate, secret ballots. The balloting and voting for chair shall be completed and a chair elected before the balloting and voting for the vice-chair begins. A majority vote of the entire Council shall be required to so elect either a chair or a vice-chair, with balloting and voting to be repeated, if necessary, until a member is elected to each position.</p> <p>In the event that the position of chair becomes permanently vacant for any reason during the term of the then currently serving chair, the then currently serving vice-chair shall immediately assume the position of chair for the remainder of the term. A new vice-chair shall then be elected by secret ballot at the ensuing meeting of the Council to serve the remainder of the immediately preceding vice-chair's term. A majority vote of the entire Council, as then constituted, shall be required to so elect a vice-chair, with balloting and voting to be repeated, if necessary, until a member is elected vice-chair. The serving of the balance of a term as chair or vice-chair due to such a vacancy shall not be counted in determining whether a member of the Council has served more than two consecutive years as chair or two consecutive years as vice-chair.</p> <p>In the event that the position of vice-chair becomes permanently vacant for any reason during the term of the then currently serving vice-chair, a new vice-chair shall be elected by secret ballot at the ensuing meeting of the Council to serve the remainder of the immediately preceding vice-chair's term. A majority vote of the entire Council, as then constituted, shall be required to so elect a vice-chair, with balloting and voting to be repeated, if necessary, until a member is elected vice-chair. The serving of the balance of a term as vice-chair due to such a vacancy shall not be counted in determining whether a member of the Council has served more than two consecutive years as vice-chair.</p>
CLRPD	<p><u>IV. OFFICERS</u></p> <p><u>Elections:</u> The CLRPD shall elect a Chair and a Vice Chair annually from among its members. The elections shall take place at the Council meeting, which is held in conjunction with the Annual Meeting of the AMA House of Delegates, or as soon thereafter as feasible. When no members of the Council are running in a House election, the elections for Chair and Vice Chair will be held on a day immediately prior to the Annual Meeting of the House of Delegates in conjunction with a Council meeting.</p> <ul style="list-style-type: none"> • If at least one Council member is running in a House election, the Council election of its Chair and Vice Chair will be held on the last day of business of the AMA Annual Meeting. • A quorum, as defined in Section VIII, must be present to elect the Chair and Vice Chair. The Chair and then the Vice Chair shall be elected separately by secret ballot from candidates nominated up to the point of the election. The vote of a majority of the members present shall be necessary to elect in each case. If necessary, balloting shall be repeated until a member is elected to each office. When only one candidate is running for the position of Chair or Vice Chair, elections will occur by acclamation. <p><u>Terms:</u> The term of office for officers of the Council is one year. The term of office begins at the conclusion of the Annual Meeting at which the election takes place. If the election is not held at the Annual Meeting, the term of office shall commence immediately following the balloting.</p> <p><u>Tenure of Chair and Vice Chair:</u> No member of the Council may serve as Chair for more than two terms, and no member may serve as Vice Chair for more than two terms, except that a member who serves an unexpired term to fill a vacancy shall not be regarded as having served a term for purposes of this section.</p> <p><u>Vacancies:</u> Should the office of Chair become vacant between regularly scheduled elections, the Vice Chair shall automatically accede to the office of Chair until the next such regularly scheduled election, and a new Vice Chair shall be elected at the next regularly scheduled meeting. Should the office of Vice Chair become vacant between regularly scheduled elections of the Council, an election shall be held at the next regularly scheduled meeting of the Council to fill the vacancy.</p>

