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June 6, 1994

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RECEIVED
FEDERAL ELECTION
COMMISSION
OFFICE OF GENERAL
COUNSEL

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Request for Advisory Opinion

Dear Gentlemen/Ladies:

This request for an advisory opinion is submitted on behalf of our client, the American Society of Anesthesiologists, Inc. ("ASA"), pursuant to 2 U.S.C. § 437f. ASA is a national medical society whose membership consists of some 30,000 physicians and scientists engaged or interested in the medical practice of anesthesiology. ASA is a not-for-profit corporation under the laws of the State of New York, and is exempt from federal income taxation under section 501(c)(6) of the Internal Revenue Code. No portion of its earnings may inure to the benefit of any private individual.

The membership of ASA consists of anesthesiologists, other physicians, and scientists who are members of 48 state component societies chartered by the ASA Board of Directors. To be chartered, a component society must incorporate and agree to abide by the aims, principles, purposes, and ASA Guidelines for the Ethical Practice of Anesthesiology. In general, an individual cannot be a member of ASA unless he or she is first a member of a state component society.

In 1988, ASA sought and received an advisory opinion from the Federal Election Commission ("FEC" or "Commission") on the question whether ASA would incur any duties or liabilities under the Federal Election Campaign Act of 1971 ("Act") and FEC regulations because two of ASA's incorporated component societies had established political committees (separate segregated funds). See Advisory Opinion Request 1988-43, reprinted in 1 Fed. Elec. Camp. Fin. Guide (CCH) ¶ 4054; Advisory Opinion 1988-43, reprinted in 2 Fed. Elec. Camp. Fin. Guide (CCH) ¶ 5944. The FEC concluded that ASA had "no registration or reporting

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requirements under the Act or regulations." In a footnote, however, the FEC deferred consideration of whether ASA and/or the two separate segregated funds were "affiliated committees" subject to a single contribution limit. Advisory Opinion 1988-43 at n.2. It did so because ASA had no separate segregated fund and, with respect to the question whether the component society political committees were themselves affiliated, because the state societies that established the committees had not joined in the request. *Id.* In October 1991, ASA established a separate segregated fund ("ASA-PAC"). Since the establishment of ASA-PAC, the two state component societies -- in North Carolina and Florida -- have continued to maintain their respective political committees; no other state component societies have established political committees, or, to ASA's knowledge, have plans to do so.

In light of the new factual circumstances occasioned by the formation of ASA-PAC, we have been asked by ASA and the North Carolina and Florida state component societies to seek an advisory opinion from the Commission on the following question: Are ASA-PAC and the component society political committees "affiliated" within the meaning of the Act's "anti-proliferation" provision¹ and FEC regulations thereunder governing affiliated committees,² so

¹The "anti-proliferation" provision of the Act, 2 U.S.C. § 441a(a)(5), provides that for the purposes of the Act's contribution limitations:

. . . all contributions made by political committees established or financed or maintained or controlled by any corporation, labor organization, or any other person, including any parent, subsidiary, branch, division, department, or local unit of such corporation, labor organization, or any other person, or by any group of such persons, shall be considered to have been made by a single political committee

² The Commission's regulations on affiliated committees, 11 C.F.R. § 100.5(g)(2) provide:

All committees (including a separate segregated fund, *see* 11 CFR part 114) established, financed, maintained or controlled by the same corporation, labor organization, person, or group of persons, including any parent, subsidiary, branch, division, department, or local unit thereof, are affiliated. *Local unit* may include, in appropriate cases, a franchisee, licensee, or State or regional association.

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that contributions to federal candidates made by ASA-PAC and the component society political committees are deemed to have been made by a single political committee and therefore are subject to a single contribution limit?

It has also come to ASA's attention that one member of the Board of Trustees of ASA-PAC is also a member of the Board of Trustees of the political committee maintained by Anesthesia Services Medical Group ("ASMG"), a private professional corporation of anesthesiologists based in San Diego, California. There is no formal relationship between ASMG and ASA, although ASMG requires its anesthesiologists to be ASA members. Based on these facts, ASA also seeks a determination whether the FEC considers ASA-PAC and ASMG's PAC affiliated and therefore subject to a single contribution limit within the anti-proliferation provision of the Act and regulations thereunder.

Although FEC regulations appear to presume that political committees established, financed, maintained or controlled by a trade association and related State and local entities of that organization are "affiliated," see 11 C.F.R. §§ 100.5(g)(3)(iv) and 110.3(a)(2)(iv), the Commission has noted that "[u]nder the Act and Commission regulations, a political committee established by a membership organization (including a trade association) and a political committee established by corporate members of that organization (or trade association) are not in every case treated as being affiliated." Advisory Opinion 1978-39, reprinted in 1 Fed. Elec. Camp. Fin. Guide (CCH) ¶ 5372. FEC regulations further provide for the Commission to examine the relationship between organizations that sponsor committees, between the committees themselves, or between one sponsoring organization and a committee established by another organization to determine whether committees are affiliated. 11 C.F.R. §§ 100.5(4)(i) and 110.3(i). In examining those relationships, the Commission considers certain indicia of control -- factors which generally address whether a sponsoring organization or committee has the authority over and ability to direct or influence another sponsoring organization or committee. See, e.g., id. §§ 100.5(g)(4)(ii)(A)-(J) and 110.3(a)(3)(ii)(A)-(J).

ASA does not believe that its political committee and the two political committees established by the two state component societies are affiliated within the meaning of the Act and FEC regulations. As ASA explained in Advisory Opinion Request 1988-43, ASA does not enjoy any significant control over its component societies. ASA Bylaws do not give ASA the authority or power to direct the affairs of the State societies, much less the ability to direct or influence the decisions of the political committees maintained by such societies. See ASA Bylaws § 1.30;

See also id. ¶ 110.3(a)(1)(i) (applying contribution limitations to affiliated committees through identical language).

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11 C.F.R. §§ 100.5(g)(4)(ii)(B) and 110.3(a)(3)(ii)(B). Nor does ASA have the authority to appoint or remove directors, officers, or members of the component societies. See id. §§ 100.5(g)(4)(ii)(C) and 110.3(a)(3)(ii)(C). Additionally, ASA does not require the state component societies to engage in any administrative functions, such as billing of ASA members, on its behalf.

Furthermore, since the formation of ASA-PAC, the two state component political committees have been operated without any actual input or influence by ASA or ASA-PAC. There is no collaboration between ASA or ASA-PAC and the two component societies, either as to the raising of funds or making of contributions, nor has there been since ASA-PAC's formation.³ Although the Florida component society political committee forwards its FEC reports to ASA, neither ASA nor ASA-PAC has participated in -- and neither intends to participate in -- decisions by the component societies or their political committees as to fund-raising or political contributions.

With respect to ASA's relationship with ASMG, there is but a single instance of a common overlapping member of the Boards of Trustees. ASA believes that such an isolated occurrence involving one of many board members does not indicate a formal or ongoing relationship between the sponsoring organizations or committees. See 11 C.F.R. §§ 100.5(g)(4)(ii)(E) and 110.3(a)(3)(ii)(E). Although membership in ASA and ASMG overlaps, see id. §§ 100.5(g)(4)(ii)(D) and 110.3(a)(3)(ii)(D), there are no other indicia that ASA, ASMG, or their respective committees exercise any control over one another, and certainly none sufficient to bring them within the scope of the anti-proliferation provision and the regulations governing affiliated committees.

To assist the Commission in responding to our inquiries, we are enclosing a copy of the ASA Bylaws, Section 1.00 of which sets forth ASA's Purposes. The relationship between ASA and its component societies is set forth in sections 1.31, 1.32, 1.33, and 3.111. Also enclosed is a copy of the ASA Guidelines for the Ethical Practice of Anesthesiology, to which component

³ASA-PAC has reviewed FEC filings to assure itself that to date, the collective contributions of the three political committees, if aggregated for each candidate, would not exceed limits under the existing law.

Squire, Sanders & Dempsey

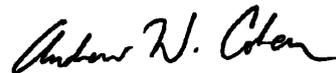
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societies must subscribe. If you require additional information in order to provide an advisory opinion, please do not hesitate to contact the undersigned.

Sincerely,



Andrew W. Cohen

/nly
Enclosure

BYLAWS
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

TITLE I
ORGANIZATION

1.00 PURPOSE

It shall be the purpose of this Society to associate and affiliate into one organization all of the reputable physicians in the United States, its territories and possessions, who are engaged in the practice of or otherwise especially interested in anesthesiology; to encourage specialization in this field, to raise the standards of the specialty by fostering and encouraging education, research and scientific progress in anesthesiology, and by recommending standards of postgraduate education for qualifications as a specialist in anesthesiology and furthermore by recommending standards for approval of postgraduate training centers; to disseminate information in regard to anesthesiology; to protect the public against irresponsible and unqualified practitioners of anesthesiology; to edit and publish publications in the field of anesthesiology and related fields; to safeguard the professional interest of its members, and in all ways to develop and further the specialty of anesthesiology for the general elevation of the standards of medical practice.

1.10 HOUSE OF DELEGATES

1.11 The House of Delegates is the primary legislative and governing body of this Society. It shall exercise final authority over all matters except where final authority is specifically delegated elsewhere by these Bylaws.

1.12 Composition

1.121 The House of Delegates is composed of Delegates, Directors, Officers, all Past-Presidents, Editor-in-Chief, Journals, Chairs of the Sections on Education and Research, Annual Meeting and Clinical Care, the ASA Delegate to the AMA House of Delegates, and the Resident Delegate to the AMA/RPS.

1.122 The alternate directors and alternate delegates shall sit in a designated area as members of the House of Delegates, but shall be without voice or vote except when replacing a Director or Delegate or as provided by the Rules of Order of the House of Delegates.

1.13 Dual Membership in the House

Should a member with vote (Section 1.181) of the House of Delegates (Section 1.12) be elected to a position entitling the member to another seat with vote in the House of Delegates, the member so elected must choose one seat. The member's selection of that seat shall constitute a vacation of the other seat. Except that no officer of this Society (Section 1.53) shall hold any other position which would entitle the officer to another vote in the House of Delegates.

1.14 Meetings

The House of Delegates shall meet during each Annual Meeting of this Society. Special meetings may be called by the President with the approval of the Board of Directors. Special meetings must be called by the President upon petition by two-thirds of the component societies. Written notice of a special meeting shall be mailed to each member of the House of Delegates at least thirty days prior to such special meeting.

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1.15 Presiding Officer

The Speaker of the House of Delegates shall serve as its presiding officer.

1.16 Order of Business

The order of business shall be outlined in the Rules of Order. The Rules of Order shall be duly adopted annually by the House of Delegates and shall be incorporated by reference in these Bylaws.

1.17 Quorum

Fifty percent (50%) of the voting members of the House of Delegates shall constitute a quorum.

1.18 Voting

1.181 Each Delegate, Director, Officer and the Resident Delegate shall have one vote, except the Speaker and Vice-Speaker, who shall not hold any position which would entitle them to vote in the House of Delegates; except that the Speaker and Vice-Speaker may vote on the candidacy of the Distinguished Service Award nominee.

1.182 All questions shall be determined by an affirmative vote of not less than a majority of those members voting, except as provided otherwise in these Bylaws.

1.19 Proceedings

A summary of the proceedings of each meeting of the House of Delegates shall be published and distributed as approved by the Board of Directors.

1.20 BOARD OF DIRECTORS

1.21 Composition

The Board of Directors is composed of:

- a. One Director representing each District.
- b. One Alternate Director representing each Component Society.
- c. The President, President-Elect, First Vice-President, Vice-President for Scientific Affairs, Immediate Past President, Secretary, Assistant Secretary, Treasurer, Assistant Treasurer, Speaker and Vice-Speaker of the House of Delegates, Editor-in-Chief, Journals, Chairs of the Sections on Education and Research, Annual Meeting and Clinical Care, the ASA Delegate to the AMA House of Delegates, and the Resident Delegate.

1.22 Powers

The Board of Directors shall:

- a. Superintend and direct the publication and distribution of all official documents, journals and reports consistent with policies enunciated by the House of Delegates.
- b. Exercise the full powers of the House of Delegates in the interim between meetings of the House of Delegates, except that the Board of Directors may not:
 1. Elect honorary members of the Society.
 2. Revoke charters of component societies.
 3. Elect officers (as distinguished from filling vacancies).
 4. Give final approval of the annual budget.
 5. Change location of Executive Office.
 6. Amend these Bylaws.
- c. Report all of its activities to the House of Delegates at the Annual Meeting, which activities shall be subject to ratification, modification or revocation by the House of Delegates, except however, the Board of

Directors shall exercise final authority over and shall manage the business and financial affairs of the Society, including, but not limited to, the acquisition, management, control and disposition of its property and the authorization of all contracts on its behalf; and the Board of Directors may delegate portions of such authority to the Officers, Councils, Sections or Committees.

- d. Create committees from the membership of the Board of Directors or this Society to act upon specific matters, when necessary.
- e. Perform such other duties as are provided for in these Bylaws.

1.23 MEETINGS OF THE BOARD OF DIRECTORS

1.231 Annual Meeting

The Board shall hold its Annual Meeting at least thirty days prior to the Annual Meeting of the Society.

1.232 Additional Meetings

The President may, with the approval of the Administrative Council, call additional meetings of the Board of Directors.

The President shall, upon petition of ten voting members of the Board, call additional meetings of the Board of Directors.

The Board shall also meet, without further notice, immediately following the close of the last session of the House of Delegates at the Annual Meeting of the Society.

Written notice of the time and place of each meeting shall be mailed to each member of the Board at least thirty days prior to the proposed date of the meeting, provided that notice may be waived by unanimous written consent of the voting members of the Board.

1.24 Committees of the Board of Directors

The Board of Directors may create standing Committees from its members to assist the Board in carrying out its duties whenever necessary. The composition and duties of these Committees of the Board shall be described in the "Handbook of Administrative Procedures" in accordance with 8.60 of these Bylaws. The Board of Directors may also establish Ad Hoc Committees whenever necessary.

1.25 Presiding Officer

The President shall serve as presiding officer of the meetings of the Board. The First Vice-President shall preside in the absence of the President. If both the President and the First Vice-President are absent the Board may choose its own presiding officer.

1.26 Quorum

Fifty per cent (50%) of the voting members of the Board shall constitute a quorum.

1.27 Voting Members

Each member of the Board shall have one vote except:

- a. Editor-in-Chief, Journals, (see 5.21)
- b. Chair, Section on Annual Meeting.
- c. Chair, Section on Clinical Care.
- d. Chair, Section on Education and Research.
- e. ASA Delegate to the AMA House of Delegates.
- f. The Resident Delegate.
- g. Alternate Directors not sitting as a Director.

American Society of Anesthesiologists

1.28 Voting

All questions shall be determined by the affirmative vote of not less than a majority of those voting, except as otherwise provided in these Bylaws.

1.29 Administrative Council

The Administrative Council shall act in the interim between meetings of the Board of Directors as provided in Title IV of these Bylaws.

1.30 COMPONENT SOCIETIES

1.31 Component societies are organizations of anesthesiologists which have been duly chartered as such.

No more than one component society may be chartered in any state, territory, possession, or the District of Columbia, of the United States.

1.32 Application for Charter

1.321 An organization desiring to become a component society shall submit an application which shall include:

- a. A copy of its proposed articles of incorporation and Bylaws
- b. A list of its officers and members, and,
- c. A declaration of intent to abide by the aims, principles, purposes, and Guidelines for the Ethical Practice of Anesthesiology of this Society.

1.322 This application shall be forwarded by the Secretary of this Society to the Director of the District in which the component society is to be located, to investigate and to determine the ability of the applicants to become a component society.

1.323 The District Director shall forward recommendations to the Board of Directors at its next meeting for its determination.

1.324 The Secretary of this Society after approval by the Board of Directors, shall issue a charter to the component society.

1.33 Revocation of Charter

Upon recommendation of the Board of Directors, the House of Delegates, by a two-thirds majority of those voting, may revoke the charter of a component society for any action in conflict with these Bylaws.

1.34 Membership in Component Society

Each component society shall have the following categories of membership.

1.341 Active Members

Doctors of Medicine or Osteopathy who are licensed to practice medicine in the location or within the jurisdiction of the Component Society, or an area within their district that has no Component Society, and who have successfully completed a training program in anesthesiology, accredited by ACGME or equivalent organizations, or the American Osteopathic Association.

1.3411 The requirement for licensure to practice medicine in the location of principal professional activity shall be waived for physicians on active duty in the Armed Forces.

1.3412 A component society may choose to maintain anesthesiologists as Active members of the component society if they fulfill the criteria for ASA Active members 'at large' as listed in Section 3.112 and were Active members in good standing of that component society immediately prior to such status.

1.3413 Each active member of a component society shall be an Active member of this Society but cannot be an Active member in another component society.

1.3414 The provisions stated in 1.341 shall not affect the status of any member who is already an Active member of this Society.

1.342 Affiliate Members

1.3421 A physician not in the clinical practice of anesthesiology.

1.3422 A scientist, who, while not engaged in administering clinical anesthesia to humans, is nevertheless interested in anesthesiology.

1.3423 A physician who is in the service of the United States Government (other than those employed by the Veterans Administration).

1.3424 At the option of the local component society, a physician employed by the Veterans Administration.

1.3425 A physician who resides outside the United States and is not a member of any other component society.

1.343 Resident Members

A physician who satisfies the requirements of Section 3.161 and is within the jurisdiction of the component society.

1.344 Other Categories and Requirements

Each component society may have additional categories of membership and additional requirements for those categories in Sections 1.341, 1.342, and 1.343. However, these additional categories and requirements may not conflict with provisions in these Bylaws nor add to component society membership individuals who are not eligible for ASA membership.

1.35 Officers

Each component society shall have a president, secretary, and such other officers as it may desire, all of whom shall be active members of this Society.

1.36 Secretary of Component Society

The Secretary of each component society shall:

- a. Serve as the official correspondent with this Society.
- b. Cause to be investigated each applicant for active, affiliate, resident or other membership in the component society and certify to this Society the names of those accepted and their respective categories of membership.
- c. Maintain a current roster of all members and officers of the component society, classified according to category of membership.
 1. Report with reasonable promptness any changes in this roster to the Executive Office, and
 2. Forward to the Executive Office annually before January 15 the roster as of December 31.
- d. At least 60 days prior to the Annual Meeting, forward to the Executive Office of this Society, a list of authorized delegates and alternate delegates of the component society.
- e. On or before January 15 of each year, file with the Society a copy of the current Bylaws of the component society specifying all changes.

American Society of Anesthesiologists

1.37 Members residing within a state having no Component Society because of geographic dispersion shall be permitted the choice of

- a. Obtaining membership in an adjoining state society within the Director District, or
- b. Obtaining membership in a state society outside their Director District if such state is geographically more accessible.

1.38 ASA Resident Component

A special component of this Society shall consist of Resident Members of ASA to encourage resident participation, to develop young leaders with experience in organized medicine, and to improve resident awareness of the role of ASA in the evolution of the specialty of anesthesiology.

1.381 Membership shall be restricted to Resident Members of ASA as defined in Bylaw 3.16.

1.382 The Resident Component shall meet at the time of the ASA Annual Meeting.

1.383 Officers shall be a Chair, Chair-Elect, Secretary, Resident Delegate and Alternate Resident Delegate.

1.384 The Governing Council shall consist of the above Officers and shall direct the activities of the Resident Component. It shall meet at the time of the ASA Annual Meeting and report its activities to the Board of Directors and House of Delegates.

1.385 Terms of Office, Election/Succession

Officers shall serve one-year terms, beginning at the close of the ASA Annual Meeting. The Resident Component shall elect a Chair-Elect, Secretary, and Alternate Resident Delegate during its Annual Meeting. Candidates for Chair-Elect and Alternate Resident Delegate must have at least 18 months remaining eligibility as a Resident Member of ASA. The Chair-Elect shall succeed to Chair and Alternate Resident Delegate shall succeed to Resident Delegate at the end of their terms.

1.386 Vacancies in offices of Chair or of Resident Delegate shall be filled by promotion of Chair-Elect or Alternate Resident Delegate respectively. The Chair shall fill vacancies in Chair-Elect, Secretary or Alternate Resident Delegate, with approval of the Governing Council.

1.387 The Resident Delegate and Alternate Resident Delegate shall serve to represent the ASA in a manner consistent with policies and positions adopted by the ASA House of Delegates, and shall work in cooperation with the AMA Section Council on Anesthesiology. They shall serve as Delegate and Alternate Delegate to the AMA/RPS House of Delegates.

1.3871 Resolutions submitted to the AMA/RPS on behalf of the ASA Resident Component shall have approval of the ASA President as well as the ASA Delegate to the AMA.

1.388 Bylaws 1.31 through 1.37 shall not apply to the ASA Resident Component.

1.40

DIRECTORS

1.41 One Director shall be elected by each Director District; in addition, each Component Society of the Director District shall elect an Alternate Director.

1.42 Duties

Each Director shall:

- a. Serve on the Board of Directors of this Society.
- b. Present an annual report to the House of Delegates.
- c. Report to the members of the Director's District, the actions of the Board of Directors.
- d. Perform such other duties as are provided in these Bylaws.

1.43 Eligibility

All Directors and Alternates shall have been voting members of their component society for at least two years prior to their election, or for such shorter period as their component society may have existed.

1.44 Nominations

- a. Each component society of the District may nominate prior to June 1 in the year in which the term of a Director is to expire, one or more of its members for Director.
 1. Prior to June 30, additional nominations for Director may be made by at least ten percent of the voting members of any component society in the District.
 2. Should only one nomination for Director be received from the district, such nomination shall be equivalent to election. Should there be more than one nomination, the Director shall be elected pursuant to the terms of Section 1.45.
- b. Each Component Society of the District shall elect an Alternate Director and submit the name for the purpose of determining the line of succession not more than thirty days after election of the Director.

1.45 Election

- a. The Executive Office shall conduct an election for Director among the active members of the Director District.
 1. The Secretary of this Society shall certify the election.
 2. Election shall be by simple majority of those voting.
 3. If no candidate receives a majority, a second election shall be held between the two candidates who received the highest number of votes.
 4. In the event of a tie vote in the second election, the incumbent shall continue in office for one year and until a successor is elected according to Sections 1.44 and 1.45.
- b. In the event the Director District does not have a mechanism for determining the line of succession for Alternate Directors, the Executive Office shall conduct an election from among the Active and Life members of the Director District.
 1. The Secretary of this Society shall certify the election.
 2. Alternate Directors shall be ordered for purposes of succession by the number of votes within the District as a whole.
 3. In the event of a tie, the Alternate Director with the greatest longevity in office shall be ordered first for succession; should two Alternate Directors thus tied also have equal longevity, the Alternate Director from the Component Society with the larger number of active members shall be ordered for succession.

1.46 One-Component Districts

Districts composed of a single component society may conduct their own elections for Director and Alternate Director.

1.47 Failure to Elect

If a Director or Alternate has not been elected prior to the annual meeting of the Board of Directors, the incumbents shall continue in office for one year or until successors are elected according to Sections 1.44 and 1.45.

American Society of Anesthesiologists

1.48 Term of Office

The term of office of each Director and Alternate Director shall be three years, commencing at the close of the annual meeting of the House of Delegates following their election.

1.49 Vacancies

1.491 Vacancies in the office of director shall be filled automatically by an Alternate Director who is first in order of succession. See 1.45.

1.492 Vacancies in the office of Alternate Director shall be filled by the respective Component Society experiencing the vacancy upon notification that they have 60 days to elect a new Alternate Director.

- a. The Alternate Director so elected shall serve for the unexpired term.
- b. The Alternate Director so elected shall be last in the line of succession.

1.50

OFFICERS

1.51 Election

Officers shall be elected by the House of Delegates at the Annual Meeting, as follows:

- a. Nominations for all offices shall be made from the floor of the House of Delegates at the first session of the House.

A summary of participation in component and national society activities of each such nominee shall be submitted at the time of nomination and made available to the Delegates immediately following the first session of the House of Delegates.

- b. Each candidate for office shall have been an active member in good standing of this Society for a period of five years.
- c. Voting shall be by secret ballot at the second session of the House of Delegates.
- d. Election to office shall require a majority of votes cast.
- e. If there are more than two candidates for an office and none receives a majority on the first two ballots, then a third balloting shall be held between the two receiving the most votes on the second ballot, all other candidates being eliminated.
- f. If for any reason, all candidates nominated at the first session of the House of Delegates must decline such nomination for an office before election, nominations from the floor for this office shall be the first business in order at the second session of the House of Delegates.
- g. If at the time of the Annual Meeting, the President-Elect is unable to assume the office of President, the House of Delegates shall elect a President in the same manner as other officers are elected.

1.52 Terms of Office

1.521 The President shall be limited to one term of office. Any time spent in serving as Acting President shall not be counted as any portion of a term of office as President of this Society.