CME	<p><u>Rule 4. Elections:</u> The CME shall elect annually a Chair-Elect and an At-Large member of the Executive Committee from among its members. The elections shall be held after elections of any new CME members by the House of Delegates at the Annual Meeting at the CME's reorganization meeting. Nominations, including self-nominations, can be made up until the time of election. Current CME members will be contacted by the CME Secretary prior to the Annual Meeting and asked to indicate if they have an interest in being elected as Chair-Elect or At-Large member(s) of the Executive Committee. Elections for open positions on the Executive Committee are held consecutively. If the elections are contested, candidates will make a two-minute presentation to the entire CME immediately prior to CME elections, stating their interest and qualifications. The election for Chair-Elect will be held first, followed by the election for the At-Large Member. Unsuccessful candidates for Chair-Elect are eligible to run for the At-Large member position. The Chair-Elect and At-Large member(s) of the Executive Committee shall be elected by a majority vote of current CME members by secret ballot. Proxy votes will not be allowed. Election balloting shall be repeated until a member is elected.</p> <p><u>Rule 5. Term and Tenure of Chair and Chair-Elect:</u> The Chair-Elect shall be elected for a one-year term and cannot stand for reelection. The term of the Chair shall be one year and end at the close of the Annual Meeting of the AMA House of Delegates and the Chair-Elect shall assume the Chair position at that time.</p> <p><u>Rule 6. Vacancies:</u> Should the office of Chair become vacant between reorganization meetings of the CME, the Chair-Elect shall automatically accede to that office and serve the unexpired term. A new Chair-Elect shall be elected immediately from among CME members. Should the office of the Chair-Elect become vacant, a new Chair-Elect shall be elected immediately from among CME members. Any officer who steps up to serve an expired term has the option of running for office at the next election of officers for the CME.</p>
CMS	<p><u>III. Officers</u> ***</p> <p><u>Elections</u> - The Council shall elect a Chair-Elect and two At-Large Members to the Executive Committee (i.e., At-Large Member #1 and At-Large Member #2) annually from among its members at a reorganization meeting. The reorganization meeting shall be the first Council meeting following elections by the House of Delegates at the Annual Meeting. The Chair-Elect shall accede to Chair at the start of the reorganization meeting. A new Chair-Elect and two At-Large Members shall be elected separately by secret ballot, and the vote of a majority of the members present shall be necessary to elect in each case. Council members can vote in person or via a secure virtual method. Absentee or proxy votes shall not be allowed. The newly ascended Chair will abstain if necessary to avoid a tie. If necessary, balloting shall be repeated until a member is elected to each office.</p> <p><u>Tenure of Chair, Chair-Elect, and At-Large Members to the Executive Committee</u> - No member of the Council may serve as Chair for more than one year*; no member may serve as Chair-Elect for more than one year*; no member of the Council may serve as At-Large Member #1 to the Executive Committee for more than one year*; and no member of the Council may serve as At-Large Member #2 to the Executive Committee for more than one year.* (*Council members acceding to these offices between reorganization meetings shall not be regarded as serving one year unless he/she has served at least eight months in that office.)</p> <p><u>Vacancies</u> - Should the office of Chair become vacant between reorganization meetings of the Council, Chair-Elect shall automatically accede to that office, At-Large Member #1 shall automatically accede to the office of Chair-Elect, and At-Large Member #2 shall accede to the office of At-Large Member #1, until the next such reorganization meeting, and a new At-Large member #2 shall be elected immediately from among Council members. Should the office of Chair-Elect become vacant between reorganization meetings of the Council, At-Large Member #1 shall automatically accede to that office, and At-Large Member #2 shall automatically accede to the office of At-Large Member #1, until the next such reorganization meeting, and a new At-Large Member #2 shall be elected immediately from among Council members. Should the office of At-Large Member #1 become vacant between reorganization meetings of the Council, At-Large Member #2 shall automatically accede to that Office until the next such reorganization meeting, and a new At-Large Member #2 shall be elected immediately from among Council members. Should the office of At-Large Member #2 become vacant between reorganization meetings of the Council, a new At-Large Member #2 shall be elected immediately from among Council members.</p>

COL	<p><u>Rule 2. Officers</u> - There shall be a Chair and Vice-Chair of the Council, each to be elected by the Council. The Chair shall preside at all meetings. The Vice-Chair shall preside in the absence of the Chair and at such times as the Chair may direct. ***</p> <p><u>Rule 4. Terms of Office</u> – The term of office of the Chair, Vice-Chair, and each member of the Executive Committee, shall be for one year, or until a successor to the office shall be elected and shall qualify. The term of office shall begin on the day following the conclusion of the Annual Meeting of the AMA. The Chair or Vice-Chair may not serve more than two terms in their respective offices. ***</p> <p><u>Rule 6. Elections</u> – The regular election of officers and Executive Committee shall be held at the Annual Meeting. Election to fill a vacancy in office may be held at any Council meeting, upon notice of not less than five days, provided, however, that no notice need be given if all members are present. Election shall be conducted by secret ballot, after nominations.</p>
CSAPH	<p><u>Rule 3. Officers:</u> A Chair-elect shall be elected by the Members of the Council for a term of one year.</p> <p>a.) <u>Time of Election:</u> Officers shall be elected at the meeting of the Council held in conjunction with the Annual Meeting of the AMA House of Delegates.</p> <p>b.) <u>Method of Election:</u> Nominations for Chair-elect will be taken at the Council meeting held in conjunction with the Annual Meeting of the House of Delegates. In the event 2 or more candidates are nominated, balloting will be by secret ballot. A majority of the votes cast shall be necessary to elect. If no member receives a majority of the votes cast, the balloting shall be repeated for the top 2 candidates. If the Chair declares an impasse at the end of 3 tie votes, another vote shall be taken with the Chair abstaining. The Chair-elect automatically succeeds the outgoing Chair at the close of the Annual meeting of the AMA House of Delegates and assumes all duties and responsibilities of the Chair.</p> <p>c.) <u>Tenure:</u> No member may serve as Chair or Chair-elect for more than one year. If the Chair-elect must immediately succeed to the office of Chair prior to the regular election, or a successor to the Chair-elect must be elected, serving the balance of a term as Chair or Chair-elect due to such a vacancy shall not be counted toward the one-year tenure limit.</p> <p>d.) <u>Duties of Officers:</u> I.) Chair: The Chair shall preside at all meetings of the Council. II.) Chair-elect: The Chair-elect shall officiate for the Chair in the Chair's absence or at the request of the Chair. If both the Chair and Chair-elect are absent, the At-Large member of the Executive Committee shall preside.</p> <p>e.) <u>Vacancies:</u> If the office of Chair becomes vacant for any reason, the Chair-elect shall immediately succeed to the office of Chair. If the office of Chair-elect becomes vacant for any reason, the Members of the Council shall elect a successor from the Executive Committee to fill the remainder of the term as described in Rule 3(b).</p>