1.522 Officers shall be elected for a term of one year from the close of the Annual Meeting of the House of Delegates, except,

1.523 The Secretary and Treasurer shall be elected for a two (2) year term beginning in odd numbered years.

1.524 The Speaker of the House of Delegates shall be elected for a two (2) year term beginning in even numbered years.

1.53 Duties

The Officers of this Society shall have the rights, duties and prerogatives customarily attached to their respective offices in professional societies, and more particularly,

1.5301 President

- a. The President shall be the Chief Executive Officer and shall administer the affairs of this Society according to the policies of the Board of Directors and House of Delegates.
- b. The President shall be:
Chair of the Administrative Council.
Chair of the Scientific Council.
Chair of the Board of Directors.
Chair of the Section on Executive Affairs.
Ex Officio Member of All Committees.
- c. The President may delegate to other officers the responsibility of representing the President and the Society at meetings of component and regional societies, other medical organizations, other specialty societies, and allied health organizations and societies. The President may also delegate qualified individuals to speak on behalf of the President before various governmental bodies, agencies, and any other group so designated by the President.

1.5302 Acting President

Any Acting President shall assume and execute the duties of President.

1.5303 President-Elect

- a. The President-Elect shall witness the administration of the affairs of this Society in anticipation of the term of office as President, which term of office shall begin at the end of the next Annual Meeting following the election to the office of President-Elect.
- b. The President-Elect shall serve in such other positions as provided in these Bylaws and as directed by the President.
- c. The President-Elect shall select those members of this Society who will be appointed to committees at the beginning of the Presidential term.

1.5304 First Vice-President

The First Vice-President shall assist the President in the administration of the affairs of this Society and shall preside in the absence of the President and shall be the Vice-Chair of the Administrative Council.

1.5305 Vice-President for Scientific Affairs

The Vice-President for Scientific Affairs shall assist the President in the administration of this Society, shall be the Vice-Chair of the Scientific Council and shall coordinate the activities of the Sections of that Council.

1.5306 Immediate Past President

The Immediate Past President shall be available for consultation to the President.

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1.5307 Secretary

The Secretary shall maintain and preserve the records of this Society.

1.5308 Assistant Secretary

The Assistant Secretary shall assist the Secretary.

1.5309 Treasurer

The Treasurer shall receive, disburse, manage and account for all funds of this Society, as directed by the Board of Directors.

1.5310 Assistant Treasurer

The Assistant Treasurer shall assist the Treasurer.

1.5311 Speaker of the House

The Speaker of the House shall preside at all meetings of the House of Delegates and serve as the official parliamentarian of the Society.

1.5312 Vice-Speaker of the House

The Vice-Speaker of the House shall assist the Speaker.

1.54 Vacancies

If for any reason the incumbent in office becomes unable or unwilling to perform the functions of the office, or is removed from office, such vacancy shall be filled in the following manner:

- a. **President**—The Administrative Council shall elect an Acting President from among the following: President-Elect, First Vice-President, or any Past President.
- b. **President-Elect**—The First Vice-President shall become President-Elect.
- c. **First Vice-President**—The Secretary shall become the First Vice-President.
- d. **Vice-President for Scientific Affairs**—The Administrative Council shall elect an Acting Vice-President for Scientific Affairs.
- e. **Secretary**—The Assistant Secretary shall become Secretary.
- f. **Treasurer**—The Assistant Treasurer shall become Treasurer.
- g. **Speaker**—The Vice-Speaker shall become Speaker.
- h. **Assistant Secretary, Assistant Treasurer, and Vice-Speaker**—The vacancy shall remain until the next Board of Directors meeting.
- i. In the event that the Speaker or Vice-Speaker cannot serve at any particular meeting of the House of Delegates, the President may request a past Speaker to fill the position of Vice-Speaker for that meeting.
- j. Any other questions of succession shall be determined by the Board of Directors.

1.60

DELEGATES

- 1.61** Each component society shall elect one delegate for each one hundred (100) voting members or fraction thereof, as shown by this Society's count of the voting members of the component society as of December 31 of each year, to represent it in the House of Delegates. Each component society may also elect alternate delegates.

1.62 Eligibility

Each delegate and alternate shall be a voting member of the component society represented.

1.63 Election

Each delegate and alternate shall be elected by ballot of the voting members or the legislative body of the component society represented.

1.64 Terms

The term of office of a delegate shall be three years and that of an alternate delegate one year, and shall commence at such time following the election as the component society shall designate. If the component society makes no designation, the term shall begin at the close of the Annual Meeting next following the election.

1.65 Vacancies

If for any reason a delegate becomes unable or unwilling to perform the functions of the office or is removed from office, such office shall be automatically filled by an alternate who shall serve as delegate for the remainder of the vacating delegate's term, unless otherwise specified in the Bylaws of the component society. If there is no alternate or if the alternate is unable or unwilling to serve as delegate or has been removed from office, the other delegate or delegates and directors representing that component society may elect a member as delegate to the House of Delegates and certify such member to the Credentials Committee, unless otherwise specified in the Bylaws of the component society.

**1.70 REPRESENTATION OF ANESTHESIOLOGY
SUBSPECIALTY SOCIETIES**

1.71 Purposes

The purposes of this section are:

- 1.711 To provide a mechanism for anesthesiology subspecialty organizations to participate in the deliberation of the House of Delegates;
- 1.712 To establish a system for effective communication between this Society and subspecialty organizations;
- 1.713 To provide for input and participation in this Society's activities by subspecialty organizations.

1.72 Representation in the House of Delegates

Each national anesthesiology subspecialty organization qualifying under the provisions of Section 1.73 shall be eligible for representation in the House of Delegates by a single delegate and a single alternate delegate.

1.73 Eligibility of Organization

- 1.731 The organization must actively represent a subspecialty of anesthesiology that has scientific validity for which there is recognized subspecialty training defined by the Residency Review Committee for Anesthesiology as recognized by the Accreditation Council for Graduate Medical Education, and is active in its field of medicine.
- 1.732 Only one organization of each recognized subspecialty may be represented in the House of Delegates.
- 1.733 Each organization seated must have been in existence for at least two years, have a minimum of 400 active members, and hold at least one meeting of its members per year.
- 1.734 Each organization seated must maintain an active membership, at least two-thirds of which are active members of this Society.

1.735 Each organization seated must limit active membership to physicians, provided, however, that a subspecialty organization shall not be ineligible if its active membership includes non-physicians who become active members prior to the time this limitation was adopted by the organization or October 18, 1989, whichever is earlier.

1.74 Procedure

A subspecialty organization may be nominated for representation in the House of Delegates by the Committee on Anesthesia Subspecialties and recommended by the Administrative Council to the Board of Directors and the House of Delegates only after meeting the eligibility requirements set forth in Section 1.73.

1.741 To be so nominated, the subspecialty organization must submit documentation, deemed satisfactory by the Committee on Anesthesia Subspecialties, demonstrating that it meets the eligibility requirements and that its governing board has approved its application for such nomination and recommendation.

1.742 The nomination and recommendation must be approved by the House of Delegates by a 3/4 affirmative vote of those voting.

1.75 Qualification and Terms of Delegates

The Delegate and Alternate Delegate selected by the subspecialty organization shall have the same eligibility as other Delegates, and shall be elected in the same manner and for the same terms as provided in Sections 1.63 and 1.64 with respect to the election and terms of office of Component Society Delegates.

1.76 Five Year Review Process

Each subspecialty organization shall reconfirm its eligibility for representation in the House of Delegates by demonstrating every five years that it continues to meet the provisions of Section 1.73. Each subspecialty organization represented in the House of Delegates shall submit verification to the Committee on Anesthesia Subspecialties that it continues to meet the qualifications for representation, provided, however, that at the discretion of the Committee, the initial review may occur less than five years after initial nomination by the Committee.

1.77 Responsibility of the Subspecialty Organizations

Each subspecialty organization represented in the House of Delegates shall have the following responsibilities:

1.771 To cooperate with this Society in increasing ASA membership;

1.772 To keep its Delegate (and Alternate Delegate) fully informed on the organization's policy positions so that the Delegate (and Alternate Delegate) can properly represent the organization in the House of Delegates;

1.773 To require its Delegate to report to the organization on the actions taken by the House of Delegates at each meeting;

1.774 To disseminate to its membership information as to the actions taken by the House of Delegates at each meeting; and

1.775 To provide information and data to this Society when requested.

1.78 Discontinuance of Representation

Any request to discontinue representation of a subspecialty organization in the House of Delegates shall be referred to the Committee on Anesthesia Subspecialties for study and report to the House of Delegates, whereupon

the House may take such action as it deems advisable except that a subspecialty society may withdraw its representation upon written notice to the ASA.

1.781 The Committee on Anesthesia Subspecialties may initiate action to discontinue the representation of a subspecialty organization in the House of Delegates by recommending such action to the Board of Directors and the House of Delegates, whereupon the House may take such action as it deems advisable.

1.782 Discontinuance of representation by the ASA shall require a vote of the House of Delegates by a 3/4 affirmative vote of those voting.

1.79 Subspecialty Organization Designations

American Society of Critical Care Anesthesiologists
American Society of Regional Anesthesia
Society for Ambulatory Anesthesia
Society for Obstetric Anesthesia and Perinatology
Society for Pediatric Anesthesia
Society of Cardiovascular Anesthesiologists
Society of Neurosurgical Anesthesia and Critical Care

1.80 COMMITTEES

1.81 Purposes

To accomplish the objectives of this Society, certain activities may be effected more expeditiously by delegating such activity to a committee consisting of members of this Society.

1.82 Appointment

The President, unless otherwise specified in these Bylaws, shall appoint members of committees to fill vacancies as they occur.

1.83 Table of Organization

All committees shall be assigned to a Section of this Society and shall report to the Board of Directors and to the House of Delegates through the Chair of the respective Sections and Councils. The chair of each section shall direct and coordinate the activities of the various committees included in this section.

1.84 Term of Office

Committee members shall serve for three years, unless otherwise specified in these Bylaws, provided that the President may replace a committee member at the end of any year prior to the expiration of their term for any cause deemed sufficient, which cause shall be specified in writing. Staggered terms shall be created in the initial appointment of new committees by dividing the initial appointments as nearly equally as the numbers of members permit among three, two and one year terms. Members whose initial appointments were for terms of one or two years shall remain eligible for appointment to three full successive terms. Committee appointments shall be limited to three full successive terms unless otherwise stipulated in these Bylaws. After a lapse of one year or more in membership on a committee, a member is again eligible for appointment to that committee irrespective of the number of years of previous committee membership.

1.85 Composition

Each committee shall be composed of six members unless otherwise specified in these Bylaws. Adjunct, consultant and review members may be appointed to a committee by the President for one-year terms.

1.851 An adjunct member of a committee is a member of the ASA but will not have a vote on committee decisions at the committee level.

1.852 A consultant member of a committee is a non-member of the ASA and will not have a vote on committee decisions.

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1.853 A review member of a committee is an ASA member who reviews and compiles material for presentation at committee meetings and/or for analytic purposes. The appointee is not a voting member of the committee.

1.86 Committee Chairs

All appointments to committee chairs shall be for one year unless otherwise specified in these Bylaws. A Chair may be appointed for any number of successive one year terms.

1.87 Ad Hoc Committees

The President may appoint Ad Hoc Committees. Such committees shall be limited to the tenure of office of the President appointing them.

1.88 Committees of the House of Delegates

The House of Delegates may create such committee or committees to plan, institute, and execute a program or activity of this Society. The members of such committee shall be appointed by the President and the committee shall report each year to the House of Delegates.

1.90 ANNUAL MEETING

1.91 This Society shall, at a time and place to be determined by the Board of Directors, convene annually for the purpose of conducting necessary educational, scientific, fiscal and professional activities pursuant to the provisions contained in the Articles of Incorporation and these Bylaws.

1.92 The Scientific Program shall be planned and executed by the Section on Annual Meeting which also shall cooperate in coordinating and integrating the activities of the other Sections of the Scientific Council wishing to participate in the Annual Meeting.

1.93 House of Delegates

Pursuant to provisions of these Bylaws and to the Rules of Order of the House of Delegates, the House of Delegates shall convene to determine fiscal and professional policies of this Society, and to perform such other activities as provided in these Bylaws.

1.95 EXECUTIVE OFFICE

1.96 An Executive Office shall be maintained by this Society for the administration of its affairs.

1.97 The Executive Director shall be the general administrative officer and business manager of this Society.

1.98 Administrative personnel and consultants shall be employed or retained as directed by the Board of Directors.

1.99 The Executive Director and Executive Staff shall be under the direction and supervision of the President and the Board of Directors.

TITLE II

2.00 DIRECTOR DISTRICTS

2.01 A Director District shall consist of a geographic area comprised of one or more states, districts or territories.

2.02 Each Director District formed by the division of an existing Director District shall have a minimum membership of 500 active members.

2.03 Application Procedure

2.031 Alteration in the composition of Director Districts shall be considered only following a formal request by the component societies desiring a change of status.

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- 2.032 Whenever a District Director determines that a division of a District as defined in 2.01 and 2.02 will result in new Districts which would provide better communication and representation for the Society's membership, the Director shall initially obtain approval for such division by a majority vote of the active members of each of the Component Societies of the District who cast ballots.
- 2.033 Requests for the division of an existing Director District shall be made to the Board of Directors at its Annual Meeting.
- 2.034 If such division is approved by the Board of Directors and ratified by the House of Delegates, each Component Society involved in the division shall be notified within 30 days that it may nominate one or more of its active members for Director and one or more of its active members for Alternate Director prior to January 1st. Each nominee shall have been a voting member of his component society for at least two years prior to his nomination.
- 2.035 Should only one nomination for Director and one nomination for Alternate Director be received from the New District, such nomination(s) shall be equivalent to election.
- 2.036 If more than one nomination is received for a given office by the ASA Executive Office, ballots will be mailed on January 15th to the active members of the Component Societies of the New Districts resulting from the division, to be returned on or before February 15th.
- 2.037 Elections shall be conducted in accordance with Section 1.45 of the Bylaws.
- 2.038 Division of the prior District shall become effective at the time of election of the first Director in a new District.
- 2.039 Terms of newly elected Directors and Alternate Directors shall commence at the time of their election and terminate at the close of the third Annual Meeting of the House of Delegates following their election.
- 2.04 **New District Designations**
The segment of the divided District with the most members at the time of ratification by the House of Delegates shall retain the original District designation and the smaller shall be given a new number.
- 2.05 **District Designations**
Director Districts shall be designated as follows:
District 1—The States of Maine, New Hampshire and Vermont
District 2—The State of Massachusetts
District 3—The States of Rhode Island and Connecticut
District 4—The State of New York
District 5—The States of New Jersey and Delaware
District 6—The State of Pennsylvania
District 7—The State of Maryland and the District of Columbia
District 8—The State of Florida and the Commonwealth of Puerto Rico
District 9—The States of Alabama, Mississippi and Louisiana
District 10—The State of Tennessee
District 11—The State of Ohio
District 12—The State of Michigan
District 13—The State of Indiana
District 14—The State of Illinois
District 15—The States of North Dakota, South Dakota and Minnesota
District 16—The States of Nebraska and Iowa
District 17—The States of Missouri and Kansas

- District 18—The States of Arkansas and Oklahoma
- District 19—The State of Texas
- District 20—The States of Colorado and Wyoming
- District 21—The States of Nevada, Arizona and New Mexico
- District 22—The State of California
- District 23—The States of Washington and Alaska
- District 24—The State of Wisconsin
- District 25—The State of Georgia
- District 26—The States of Oregon and Hawaii
- District 27—The States of North Carolina and South Carolina
- District 28—The States of Virginia and West Virginia
- District 29—The States of Montana, Idaho and Utah
- District 30—The State of Kentucky

TITLE III

3.00 MEMBERSHIP

Members of this Society shall recognize and comply with the Guidelines for the Ethical Practice of Anesthesiology of this Society and Principles of Medical Ethics of the American Medical Association. All members of this Society shall continuously meet the requirements of their particular category of membership and such other requirements as set forth in the Bylaws.

3.10 Categories of Membership

3.11 Active Members

- 3.111 The active membership of this society shall consist of each active member of a component society subject to the provisions of Section 3.40 hereof.
- 3.112 Active members of this Society who, due to assignment of governmental service, practice outside the jurisdiction of any component society for two or more consecutive years may retain their Active membership as Active members 'at large'.
- 3.113 Active members of this Society who are Active members of a component society and who maintain permanent residence within said component society but who may practice locum tenens within the jurisdiction of other component societies during the calendar year.

3.12 Affiliate Members

The affiliate membership of this Society shall consist of two categories:

A. Members of a component society in the following categories:

- 3.121 A physician not in the clinical practice of anesthesiology.
- 3.122 A scientist, who, while not engaged in administering clinical anesthesia to humans, is nevertheless interested in anesthesiology.
- 3.123 A physician who is in the service of the United States Government, including the Veterans Administration.
- 3.124 A physician who resides outside the United States.

B. Physicians who are not members of a component society in the following categories:

- 3.125 A physician who is in the service of the United States Government (other than those employed by the Veterans Administration).
- 3.126 A physician employed by the Veterans Administration upon recommendation of the local component society.
- 3.127 A physician who resides outside the United States.

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3.128 Application
Each applicant as described in 3.125 and 3.126 shall file with the Secretary of this Society an application endorsed by (a) two Active or Affiliate members of this Society; (b) the Secretary of the component society and/or District Director in the location in which the applicant practices principally, if either exists. Each applicant as described in 3.127 shall file with the Secretary of this Society an application endorsed by two Active or Affiliate members of this Society.

3.129 Approval of Applications
The Secretary of this Society shall present the applications to the Administrative Council for its consideration.

3.13 Life Members

Each Past President of this Society shall be a Life member.

3.14 Honorary Members

3.141 A physician or a scientist who has attained outstanding eminence in anesthesiology or related fields.

3.142 The component society may nominate a candidate for honorary membership.

3.143 The nomination shall be submitted to the Board of Directors and the House of Delegates for approval.

3.15 Retired Members

3.151 A physician who has been an active member for ten or more years and has retired from the practice of anesthesiology.

3.152 Active members of this society who are disabled and therefore unable to engage in the practice of their profession for one year or more, shall at their request be placed in retired membership status. When they resume active practice they must so notify the Executive Office and shall thereupon be reinstated as active members.

3.153 Application
The application shall be submitted to the Secretary of the local component society, who shall forward it to the Secretary of this Society.

3.154 Approval of Applications
The Secretary of this Society shall present the application to the Administrative Council for its consideration.

3.16 Resident Members

3.161 A resident member shall be a physician in full time training in an anesthesiology department whose core residency program is accredited by the Accreditation Council for Graduate Medical Education (ACGME) or The American Osteopathic Association.

3.162 Each applicant shall file with the Secretary of this Society an application endorsed by the Director of the Training Program certifying compliance with Section 3.161.

3.163 Approval of Application
The Secretary of this Society shall forward a copy of the application to the Secretary of the Component Society. The application shall be approved if no written objection from the Component Society is received within sixty days.

3.164 Duration of Membership
Membership in this category shall comply with Section 3.161. If the resident does not become a member of the Component Society within one year of the date of approval of the original application

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for such membership, that individual will be dropped from ASA membership.

3.20 Privileges of Membership

Active members and Life members only shall have the right of voting and of holding office in this Society, except as otherwise provided by these Bylaws.

3.30 Dues

3.31 The amount of annual dues and application fees shall be determined by the Board of Directors subject to the approval of the House of Delegates and such earned fees or dues shall not be refundable.

3.32 There shall be no annual dues or assessments required of Life, Honorary or Retired members.

3.33 Annual dues are payable on January 1 of each year.

A member shall be deemed delinquent if the dues are unpaid by March 31; and, after notification, and if delinquent on May 1, the member shall be dropped from membership in this Society.

3.34 A delinquent member may be reinstated by:

- a. Reapplying in the same category and same manner as an original application.
- b. Paying all dues and assessments (if any) in arrears.

3.40 Transfer of Members

3.41 Membership in one component society shall not be construed as a presumptive right to membership in another component society when a member transfers from one jurisdiction to another.

3.42 Membership in this Society shall not be compromised in any manner by virtue of loss of component membership due to transfer from one component society to the jurisdiction of another; subject, however, to the limitations hereinafter contained in these Bylaws.

3.421 After the expiration of two years from the date of original transfer, membership in this Society shall cease, unless transferee has been granted membership to a local component society.

3.43 When a member of this Society transfers from one component society to the jurisdiction of another, the member shall, within a period of 180 days, apply for membership in the new component society.

3.44 Membership in this Society shall continue for a maximum period of two years (as provided in 3.40 et seq.) unless the component society notifies this Society:

- (a) That the transferee has failed to file application for membership in the new component society in the 180-day period as in Section 3.43.
- (b) That the application for membership has been disapproved by the local component society.

TITLE IV

THE ADMINISTRATION OF THE SOCIETY

ADMINISTRATIVE COUNCIL

4.00

4.01 General

Subject to the direction of the Board of Directors, the Administrative Council and the Executive Committee thereof shall exercise those powers specified in 4.05 in the interim between meetings of the Board.

4.02 Composition

The Administrative Council shall be composed of the officers of the Society. There shall also be an Executive Committee of the Administrative Council, consisting of the President, President-Elect and First Vice-President.

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4.03 Chair

The President shall serve as Chair of the Council and of the Executive Committee. The First Vice-President shall serve as Vice-Chair of the Council.

4.04 Meetings

Meetings of the Council shall be held four times per year. Meetings of the Executive Committee shall be held upon call of the President. A majority of the voting members of each respective body shall constitute a quorum.

4.05 Powers

4.051 The Council and Executive Committee shall expedite, execute and administer the policies adopted by the House of Delegates and the previous actions and directions of the Board.

4.052 The Council shall prepare a financial budget for each fiscal year and present such budget to the Board of Directors.

4.053 The Council shall be the planning body of the Society and shall:

1. Study and make recommendations concerning the long-range objectives of the Society and the resources, programs and organizational structure by which the Society attempts to reach them.
2. Serve as a focal point for the planning activities of the Society and stimulate and coordinate planning activities throughout the Society.
3. Study, or cause to be studied, medicine and the environment in which the Society must function and transmit the conclusion of these studies, in the form of recommendations, to the Board of Directors for distribution to appropriate decision-making centers throughout the Society, particularly the House of Delegates.

4.054 To the extent not inconsistent with Society policies adopted by the House of Delegates or with actions or directions of the Board, the Council (or, in the discretion of the President, the Executive Committee) shall, when necessary to deal with or respond to legislative, regulatory or administrative initiatives of governmental entities, determine, adopt, publish and implement positions or statements on behalf of the Society deemed by it to be in the best interest of the members of the Society.

4.055 The Council shall retain professional consultants to the extent approved by the Board of Directors.

4.06 Reports

Through the President or other appropriate officer of the Society, the Council and Executive Committee shall report their actions to the Board of Directors at the Board's next meeting.

4.07 SECTION ON EXECUTIVE AFFAIRS

4.071 Composition

The Section on Executive Affairs shall be composed of:

- a. Committee on Communications
- b. Committee on Distinguished Service Award
- c. Committee on Economics
- d. Committee on Physician Resources
- e. Committee on Professional Liability
- f. Committee on Quality Improvement and Practice Management
- g. Committee on Governmental Affairs
- h. Committee on Anesthesia Care Team
- i. Committee on Newsletter

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- j. Committee on Patient Safety and Risk Management
- k. Committee on Standards of Care
- l. Committee on Ethics

4.072 Duties

This Section is composed of committees whose duties include matters of this Society pertaining directly to the Office of the Presidency.

4.08 Committee on Communications

4.081 Composition

See Section 1.85.

The Editor of the Newsletter shall be an adjunct member.

4.082 Duties

This Committee shall provide avenues of communication amongst members of this Society and the public according to the policies of the Board of Directors, including, but not limited to:

1. Editing and publishing pamphlets and brochures of the Society.
2. Conducting a Journalism Award Program at the discretion of the Committee.

4.09 Committee on Distinguished Service Award

4.091 Composition

The six members shall, as far as possible, consist of the three most recent Past Presidents and the three most recent recipients of the Distinguished Service Award.

The Chair shall be named each year by the President.

4.092 Duties

Nominations for the Distinguished Service Award may be submitted by Component Societies or by members of ASA to the Chair of the Distinguished Service Award Committee on approved forms, together with a current curriculum vitae, at least sixty days (60) prior to the Annual Meeting of this Society.

This Committee shall review the names of nominees submitted and may recommend to the House of Delegates the name of no more than one candidate.

No officer of this Society shall be eligible for selection. Selection of a candidate shall require a $\frac{2}{3}$ vote of the full committee.

Should the committee select a candidate to enter into nomination in the House of Delegates—such name shall not be disclosed until placed in nomination before the House of Delegates.