Executive Committee

AMPAC	Not specified
CCB	n/a
CEJA	Not specified
CLRPD	<p><u>VI. EXECUTIVE COMMITTEE</u> An Executive Committee for the Council shall be comprised of two members, the Chair and Vice Chair. The Executive Committee shall act on behalf of and represent the Council in between meetings of the Council. <u>Duties:</u> The duties of the Executive Committee shall include:</p> <ul style="list-style-type: none"> • providing final approval on products or reports when specifically requested by the Council to meet established deadlines; • acting on behalf of the Council in emergency situations, which actions must be reported forthwith to the full Council; • approving agendas at the request of the Chair; and • acting on such other matters as the Council may direct.
CME	<p><u>Rule 3. Officers. Executive Committee:</u> Executive Committee: The Executive Committee of the CME shall consist of four members: the Chair of the CME, Chair-Elect of the CME, Past Chair of the CME, and an At-Large Member of the CME. If the Past Chair of the CME is no longer a member of the CME (for example, because their term has expired), the CME will elect a second At-Large member of the CME to the Executive Committee. The Executive Committee may act on behalf of the CME between meetings of the CME, and all such actions shall be recorded and reported promptly to the CME. The Chair of the CME, or, in their absence, the Chair-Elect of the CME shall be the presiding officer of the CME for its meetings. If both the Chair of the CME and the Chair-Elect of the CME are absent, the Chair of the CME will designate a presiding officer.</p>
CMS	<p><u>III. Officers</u> <u>Executive Committee</u> - The Executive Committee of the Council shall consist of the Chair-Elect and two At-Large Members (i.e., At-Large Member #1 and At-Large Member #2). The Chair of the Council shall serve as Chair of the Executive Committee.</p>
COL	<p><u>Rule 3. Executive Committee Composition</u> – There shall be an Executive Committee of the Council, which Committee shall consist of the Council Chair, the Council Vice Chair, and two at-large members elected by the Council. The Council Chair shall be the Chair of the Executive Committee. In the case of a tie, the Chair shall abstain from voting. *** <u>Rule 9. Executive Committee Action</u> – The Executive Committee shall meet at the call of its Chair, or upon call of any other member of the Committee, to consider matters of an emergency nature requiring immediate action. All duly taken actions of the Executive Committee shall be the actions of the Council.</p>
CSAPH	<p><u>Rule 10. Executive Committee:</u> A standing Executive Committee will be established comprised of 4 members including the Chair, Chair-elect, the immediate past-Chair, and one At-large member. If the immediate past-Chair is no longer a member of the Council, the Chair shall designate a second At-large member to ensure that the Executive Committee consists of 4 members. <u>The At-large member:</u> At-large members will be designated from the pool of interested Members by the Chair at the close of the Annual Meeting of the AMA House of Delegates for a term to expire at the adjournment of the next Annual Meeting. If an At-large member position becomes vacant for any reason before the term has expired, the Chair shall appoint a Council member to complete the remainder of the term and that shall not be counted as having served a full term should that member seek to be elected for a full term. The Chair of the Council shall serve as Chair of the Executive Committee. <u>Meetings.</u> The Executive Committee shall convene by conference call every 1 to 2 months to review ongoing Council activities, advise staff, approve the agenda for Council meetings, and act on behalf of the Council in emergency situations; any such emergency actions must be reported forthwith to the full Council. Email communications may also be used to accomplish Executive Committee business at the discretion of the chair and in lieu of a conference call.</p>

Meetings (including Notice, Minutes, Guests, etc.)

AMPAC	<p><u>RULE 6. Annual Board Meeting.</u> In even-numbered years, the annual meeting shall be held within the first two weeks of December, or as soon thereafter as may be feasible. In odd-numbered years the annual meeting shall be held in conjunction with the Interim Meeting of the AMA House of Delegates (HOD).</p> <p><u>RULE 7. Other Meetings.</u></p> <p>a. Regular Board Meetings. There shall be such regular meetings of the Board as the Chair, with the advice of the Board shall designate. At least fourteen (14) days written notice shall be given for a regular meeting. The requirement for notice may be waived if all directors are present.</p> <p>b. Special Board Meetings. Upon reasonable notice, the Chair may call a special meeting of the Board. Upon request of any three directors, the Chair shall cause to be issued a call for a special meeting of the Board for a date not more than twenty (20) days later than the day of the receipt of the directors' request.</p> <p>c. Telephonic/Electronic Meetings. Regular or special meetings of the Board may be conducted, including voting, by conference telephone or other interactive technology as may be determined by the Chair; provided all participants can communicate with one another simultaneously.</p> <p>d. Action by Consent. The Board may take action by unanimous written consent in lieu of a meeting.</p> <p>***</p> <p><u>RULE 14. Order of Business.</u> The Chair shall establish the order of business for each meeting of the Board. Any item of the regular order of business may be considered at any time at the option of the Chair.</p>
CCB	<p><u>Rule 4. Meetings:</u> The Council shall meet just prior to the opening of each meeting of the House of Delegates of the American Medical Association, and shall be available to reconvene at any time during the ensuing meeting of the House of Delegates. The Council shall also hold at least one in-person or electronic meeting between meetings of the House of Delegates, and such additional meetings as may be necessary or appropriate to the conduct of the business of the Council.</p> <p><u>Rule 5. Notice:</u> Meetings of the Council shall require reasonable notice to all members of the Council, both Regular Members and Ex-Officio Members.</p> <p><u>Rule 6. Minutes:</u> Minutes shall be kept of all meetings of the Council and all action taken shall be recorded in the minutes of each meeting.</p> <p>***</p> <p><u>Rule 11. Guests:</u> The chair may invite AMA members or other guests who have information that aids the Council in its deliberations. Other guests, as follows, may request of the chair the opportunity to attend: (a) nominated candidates for the Council on Constitution and Bylaws at the annual meeting of their candidacy; (b) AMA members with a specific issue germane to the Council's activity. All requests are to be submitted in writing at least two weeks before the scheduled meeting. The chair has the discretion of setting appropriate time and length of attendance for the guests.</p>
CEJA	<p><u>Rule I. Administration.</u></p> <p><u>A. Meetings.</u> The Council on Ethical and Judicial Affairs will meet during the Annual and Interim Meetings of the American Medical Association. Other meetings of the Council may be called, on reasonable notice, by the Chair of the Council; or they shall be called, on reasonable notice, by the Executive Vice President of the American Medical Association on the written request of at least five members of the Council.</p>