Final selection of the recipient of the Distinguished Service Award shall be made by the House of Delegates by secret ballot and shall require a $\frac{2}{3}$ vote of those seated in the House.

- 4.093** In the event of the death or resignation of a member of this committee the President of this Society shall appoint a replacement to fill out the unexpired term. If possible, a Past President shall be appointed to fill a vacancy among Past President members and a Distinguished Service Award recipient appointed to fill a vacancy among D.S.A. members.

4.10 Committee on Economics

4.101 Composition

No officer of this Society shall be a member of this committee.
(See Section 1.85).

4.102 Duties

To review and disseminate information concerning the economics of the practice of anesthesiology; to review private and governmental medical care payment and reimbursement plans; to make recommendations to officers, other committees, the Board of Directors, and the House of Delegates concerning its findings; to assist component societies upon request, in matters involving the economics of anesthesiology.

4.11 Committee on Physician Resources

4.111 Composition

See Section 1.85.

4.112 Duties

1. To explore matters related to anesthesia delivery patterns.
2. To study and make recommendations pertaining to physician anesthesia needs in the future.
3. To work with other entities (e.g. government, quasi-government, etc.) concerning anesthesia resources.
4. To report to the Annual Meeting of the House of Delegates, membership data of the Society, including active member changes, anesthesiology resident numbers, and the status of members vis-a-vis certification by the American Board of Anesthesiology and/or the American College of Anesthesiologists.

4.12 Committee on Professional Liability

4.121 Composition (See Section 1.85)

- a. At least one regular or adjunct member of the Committee shall, when possible, possess the degree of Bachelor of Laws or Juris Doctor.
- b. The President (after consultation with the committee chair) shall appoint no more than 20 review members to the Committee specifically to support the Closed Claims Project.

4.122 Duties

The duties of this committee shall include but not be limited to the planning and implementation of programs and activities designed to improve the teaching and understanding of medicolegal affairs of pertinence to anesthesiologists, and prevention of medical malpractice claims.

4.13 Committee on Quality Improvement and Practice Management

4.131 Composition

See Section 1.85

The ASA Representatives to JCAHO's Ambulatory Health Care PTAC and Hospital Accreditation Program PTAC shall be adjunct members.

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4.132 Duties

- a. To review continuously all matters pertaining to peer review, quality improvement and medical staff issues that come to its attention from all sources including governmental agencies, third party insurers and voluntary agencies such as the Joint Commission on Accreditation of Healthcare Organizations.
- b. To initiate, develop and continuously review methods of peer review and quality improvement and medical staff issues that affect the specialty of anesthesiology.
- c. To serve as a source for distribution of information concerning peer review, quality improvement and medical staff issues to members of the Society. Members of the Committee on Quality Improvement and Practice Management should be available to consult with hospital departments of anesthesiology and anesthesia organizations.
- d. To serve as liaison between the Joint Commission on Accreditation of Healthcare Organizations and the ASA on matters pertaining to peer review, quality improvement and medical staff issues.

4.14 Committee on Governmental Affairs

4.141 Composition

See Section 1.85.

4.142 Duties

- a. To obtain, evaluate and review as far as possible all matters of substance pertaining to proposed Federal and State laws, regulations and administrative actions that may affect the specialty and practice of anesthesiology.
- b. To immediately inform the President, and other officers, and the Board Committee on Legislative Review of potential developments and actions which may require ASA response.
- c. To carry out such other activities in regard to governmental bodies and their actions as may be requested by the President, the Board of Directors, or the House of Delegates.

4.15 Committee on Anesthesia Care Team

4.151 Composition

See Section 1.85.

4.152 Duties

- a. To maintain liaison with the organizations representing other members of the anesthesia care team.
- b. To make recommendations concerning the development of policies relating to other members of the anesthesia care team.
- c. To advise and assist in the development of educational programs of value to members of the anesthesia care team.

**4.16 Committee on Newsletter
Editorial Board, Newsletter**

4.161 Composition

An Editor and five Associate Editors. The Chair of the Committee on Communications shall be an adjunct member. The Editor shall be Chair of the Editorial Board, NEWSLETTER. See Section 1.85.

4.162 Duties

1. Plan, organize and publish a NEWSLETTER which shall be an official publication of this Society.
2. The Editor shall edit and oversee the compilation, publication and distribution of the NEWSLETTER.

4.17 Committee on Patient Safety and Risk Management

4.171 Composition

See Section 1.85.

One member of the Committee on Quality Improvement and Practice Management, one member of the Committee on Professional Liability and one member of the Committee on Equipment and Facilities shall serve as a regular or adjunct member of this Committee.

4.172 Duties

- a. To develop, initiate and evaluate studies designed to enhance the safety of anesthetized patients.
- b. To serve as a source for distribution of information concerning patient safety and risk management to members of this Society.
- c. To serve as liaison between this Society and those private organizations and government agencies that share the concerns of this Society with regard to the safety of the anesthetized patient.
- d. To advise all concerned individuals and agencies on methods of minimizing risk in the event of an adverse reaction.

4.18 Committee on Standards of Care

4.181 Composition

See Section 1.85

One Member of the Committee on Quality Improvement and Practice Management, one member of the Committee on Patient Safety and Risk Management, one member of the Committee on Professional Liability, and one member of the Committee on Equipment and Facilities shall serve as regular or adjunct members of this committee.

4.182 Duties

- a. To establish comprehensive standards of patient care in areas normally considered the purview of the anesthesiologist.
- b. To interact with appropriate committees of the ASA as new standards are proposed and debated.
- c. To disseminate the established standards to members of this Society and to individuals, private organizations and government agencies.
- d. To monitor the activities of other organizations of physicians which adopt and/or publish standards of care which may affect the practice of anesthesiology.

4.19 Committee on Ethics

4.191 Composition

See Section 1.85.

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4.192 Duties

To investigate general ethical conditions and all matters pertaining to the relations of anesthesiologists to one another, to health care institutions or to the public, and make recommendations to the House of Delegates.

The Committee shall review from time to time the methods by which the Society develops and enforces its ethical standards, and shall make recommendations to the House of Delegates concerning possible changes in ASA's Bylaws as may be appropriate to this end.

4.25 SECTION ON ORGANIZATIONAL AFFAIRS

4.251 Composition

The Section on Organizational Affairs shall be composed of:

- a. Committee on Bylaws
- b. Committee on Membership and Credentials
- c. Committee on Placement

4.252 Duties

The section on Organizational Affairs shall be responsible to the Board of Directors for all matters concerning the organizational affairs of this Society. The Chair of this section shall be the Secretary of this Society.

4.26 Committee on Bylaws

4.261 Composition

The Speaker and Vice-Speaker of the House of Delegates shall be ex-officio members. (See Section 1.85).

4.262 Duties

To review annually the Bylaws of this Society.

To interpret these Bylaws as requested by Committees, Officers, Delegates or Directors of this Society.

To recommend amendments to the Bylaws according to needs suggested to the Committee by Officers, Committees, Directors and official action of the House of Delegates.

To review the current Bylaws of the component societies and in concert with the component societies and the President, to assure conformity with these Bylaws.

4.27 Committee on Membership and Credentials

4.271 Composition

See Section 1.85.

The Assistant Secretary shall be either a regular or an adjunct member and shall be Chair.

4.272 Duties

1. To encourage qualified persons to apply for membership in this Society.
2. To cause to be maintained an accurate roster of the membership of this Society.
3. To investigate why former member anesthesiologists fail to renew membership in this Society and why other eligible anesthesiologists do not belong to this Society.
4. To study the needs of members and determine how the Society can better serve those needs.

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5. To pass upon the eligibility of any individual to register at the Annual Meeting of this Society.
6. To certify credentials and authorize seating of members of the House of Delegates and the Board of Directors.

4.28 Committee on Placement

4.281 Composition
See Section 1.85.

4.282 Duties

- a. To maintain a record of those anesthesiologists, groups of anesthesiologists, or Departments of Anesthesiology, which are seeking additional professional personnel.
- b. Make available to members of this Society a list of such vacancies.

4.30 SECTION ON FISCAL AFFAIRS

4.301 Composition

This Section on Fiscal Affairs shall be composed of the following:

- a. Treasurer, who shall act as Chair of this Section.
- b. Assistant Treasurer, who shall act as Vice-Chair.
- c. Members of the Committee on Finance of the Board of Directors.

4.302 Duties

This Section on Fiscal Affairs shall be responsible to the Board of Directors for all matters concerning the fiscal affairs of this Society.

4.40 SECTION ON REPRESENTATION

4.401 Composition

The Section on Representation shall be composed of:

- a. Committee on Representation to the World Federation of Societies of Anesthesiologists
- b. Committee on Representation to the American Medical Association
- c. Committee on Uniformed Services and Veterans' Affairs
- d. Committee on Representation to the Young Physicians Section, American Medical Association
- e. Committee on Residents and Medical Students

4.402 Duties

This Section on Representation shall be responsible to the Board of Directors for all liaison between this Society and those organizations with which these various committees are concerned. The First Vice-President and the Secretary of this Society shall serve as Chair and Vice-Chair respectively of the Section on Representation.

4.41 Committee on Representation to the World Federation of Societies of Anaesthesiologists

4.411 Composition

The Committee shall consist of the delegates and alternate delegates of the WFSA.

At the World Congress of Anaesthesiologists, the President, President-Elect, First Vice-President and Immediate Past President of this Society shall serve as delegates.

4.412 Nominations

- a. The President shall appoint a Nominating Committee consisting of three members of the delegation, one of whom shall be the Secretary of the delegation. The Secretary shall serve as the Chair. District Directors and Presidents of Component Societies shall be circularized to provide names of nominees.

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- b. At least ninety days prior to the Annual Meeting of the Board of Directors, the Nominating Committee shall submit to the members of the Committee on Representation to WFSA, one or more names for each vacancy on the list of delegates and alternate delegates. The delegation may add additional nominations to the list of nominees.
- c. At least 30 days prior to the Annual Meeting of the Board of Directors, the Committee on Representation to WFSA shall submit its slate of nominees for delegates and alternate delegates. The Board of Directors may add additional nominations to the list of nominees.
- d. Four vacancies shall appear in the list of delegate nominations to allow the President, President-Elect, First Vice-President, and Immediate Past President to serve as members of the delegation.
- e. Those nine WFSA delegates having been elected by the House of Delegates for terms beyond 1996 will serve as delegates through 1996 (at which time each will be eligible for re-election as provided in 4.414).

4.413 Election

The Board of Directors should elect delegates and alternate delegates to the WFSA by secret ballot from the lists of nominees.

4.414 Term of Office

- a. The term of office for each delegate and alternate delegate shall be for four years and shall commence on January 1st following the election.
- b. Each delegate who has shown meritorious service may be eligible for re-election. However, no delegate may serve more than three full terms.
- c. Delegates elected to complete an unexpired term may be eligible for three full terms in addition to the partial initial term.
- d. Alternate delegates will be listed in numerical order to substitute for any delegate unable to attend the General Assembly Meetings of the WFSA, or to fill additional delegate positions which may become available between elections.

4.415 Chair

The President of this Society shall serve as Chair of the Delegation. The President-Elect shall serve as Vice-Chair.

4.416 Secretary

The Secretary shall be appointed by the President from the list of delegates. The Secretary shall serve for four years that will coincide with the term as a delegate and is eligible for reappointment.

4.417 Duties

The delegates shall represent this Society at the Congress of the WFSA. The Delegation through its Secretary shall present a report of Congress activities to the Board of Directors at its Annual Meeting.

4.42 Committee on Representation to the American Medical Association

4.421 Composition

The seven members of this Committee shall be the same members representing this Society on the A.M.A. Section Council on Anesthesiology. Two of these members shall be the ASA Delegate and Alternate Delegate to the A.M.A.

Bylaws

- 4.422 Duties**
This committee shall maintain liaison with the A.M.A.
- 4.423 Term of Office**
Committee appointments shall be for terms of four years each.
- 4.43 Committee on Uniformed Services and Veterans' Affairs**
- 4.431 Composition**
See Section 1.85.
- 4.432 Duties**
1. To serve as an avenue of communication between its members and with the Society and the civilian community.
 2. To serve as a focal point for planning the future welfare of the anesthesiologist in the employ of the government.
 3. To coordinate and plan an educational forum with the Section on Annual Meeting for the benefit of the Uniformed Services and Veterans' Administration anesthesiologists.
- 4.44 Committee on Representation to the Young Physicians Section, American Medical Association.**
- 4.441 Composition**
The seven members of this Committee shall include the members representing this Society at the American Medical Association, Young Physicians Section; and they must meet the membership qualifications of the Bylaws of the American Medical Association. Two of these members shall be the ASA Delegate and Alternate Delegate to the Young Physicians Section, American Medical Association.
- 4.442 Duties**
This Committee shall maintain liaison with the Young Physicians Section, American Medical Association.
- 4.443 Term of Office**
Committee appointments shall be for terms of four years each.
- 4.45 Committee on Residents and Medical Students**
- 4.451 Composition**
See Section 1.85.
- 4.452 Duties**
This Committee shall act as liaison with academic anesthesiology organizations and other organizations concerned with graduate and undergraduate education.

TITLE V

PROFESSIONAL ACTIVITIES OF THE SOCIETY

SCIENTIFIC COUNCIL

5.00

5.01 Purpose

The Scientific Council shall plan, direct and administer the educational, and scientific activities of the Society, subject, however, to the directives and limitations set down by the Board of Directors or by the Administrative Council.

5.02 Composition

The Scientific Council shall be composed of the Chair or the principal officer of each of the following:

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- a. Section on Education and Research.
- b. Section on Journals.
- c. Section on Annual Meeting.
- d. Section on Clinical Care.

5.03 Powers and Limitations

The Council shall function under the direction of the Board of Directors and its action shall be subject to review by the Board at its next meeting.

The Council shall have no policy-making powers.

The Council shall expedite, execute, and administer the Board's previous actions and directions.

5.04 Meetings

Meetings of the Scientific Council are to be held upon the call of the President or Vice-President for Scientific Affairs.

5.05 Chair

- a. The President shall serve as Chair of the Scientific Council.
- b. The Vice-President for Scientific Affairs shall serve as Vice-Chair.

5.10 SECTION ON EDUCATION AND RESEARCH

5.11 Purpose

The Section on Education and Research shall plan, direct, administer and evaluate specific educational activities of this Society.

5.12 Composition

The Section on Education and Research shall be composed of the Chairs of the following:

- a. Committee on Regional and Metropolitan Refresher Courses.
- b. Committee on Workshops.
- c. Editorial Board for the Self-Education and Evaluation Program (SEE).
- d. Editorial Board for Refresher Course Publication.
- e. Committee on Excellence in Research.
- f. Committee on Research.
- g. Committee on Anesthesia Subspecialties.

5.13 Chair

The President shall appoint a Chair and Vice-Chair of the Section on Education and Research.

5.14 Committees

5.141 Committee on Regional and Metropolitan Refresher Courses

5.1411 Composition

See Section 1.85.

5.1412 Duties

This Committee shall plan and supervise the format, development, presentation and evaluation of the Refresher Courses.

5.142 Committee on Workshops

5.1421 Composition

See Section 1.85.

5.1422 Duties

This Committee shall plan and supervise the format, development, presentation and evaluation of the Workshops.

5.143 Committee on Research

5.1431 Composition

See Section 1.85.

5.1432 Duties

- a. This Committee shall encourage residents in anesthesiology to conduct research and to submit formal papers, thereon, and shall judge papers and award honoraria in the amount determined by the Board of Directors.
- b. This Committee shall endeavor to extend and improve anesthesiology, by improving and extending facilities for research and by encouraging institutions and individuals to pursue research in anesthesiology and related fields.
- c. This Committee shall act as a liaison committee with the various other research institutions, committees or agencies.

5.144 Committee on Excellence in Research

5.1441 Composition

This Committee shall be composed of six members: The three most recent Editors-in-Chief, Journals, and the three most recent recipients of the Award for Excellence in Research in Anesthesiology. The Chair shall be designated by the President. If one of the above designated individuals cannot serve, a replacement shall be named by the President.

5.1442 Duties

- a. To develop guidelines and criteria for an Award for Excellence in Research related to anesthesiology.
- b. To identify individuals with significant contributions to scientific and anesthesia related research.
- c. To nominate to the House of Delegates, should the Committee select a candidate, an individual with significant investigative endeavors for an Award for Excellence in Research.

5.145 Editorial Board for the Self-Education and Evaluation Program (SEE)

5.1451 Composition

The Editorial Board for the SEE Program shall be composed of an Editor-in-Chief and six (6) Editors, all of whom shall be active members of this Society.

5.1452 Duties

The Editorial Board for the SEE Program shall plan, produce and evaluate self-examination and evaluation programs for this Society.

5.146 Editorial Board for Refresher Course Publication

5.1461 Composition

The Editorial Board for the Refresher Course Publication shall be composed of an Editor-in-Chief and two Editors who shall be active members of this Society.

5.1462 Duties

The Editorial Board for the Refresher Course Publication shall produce and edit the Refresher Course Publication for this Society.

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5.147 Terms of Office—Editorial Boards

5.1471 The terms of office of each member of the Editorial Board for the Self-Education and Evaluation Program and the Editorial Board for Refresher Course Publication shall be for three years and shall commence at the close of the Annual Meeting of this Society in the year in which the member was elected.

5.148 Election — Editorial Boards (See 5.143 and 5.144)

5.1481 An Editorial Board shall select the names of one or more active members of this Society as nominees to fill each vacancy on the Editorial Board.

5.1482 Such list of nominees shall be submitted to the Secretary of this Society at least thirty (30) days prior to the Annual Meeting of the Board of Directors.

5.1483 The Board of Directors shall at its Annual Meeting elect members of an Editorial Board from such list of nominees.

5.1484 Provided, however, that the Board of Directors may at its discretion, add the names of additional nominees to those names submitted by an Editorial Board.

5.149 Committee on Anesthesia Subspecialties

5.1491 Composition

See Section 1.85.

Each subspecialty organization with a Delegate in the House of Delegates shall be represented on the Committee with either a regular or adjunct member. The Committee subspecialty representatives shall be appointed by the President after consultation with the proposed representative's parent organization.

5.1492 Duties

a. To maintain liaison between the ASA and the various societies of anesthesiology.

b. To promote input from the various subspecialty societies to the committees and in the program of the ASA Annual Meeting and other ASA educational activities.

c. To nominate subspecialty organizations to the House of Delegates for Delegate (Alternate Delegate) representation (Section 1.74).

d. To review periodically the appropriateness of the subspecialty organization representation in the House of Delegates (Section 1.76).

5.20 SECTION ON JOURNALS

This Society shall sponsor and cause to be published by the Editorial Board, Journals, scientific journals and other publications which shall contain articles concerning the study and practice of anesthesiology, subject, however, to the provisions of Section 1.22a.

5.21 Composition and Duties—Editorial Board, Journals

5.211 Unless otherwise determined by the Board of Directors, the Editorial Board, Journals, shall be composed of the Editor-in-Chief and twelve Editors of the journal, *ANESTHESIOLOGY*.

5.212 The Editorial Board, Journals, shall edit, supervise and cause to be published and distributed to all members of this Society the journal, *ANESTHESIOLOGY*, and other journals and publications approved by the Board of Directors.

5.22 Annual Report

5.221 The Editorial Board, Journals, shall submit an annual report to the Board of Directors, which shall contain a detailed summary of all activities and affairs of the Editorial Board, Journals, including the journal, *ANESTHESIOLOGY*, and any publications under its responsibilities.

5.222 In addition, the Editorial Board, Journals, shall furnish to the Board of Directors upon demand any other information requested by this Society.

5.23 Honoraria

The amount of honoraria for the members of the Editorial Board, Journals, and the method of determining same, shall be as provided in the agreement between this Society and the publisher of any journal of this Society.

5.30 SECTION ON ANNUAL MEETING

5.301 Composition

The Section on Annual Meeting shall be composed of the following committees and one member of the Editorial Board, Journals, who shall serve ex officio:

- a. Committee on Local Arrangements
- b. Committee on Panels
- c. Committee on Art Exhibits
- d. Committee on Refresher Courses
- e. Committee on Scientific Exhibits
- f. Committee on Scientific Papers
- g. Committee on Annual Meeting Review
- h. Committee on Annual Meeting Sites

5.302 Duties

This Section shall plan, direct, and supervise the Scientific Program and the social functions of the Annual Meeting of this Society except as otherwise provided for in these Bylaws.

5.303 Chair

The President shall appoint a Chair and Vice-Chair. The Chair shall report to the Board of Directors at its meetings and upon request of the President.

5.304 Term of Office

Committees of this Section shall serve for one year to coincide with the term of office of the President.

5.31 Committee on Local Arrangements

5.311 Composition

This Committee shall consist of members of the local society in the district in which the meeting is held. (See Section 1.85.)

5.312 Duties

This Committee shall assist in planning, arranging, and supervising local arrangements for the Annual Meeting.

5.32 Committee on Panels

5.321 Composition

See Section 1.85.

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5.322 Duties

This Committee shall plan and supervise the format development and presentation of Panels and Workshops at the Annual Meeting and it shall also plan, direct and supervise all audio-visual activities at the Annual Meeting.

5.33 Committee on Art Exhibits

5.331 Composition

See Section 1.85.

5.332 Duties

This Committee shall approve and select for exhibition at the Annual Meeting works of art by members of this Society or members of their immediate family.

5.34 Committee on Refresher Courses

5.341 Composition

See Section 1.85.

The Chair of the Section on Education and Research shall recommend two members of the Section for membership on the Committee on Refresher Courses. In addition, the Editor-in-Chief of the Refresher Course Publication will be appointed to the Committee.

5.342 Duties

This Committee shall plan and supervise the format, development and presentation of the Refresher Courses.

5.35 Committee on Scientific Exhibits

5.351 Composition

See Section 1.85.

5.352 Duties

This Committee shall select and approve scientific exhibits for presentation at the Annual Meeting.

5.36 Committee on Scientific Papers

5.361 Composition

The Committee on Scientific Papers shall be comprised of the Chair and the Chairs of each of the Scientific Paper subcommittees.

5.362 Duties

This Committee shall plan, direct, and supervise the Scientific Program presented at the Annual Meeting.

5.37 Committee on Annual Meeting Review

5.371 Composition

The Committee shall consist of the previous Annual Meeting Chair, who shall serve as Chair, the present Annual Meeting Chair, the present Annual Meeting Vice-Chair, the present Scientific Papers Chair, the Chair of the Committee on Research, the Vice-President for Scientific Affairs and two anesthesiologists-at-large with experience in conducting such meetings, who shall serve as set forth in 1.84.

5.372 Duties

The Committee will retrospectively evaluate Annual Meetings with the goal of improving future meetings.

5.38 Committee on Annual Meeting Sites

5.381 Composition

This committee shall be composed of three members, one of whom shall be the First Vice-President who shall serve as Chair. The two other members shall each serve for two years except that initially one member shall serve a one year term.

5.382 Duties

It shall be the function of this committee to receive, by the first day of January of each year, proposals from members of the Board of Directors of cities for consideration as Annual Meeting sites. This committee will recommend to the Board of Directors, at its next meeting, the names of cities to be surveyed. Upon approval of the Board of Directors this committee will conduct its survey and report to the Annual Meeting of the Board of Directors.

5.40 SECTION ON CLINICAL CARE

5.401 Purpose

The Section on Clinical Care shall plan, direct and administer the clinical care activities of this Society, subject, however, to the directives and limitations set down by the Scientific Council.

5.402 Composition

The Section on Clinical Care shall be composed of the Chair of each of the following Committees:

- a. Committee on Obstetrical Anesthesia
- b. Committee on Surgical Anesthesia
- c. Committee on Transfusion Medicine
- d. Committee on Equipment and Facilities
- e. Committee on Occupational Health of Operating Room Personnel
- f. Committee on Acute Medicine
- g. Committee on Respiratory Care
- h. Committee on Ambulatory Surgical Care
- i. Committee on Pain Management
- j. Committee on Pediatric Anesthesia
- k. Committee on Geriatric Anesthesia

5.403 Chair

The President shall appoint a Chair and a Vice-Chair.

5.410 Committee on Obstetrical Anesthesia

5.4101 Composition

See Section 1.85.

5.4102 Duties

This committee shall:

- a. Encourage and develop the interest of the anesthesiologist in the clinical practice of obstetrical anesthesia and the care of the newborn
- b. Promote study and investigation in the field of obstetrical anesthesia, and
- c. Act as liaison representative to the various obstetrical organizations, including the American College of Obstetricians and Gynecologists

5.415 Committee on Surgical Anesthesia

5.4151 Composition

See Section 1.85.

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5.4152 Duties

This Committee shall:

- a. Promote study and investigation in the field of surgical anesthesia,
- b. Determine methods to provide good clinical anesthesia for all patients, and
- c. Act as liaison representative to the various surgical organizations, including the American College of Surgeons.