CLRPD	<p>VII. COUNCIL MEETINGS</p> <p><u>Presiding Officer:</u> The Chair of the CLRPD or, in the Chair's absence, the Vice Chair shall be the presiding officer of the Council. If both the Chair and Vice Chair are absent, another member of the Council shall be appointed the presiding officer, through nomination and vote by those members present.</p> <p><u>Schedule of Meetings:</u> The Council shall meet immediately prior to the Annual Meeting of the AMA House of Delegates, immediately prior to the Interim Meeting of the House of Delegates, and at such other times as are designated by the Chair, with the advice of the Council.</p> <p><u>Nonmembers Attending Council Meetings:</u> The Secretary of the Council and appropriate members of the staff of the American Medical Association shall attend meetings of the Council except those held in executive session. Other members of the AMA staff, members of the AMA, or other guests whose presence may be helpful to the Council in the consideration of agenda items may be invited to attend meetings by the Chair or Secretary, upon advice by the Council.</p> <p><u>Attendance at Executive Sessions:</u> Attendance at executive sessions shall be limited to members of the Council unless the Council specifically invites other attendees.</p>
CME	<p><u>Rule 7. Meetings:</u> The CME shall meet prior to and during meetings of the AMA House of Delegates, at least two other times in the year (one meeting may be a virtual meeting), and at such other times as are agreed upon by the members or as deemed necessary by the Chair with appropriate advance notice.</p> <p>***</p> <p><u>Rule 9. Minutes:</u> Minutes shall be kept of all meetings of the CME and all action taken shall be recorded in the minutes of each meeting.</p> <p><u>Rule 10. Attendance at Meetings:</u> Members of the CME are expected to attend all regularly scheduled meetings. Attendance at CME meetings shall be limited to members of the CME, Board of Trustees liaisons, the Academic Physicians Section (APS) liaison, staff and invited guests.</p> <p><u>Rule 11. Guests:</u> The Chair of the CME may invite AMA members or other guests who have information that aids the CME in its deliberations. Other guests with a specific issue germane to the CME's activity may request of the Chair of the CME the opportunity to attend a meeting. The Chair of the CME has the discretion of setting appropriate time and length of attendance for the guests. Prior to extending invitations, the Chair of the CME will send a recommended list of invitees to CME members.</p> <p><u>Rule 12. Attendance at Executive Sessions:</u> Attendance at executive sessions shall be limited to members of the CME unless the CME specifically invites other attendees.</p> <p>***</p> <p><u>Rule 16. Executive Committee Meetings and Conference Calls:</u> Meetings and conference calls of the Executive Committee are held as deemed necessary by or at the discretion of the Chair of the CME. Meetings and conference calls are open to all members of the CME and the APS liaison, but only members of the Executive Committee shall be entitled to vote. Email communications may be used to accomplish Executive Committee business at the discretion of the Chair and in lieu of a conference call.</p>