5.420 Committee on Transfusion Medicine

5.4201 Composition

See Section 1.85.

5.4202 Duties

This Committee Shall

- a. Promote study and investigation in the use of blood and blood products,
- b. Recommend methods in the safe use and handling of blood and blood products, and
- c. Act as liaison representative with various other organizations concerned with blood and blood products, including the American Association of Blood Banks.

5.425 Committee on Equipment and Facilities

5.4251 Composition

See Section 1.85.

The six member Committee shall be composed of three members (including the Chair) who have a background of involvement in standard writing and three members from the general active membership of the ASA.

5.4252 Duties

- a. The Committee shall confine its activities to the identification of specific areas of concern in regards to equipment and facilities in which the ASA should participate in standard writing activity and the subsequent evaluation of these efforts.
- b. Committee members, while on the Committee, shall not be involved in standard writing activities in specific areas.
- c. The Committee, after identifying areas of interest, will appoint specific ASA members to perform specific functions and recommend financial support for these appointed members.

5.430 Committee on Occupational Health of Operating Room Personnel

5.4301 Composition

See Section 1.85.

5.4302 Duties

The duties of this committee shall include but not be limited to the following areas as they relate to the health and safety of operating room and recovery room personnel:

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1. Waste anesthetic gases
2. Problems related to drug control in the operating room and recovery room
3. Problems related to radiation and electrical hazards, infection control and any other appropriate matters.

5.435 Committee on Acute Medicine

5.4351 Composition

See Section 1.85.

5.4352 Duties

This committee shall:

- a. Study, plan, direct, and supervise methods concerning the role of anesthesiologists in the care of the acutely ill patient.
- b. Act as liaison representative to the various organizations in this field of medicine including the American Heart Association.

5.440 Committee on Respiratory Care

5.4401 Composition

See Section 1.85.

5.4402 Duties

This Committee shall:

- a. Promote study and investigation in the field of respiratory therapy.
- b. Encourage, aid, and assist the respiratory therapy technician program, and
- c. Act as liaison representative to the various respiratory therapy organizations.

5.445 Committee on Ambulatory Surgical Care

5.4451 Composition

See Section 1.85.

5.4452 Duties

- a. Devise and review standards for ambulatory surgical facilities as they pertain to anesthesiology.
- b. Develop and periodically review guidelines for the practice of anesthesiology in ambulatory surgical facilities.
- c. Keep the membership informed of developments in this field which are of significance to anesthesiologists.
- d. Maintain liaison with other organizations in this field.

5.450 Committee on Pain Management

5.4501 Composition

See Section 1.85.

5.4502 Duties

- a. Promote study and investigation in the field of pain mechanisms and management.
- b. Review developments in all fields of pain management and devise and implement programs to inform the membership of significant developments.

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- c. To study delivery patterns of anesthesiologists in pain management.

5.455 Committee on Pediatric Anesthesia

5.4551 Composition

See Section 1.85.

5.4552 Duties

- a. Promote study and investigation in the field of pediatric anesthesia.
- b. Encourage and develop the interest of the membership in pediatric anesthesia.
- c. Review all significant developments in the field of pediatric anesthesia and devise and implement programs to present them to the membership.
- d. Maintain liaison with the Academy of Pediatrics and such other external organizations as may be concerned with pediatric anesthesia.

5.456 Committee on Geriatric Anesthesia

5.4561 Composition

See Section 1.85.

5.4562 Duties

- a. Promote interest and investigation in the field of geriatric anesthesia.
- b. Review all significant developments in the field of geriatric anesthesia and devise and implement programs to present them to the membership.
- c. Maintain liaison with the American Association of Retired Persons and such other external organizations as may be concerned with geriatric anesthesia.

**TITLE VI
DISCIPLINARY PROCEDURES**

6.00

JUDICIAL COUNCIL

6.01 The Judicial Council shall hear and determine disciplinary questions brought before it according to the provisions of these Bylaws.

6.10 Composition

6.101 The Judicial Council is composed of five members, all of whom shall be Active or Life members of this Society.

6.102 The Chair shall be named by the President each year.

6.103 One member of the Judicial Council shall be nominated each year by the President, appointed by the Board of Directors, and serve for a term of five years.

6.104 A member selected by the President to fill an unexpired term shall serve to complete the unexpired term.

6.20 Censure, Suspension, and Expulsion of Members

All members of this Society whose membership is jeopardized by censure suspension or expulsion by an action of this Society, or by an action of a component society or subdivision thereof, may appeal such action to the Judicial Council of this Society. Pending the disposition of such appeal by the Judicial Council, the status of the member shall remain unchanged, provided the appeal is received within the sixty (60) days of censure, suspension or expulsion.

6.21 Jurisdiction

The Judicial Council shall entertain and exercise jurisdiction over all complaints involving membership in this Society, which cause may involve the censure, suspension, or expulsion of a member of this Society and which complaint is based upon the following grounds:

- a. Expulsion from membership of the American Medical Association.
- b. Revocation or suspension of a license to practice medicine.
- c. Conviction in a court of law of a felony or an offense involving moral turpitude.
- d. Failure to abide by the provisions of these Bylaws.
- e. Failure to abide by the provisions of the Bylaws of the component society; and in exercising such jurisdiction the standards of such Bylaws shall be followed when they are not inconsistent with the provisions of these Bylaws.

6.22 Right to Petition for Hearing

6.221 Any member of this Society may file with the Judicial Council a written petition for a hearing before the Judicial Council on any matter involving the member's censure, suspension and expulsion based upon membership in this Society.

6.222 Any member of a component society who is also a member of this Society may appeal any decision of the Judicial Council or its equivalent of the component society to the Judicial Council of this Society.

6.23 Investigation

The Judicial Council shall investigate any such complaint and determine whether or not it shall be submitted for hearing before the Judicial Council.

6.24 Notice

6.241 The Judicial Council shall, by registered mail, at least thirty (30) days prior to the hearing, notify all parties concerned or involved in the complaint.

6.242 Such notice shall include:

- a. The particulars of the complaint.
- b. The date, time, and location of the hearing.

6.25 Hearing

6.251 All members concerned shall sign a statement by which they recognize the jurisdiction of the Judicial Council in the complaint of the petitioner or appellant.

6.252 The hearing shall be conducted by the Chair of the Judicial Council sitting with at least two other members of the Judicial Council.

6.253 The hearing shall be conducted under the rules of procedure as set down by the Judicial Council, and a copy of such rules of procedure shall be made available to all parties involved.

6.254 Each party shall have the right to be represented by legal counsel at their own expense.

6.255 Should any party fail to appear at a hearing, the Judicial Council may consider the matter based upon the evidence before it.

6.26 Decision of the Judicial Council

6.261 The findings of fact in all cases as determined by the Judicial Council shall be final.

6.262 In all cases where the Council determines that there are insufficient grounds to uphold the complaint, the decision of the Judicial Council shall be final.

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- 6.263** The opinions of the Judicial Council shall be submitted to the Board of Directors.
- 6.27 Actions by the Board of Directors**
- 6.271** The Board of Directors at its next meeting shall consider and exercise final authority in the disposition of all cases in which the Judicial Council recommends either:
censure, suspension or expulsion of a member, or
the reversal of the action of a component society ordering the censure, suspension or expulsion of a member.
- 6.272** In any case in which the Board of Directors recommends against censure, suspension or expulsion of a member under the provision of 6.271 above, it shall transmit such recommendation to the component society. The component society shall comply with such recommendation unless its legislative authority shall by a two-thirds vote, refuse. In such case, the refusal shall be final.
- 6.30 Impeachment of Officers**
- 6.301 Jurisdiction**
The Judicial Council shall entertain and exercise exclusive jurisdiction over the institution of all impeachment proceedings involving the Officers of this Society.
The Board of Directors shall at a special meeting hear all charges and evidence by all parties and make a final determination of the charges.
- 6.302 Charges**
Charges, based upon alleged act of malfeasance or malconduct in office shall be in writing, and be brought to the Judicial Council by at least ten (10) Active members of this Society.
- 6.303 Investigation**
The Chair of the Judicial Council shall investigate any alleged act of malfeasance or malconduct in office, and the Judicial Council shall determine whether or not it shall be submitted for hearing to the Board of Directors.
- 6.304 Notice**
- 6.3041** The Judicial Council shall, by registered mail, at least thirty (30) days prior to the hearing by the Board of Directors notify all parties concerned or involved in the impeachment.
- 6.3042** Such notice shall include:
- a. The particulars constituting all charges of malfeasance or malconduct.
 - b. Date, time, and location of the hearing before the Board of Directors.
- 6.305 Hearing**
- 6.3051** The Board of Directors has the sole and exclusive power to hear and to try all Officers of this Society who have been charged with malfeasance or malconduct in office.
- 6.3052** The Speaker shall preside at all impeachment proceedings.
- 6.3053** The Special meeting of the Board of Directors to hear impeachment charges shall be convened within forty-five (45) days after the Judicial Council determines that there are reasonable grounds to sustain a charge warranting impeachment proceedings.

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- 6.3054 The hearing shall be conducted under the rules of procedure as set down by the Board of Directors.
 - 6.3055 The Chair of the Judicial Council shall bring all charges and present evidence supporting these charges in the name of the Society.
 - 6.3056 Each party shall have the right to be represented by legal counsel at his own expense.
- 6.306 Decision of Board of Directors
Voting shall be by secret ballot. A three-fourths (¾) majority of those voting shall be required to sustain the charges.

**TITLE VII
SOCIETY FUNDS AND ASSETS
FINANCE**

7.00 General Authority

7.01 The Treasurer shall act as official custodian of the funds of this Society, shall supervise the deposit of such funds into banking institutions and shall invest and reinvest them upon the direction of the Board of Directors.

7.10 Budget

7.11 The proposed Budget for the forthcoming fiscal year shall be prepared by the Administrative Council, shall anticipate all necessary expenses of this Society, and shall be submitted for approval at the Annual Meeting of the Board of Directors.

7.12 The Budget also shall be submitted to the House of Delegates for amendment and for final approval. The Administrative Council shall meet immediately following the Annual Meeting of the Society to implement the recommendations of the House of Delegates and to consider other matters.

7.13 Changes in Budget—The Board of Directors may change the Budget during the interval between meetings of the House of Delegates.

7.20 Expenditures

7.21 All expenditures must be for purposes authorized by the Board of Directors, or be for purposes authorized by these Bylaws, and must be within the annual budget.

7.22 Checks issued by this Society must bear the signature of two of the following officers: The Secretary, the Assistant Secretary, the Treasurer, and the Assistant Treasurer; provided, however, that the Board of Directors may authorize the establishment of special bank accounts and authorize the person or persons who may sign checks.

7.30 Audit

7.31 An Audit of the financial records and accounts shall be made annually.

7.40 Bond

7.41 The Board of Directors shall determine which officers, employees or other persons in this Society shall be bonded, and the extent and amount of the bonds.

7.50 Travel and Per Diem Allowances

7.51 The Board of Directors shall establish a formula for reimbursement for travel expenses and per diem allowance.

7.60 Indemnification

7.61 Circumstances

If not covered by liability insurance maintained by the Society, the Society shall indemnify any person made or threatened to be made a party to an action or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that such person is or was a Director, Officer, Committee member, employee or agent of the Society, to the maximum extent permitted by the Not-For-Profit Corporation Law of the State of New York. To qualify for indemnification, such a person must have acted with due diligence and in good faith for a purpose which such person reasonably believed to be in the best interests of the Society, and such person must have had no reasonable cause to believe that such action was unlawful. To the extent permitted by law, the Society shall indemnify such persons against judgments, fines, amounts paid in settlement, and reasonable expenses, including attorneys' fees, actually and necessarily incurred as a result of such action or proceeding, including any appeal thereof.

7.62 Procedure

Unless ordered by a court, indemnification shall be made as authorized in a specific case upon a determination that indemnification of the Director, Officer, Committee member, employee or agent is proper in the circumstances because such person has met the standard of conduct set forth in Section 7.61. Such determination shall be made (1) by the Board of Directors by a majority vote of a quorum consisting of Directors who were not parties to such action or proceeding, or (2) if such a quorum is not obtainable, by the Board of Directors upon the opinion in writing of independent legal counsel that indemnification is proper in the circumstances because the applicable standard of conduct set forth in Section 7.61 has been met. Expenses incurred in defending a civil or criminal action or proceeding may be paid by the Society in advance of the final disposition of such action or proceeding if authorized pursuant to the provisions of this Section 7.62.

7.63 Continuation of Right

The right of indemnification set forth in Section 7.61 shall continue as to a person who has ceased to be a Director, Officer, Committee member, employee or agent and shall inure to the benefit of the heirs, executors and administrators of such a person.

7.64 Notice

If any expenses or other amounts are paid by way of indemnification pursuant to Section 7.61 other than by court order, the Society shall promptly prepare and mail to Active and Life members a statement specifying the persons paid, the amounts paid, and the nature and status at the time of such payment of the litigation or threatened litigation.

**TITLE VIII
MISCELLANEOUS PROVISIONS**

8.00 Seal

This Society shall have an official Seal, which shall contain the words "THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS, INC.—Established 1936" and such other wording as may be required by law or approved by the Board of Directors.

The Seal shall be kept in the custody of the Secretary of this Society.

8.10 Ethics

The Principles of Medical Ethics of the American Medical Association and the Guidelines to the Ethical Practice of Anesthesiology of this Society are accepted as the governing code of ethics for members of this Society.

8.20 Parliamentary and Procedural Authority

The Official parliamentary authority of this Society shall be the latest edition of Sturgis Standard Code of Parliamentary Procedure.

8.30 Bylaws Amendments

The Bylaws or the Articles of Incorporation may be amended by the House of Delegates in either of two ways:

8.301 By a $\frac{2}{3}$ majority of those voting, provided that,

- a. The proposed change was accepted by a majority of those voting in the immediate preceding Annual or Special Meeting of the House of Delegates; or
- b. The proposed Bylaw change has been approved by a $\frac{2}{3}$ majority of those voting in the Board of Directors.

8.302 By a $\frac{3}{4}$ majority of those voting.

8.303 Bylaws changes shall take effect at the close of the meeting of the House of Delegates at which they are approved unless otherwise specified at the time of approval.

8.40 Dissolution

If a Component Society disaffiliates from this Society, the Component Society shall have no right nor interest in this Society's assets.

If this Society should be dissolved its assets shall be given to a Medical Society with purposes similar to those of this Society, as the Board of Directors shall direct.

8.50 Administrative Procedure

The Board of Directors shall determine and prescribe procedural detail relative to any provision contained in these Bylaws, which prescription shall be recorded in a "Handbook of Administrative Procedures."

8.60 Referendum

Any matters or questions which affect this Society may be referred to the voting members of this Society for a general vote.

8.61 Requirements

Such questions shall be submitted to the voting members of this Society upon:

- a. A two-thirds vote of the total membership of the Board of Directors, or
- b. A written request signed by a majority of the members of the House of Delegates, or
- c. A written request signed by 10 per cent of the voting members of this Society.

8.62 Voting Procedure

8.621 Voting on the question shall proceed in the following manner:

- a. **Submission.** The question shall be submitted to the entire voting membership of this Society by mail.
- b. **Completion.** Voting shall be considered completed at midnight at the end of thirty days from the date the question for referendum was mailed.
- c. **Votes Necessary.** The vote shall be effective only if the members voting comprise a majority of all voting members of this Society.

American Society of Anesthesiologists

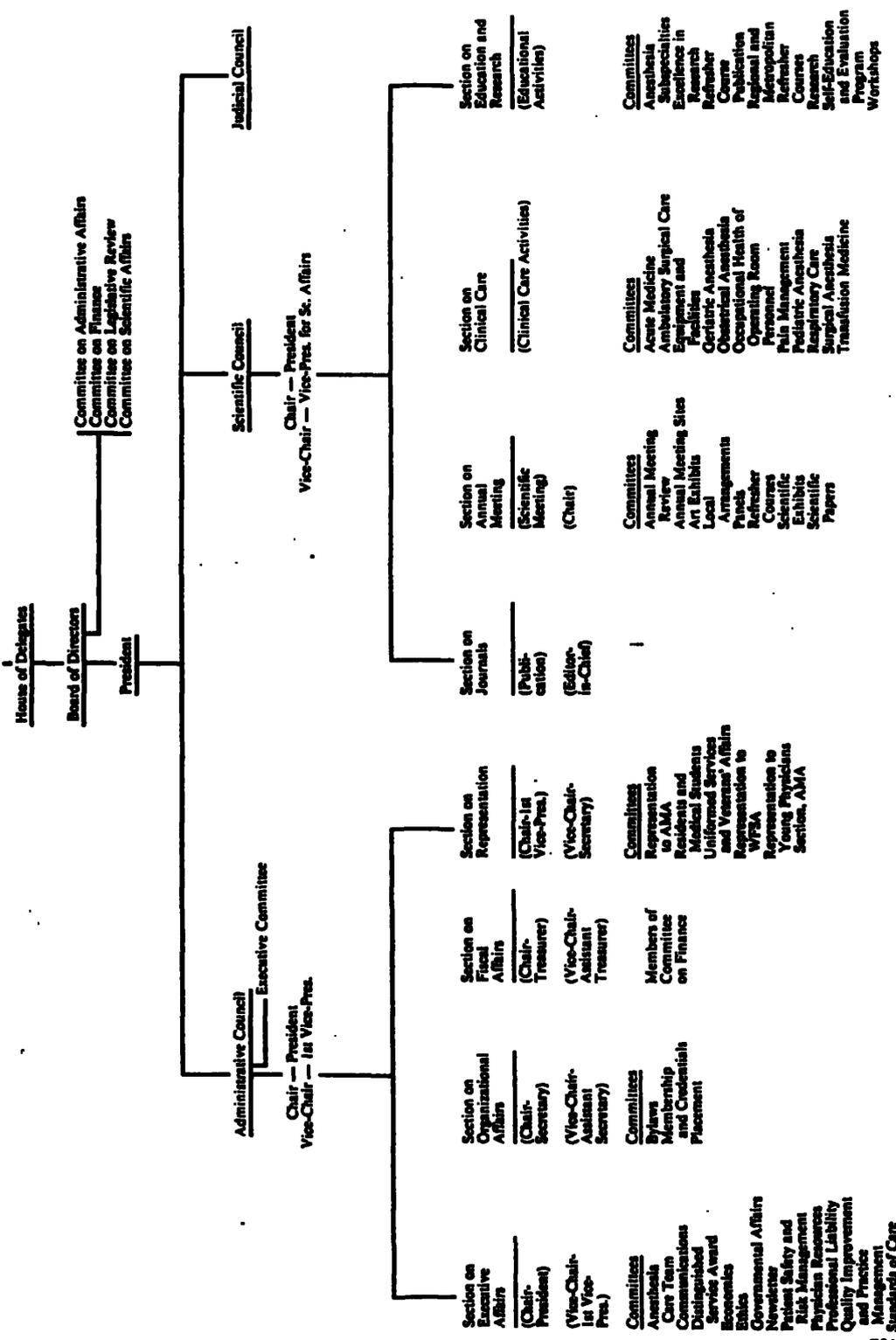
8.63 Determination

If the requirements of 8.621 (c) above has been met, the majority vote of the members shall determine the question.

8.64 Resubmission

8.641 No question may be submitted to referendum which has been voted upon within the preceding year.

- a. By the House of Delegates;
- b. By the Board of Directors; or
- c. On referendum.



GUIDELINES FOR THE ETHICAL PRACTICE OF ANESTHESIOLOGY

**(Approved by House of Delegates on October 3, 1967
and last amended on October 13, 1993)**

Preamble

Membership in the American Society of Anesthesiologists is a privilege of physicians who are dedicated to the ethical provision of health care. The Society recognizes the Principles of Medical Ethics of the American Medical Association as the basic guide to the ethical conduct of its members.

AMA Principles of Medical Ethics

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients but also to society, to other health professionals and to self. The following Principles adopted by the American Medical Association are not laws but standards of conduct which define the essentials of honorable behavior for the physician.

- I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.
- II. A physician shall deal honestly with patients and colleagues and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.
- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals and shall safeguard patient confidence within the constraints of the law.
- V. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues and the public, obtain consultation, and use the talents of other health professionals when indicated.
- VI. A physician shall, in the provision of appropriate patient care except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.
- VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

AMA, 1993

The practice of anesthesiology involves special problems relating to the quality and standards of patient care. Therefore, the Society requires its members to adhere to the AMA Principles of Medical Ethics and any other specific ethical guidelines adopted by this Society.

Definitions

Medical Direction: Anesthesia direction, management or instruction provided by an anesthesiologist whose responsibilities include:

- a. Pre-anesthetic evaluation of the patient.
- b. Prescription of the anesthesia plan.

- c. Personal participation in the most demanding procedures in this plan, especially those of induction and emergence.
- d. Following the course of anesthesia administration at frequent intervals.
- e. Remaining physically available for the immediate diagnosis and treatment of emergencies.
- f. Providing indicated post-anesthesia care.

An anesthesiologist engaged in medical direction should not personally be administering another anesthetic, and should use sound judgment in initiating other concurrent anesthetic and emergency procedures.

I. The Anesthesiologist's Relationship to Patients and Other Physicians.

- A. Anesthesiology is the practice of medicine.
- B. Anesthesiologists, like other physicians, should render service only to those patients who have consented to their services.
- C. An anesthesiologist must maintain the personal relationship which exists between physician and patient and must not permit any third party layperson or organization to interfere with the rendering of service in accordance with the standards of sound medical practice.
- D. If an anesthesiologist, either expressly or by implication, undertakes an obligation to a patient, that anesthesiologist must discharge this responsibility. A member of this Society should not remain in any relationship whereby personal responsibility is diluted or abrogated. Anesthesiologists should remain continuously and immediately available throughout the procedure for which responsibility is accepted. If the member is to render only a portion of the anesthesia care, either through medical direction or otherwise, the arrangement must be clearly explained to and understood by the patient. Patient deception is unethical, whether deliberate or not.
- E. An anesthesiologist may not delegate an accepted responsibility to another physician without prior consent of the patient. Patients should be informed that more than one physician may care for them. When an anesthesiologist gives pre-operative care, but a non-physician will administer the anesthetic without medical direction by the anesthesiologist, all parties must understand that responsibility for the professional anesthetic care of the patient during such administration is assumed by the surgeon or other physician present.
- F. Associations created merely for sharing expenses or for convenience of operation must not be confused with true partnerships in which the partners are legally and morally responsible for each other's professional conduct.

II. The Anesthesiologist's Duties, Responsibilities and Relationship to the Hospital.

- A. Anesthesiologists should be accorded the same clinical rights, limitations, responsibilities and privileges accorded to other members of the medical staff in the hospital's clinical departments. Anesthesiologists must be permitted to conduct their medical practice with the same independence of medical judgment and responsibility (including, but not limited to, responsibility for matters of clinical privileges and standards for patient care) as the members of the medical staff in the hospital's other clinical departments. Departments of Anesthesiology should have similar autonomy to that afforded other clinical departments of the hospital.

- B. The hospital should provide the necessary equipment, drugs, and gases that a specialist in anesthesiology may require, in the manner and to the extent that such items are furnished for use by other physicians practicing in the hospital.

III. The Anesthesiologist's Relationship to Nurse Anesthetists and Other Non-Physician Personnel.

- A. The Society recognizes that the personal provision of anesthesia care by the anesthesiologist must remain a desirable primary goal. It also believes that a proper concern for its members is the establishment of an acceptable environment within which medical direction of the anesthesia care team may be carried out so as to provide better anesthesia care for more patients.
- B. Neither the patient nor attending physician should be led to believe that an anesthesiologist will medically direct the administration of the anesthesia unless medical direction as defined above exists.
- C. Proper safeguards must be provided so that no exploitation of the patient or of personnel whose activities are medically directed by the anesthesiologist is permitted. It is emphasized that the anesthesiologist should assume responsibility for the medical direction of the anesthesia care team so that all patients, to the extent possible, receive good quality care.
- D. A professional service occurs when the anesthetic care is rendered by the physician alone, or with other members of the anesthesia care team under the anesthesiologist's medical direction. This medical direction must be in such numerical and geographic relationship as to make possible the continual exercise of the medical judgment of the anesthesiologist throughout the administration of the anesthesia. This relationship must directly reflect on the experience and skill of the members of the team.
- E. Where an anesthesiologist medically directs a non-physician, such services are regarded as provided by the anesthesiologist. The anesthesiologist's responsibilities include:
 - 1. Pre-anesthetic evaluation of the patient.
 - 2. Prescription of the anesthesia plan.
 - 3. Personal participation in the most demanding procedures in this plan, especially those of induction and emergence.
 - 4. Following the course of anesthesia administration at frequent intervals.
 - 5. Remaining physically available for the immediate diagnosis and treatment of emergencies.
 - 6. Providing indicated postanesthesia care.