CMS	<p><u>IV. Council Meetings</u></p> <p><u>Quorum</u> - A quorum for any meeting of the Council shall consist of a majority of the voting members.</p> <p><u>Presiding Officer</u> - The Chair of the Council on Medical Service or, in their absence, the Chair-Elect shall be the presiding officer of the Council. If both the Chair and Chair-Elect are absent, At-Large Member #1 to the Executive Committee shall be the presiding officer. If the Chair, Chair-Elect, and At-Large Member #1 to the Executive Committee are absent, At-Large Member #2 to the Executive Committee shall be the presiding officer.</p> <p><u>Schedule of Meetings</u> - The Council shall meet immediately prior to and immediately after the Annual Meeting of the AMA House of Delegates; immediately prior to the Interim Meeting of the AMA House of Delegates; and at such other times as are agreed upon by the members or as deemed necessary by the Chair.</p> <p><u>Nonmembers Attending Council Meetings</u> - The Secretary of the Council and appropriate members of the staff of the AMA shall attend meetings of the Council except those held in executive session. Other members of the AMA or other guests whose presence is necessary for the consideration of agenda items or whose presence will contribute to the work of the Council may be invited to attend meetings of the Council.</p> <p><u>Attendance at Executive Sessions</u> - Attendance at executive sessions shall be limited to members of the Council unless the Council specifically invites other attendees.</p> <p><u>Mail, E-mail or Telephone Votes</u> - Administrative and policy decisions that require immediate action may be decided by mail, e-mail or telephone votes and shall be ratified at the next meeting of the Council.</p> <p><u>Executive Committee Meetings</u> - Meetings of the Executive Committee may be held at the call of the Chair. Any member of the Council may attend and participate in the discussions at meetings of the Executive Committee, but only members of the Executive Committee shall be entitled to vote. Expenses shall be reimbursed only for those persons specifically invited by the Executive Committee to attend. All actions of the Executive Committee shall be recorded and reported at the next meeting of the Council for approval or further action.</p>
COL	<p><u>Rule 5 Annual Meeting</u> – The Annual Meeting shall be the meeting held during the Annual Meeting of the AMA.</p> <p><u>Rule 6 Regular Meeting</u> – There shall be such regular meetings of the Council as the Chair, with the advice of the Council, shall designate.</p> <p><u>Rule 7: Special Meeting</u> – Upon reasonable notice to the members, the Chair may call a special meeting of the Council. Upon request of any three members of the Council, the Chair shall cause to be issued a call for a special meeting of the Council for a date not more than twenty days later than the day of the receipt of the member’s request.</p>
CSAPH	<p><u>Rule 4. Meetings:</u> The Council shall meet just prior to the opening of each meeting of the House of Delegates of the American Medical Association, and shall be available to reconvene at any time during the ensuing meeting of the House of Delegates. The Council shall also hold at least 2 meetings apart from the meetings of the House of Delegates, one of which is a virtual meeting, and additional meetings as may be necessary or appropriate to the conduct of the business of the Council.</p> <p><u>Rule 5. Notice:</u> Meetings of the Council shall require reasonable notice to all members of the Council.</p> <p><u>Rule 6. Minutes:</u> Minutes shall be kept of all meetings of the Council and offered to the Council for review and approval. All actions taken, except those under Executive Session, shall be recorded in the regular minutes of each meeting.</p> <p>***</p> <p><u>Rule 11. Attendance at Meetings:</u> The Secretary and Assistant Secretary to the Council, as well as other appropriate staff, shall attend meetings of the Council, except those held in Executive Session, in which case the Chair shall designate those who may attend. Other members of the AMA or other guests whose presence is necessary for the consideration of agenda items or whose presence will contribute to the work of the Council may be invited to attend meetings by the Chair, or by the Secretary, with concurrence of the Chair. Candidates for election to the Council may be invited at their own expense to attend a portion of the Council meeting conducted prior to the opening of the Annual Meeting as an observer.</p> <p><u>Public Health Liaisons:</u> Designated representatives from the American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), and the National Association of City and County Health Officials (NACCHO), and other organizations with a similar mission may be invited to attend, or participate in, without vote, a portion of selected business meetings at the discretion of the Chair.</p> <p><u>Science Liaisons:</u> Designated representatives from the American Association for the Advancement of Science (AAAS), the National Academies of Sciences, Engineering, and Medicine (NASEM), and other organizations with a similar mission may be invited to attend, or participate in, without a vote, a portion of selected business meetings at the discretion of the Chair.</p>

Quorum and Voting

AMPAC	<p><u>RULE 8. Quorum.</u> A majority of the directors shall constitute a quorum for all meetings of the Board.</p> <p><u>RULE 9. Voting.</u> Each director present at a meeting, including the Chair, shall have one vote. Except for elections of the Chair and Secretary, a majority vote of all directors present and voting when a quorum is present shall be the act of the Board. For election of the Chair and Secretary, a majority vote of all directors shall be necessary.</p>
CCB	<p><u>Rule 7. Quorum:</u> Five Regular Members of the Council shall constitute a quorum for conduct of all business of the Council.</p> <p><u>Rule 8. Voting:</u> Vote by proxy shall not be allowed. Each Regular Member, including the Chair and Vice Chair, shall have one vote. The affirmative vote of a majority of all voting members present at the meeting shall be required to carry any issue.</p>
CEJA	<p><u>Rule I. Administration. D. Quorum.</u> A majority of the members of the Council on Ethical and Judicial Affairs eligible to vote on a matter shall constitute a quorum and shall be required to adopt any action.</p>
CLRPD	<p><u>VIII. COUNCIL MEETINGS</u></p> <p><u>Quorum:</u> A quorum for any meeting of the Council shall consist of a majority of the voting members. A quorum must be present to conduct official business of the Council.</p> <p><u>Voting:</u> Each member present at the meeting, including the Chair, shall have one vote. A majority vote of all members present and voting shall be sufficient to carry an issue.</p> <p><u>Electronic, Mail or Telephone Votes:</u> Administrative and policy decisions that require immediate action may be decided by electronic, mail or telephone votes and shall be ratified at the next meeting of the Council.</p>
CME	<p><u>Rule 8. Quorum:</u> A quorum for any meeting of the CME shall consist of seven voting members.</p> <p>***</p> <p><u>Rule 13. Voting.</u> Motions, acceptance of reports and other business of the CME requiring a vote shall be by majority of CME members present and voting, if a quorum is present. In the event of a tie vote, voting will continue until the tie is broken.</p>
CMS	<p><u>IV. Council Meetings</u></p> <p><u>Quorum -</u> A quorum for any meeting of the Council shall consist of a majority of the voting members.</p> <p><u>Presiding Officer -</u> The Chair of the Council on Medical Service or, in their absence, the Chair-Elect shall be the presiding officer of the Council. If both the Chair and Chair-Elect are absent, At-Large Member #1 to the Executive Committee shall be the presiding officer. If the Chair, Chair-Elect, and At-Large Member #1 to the Executive Committee are absent, At-Large Member #2 to the Executive Committee shall be the presiding officer.</p>
COL	<p><u>Rule 8. Quorum –</u> A majority of the voting members of the Council shall constitute a quorum.</p> <p><u>Rule 10. Voting.</u> Each member (appointed by the Board as a voting member) present at the meeting, including the Chair, shall have one vote.</p> <p>Except for elections pursuant to Rule 6, a majority vote of all members present and voting shall be sufficient to carry an issue. For election of officers and Executive Committee pursuant to Rule 6, a majority vote of all voting members shall be necessary.</p>
CSAPH	<p><u>Rule 7. Quorum:</u> Seven Members of the Council shall constitute a quorum to conduct all business of the Council and shall be required to adopt any action, including elections.</p> <p>Administrative and policy decisions that require immediate action may be decided by email or telephone ballot, and shall be ratified at the next meeting of the Council.</p> <p><u>Rule 8. Voting:</u> Vote by proxy shall not be allowed. Each Member, including the Chair and Chair-elect, shall have one vote. The affirmative vote of a majority of all voting members present at the meeting shall be required to carry any issue.</p>

Reports

CCB	<u>Rule 9. Reports:</u> Reports of the Council to the House of Delegates or the Board of Trustees shall be approved by the affirmative vote of the majority of the voting members present at the meeting.
CEJA	--
CLRPD	--
CME	--
CMS	--
COL	--
CSAPH	<p><u>Rule 9.</u> <u>Reports:</u> Reports of the Council to the House of Delegates or the Board of Trustees shall be approved by a majority vote. <u>Council Liaisons.</u> Council liaisons will be assigned for each report intended for submission to the House of Delegates. Initial assignments are made by the Secretary based on the Council member's self-designated interests. In the event that at least two Council members do not volunteer to serve as a liaison for each report, the Chair, after consultation with the Secretary, shall designate sufficient Members to fill the assignment. Council liaisons function in an advisory manner, and assist in the conception, design, drafting, and review of Council reports. As such, they will be recognized as contributing authors in any peer-reviewed publication of Council reports provided they have fulfilled the Journal's criteria for authorship. The process for developing Council reports is contained in the "Guide to Writing Council Reports."</p>

Committees/Subcommittees

AMPAC	Not specified
CCB	<u>Rule 10. Committees:</u> The Council does not have any standing committees. However, at the discretion of the Chair, task forces and/or ad hoc committees may be established. All matters are ultimately handled by the entire Council.
CEJA	Not specified
CLRPD	<u>X. COUNCIL COMMITTEES</u> The Chair may appoint, from the membership of the Council, committees to carry out the functions of the Council. When necessary, as required by AMA policy, such committees shall be approved by the Board of Trustees. Such committees shall have the goals, objectives, and authority as designated by the Council Chair.
CME	<u>Rule 18. Standing Committees:</u> The four standing Committees of the CME, in addition to the Executive Committee, shall be the Undergraduate Medical Education Committee, the Graduate Medical Education Committee, the Continuing Medical Education Committee and the Nominating Committee. These committees and their chairs shall be appointed annually by the CME Chair, after determination of the CME members' interests. Committee composition may include CME members; the official APS liaison; and section appointees as deemed appropriate by the Chair. Only elected CME members may make motions, vote, and serve as committee chairs. Members of the Executive Committee may be ex-officio members of a Standing Committee without a vote. <u>Rule 19. Nominating Committee:</u> The CME Chair shall annually appoint the Nominating Committee including the Committee Chair (comprised of four members, plus ex-officio members) to review the applications for appointment/nomination to medical education bodies (including accrediting bodies, ACGME Review Committees, medical specialty boards). Nominating Committee members are limited to four one-year terms, which need not be served consecutively. The current Nominating Committee shall serve as needed until the appointment of members for the new term is finalized, to allow for coverage of any off-cycle requests for AMA nominees during the transition from one term to the next. The Committee shall review applications and make recommendations to the full Council for approval. The Executive Committee shall be ex-officio members of the Nominating Committee without a vote. The limit of four one-year terms does not include years served as ex-officio members. <u>Rule 20. Ad Hoc Committees:</u> Ad hoc committees, comprised of elected members of the CME and other liaisons or section representatives with relevant expertise as invited by the Chair, may be formed as needed by the Chair. These time-limited committees will be re-assessed on a yearly basis by the entire CME.
CMS	<u>VI. Council Ad-Hoc Committees</u> The Council may propose the creation of an ad-hoc committee of the Council by submitting to the Board of Trustees a proposed charter that includes the following: (a) specific purpose; (b) specific program (set of tasks); (c) specific expected result; (d) specific time horizon (No ad-hoc committee should be given a time horizon in excess of two years, although a shorter time horizon may be set. At the end of the specified time, the ad-hoc committee will be automatically discharged unless specific action is taken to renew its character.); (e) specific cost estimate; and (f) specific size. The Board of Trustees shall review the proposed character of the ad-hoc committee and approve or disapprove the request for the establishment of the ad-hoc committee. If the Board approves the establishment of the ad-hoc committee, the Board of Trustees, in conjunction with the Speaker of the House of Delegates, shall appoint the ad-hoc committee. The Council may submit recommendations to the Board if it wishes. Reappointments or appointments of new members to such ad-hoc committees shall be recommended by the Council to the Board of Trustees as necessary. Members of the ad-hoc committees need not be members of the Council, although Council members shall be eligible for membership.
COL	<u>Rule 11. Committees</u> – The Chair, with the consent of the Council, may appoint from the membership of the Council, committees to carry out the functions of the Council. When necessary, as required by policies of the Association, such committees shall be approved by the Board of Trustees.
CSAPH	<u>Rule 10. Subcommittees:</u> When appropriate, the Chair may determine the need to establish a Subcommittee on specific issues in order to facilitate joint Council activities, or to assist in the development of a specific Council initiative. Subcommittee members will be appointed by the Chair.

Reference Committee Hearings

CCB	--
CEJA	--
CLRPD	<p><u>IX. REFERENCE COMMITTEE HEARINGS</u> The Chair of the Council shall designate members of the Council to attend reference committee hearings of the House of Delegates where matters within the scope of the Council's interest and expertise are being considered and to be available for consultation with members of the reference committees.</p>
CME	<p><u>Rule 17. Reference Committee Hearings:</u> The Chair, in consultation with the full CME, shall designate members to attend reference committee hearings of the House of Delegates where matters within the scope of the CME's interests are being considered and to be available for consultation with members of reference committees.</p>
CMS	<p><u>V. Reference Committee Hearings</u> The Chair of the Council shall designate members of the Council to attend reference committee hearings of the House of Delegates where matters within the scope of the Council's interest and expertise are being considered and to be available for consultation with members of the reference committees.</p>
COL	--
CSAPH	<p><u>Rule 12. Reference Committee Hearings:</u> The Chair of the Council shall designate members of the Council to attend reference committee hearings of the House of Delegates where matters within the scope of the Council's interest and expertise are being considered and to be available for consultation with members of the reference committee</p>

Rule Changes/ Amendments/Rule Approval

AMPAC	<u>RULE 15. Amendments.</u> These standing rules may be amended (consistent with existing policies of the AMA) at the Annual Meeting without notice, or at any other meeting providing not less than five days' notice of the proposed change has been given to each director. Notice may be waived if all directors are present at the meeting at which amendments are voted. All amendments must be approved by the BOT.
CCB	<u>Rule 12. Amendments:</u> Subject to the applicable provisions of the AMA Bylaws, these rules may be amended by the affirmative vote of a majority of the voting members present at any meeting of the Council, provided that reasonable notice of the proposal to amend these rules at said meeting shall have been provided in advance to all members of the Council.
CEJA	--
CLRPD	<u>XI. RULES</u> Except as may otherwise be provided herein, the parliamentary authority of our AMA shall apply to the conduct of the Council. By vote of two-thirds of the members at the CLRPD meeting where a quorum is present, the Council can suspend any rule not stipulated in the AMA Bylaws. <u>XII. AMENDMENTS</u> These standing rules may be amended at any meeting of the Council, consistent with existing policies of the Association, upon majority vote of all members present and voting. Amendments to the standing rules of the Council become effective when the AMA Board approves the amendments.
CME	<u>Rule 21. Amendments:</u> Subject to the applicable provisions of the AMA Bylaws, these rules may be amended by the affirmative vote of a majority of the voting members present at any meeting of the CME, provided that reasonable notice of the proposal to amend these rules at said meeting shall be provided in advance to all members of the CME.
CMS	--
COL	<u>Rule 16. Amendments</u> – These standing rules may be amended (consistent with existing policies of the Association) at the Annual Meeting without notice, or at any other meeting providing not less than five days notice of the proposed change has been given to each member. Notice may be waived if all members are present at the meeting at which amendments are voted.
CSAPH	--

Expense Reimbursement

CCB	--
CEJA	--
CLRPD	<p><u>XIII. EXPENSE REIMBURSEMENT FOR COUNCIL MEMBERS</u></p> <p><u>Objectives:</u> Council meetings shall be organized and conducted in a manner that limits expenses. Council members shall arrange their travel and other activities associated with CLRPD meetings in a manner that minimizes expenses.</p> <p><u>Reimbursable Expenses:</u> Members of the Council and committees of the Council will be reimbursed by the AMA for reasonable expenses incurred for travel, hotel, meals, and similar items when attending Council or committee meetings of the Council. All reimbursements will be consistent with the AMA's current Guidelines for AMA Council Expenses.</p>
CME	--
CMS	<p><u>VII. Expense Reimbursement for Council and Council Ad-Hoc Committee Members</u></p> <p>Members of the council and ad-hoc committees of the Council will be reimbursed by the Association for expenses incurred for travel, hotel, meals, and similar items when attending Council or ad-hoc committee meetings. Other expenditures incurred in connection with the work of the Council or its ad-hoc committees will be reimbursed only when authorized by the Council or its Chair in advance.</p> <p><u>Expense Vouchers</u> - Council and ad-hoc commit members will be supplied vouchers for reporting expenses incurred on official business. These vouchers should be completed and returned with required receipts to the Secretary of the Council or appropriate ad-hoc committee, preferably within thirty days after the expenses have been incurred.</p>
COL	--
CSAPH	<p><u>Rule 13. Expense Reimbursement:</u> Members of the Council will be reimbursed by the Association for expenses incurred when attending Council meetings, or in connection with the work of the Council when authorized in advance by the Secretary of the Council.</p> <p>Reimbursement will be consistent with AMA's current Corporate Guidelines on Reimbursable_Expenses for Non-AMA Staff. A copy of these guidelines will be provided annually to each Council member.</p> <p><u>Expense Vouchers:</u> Council members will be supplied electronic vouchers for reporting expenses incurred on official business. These vouchers must be completed and returned with required receipts to the Staff Assistant, within 30 days after completion of the meeting at which the expenses have been incurred. Failure to comply with the guidelines and procedures may result in a delay in reimbursement, or a decrease in the level of expected reimbursement.</p> <p>Council members who are AMA delegates shall be reimbursed for that portion of their expenses not picked up by their delegation in concert with the Guidelines for Council Expenses.</p>

Other Provisions

AMPAC	<p><u>RULE 10. Funds.</u> All qualifying contributions to AMPAC shall be maintained in a separate segregated fund registered with the FEC in one or more national or state banks or in any other institutions or instruments permitted by law and designated by the Treasurer. All expenditures by AMPAC in support of any candidate shall be made from such funds and from no other sources. All books, records and accounts of the separate segregated fund shall be separate from those of the AMA.</p> <p>To the extent possible, expenses of administering the PAC and soliciting contributions shall be the responsibility of the AMA and shall be reflected in the AMA's financial records. Contributions that do not qualify for placement in the separate segregated fund shall be placed in the AMA PEF. The Board shall have supervision and control over the affairs and monies of the separate segregated fund and the AMA PEF and shall establish policies for the disbursement of such funds.</p> <p><u>RULE 11. Members.</u> The Board shall establish guidelines for contributions to AMPAC, membership eligibility requirements and categories of membership in AMPAC, and the rights and privileges of such members.</p> <p><u>RULE 12. Staffing for AMPAC.</u> The primary staff support for AMPAC shall be provided by the AMA's Political Affairs Group.</p> <p><u>RULE 13. Conflict of Rules.</u> Except as may otherwise be provided herein, or as may apply because of the bylaws, rules or constitution of the AMA or the BOT, the edition of <i>The American Institute of Parliamentarians Standard Code of Parliamentary Procedure</i> then in use by the AMA shall apply to the conduct of the Board.</p> <p>***</p> <p><u>RULE 16. Dissolution.</u> AMPAC may be dissolved at any time by the BOT in accordance with procedures of the FEC. Upon dissolution, all residual monies in the separate segregated fund shall be promptly distributed in accordance with applicable law.</p>
CCB	--
CEJA	<p><u>Rule I. Administration. E. Confidentiality</u> All matters under consideration for adoption by the Council shall be treated as confidential until adopted by the Council.</p> <p>Note: CEJA also has Rules for "Applications for Membership" and Rules for "Physicians Denied Membership in Component or Constituent Societies"</p>
CLRPD	--
CME	<p><u>Rule 14. Conflicts of Interest (COI), Abstentions and Recusals:</u> CME members should disclose any potential conflicts of interests related to specific agenda items and should ask for a ruling from the CME's Executive Committee about what level of participation in the discussion is appropriate, e.g., discussion alone without vote (abstention), full participation in discussion and vote, or neither (recusal).</p> <p><u>Rule 15. Confidentiality of Deliberations:</u> It is expected that matters discussed during CME meetings will remain confidential and that materials distributed as part of the CME agenda will not be shared with others outside the Council. Questions related to confidentiality may be referred to the Chair of the CME or Secretary of the CME.</p>
CMS	--

COL	<p><u>Rule 13 Conflict of Rules</u> – All meetings of this Council shall be governed by the parliamentary rules and procedures as set forth in section 11.1 of the AMA Bylaws.</p> <p><u>Rule 14. Order of Business</u> – The regular order of business for each meeting may include: Call to order, Minutes of previous meeting, Report of the Executive Committee, Secretary’s Report, Status of legislation, Reports, Old business, New business, Consideration of selected federal legislation, Consideration of selected state legislation, Adjournment.</p> <p>Any item of the regular order of business may be considered at any time at the option of the Chair.</p> <p><u>Rule 15 Status of Council on Legislation Recommendations Prior to Board of Trustee Action</u></p> <p>I. Recommendations of the Council on Legislation are advisory to the AMA Board of Trustees. Their purpose is to assist the Board of Trustees in establishing the position of the American Medical Association on select legislative issues. They do not establish the position of the AMA.</p> <p>II. Recommendations of the Council on Legislation are to be conveyed to the Board of Trustees through a written report(s) submitted by the Chair to the Board of Trustees.</p> <p>III. Recommendations of the Council are to remain confidential and shall not be disclosed outside of the Council unless necessary to conduct the business of the Council or the Association or with the approval of the Council Chair. The discussion of pros and cons, factual information, and ideas related to the issues or legislation is permitted with constituent entities or individuals within the AMA federation provided that no reference is made to the Council’s recommendation to the Board of Trustees. Recommendations can be shared by the Council Secretary with appropriate Association Councils and staff if necessary to provide a comprehensive review of analysis for the Board.</p> <p>IV. Upon action by the Board of Trustees, the Council Secretary shall notify all Council members of actions taken by the Board of Trustees on recommendations of the Council.</p> <p>V. All requests for interviews or information by the press regarding Council business should be referred by the Council member to the Council Secretary. After discussion with the Council Chair, arrangements to respond the inquiry shall then be made by AMA Communications staff. If it is determined that a Council member should respond, the Council member will be contacted by the Council Secretary.</p> <p>VI. This policy shall be made available to all Council members upon appointment and shall be redistributed each year at the Council’s annual meeting.</p> <p>VII. This policy shall be made available to non-Council AMA staff and officials attending Council meetings.</p>
CSAPH	--

Bylaws applicable to all 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.

Specific Council Bylaws

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 elected 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 6.5.7.2 and Bylaw 6.11, the resident/fellow physician member of the Council shall be elected for a term of 2 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 shall be eligible to serve for 3 terms 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 2-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 2 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 2-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.

6.8.2 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 2 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 27-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.